

Albania



Country indicators

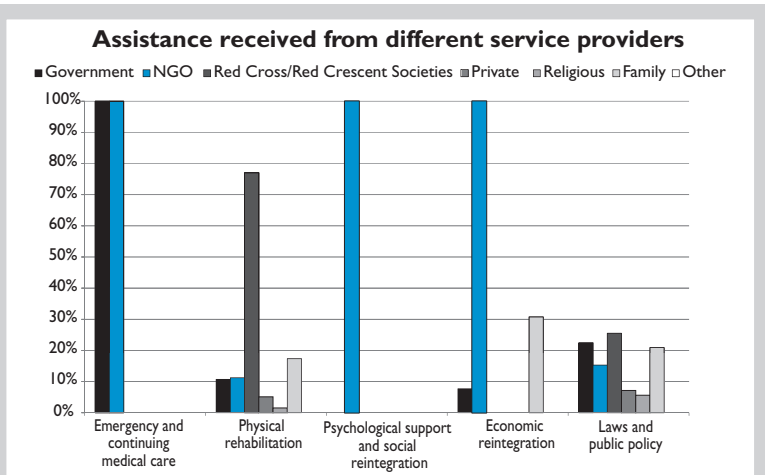
- **Conflict period and mine/ERW use:** Mines/ERW contamination from the 1998-1999 Kosovo crisis is found in the north-eastern border districts of Kukës, Has, and Tropojë. Forces of the former Federal Republic of Yugoslavia (FRY) laid minefields; both FRY forces and NATO used cluster munitions which spilled into Albania. Civil unrest in 1997 included looting from military depots and subsequent abandoned explosive ordnance (AXO) contamination throughout the country, which is ongoing due to the intermittent abandonment of illicitly possessed weapons caches.¹
- **Estimated contamination:** As of 2008, in northeastern Albania, 43 suspected hazardous areas cover 1.6 km² and unquantifiable levels of AXO contaminate most other regions. The affected population is unknown, but incidents have occurred in all regions.²
- **Human development index:** 68th of 179 countries, medium human development (compared to 65th of 177 in 2004).³
- **Gross national income (Atlas method):** US\$3,840 - 113th of 210 countries/areas (compared to US\$ 2,389 in 2004).⁴
- **Unemployment rate:** 12.5% official rate; this may exceed 30% due to preponderance of near-subsistence farming (compared to 15.8% official rate; actual rate 30% in 2004).⁵
- **External resources for healthcare as a percentage of total expenditure:** 3.7% (compared to 2.4% in 2004).⁶
- **Number of healthcare professionals:** 53 per 10,000 population.⁷
- **UNCRPD status:** Non-signatory as of 1 August 2009.⁸
- **Budget spent on disability:** No budget was allocated for the National Disability Strategy.
- **Measures of poverty and development:** Poverty in the mine/ERW-affected rural mountain areas remained higher than the national average (26.6% compared to 13%) and relatively constant, whereas the national average decreased. It is possible that this ongoing disparity will result in "the creation of a poverty trap" in the mountain areas.⁹

VA country summary

Total casualties in mine/ERW-affected areas since 1999: 272			
Year	Total	Killed	Injured
2004	25	6	19
2005	2	0	2
2006	0	0	0
2007	0	0	0
2008	0	0	0
Grand total	27	6	21

Total recorded casualties in AXO-affected areas since 1997: 489			
Year	Total	Killed	Injured
2004	21	3	18
2005	23	1	22
2006	1	0	1
2007	18	2	16
2008	0	0	0
Grand total	63	6	57

- **Estimated number of mine/ERW survivors:** Approximately 738 (238 mine/ERW survivors in northeastern Albania and an estimated 500 AXO survivors elsewhere).¹⁰
- **VA coordinating body/focal point:** The Albanian Mine Action Executive (AMAE) is the coordinating body; its VA officer (a medical doctor) is the focal point and has actively engaged all relevant actors.
- **VA plan:** The National Victim Assistance Plan of 2003 was incorporated into the 2005-2009 VA objectives and plan. Since 2005, these have been used actively and revised as needed.
- **VA profile:** While immediately after the 1998-1999 conflict there was a significant international presence in northeast Albania, most organizations had pulled out by 2004. They left behind an insufficiently state-funded infrastructure, which subsequently reduced VA capacity. Nevertheless, Albania has made strides in developing all VA components in the northeast since the introduction of an initial VA plan in 2003. Extensive data collection used for program design and information-sharing contributed to the success of the regional VA program in 2005-2009. Needs-based and comprehensive community-based programming, as well as linkages to broader development strategies, also contributed to progress. Between 2005 and 2009, only one national NGO (VMA Kukës) provided direct VA in Kukës, with the support of AMAE. Initially, progress was most prominent in the areas of medical care, employment and economic support in the northeast, but expanded to all service types through the involvement of the local VA NGO and increasingly with the support of the local health institutions. In



2009, economic assistance continued with international funding, but there were few opportunities for employment in the area. Psychological support was not readily obtainable other than through limited peer support. At the national level, efforts were also made to grasp the extent of AXO casualties and the regional VA program facilitated access to prosthetic assistance for AXO survivors, but with less success, as a comprehensive national data collection system was still lacking in 2009 and requires a commitment of additional resources.

Also nationally, the conditions at the National Orthotic-Prosthetic Center have been deteriorating since 2005. By 2009, the center was operating at its lowest level since 2004, despite receiving international support since 1998. Laws do not effectively address the needs of people with disabilities, including mine/ERW survivors. The AMAE VA program contributed to the development and fulfillment of the National Strategy for People with Disabilities, but there is no national budget for the strategy and political will is lacking. The mine action program was scheduled to be completed in 2010. In the absence of a fully-functioning disability strategy, the future prospects for survivors are uncertain.¹¹

VA progress on the ground

Respondent profile

By July 2009, 26 survivors had responded to a questionnaire on VA progress in Albania: 20 were men, four were women, and two were boys. Seventeen people had a primary-school level of education, including all of the women; eight others had a secondary-school degree (one person did not answer). Eight men and one woman were heads of household. Only six respondents did not own property and 12 felt their income is sufficient. All survivors were from the Kukës region, and the majority described themselves as living in a village with some services (14); eight said they lived in a remote area without services; and four said they lived in a city with a variety of services.

General findings

Overall, survivors saw progress in all areas of VA since 2005. In many cases, all respondents agreed the situation in a specific area had become better. This is obviously in part due to the small survey sample (26 of 238 total survivors) conducted in a small region under the mandate of the VA program. It also is an indication of the impact a well-functioning, specific VA program can have on a small target group. All respondents found the government was more involved, but also noted it still lacked sufficient resources and political will. This is explained by the clear distinction the survivors appear to be making between the local/national authorities and the AMAE VA program.

All respondents reported services for child survivors were “sometimes” adapted to the requirements of their age levels. Services for female survivors, when compared to male survivors, were reported to be either “absent” (27%) or “equal” (26%); some 15% said such services are “better” and another 8% said they were “much better”.¹² Two women responded that services are “absent”, one said they were “equal” and one said they are “better”.

All of the survivors had been surveyed more than four times in the past five years. They all said this had resulted in their receiving more services; 25 also felt listened-to. All

survivors said they had received the opportunity to explain their needs to government representatives. Most had done so two times during the past five years (54%).

Emergency and continuing medical care

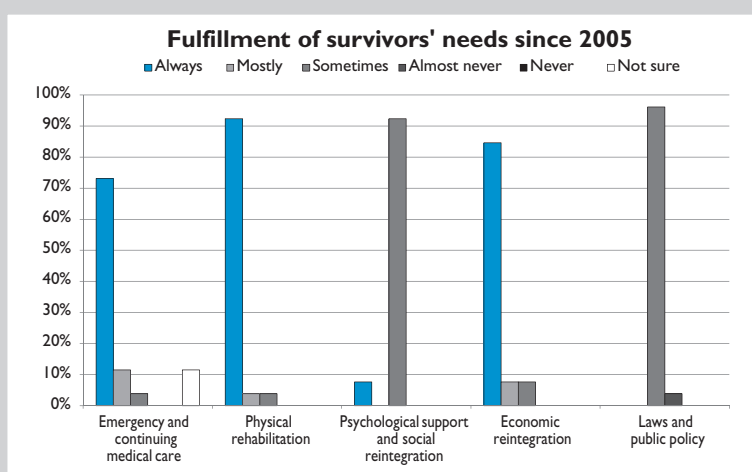
All respondents (100%) reported healthcare had improved. Nearly three-quarters (73%) said survivors “always” receive the healthcare they need. The greatest progress was reported in improved training of health staff (96%) and teams with a more complete range of skills (92%). The fewest respondents saw progress in increased availability of medication (only 21%), and all who responded (13 total) noted that centers were not better-equipped. Almost no one (96%) found it easier to obtain referrals for specialized or follow-up services, and no one felt there were more health centers in the region than in 2005.

These answers, which at first sight seem mutually contradictory, must be seen in light of the effectiveness of the VA program on the one hand, and the overall poverty in the area and poor state of the healthcare system on the other hand. Medical facilities in the mine-affected areas often still have either archaic equipment or almost no equipment. The VA program has regularly found donors for medical equipment,¹³ but this may not have been apparent to survivors visiting medical facilities that are still run-down and under-funded, nor would it be apparent to those visited by community nurses. The increased satisfaction with medical staff is due not only to the existence of the network of community nurses/ social workers, but also to sufficient staff capacity during the period under review. The existence of this NGO-supported network likely created a bias in the responses. However, it is interesting that this did not result in most people also answering that medical care is available closer to home (most people did not answer this question). This is likely because the nurses only provide first aid, among a wide variety of tasks, and also because survivors still have to travel considerable distances to one of the three regional hospitals or to the capital Tirana to get medical treatment.

Physical rehabilitation

All respondents said that, overall, physical rehabilitation had improved since 2005. The great majority of responses (92%) indicated survivors received all the physical rehabilitation they required (4% responded “mostly” and another 4% “sometimes”). Areas of most improvement included the quality of physical therapy, the quality of prosthetic and other devices, and better-trained staff (92%). All respondents said a larger variety of devices is available and that repairs are available free of charge. However, respondents overwhelmingly (92%) felt physical rehabilitation was not a government priority, and they did not report more centers in their area.

This last response is surprising, given the opening of the Kukës Prosthetics Workshop and Rehabilitation Department in late 2007/early 2008. Possibly those surveyed had not made use of the center yet or still found the distance to Kukës considerable. The Prosthetics Repair Workshop, which has existed since 2005, has been upgraded to full production capability. However, some people were likely to have still been referred to the capital during the past five years. With international support, extensive training has been provided both to prosthetic/orthotic technicians and to physiotherapists.¹⁴ While considerable improvements have been made to the mostly government-



run, but internationally funded, physical rehabilitation sector in northeastern Albania under the stimulus of the VA program, survivors likely see these services as being delivered or supported by local systems, rather than by the state. The complex relationship between AMAE, NGOs and state support for the sector may not be apparent to survivors receiving services.

Psychological support and social reintegration

The respondents were much less positive on progress in psychological support and social reintegration over the last five years, with some 88% saying the situation has remained the same (12% saw improvement). Almost all (92%) also said survivors only “sometimes” received the psychosocial support they needed (8% said “always”) – a more positive response than in other countries. Nearly 81% said the government did not provide more support for psychosocial support, and 92% did not see quality improvements. Only half of those answering the question (8 of 16) said there were more opportunities for formal psychological counseling. However, on the positive side, all survivors noted that peer support groups had been created, that they had become more involved in psychosocial support activities for others, and that they were also more involved in community activities in general.

Psychosocial support is only provided by the local VA NGO (VMA Kukës), and responses show both the value-added and the limitations of the service provision. As counseling services are neither widely available nor socially accepted, most survivors would not have received psychosocial support without the NGO and its network of nurses/social workers. The NGO’s community-based activities have stimulated peer support and increased community involvement. However, the NGO lacks staff and capacity. While training has been provided to the network, infrequent funding for this activity has resulted in the departure of some of its most experienced social workers/nurses.¹⁵ Government (including AMAE) activities and objectives were among the weakest of the VA program and were limited to awareness raising and facilitation.¹⁶

Economic reintegration

Overall, 92% of survivors responded that economic reintegration has improved since 2005, and 85% said survivors “always” receive the economic reintegration they need. However, the responses to more specific questions clearly indicate that while there has been some progress in implementing programs for survivors, the economic situation in the region and the country is extremely disadvantageous. All survivors noted there were more educational and economic opportunities in their areas. At the same time, they all also felt there was not less discrimination in education and employment, that employment opportunities for survivors had not increased, and that it had not become easier to access programs not specifically designed for survivors. However, they all said economic opportunities, including micro-credits and other loans through programs specifically designed for survivors, had increased (100%). The respondents also noted increased pensions.

This clearly indicates that without the existence of a specific VA program in the northeast, there would be little or no opportunity for the economic improvement of the lives of survivors in one of the poorest regions in Europe. It was estimated that some 80% of survivors have received economic reintegration assistance through the program. The government is also perceived as having provided more support for economic reintegration. This is, in part, because of improved pensions and because of projects undertaken by local authorities through the regional development strategy and the regional poverty reduction strategy, which have both incorporated activities to reduce the impact of mines/ERW.¹⁷ At national level, the dichotomy in other sectors also persists with respect to economic reintegration, as most people (85%) still say economic reintegration of survivors is not a government priority.

Laws and public policy

Almost all respondents (96%) noted that the rights situation of survivors had remained the same since 2005, and that these rights were only “sometimes” respected or implemented. However, all survivors noted that new policies and legislation had been developed. Of those responding (14), 93% also said there is more awareness about disability among the general public, and that discrimination had decreased (67% of 15 responses).

The survivors’ responses corroborate Albania’s efforts to increase levels of awareness raising and develop a national disability policy, as well as the efforts of the AMAE to obtain equal rights for mine survivors through mine action legislation. However, government coordination is lacking on disability issues; the enhancement of legislation is still pending and national disability policy is largely unimplemented.¹⁸

When asked what they would say should the majority of survivors report the situation has stayed the same over the last five years, the VA focal point correctly doubted that any respondents would say this. Furthermore, he offered that if anyone expressed such a concern they would be addressed and assisted individually. The focal point also said VA improvements in the northeast are apparent since the 2004 Review Conference, particularly when compared to the services received by AXO survivors not under AMAE mandate. He also said the prioritizing of infrastructure developments in the area is a sign of the “positive discrimination” of government efforts towards mine/ERW affected communities and survivors.

VA process achievements

Year	Form J with VA	ISC VA statement	MSPVA statement	VA expert	Survivor on delegation
2005	YES	YES	YES	NO	NO
2006	YES	YES	YES	YES	NO
2007	YES	YES	YES	YES	NO
2008	YES	YES	YES	YES	NO
2009	YES	YES	N/A	YES	NO

Throughout 2005-2009, Albania demonstrated significant dedication to implementing the Nairobi Action Plan and has made good use of the tools put at the disposal of the 26 countries with significant numbers of survivors and the greatest responsibility to act, but also the greatest needs and expectations for assistance. Albania used the so-called VA26 process to build on its existing VA plan. When going into the VA26 process in 2004-2005, Albania saw it as a confirmation of its obligation to fulfill its responsibilities to assist survivors, rather than as an opportunity for increased international funding. However, being part of the process did help focus attention on VA in Albania, particularly among donor countries. While the scope of the problem is limited, the VA program is focused on one region and future sustainability is not ensured, Albania has been very successful in achieving the goals it set for itself between 2005 and 2009.

In 2005, Albania presented SMART objectives and revised them in 2006 to make them more suitable and realistic. These objectives were developed with the input of survivors as well as governmental and NGO stakeholders, and were coherent with what had begun in the 2003 VA plan. Throughout the process, needs identified by survivors were prioritized, and this is confirmed by the survivor responses, which unanimously say survivors were included in the development of national action plans and that there is better coordination with the disability sector. The 2005-2009 objectives and the actions to achieve them became the *de facto* work plan for all stakeholders. Planning was developed and improved through the process. Budget allocations were made or projected and progress against the objectives was monitored and reported systematically.

While development and implementation of the objectives was mostly a bottom-up process, AMAE coordination and the role of its VA focal point were pivotal. The focal point liaised systematically with service providers and state representatives and worked with donors to help link donor resources to service providers and to projects planned to fulfill objectives. The continuity in the position, the focal point's experience with the existing medical system, and his ability to work both nationally and internationally for coordination and resources proved vital.¹⁹ This was also reflected in survivors' responses, all of whom know who is in charge of VA coordination. However, it is unclear whether sufficient coordination capacity has been built in the event of the departure of the current focal point.

Through its consistent progress reporting, detailing both achievements and set-backs, AMAE has demonstrated its commitment to the Nairobi Action Plan and made an evaluation of its progress possible. Several objectives have been delayed and timeframes were set back when Albania revised its plans due to some initial hold-ups in establishing programs. Subsequently, most of these revised objectives have either been achieved or have made substantial progress by deadline. Where appropriate, activities were continued past the stated deadline and exceeded the initial target. That the objectives correspond to the needs of survivors is evidenced not only by survivor inclusion in the development of priorities, but also by their responses.

Progress was to a certain extent dependent on available resources and the level of cooperation of the implementing partners. However, given that by early 2009 most of the plans had been achieved, the budget and capacity estimates in the plan appear to have been realistic. The least progress was made when the VA program had to work with the national level, particularly for physical rehabilitation and disability rights. However, the AMAE has successfully lobbied for improvements at the national level, such as better premises and a state budget for the national rehabilitation center, to which the Ministry of Health committed in 2009 after four years of AMAE facilitation.²⁰

Internationally, the Albanian VA program has benefited from participating actively in Mine Ban Treaty meetings and has been able to demonstrate the consistency of its program. Albania's example and its lessons learned under the VA26 process could be very useful to other states in the process.

Due to its accomplishments, some might say Albania no longer needs to be one of the VA26 group with "the greatest needs and expectations for assistance." However, further assistance is required to solve the country's precarious economic and social situation. Albania does not yet have adequate resources to do this and will need further international assistance. The lessons learned and the capacities from the AMAE program should be expanded to cover the needs of all survivors in AXO-affected areas and for survivors of other traumatic injuries.

Additionally, the long-term viability of VA in Albania relies on the implementation of the National Strategy on People with Disabilities. The disability strategy's second implementation report, based on survey data from six regions (including several AXO affected areas), was issued in October 2008 and found no progress in some 40% of the measures. Only 2% of the measures were accomplished on schedule.²¹ The disability strategy has a long way to go before it can address the needs of survivors, particularly in the northeast.

Conclusions

- The AMAE VA program has significantly improved services and opportunities for survivors in the northeast and, to a certain extent, for ERW survivors throughout the country.
- Survivors were involved in VA planning and implementation, resulting in services appropriate to their needs.
- Psychological support has improved but required continued capacity building.
- Most survivors from the northeast continued to be dependent on AMAE and the VA NGO to access the now-improved services in the region because they live in isolated rural areas.
- Significant effort put into economic reintegration activities for survivors has resulted, to some extent, in “positive discrimination” in an area with high general unemployment.
- Considerable contributions have been made toward bringing medical capacity close to survivors, but their impact may have been lessened by the generally poor state of services in the region.
- Sustainability of VA relies on sufficient national capacity and on the implementation of the national disability strategy. It would not be effective to continue specialized programs for survivors, but general disability initiatives, thus far, have been ineffective.

Suggestions for the way forward

When asked how they saw their situation in five years, all survivors thought it would be better. To assist in a better future ahead, the following suggestions may be taken into account:

- Ensure that VA lasts beyond the end of the mine action program in 2010 by increasing national funding for the disability strategy and involving appropriate international partners.
- Continue mainstreaming of VA into disability, but remain mindful of the slow progress in implementing disability plans and ensuring protection of rights, as well as the lack of budget for implementation of these plans.
- Use AMAE and NGO VA expertise for service provision for AXO survivors and others disabled by explosive or traumatic injury elsewhere in the country, advance inter-ministerial coordination and support capacity building in related fields.
- Continued resources are needed to maintain the peer support and assistance activities of the VA NGO in Kukës and to improve psychosocial support capacities.
- Increase general poverty-reduction efforts in the northeast in order to sustain economic opportunities for survivors and continue to link rural infrastructure projects to VA.
- Redefine survivor participation to ensure that the advancements by AMAE in the past five years are maintained and to include survivors in plans for disability and AXO survivors.
- Draw lessons for the VA26 process in general and for the Cartagena Action Plan from the Albanian VA planning progress, as it has demonstrated that plans linked to survivors’ needs and community requests can have more impact than general integration of activities into disability plans, which might not respond sufficiently or rapidly enough to survivors’ needs.



Izet Ademi at work
© Jonuz Kola/VMA Kukës

In his own words: the life experience of Izet Ademi

In their own words...

Survivors described themselves as: optimistic for a better future, hopeful for the future, happy father, enthusiastic, pessimistic, persistent, unlucky, desperate housewife, happy villager, very active woman, getting older, grandmother in retirement.

In their own words...

When asked about the main priority for VA in the next five years, almost all respondents said it should be improved psychosocial support and rights enjoyment.

In their own words...

If people really cared about survivors they would: Know them as a group with disabilities.

Both of these responses can be explained by the fact that all of the survivors have received assistance from the only VA NGO in Kukës and form a relatively close-knit group in which members influence one another.

Izet Ademi, born in 1969, lives in a village in northeastern Albania and is the father of three children. He was a good student, but his family did not have the means to send him to university. Izet thus became a border policeman. He was about 1km from the border, in a location where children and other villagers often grazed animals in summer and gathered wood in winter, when he lost his right leg in a mine incident.

Izet recounts: “I lost my mind. I was in immediate agony. When I regained consciousness, I felt that something was missing from my body... I tried to touch my legs but everything seemed wrong.” First aid was given in the Italian Field Hospital near Kukës, and Izet was then transported by NATO/UNHCR helicopter to the military hospital in Tirana. After he received his prosthetic leg he returned home to start a new life, feeling isolated and alone. His only concerns were his children’s future and his wife, who had no income.

When the local VA NGO (VMA Kukës) knocked on his door in 2001 he was very skeptical, because other organizations had approached him only to take pictures and then disappear. When Izet found out this local organization was trying to protect the rights and opportunities of mine/ERW survivors, he was convinced. He even joined the association, and nowadays everyone calls him the “happy villager.” He is a positive, cheerful role model, ready to help survivors. He travels every day to assist survivors with their rehabilitation needs and to give them hope.