

Victim Assistance in Croatia: then and now

Croatia	1	2	3	4	5	6
According to original study						
According to LM 2002		•				
According to LM 2003		•				

Key Developments (LM 2002):

In 2001, 56,028 stockpiled antipersonnel mines were destroyed, leaving a total of 132,048 mines. Croatia has served as the co-chair of the Standing Committee on Stockpile Destruction since September 2001. During 2001, 42.3 million square meters of land were handed over to communities for use, including 13.6 million through demining and 28.7 million through survey reduction. CROMAC reports that in 2001 it spent more than \$26 million on mine action, an increase of nearly one-quarter. In 2001, there were 34 mine and UXO casualties, including nine fatalities, while in the first six months of 2002 there were 13 mine casualties, including two deminers.

Indicator 1: The extent to which information on mine victims' demographics and needs is available.

According to original study:

LM 2000 reports that there is no central database of mine incidents and casualties publicly accessible in Croatia. The Croatia Mine Action Centre (CROMAC) estimates that there were 51 casualties in 1999, down from 77 in 1998. The Croatian Alliance of Physically Disabled Persons' Associations (HSUTI) estimates that the total number of mine casualties (both military and civilian) since the start of the war is about 1,200, of whom 500 victims were severely disabled.

According to LM 2002:

In 2001, according to the CROMAC database on landmine and UXO casualties, 23 landmine or UXO incidents were recorded, causing 34 deaths or injuries. Nine people were killed and 25 injured, including a seven-year-old child, five women, and 28 men.⁷² Five incidents involved deminers, three of whom were killed and five injured. Three survivors required an amputation. Civilians were injured while cultivating land, collecting firewood, and by unauthorized or reckless handling of mines or UXO. Most casualties were registered in Sisa_ko-Moslava_ka, Karlova_ka and Po_e_ko-Slavonska counties (seven persons per county). The total number of casualties represents an increase in the number of mine/UXO casualties in 2000, but the Article 7 report for calendar year 2001 notes that five of the incidents (13 casualties) were not "classic mine incidents. These cases involved unauthorized and irresponsible handling of landmines or use of explosives for terrorist purposes."⁷³

CROMAC has hired four mine survivors for the task of entering and processing data in the database. The Norwegian Government provided financial support of KN160,000 (\$18,340) for the project.⁷⁴

People involved in Landmine/UXO Incidents 1991-2001⁷⁵

Year	Total	Killed	Injured	No Injuries	Unknown
Unknown	104	28	66	-	10
1991-1995	1,191	227	913	2	49
1996	183	45	136	1	1
1997	141	39	101	-	1
1998	99	37	62	-	-
1999	67	24	43	-	-
2000	22	9	12	-	1
2001	34	9	25	-	-
Total	1,841	418	1,358	3	62

Note: the data includes people involved in mine incidents but not injured, hence the 'No injuries' column.

Between September and November 2001, a research project on children and young persons to 25 years of age was carried out by CMVA, with financial support from UNICEF.⁷⁶ Research activities covered all mine-affected counties and other counties with reported mine casualties: Bjelovar-Bilogora, Brod-Posavina, Dubrovnik-Neretva, Karlovac, Lika-Senj, Osijek-Baranja, PoZega-Slavonija, Sisak-Moslavina, Sibenik-Knin,

Vukovar-Srijem, Zadar, and Zagreb County. In order to identify the accurate number of mine casualties among the population of children and young persons during the last ten years, a questionnaire with 81 questions was prepared. Based on information on the health status, education, occupation, income, living conditions, and other relevant factors such as family support, social life, level of happiness, it will be easier to identify what further support is needed to meet the needs of mine survivors.

After elimination of duplicated records, 146 mine casualties among children and young people have been identified. From this total, the research was able to contact 99 persons below 25 years of age. Ninety-nine questionnaires have been completed and the most relevant factors analyzed. The research has shown that the majority of casualties were boys injured while playing. The consequences of their injuries were difficult for more than half of the respondents, although their adjustment to living with disability was very good. Respondents were divided into six groups; preschoolers, first four grades, up to the eighth grade, high school, university, up to 25 years of age. The majority of casualties, 39 percent, occurred in the group of persons between 22 and 25 years of age. Second on the list, with 33 percent, is the group now between 18 and 21 years of age, and equal number of casualties (14 percent) within the groups of persons now between the ages of 10 to 14, and 15 to 17. There were no mine casualties recorded in the population of preschoolers and elementary school children. Eighty-four percent of injured persons were boys and 16 percent were girls, which led to the conclusion that boys were more eager to explore mine contaminated areas. "We were playing" was the answer by 40 percent of the respondents to the question "What were you doing at the moment of injury?" Thirty-four percent of respondents answered "other" to the same question, probably meaning that they brought an explosive device into the house, or were injured during the shelling of the city/village.

Indicator 2: The extent to which a national disability coordination mechanism exists and recognizes mine victims.

According to original study:

LM 2000 reports that in 1997, the Commission for Disabled People was established to coordinate the activities of the Health Ministry, other government agencies and NGOs related to the problems of disabled persons, provide expert opinion and monitor implementation. There is also an Operational Headquarters for the victims of the Croatian War of Independence.

According to LM 2002:

No information available.

Indicator 3: The extent to which programs and services for the medical care and rehabilitation of mine victims are available.

According to original study:

Primary medical care and rehabilitation services are available throughout Croatia, including specialized hospitals for the rehabilitation of disabled persons is conducted in specialized hospitals. However there are no prosthetics workshops and LM 2000 reports that due to the is a lack of specialized care for amputees, many travel to Slovenia which has a center with specialized rehabilitation program for amputees.

According to LM 2002:

In Croatia, clinics, clinical hospitals, clinical complexes, and state health care institutions are state-owned. General and specialized hospitals, medical centers, first aid centers, medical centers providing treatment at patients' homes, health resorts, and county public health care institutions are county-owned. In 2001, there were 120 medical centers, 23 general hospitals, 166 clinical hospitals and clinics, two clinical complexes, 28 specialized hospitals, five health resorts, four first aid centers, 102 medical centers providing treatment at patients' homes and 121 pharmacies. Persons with disability have at their disposal 12 rehabilitation centers: there are special hospitals for physical rehabilitation in Lipik, Daruvarske Toplice, Naftalan, Thalassoterapija-Crikvenica, Biokovka, Kalos, Thalassoterapija-Opatija, Varazdinske Toplice, Biograd, Stubicke Toplice, Krapinske Toplice, and the orthopedic hospital "Prim dr. Martin Horvat" in Rovinj.⁷⁷

The President of the CMVA, Davorin Cetin, a landmine survivor, believes that rehabilitation currently available to mine survivors in Croatia is insufficient: the 21-day hospitalization period after a mine incident is too short, and physical rehabilitation is often incomplete. Civilian victims of the "homeland war" are not granted equal rights to disabled war veterans, who are granted one treatment in a health resort once a year.⁷⁸

People with health insurance are provided with prostheses, spare parts and consumables, which is regulated by the “Book of Regulations on Orthopedic and other tools”. A person receiving an upper limb prosthesis for the first time will get outpatient or hospital rehabilitation. A person receiving a lower limb prosthesis for the first time, will get hospital rehabilitation (Article 29 N.N. 63/00). Persons with health insurance pay 10 percent of the total value of a basic appliance (Article 12 of the Book of Regulations), but, according to Davorin Cetin, if amputees want a better and more expensive prosthesis, they have to pay the difference in cost themselves. For example, a lower leg prosthesis enabling ten hours of activity a day costs between KN25,000-KN40,000 (\$2,866-\$4,587). In this case, the Croatian Health Insurance Institute covers about 10 percent of the cost.⁷⁹

The Mine Victims Section (see below) and CROMAC jointly developed a project of Mine Victims Rehabilitation, which started in July 2001. The project, costing Can\$150,000 (\$95,550), was funded by the Canadian government, and included the reconstruction of the Orthopedics and Rehabilitation Department of the Martin Horvat hospital in Rovinj, and the accommodation costs and monitoring of mine survivors. The first group of 15 young mine survivors, from all over Croatia, arrived to the Rovinj hospital on 1 July. The project was also supported by the UNHCR, ICRC, Ministry of the Homeland War Veterans, Getro company, and Zagrebacka Bank.⁸⁰ A second program for 25 child mine survivors ran from 1-21 July 2002. Adult mine survivors will be treated in Rovinj later in 2002, with groups of 20 to 25 persons for 10 days.

Indicator 4: The extent to which programs and services for the social and economic reintegration of mine victims are available

According to original study:

LM 2000 reports that there is a system of benefits and subsidies for disabled people. There are broad transport privileges, but the law on access to buildings for disabled people is generally disrespected. According to the Croatian Alliance of Physically Disabled Persons’ Associations, there are no programs of psychological/social rehabilitation for mine victims. In 1996, the Center for Rehabilitation and Adjustment to the Community was founded in Zagreb, to bring together experts in various fields and assist disabled persons in finding solutions to their health, social, legal and other problems. The Center is supported by the government body that provides assistance to the survivors of the Croatian War of Independence, by the Ministry of Health and WHO. Similar centers are being set up in Split and Osijek.

According to LM 2002:

In 2001, CMVA provided recreation and psycho-social rehabilitation to 60 people, including 50 mine survivors. The program was funded by the Embassy of Canada.⁸¹ In addition, the National Center for Psycho-trauma continued to offer psychological support to victims of the war, including landmine survivors.

The CMVA has developed a regional network in all of the 14 mine-contaminated counties. Since 1999, CMVA’s activities have included: creation of a mine casualties database (data recording and updating activities are underway); individual mine survivors program support; two projects related to psychosocial support to child mine survivors; and rehabilitation and psychosocial support to children and adult mine survivors during the summer of 2001 in Rovinj. The projects were implemented in cooperation with CROMAC, ICRC, CRC, Norwegian Embassy, Canadian Embassy, Slovenian Embassy, United Nations, and USAID.⁸³

In 2001, the ITF provided \$19,637 for mine victim assistance in Croatia.⁸⁴ Full details of the projects supported are not available, but the CMVA believes this funding was used to employ four mine survivors in CROMAC.⁸⁵

Indicator 5: The extent to which mine victims are protected and supported by effective laws and policies.

According to original study:

LM 2000 reports that although Croatia has extensive legal provisions for the rights and entitlements of disabled persons, which include mine victims, many are not fully implemented, partly because mine victims and other disabled persons have poor knowledge of their rights.

According to LM 2002:

No new policies regulating health care provisions and assistance to persons with disabilities were introduced during 2001.⁸⁶

Indicator 6: The extent to which there is a disability community advocacy network.

According to original study:

LM 2000 reports that the Croatian Alliance of Physically Disabled Persons' Associations (HSUTI) established a mine victim section on 31 May 1999. Its operation includes research on the number and status of victims, assistance to its members, organization of meetings, education (optimization of self-help), seminars, and cooperation with other NGOs in Croatia and elsewhere. HSUTI has been active for more than twenty years and has centers in thirty-six cities all over the country. There are forty member-organizations, members of which acquire certain privileges, such as half-price telephone subscription and one hundred free phone units per month, half-price television subscription, free transportation in Zagreb and entrance to some cinemas, theaters and sporting events.

According to LM 2002:

The CMVA, established on 6 October 2001 in Rovinj, emerged from the Mine Victims Section operating under the umbrella of the Croatian Union of Physically Disabled Persons Associations since 1999, and is a humanitarian, non-profit NGO active throughout Croatia bringing together survivors injured by mines, explosives, or UXO. On the tenth anniversary of international recognition of the Republic of Croatia, the government of Croatia donated KN100,000 (\$11,467) to the CMVA.⁸²

Endnotes:

⁷² Lilijana Calic-Zminc, Croatian Mine Action Center, presentation at the ITF Workshop on Assistance to Landmine Survivors and Victims in South-Eastern Europe: Defining Strategies for Success, Ig, Slovenia, 1 July 2002.

⁷³ CROMAC mine and UXO casualties database for year 2001, received by email on 6 February 2002; Article 7 Report, Form I, submitted on 26 April 2002 for calendar year 2001.

⁷⁴ "Predstavljen projekt zaposljavanja zrtava mina kojeg podupire i norveska Vlada" ("Presentation of the project of employing mine victims with support by Norwegian Government"), *HINA*, 20 June 2001.

⁷⁵ Data provided by Lilijana Calic-Zminc, Croatian Mine Action Center, in a presentation at the ITF Workshop on Assistance to Landmine Survivors and Victims in South-Eastern Europe: Defining Strategies for Success, Ig, Slovenia, 1 July 2002.

⁷⁶ Interview with Davorin Cetin, President, CMVA, Zagreb, 8 February 2002.

⁷⁷ Letter from Dr Andro Vlahusic, Minister of Health, Zagreb, 22 March 2002.

⁷⁸ Interview with Davorin Cetin, President, CMVA, Zagreb, 8 February 2002.

⁷⁹ Ibid.

⁸⁰ F. Zeravica, "Druzenje uz glazbu i Zabranjeno pusenje" ("Socializing with music and Zabranjeno pusenje"), *Vecernji list* (daily newspaper), 11 July 2001, p. 10. Exchange rate at 12 May 2002: Can\$1 = US\$0.637.

⁸¹ Interview with Davorin Cetin, President of CMVA, Zagreb, 8 February 2002.

⁸² "Umjesto za prijam, Vlada ce sto tisuca kuna dati Udruzi zrtava mina" ("The Amount Allocated for a Reception, the Government Will Donate to Mine Victims Association"), *HINA*, 10 January 2002.

⁸³ Interview with Davorin Cetin, President, CMVA, Zagreb, 8 February 2002.

⁸⁴ Email to Landmine Monitor from Eva Veble, Head of Department for International Relations, ITF, 17 May 2002.

⁸⁵ Interview with Martina Belosevic, Croatian Mine Victims Association, 15 May 2002.

⁸⁶ For information on existing policies see *Landmine Monitor Report 2000*, p. 623 and *Landmine Monitor Report 2001*, p. 675.