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The Reintegration of Landmine Survivors in Mine-affected Northeast Albania

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HALO also provides data to CMA using ESRI's ArcGIS software, "Engeset says.

Besides the results of technical surveys, the CMA's database also contains the results of the National Level One Survey conducted in 2001 and 2002 in 13,908 villages in Cambodia, a country 48,690 square kilometers (69,910 square miles) in size. During the survey, information was collected about accidents and suspected locations of landmines and UXO based on interviews with villagers.

According to UNMAS,

• 8,422 villages were identified as contaminated with landmines or UXO to some extent. "About 1.5 million people in or around those villages are considered at risk," says Engeset.
• 7,486 villages were identified as uncontaminated.
• 20 percent of all villages in the country are contaminated to the extent of having an adverse socioeconomic impact on the community.

Equipped with the results of the National Level One Survey, CMAC is returning to the 8,422 contaminated villages to conduct Technical Surveys and map the exact locations of the hazards. CMAC operators use explosives-sniffing dogs and handheld mine-detection equipment to locate the mines. "If they find mines, they use GPS to map the border of the areas," Engeset says. That information is stored as polygons with ArcGIS Desktop and later converted into shapefiles that, along with other data, can be shared and analyzed.

"Right now, we are working very hard with the operators to be sure we have the same information that they have stored in their databases," Engeset says. "As soon as we have all the data stored in one place, it will be easier to analyze." The analysis began in the fall of 2008 and continues.

Resolve for Solving a Problem

"As Cambodia's population increases, people are on the move looking for land to open up to farming and industry, making mine clearance all the more pressing," Engeset says. Some people continue to live in the middle of minefields and go out into the fields daily, risking their lives. They're plased to help make their futures safer. "I am not an expert on mines, but I do know about information systems," Engeset says. "This [landmine] problem is huge in Asia, and when you meet the victims, it affects you. She is constantly amazed by the tenacity of the people who continue to work in dangerous conditions. Engeset remembers a Thai farmer who survived two landmine explosions at the same foot twice. Raulca Engeset, "He said, 'Actually, I was quite lucky.' The second time, I lost my artificial leg, so that was okay." See Endnotes, page 112

The Reintegration of Landmine Survivors in Mine-affected Northeast Albania

The Albanian Mine Action Executive is the mine-action coordination center in Albania responsible for coordinating and monitoring all mine-action activities in the country. AMAE and the government of Albania has established a concrete victim-assistance strategy and plan outlining targets and goals to be achieved by the year 2009. Albania is one of the few States Parties that is included in the United Nations-led completion initiative and aims to achieve its Article 5 obligation of the Ottawa Convention by 2010.

In 2003, a project involving animal husbandry commenced to help mine survivors establish simple home-based livelihoods. It was not until 2005, that a well-coordinated and comprehensive victim-assistance strategy was developed and adopted with the goal of building a sustainable victim-assistance capacity by 2009. This strategy aims for all mine survivors to be physically, socially and economically rehabilitated into their communities. The VA strategy is based on a priority needs assessment undertaken by the United Nations Development Programme, AMAE and a local nongovernmental organization, "Strengthening Medical Care. Medical assistance in northeast Albania was identified as being limited compared with the rest of the region because the mine-affected part of the northeast region was isolated under 47 years of Communist rule, which ended in 1992. However, in 1995, the year 2009. Albania is one of the few States Parties that is included in the United Nations-led completion initiative and aims to achieve its Article 5 obligation of the Ottawa Convention by 2010.

During the Kosovo conflict of 1999, landmines and unexploded ordnance were emplaced and cast along the 120-kilometer (75-mile) Kosovo-Albania border and up to 20km (12 miles) inside of Kosovo. In this area the Albanian Mine Action Executive, AMAS, was established in 1999 in Pristina to deal with mines

The national mine-action structures for coordinating and managing mine action were established in 1999 with the Albanian Mine Action Committee as the inter-ministerial, policy-making body and the Albanian Mine Action Executive as the coordinating and monitoring mine-action center. AMAS has coordinated the collection of incident and accident reports from 1999, which were validated and coordinated for victim-assistance (including clearance and mine-risk education, and later to involve planning and coordinating for victim assistance). Victim-assistance initiatives commenced in 2001 with mine-affected areas being sent to Slovenia for physical rehabilitation and prostheses because of the comparatively poor quality of medical treatment available in Albania. The low level of medical treatment is partially a result of Albania's imposed isolation under 47 years of Communist rule, which ended in 1992. However, in 1995, the year 2009, Albania is one of the few States Parties that is included in the United Nations-led completion initiative and aims to achieve its Article 5 obligation of the Ottawa Convention by 2010.
Nuristani Nuristani is a 44-year-old man who lost both of his legs to landmines in 2001 while grazing his animals in the meadows of northeast Albania near his home. Nuristani is from a poor remote village in the mountains of Kukes where he lives with his wife and their four children.

Nuristani’s life improved significantly when he received his first prostheses in 2004. The Institute of Rehabilitation in Slovenia and became mobile once again. In 2006, Nuristani was selected to participate in the vocational training project funded by the European Commission through UNDP and the Victims of Mines and Weapons Association. He was trained in repairing small electronic equipment and devices, a dream he had for some time. Since completing the training in 2007, Nuristani has opened a thriving business in his commune. He is enthusiastic about his work and proud that he can feed his children again. Nuristani plans to relocate with his family to the coastal city of Durres in the near future and, once there, open a larger business in electronic repair.

of the country is geographically remote, it has poor roads, is surrounded by high mountains and is abandoned by snow for five months of the year. The Kukes region is comprised of three districts: Kukes, Has, and Tropoja. Each district has a primary city with a main hospital. The hospitals in Kukes and Tropoja have surgical capabilities and have been the focus of much support of the programme in improving the quality of medical assistance provided. For difficult cases requiring intensive surgery and care, patients are transported by helicopter to Tirana as arranged with the district hospital and the Ministry of Health authorities in Tirana. Through AMAE coordination and funding provided from multiple sources, new medical equipment ultrasonics, patient monitors and medical supplies were procured and provided to both the Kukes and Tropoja hospitals. Additionally, trainings in how to use this new equipment were provided as a part of the handover procedure.

The VA project not only focused on improving the quality of health care available at the hospital level, but also identified improving access to rehabilitation care at the village level as extremely important. At all 30 mine-affected villages along the Kosovo-Albania border employers mine survivors, who could be immediately available to provide emergency first-aid to those injured by landmines, a community-based rehabilitation network was established to improve service delivery. Nurses were identified and trained in emergency first aid and ongoing medical support; supplies, including stretchers, microsurgery kits, blood-pressure cuffs and electric sterilizers, were provided to the nurses. With nurses working in landmine survivors’ villages, relationships between nurses and survivors strengthened, resulting in greatly improved mine survivors’ access to medical and social service quality.

Eighty percent of a problem that many landmine survivors have, and this problem usually does not receive sufficient attention in the arena of victim assistance. Twenty-six of the landmine/UXO survivors in Albania were identified as sight impaired, the majority of whom were children at the time of their accidents. The treatment received in the hospital following their injury involved basic surface removal of the shrapnel from their eyes. Funds were raised in Albania at Adopt-a-Minefield’s charity event, the Night of a Thousand Dinners, and screening and treatment was provided to 12 of the 26 sight-impaired survivors, who were still able to be treated effectively, at a private clinic in Tirana. To date, the Albanian mine-action program, with support from the United States Embassy, has held four successful Night of a Thousand Dinners to raise awareness about the landmine problem in Albania and to raise money to support landmine survivors.

Flexible Facilitating to Work

The needs assessment found that physiotherapy exists in Albania but it is not well known or standardized in terms of training. There are two individuals trained in physical rehabilitation to varying degrees in the Kukes region, one based at Kukes Regional Hospital and the other at the hospital in Tropoja. There is one prosthetic/orthotic health center, the National Prosthetics and Orthotics Center, it is staffed by six technicians, one orthopaedic physician and three dispensers. The technicians learned their trade while on the job and did not receive any official or standardized training. As an approximate 100 of the landmine survivors are amputees, adequate capacity for the provision of physical rehabilitation and prostheses is important.

The VA project has approached physical medicine and rehabilitation project using Handicap International expertise and the U.S. Department of State funding to strengthen this capacity. A new prothetic center has been set up at Kukes Regional Hospital with two new technicians being trained. In total, six technicians working in Albania are now certified by the International Society for Prosthetics and Orthotics with new equipment and new standardized prosthetics program at the University of Tirana commenced in 2006. A rehabilitation center has been established in Kukes Hospital with funding provided by the government of the United States, UNDP and the United States Department of State through the International Trust Fund for Demining and Mine Victims Assistance and provided to Slovenia for physical rehabilitation and prostheses with support from the U.S. Department of State through the International Trust Fund for Demining and Mine Victims Assistance since 2001.

There are no trained counselors or social workers in the hospitals or the mine-affected villages of Albania, and few exist in Albania. This has been identified as a problem as mine/UXO survivors are at risk to acute and post traumatic stress disorder, anxiety and depression following their accidents and would benefit from psychosocial support. Victims of Mines and Weapons, a local NGO, provides psychosocial support and family counseling to approximately 100 of the landmine survivors each year, including summer camps for children of mine survivors and social outings for mine survivors themselves. Additionally, VMA employs a mine survivor who is a member of Raising the Voices, and provides guidance and support to landmine survivors in the hospital and back at home in their village. For example, VMA tries to improve the living conditions of persons with disabilities (including mine/UXO survivors) in fields of education, employment, support services and free access through asserting the fundamental rights of persons with disabilities. The Albanian government is also following closely the developments regarding the Convention on the Protection and Promotion of the Rights of Persons with Disabilities, and the Ministry of Foreign Affairs has publicly expressed Albania’s commitment to become a signatory member of this convention.

Looking to the Future

Albania has been listed as one of 25 States Parties to the Ottawa Convention with the highest number of mine casualties that is committed to taking responsibility for the care and well-being of their mine and UXO survivors. The multi-faceted victim-assistance strategy established in 2005 and revised in 2010, aims to improve standards for mine victims in Albania by the end of 2009 in the areas of short- and long-term medical care, physical rehabilitation and provision of prostheses, and psychological and social support, education, and socioeconomic reintegration, legal assistance, and community awareness and advocacy. To this end, the Albanian government committed to taking responsibility for the care and well-being of their mine and UXO survivors. The multi-faceted victim-assistance strategy established in 2005 and revised in 2010, aims to improve standards for mine victims in Albania by the end of 2009 in the areas of short- and long-term medical care, physical rehabilitation and provision of prostheses, and psychological and social support, education, and socioeconomic reintegration, legal assistance, and community awareness and advocacy. To this end, the Albanian government committed to taking responsibility for the care and well-being of their mine and UXO survivors.

The needs assessment conducted in 2003 recognized that mine survivors face great difficulties in returning to work or school following their accidents. The majority of mine victims were male breadwinners whose loss, as a result of their injuries, the high unemployment rate in the region, and