

# Bosnia and Herzegovina (BiH)



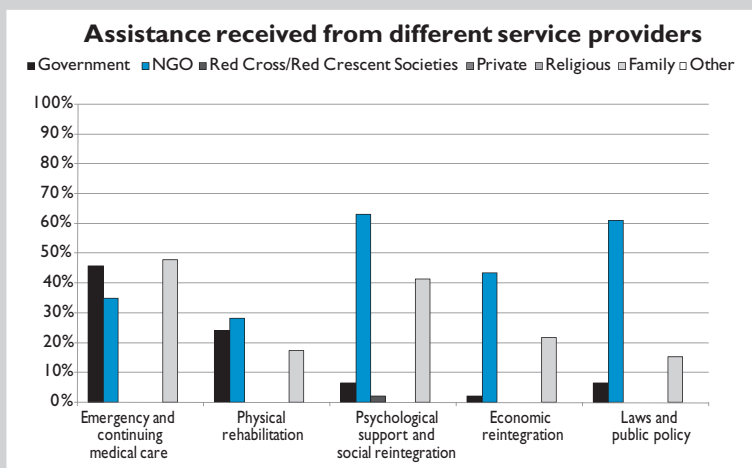
## Country indicators

- **Conflict period and mine/ERW use:** Contamination is primarily a result of the 1992-1995 conflict related to the break-up of the Socialist Federal Republic of Yugoslavia.<sup>1</sup>
- **Estimated contamination:** Contamination is estimated at 1,738km<sup>2</sup>; affecting some 921,513 people.<sup>2</sup>
- **Human development index:** 66<sup>th</sup> of 179 countries, medium human development (compared to 66<sup>th</sup> of 177 in 2004).<sup>3</sup>
- **Gross national income (Atlas method):** US\$4,510 – 106<sup>th</sup> of 210 countries/areas (compared to US\$2,692 in 2004).<sup>4</sup>
- **Unemployment rate:** 29% (compared to 40% in 2004).<sup>5</sup>
- **External resources for healthcare as a percentage of total expenditure:** 1% (compared to 1.1% in 2004).<sup>6</sup>
- **Number of healthcare professionals:** 61 per 10,000 population.<sup>7</sup>
- **UNCRPD status:** Non-signatory as of 1 August 2009.<sup>8</sup>
- **Budget spent on disability:** Unknown.
- **Measures of poverty and development:** The conflict in BiH (1992-1995) caused economic output to drop by 80% and resulted in high unemployment. Although the situation has improved, unemployment and reliance on imported goods remains high. Some 25% of the population lives below the poverty line, which as in other “transition” countries, has resulted in social exclusion and a lack of access to an adequate standard of living. A significant portion of the population suffers from low incomes, poor diet, and few employment opportunities, and more people are vulnerable to falling into a cycle of poverty.<sup>9</sup>

## VA country summary

Total mine/ERW casualties since 1992: Unknown – up to 7,300			
Year	Total	Killed	Injured
2004	24	13	11
2005	25	15	10
2006	35	18	17
2007	30	8	22
2008	39	19	20
<b>Grand total</b>	<b>153</b>	<b>73</b>	<b>80</b>

- **Estimated number of mine/ERW survivors:** Unknown, but approximately 3,919.<sup>10</sup>
- **VA coordinating body/focal point:** BiH Mine Action Center (BHMAC) was mandated by the Council of Ministers to coordinate VA. An IT/data expert at BHMAC did most of the coordination, rather than a VA officer. Occasionally, an assistant Minister of Health (a medical doctor) of the Federation of BiH has represented BiH at international meetings.
- **VA plan:** VA is a sub-strategy of the 2005-2009 Mine Action Strategy; it remains mostly unimplemented. For 2009-2019, approval is pending on a new sub-strategy.
- **VA profile:** From 1999-2004, most of the direct VA services were provided by international NGOs, often resulting in unsystematic service provision. As post-conflict funding for NGO efforts began to wane after 2004, so did international capacity for VA. Nevertheless, VA efforts continued to rely significantly on international contributions between 2005 and 2009. Regulations and benefits for persons with disabilities differ between entities<sup>11</sup> and even between cantons, but several state-run services are free of charge for some groups, including military disabled and people with insurance. In general, services for disabled military and pensions are better than civilian services and pensions. In 2009, both medical care and physical rehabilitation were deemed sufficient to meet the needs. Medical assistance has been adequate since 2004, despite a dependence on international aid as a result of the conflict. Improvements have mainly been made in emergency response services, again due to international donor contributions. Physical rehabilitation services remain variable in 2009, but overall, the quality is satisfactory, despite a lack of personnel trained to international standards, incomplete rehabilitation teams, and a complex bureaucracy. Government capacity to finance rehabilitation services has improved since 2004. State-run social centers and a network of community-based rehabilitation (CBR) centers – created in 1998 – provide psychosocial support, but continued to suffer from a lack of capacity and awareness throughout



remained incomplete and unusable for VA planning.

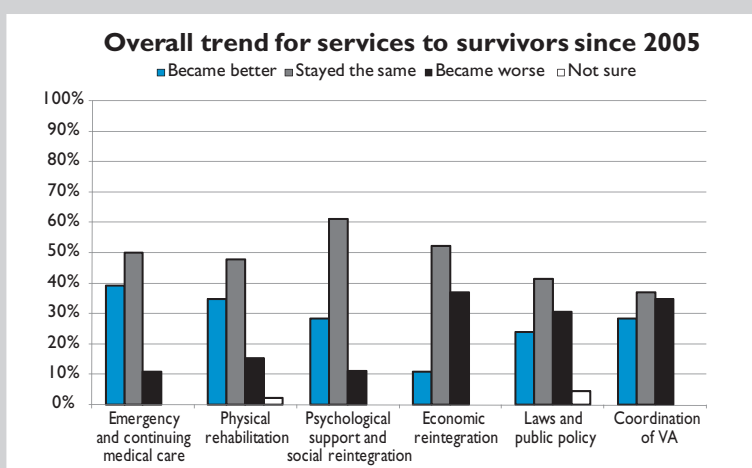
## VA progress on the ground

### Respondent profile

For BiH, 46 responses were received by July 2009: 44 (96%) were men and two were women. All were between 26 and 78 years old, with 78% between the ages of 35 and 49. The largest group of respondents (43%) lived in villages with some services, followed by people living in large cities with a variety of services (30%), people living in remote areas without services (13%), and people from the capital (7%).<sup>12</sup> Some 72% of respondents had completed at least secondary education. Some 89% were the heads of their household and 72% owned their own property. Almost half of the respondents (48%) were unemployed at the time of survey, although at least 86% of them worked prior to their incident (most of whom had been mobilized as soldiers for the conflict at the time of the incident, but might have left regular jobs to join the army). The vast majority (89%) did not find their household income sufficient. Over three-quarters of respondents (78%) were soldiers at the time of the incident. Most incidents occurred during or shortly after the conflict period (91%). This corresponds with what limited casualty data is available, which indicates some 88% of casualties occurred during the conflict and immediately following it (1992-1996) and that most casualties were men, often military personnel.<sup>13</sup>

### General findings<sup>14</sup>

The majority of respondents felt that, overall, services had remained the same since 2005; 70% did not feel they now received more services than in 2005 and 74% did not think services were better. Respondents from rural environments, where services were most needed, reported less improvement than urban respondents. The two female respondents reported the situation was “worse” or “much worse” for women; 52% of all respondents confirmed that services for female survivors were worse or entirely absent. Most people (59%) did not know whether services for child survivors were adapted to their age level, but 26% felt this was “almost never” the case, 4% believed it was “never” the case, and 11% believed it was “sometimes” the case. This response probably reflects a steady decrease in child casualties since 2004.<sup>15</sup>



Most respondents (76%) had been surveyed by authorities or NGOs more than three times since 2005, but 11% had never been surveyed. The majority of respondents (65%) said participation had resulted in increased information about services, but just 39% said they had received more services as a result; 65% of all respondents had the opportunity to explain their needs to government representatives, including 37% who had done so four or more times.

### **Emergency and continuing medical care**

Respondents said that, overall, healthcare services had stayed the same (50%) or improved (39%) since 2005; 11% said the situation has worsened. Most (63%) believe survivors only “sometimes” receive the healthcare they need but 15% said this “almost never” happens. Respondents saw the most improvements in the availability of medication (67%), increased emergency transport (63%), better supplies and equipment in facilities (63%), increased affordability (61%), and easier referral for specialized or follow-up services (61%). The least progress was noted on the availability of services closer to home (39%) and in the number of health centers (37%) – the majority of those seeing improvement in these areas lived in a large city or the capital. Similarly, just 39% of respondents said health staff are better trained or saw quality improvements in healthcare. Less than 25% said the government provided more support for healthcare (24%).

BiH has reported since 2005 that the country has a rather good healthcare network with free services for those with insurance or life-threatening conditions, adequately trained personnel, and sufficient equipment. This may help explain why survivors did not note significant improvements (even though many people still lack health insurance). Since many respondents are military they benefit from automatic insurance. The main areas where progress was needed were emergency transport and faster emergency medical interventions, and these were improved in 2006 with international funding for activities not connected to VA planning.<sup>16</sup>

### **Physical rehabilitation**

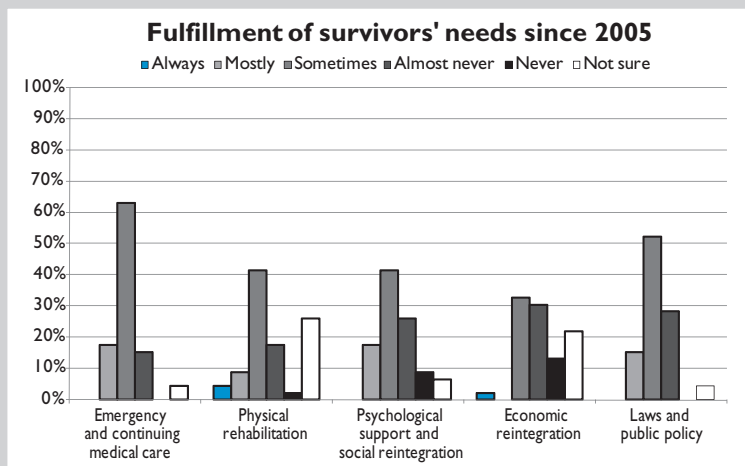
About 35% of respondents noticed an overall improvement in physical rehabilitation since 2005; 48% perceived no change, and 15% thought the situation had actually declined.<sup>17</sup> However, survivors’ needs do not appear to have been met, with 41% of respondents saying survivors only “sometimes” receive the physical rehabilitation they need and 17% saying this is “almost never” the case (9% “mostly”, 4% “always”, 3% “never”, and 26% “unsure”). Just 4% believe survivors’ physical rehabilitation needs are always met. Areas of most progress were: the quality of devices (54%) and increased physical rehabilitation in hospitals soon after medical interventions (50%). Just under half of all respondents reported that rehabilitation teams were more complete and that more types of prosthetics and other auxiliary devices were available (48%). On the whole, responses indicated mediocre progress, particularly concerning better quality of physical therapy (46%), staff training (43%), buildings (43%), and physical accessibility (41%). Only 20% believed the government had provided more support for physical rehabilitation.

In 2005 BiH declared that the rehabilitation services available and the quantity of prosthetic-orthopedic workshops were sufficient for the needs of the country. It also reported sufficient numbers of trained personnel.<sup>18</sup> BiH repeated its assertion that quality and standards of prosthetics were adequate in both 2006 and 2007.<sup>19</sup> However, an NGO survey of almost 500 survivors found that quality of services was variable; teams were incomplete; and there was a lack of standardization and quality control of devices and services.<sup>20</sup> Survivor responses indicate that these same concerns about quality and staff persist. More importantly, their general assessment appears to indicate that services fell short of meeting BiH’s only 2005-2009 objective for physical rehabilitation, namely, to ensure that “every mine survivor” will be provided with “quality prosthetics and, if needed, rehabilitation.”<sup>21</sup> Most prosthetic and orthotic staff in BiH were not trained to international standards in 2009.

### **Psychological support and social reintegration**

Most respondents (61%) consider psychological support and social reintegration services to have remained the same since 2005; 28% saw improvement; and 11% believe the situation has deteriorated. Some 41% added that survivors only “sometimes” receive the psychosocial support they need; 35% said these needs were “never” or “almost never” met, compared with just 17% responding that

survivors “mostly” received the needed services.<sup>22</sup> While most respondents (63%) felt more empowered, many (61%) did not think there has been any improvement in survivors being seen as “charity cases.” The stigma connected to seeking psychological counseling largely persisted, with just 33% noticing progress; 35% said it was easier to access formal counseling and 35% said more peer support groups exist. Less than half of the respondents said the quality of services had improved (39%) or that services had increased (37%). On the positive side, 50% felt more involved in community activities, and 48% reported that they personally had become more involved in psychosocial support for other survivors. Just 13% of respondents said the government had increased its contributions for psychosocial support.



These responses appear to be at odds with BiH's reports in 2005 that all mine survivors had access to mental health facilities that deal with post-traumatic stress issues. Indeed, psychological support through social and CBR centers has been available since 1998,<sup>23</sup> and peer support through NGOs was also well-established prior to 2004.<sup>24</sup> The fact that these systems have been in place for a significant period of time may have contributed to the respondents' perceived lack of progress. However, throughout the period there have been reports that state-run centers lacked capacity and

funding, and that there was a lack of awareness about the issue. In 2007, BiH confirmed that although the centers for social assistance could in theory provide satisfactory support to survivors, their capacities were limited by economic constraints.<sup>25</sup>

### Economic reintegration

Most respondents reported that, overall, economic reintegration opportunities for survivors had stayed the same (52%) or deteriorated (37%) since 2005. Many (43%) added that survivors “never” or “almost never” received the economic reintegration services they needed and 33% found this to “sometimes” be the case. Just 2% believed survivors “always” received the economic reintegration assistance needed (22% did not know). Worryingly, all but one respondent believed unemployment was so high that survivors are the last to be chosen for a job. Fewer than 40% of people saw improvement in any economic progress indicators. The most progress was noted in the areas of better physical accessibility of services (39%), more affordable education and vocational training (35%), and less discrimination (35%). However, only 15% said job training programs better met market demands and the same number of people said they had better access to services not specific for survivors. Just 13% thought there were more job placement services or that employment quotas for persons with disabilities were better-enforced. Less than one-tenth of respondents perceived the government as providing more support for economic reintegration activities (9%).

Few (or no) coordinated government efforts for the economic reintegration of mine survivors were reported at any administrative level in BiH, although BiH recognizes that unemployment is one of the country's biggest problems. State services and quotas exist, but are inadequately implemented, not targeted at survivors, and therefore hard for them to access. Although identified as a priority in 2005, BiH did not report on any government efforts to facilitate vocational training and economic reintegration of survivors or persons with disabilities until 2008, when some co-funding was assigned from an entity for one NGO project.<sup>26</sup> NGOs were the main service providers, but their activities were small-

scale and dependent on funding fluctuations. Additionally, NGOs also appear to have focused more on supporting physical rehabilitation and psychosocial activities.

### Laws and public policy

Less than one-quarter of respondents (24%) indicated overall improvement in the rights situation of survivors in the last five years; 41% reported no change and 30% said the situation worsened.<sup>27</sup> More than half of all respondents (52%) believed the rights of survivors were only “sometimes” respected; 29% said “almost never”; 15% said “mostly”; and 4% did not know. Survivors reported the most progress in increased access to legal means for addressing violations of their rights (50%), as well as increased information about rights (46%) and about VA services (36%). Some 35% found discrimination had decreased, but just 20% affirmed that survivors’ needs are included in disability legislation. The least progress was measured in the enforcement of legislation and policies that should benefit survivors (13%).

Disability legislation varies between the entities, the self-governing Brčko District, and sometimes even between cantons, but gaps exist everywhere. Despite reports by BiH that existing laws have been “fully implemented,”<sup>28</sup> this is not the case, as reports of discrimination in employment, education, access to healthcare and other services persist. Physical accessibility legislation is not enforced, discrimination between civilian and military survivors persists;<sup>29</sup> and in some entities employment laws are yet to be passed.<sup>30</sup>

No government or BHMAC representative answered our request to respond to preliminary findings from the survivor questionnaires.

## VA process achievements

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

BiH has largely relied on NGOs and international support for the implementation of VA. BiH has not stated how it made use of its position as one of the 26 countries with significant numbers of mine survivors and therefore the greatest responsibility to act, but also the greatest needs and expectations for assistance during 2005-2009. VA capacity in BiH was reported to be relatively adequate in 2005, particularly in the field of medical care and physical rehabilitation, and the seeds of functioning mechanisms were in place for other sectors, such as psychosocial support. However, BiH does not appear to have joined forces with well-established NGOs to take advantage of the still-significant international interest to further improve these services or to address the chronic problems of economic reintegration and rights enforcement.

In 2005, BiH presented its objectives for 2005-2009 as part of its commitment to the Nairobi Action Plan, but did not make them SMART. The VA sub-strategy of the mine action plan contained similar general goals, mostly focused on managing coordination and further strategy development. A concrete roadmap for implementing the stated goals was never developed and clear responsibilities were not assigned to relevant stakeholders.

There are, therefore, few concrete goals to monitor. One goal, improved emergency response, was achieved independent of the VA process. The most concrete goal, harmonization of casualty data, has not been completed as of August 2009, resulting in inadequate data for planning purposes. Survivor responses clearly indicate that the goals of providing physical rehabilitation and psychological support to “every mine survivor,” to

facilitate economic reintegration, and to enforce existing laws have not been achieved.<sup>31</sup> At the international level, statements made by BiH often repeat information about capacity in place since 2005, particularly concerning the existing CBR network and general healthcare infrastructure.

While BHMIC was assigned to coordinate VA in 2004, it did not have the mandate to manage implementation or to take overall responsibility for the VA situation. BHMIC's VA efforts consist mostly of holding coordination meetings. BiH has often repeated in statements that more inter-ministerial coordination is needed.<sup>32</sup> Coordination is also needed across entities, each of which has its own president, government, and social and healthcare systems, as well as the self-governing district of Brčko. Halfway through the five-year period in 2007, BiH held two national VA workshops in which representatives from entity governments, NGOs and BHMIC participated. Although these meetings were intended to review, revise and enhance BiH's initial VA objectives and allocate responsibility for implementation, this was never achieved. The results of the process were, instead, transferred for inclusion in a strategic plan covering another decade, 2009-2019.<sup>33</sup> The plan has not been approved as of August 2009. Less than one-third of respondents (30%) thought that, due to improvements in coordination, they were receiving more services by 2009 than they had in 2005.

This lack of responsibility for VA and subsequent inactivity is reflected in survivor responses. In addition, only 39% believe they know who is in charge of coordinating VA, and the same number of respondents said there were fewer service gaps due to coordination efforts. Most respondents also felt survivors were excluded from the VA planning process: only 15% believed survivors were included in the development of a national action plan and in coordination meetings, or that their needs were taken into account while developing the plan. Just 9% reported that the government became more involved in VA coordination, or that survivors received regular information about VA achievements. Only 4% found there was more government funding for VA. Survivors from BiH frequently participated in Mine Ban Treaty meetings, usually as part of the civil society delegation.

## Conclusions

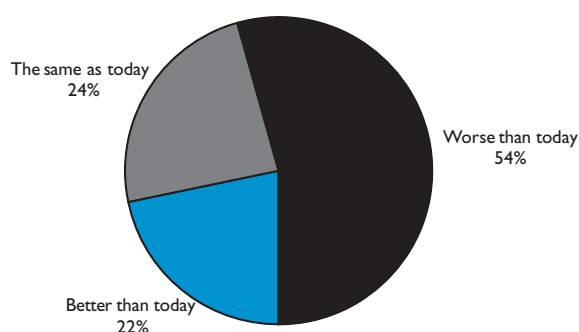
- VA activities were being carried out without taking advantage of BiH's status as one of the 26 countries with significant numbers of survivors and, therefore, the greatest responsibility to act but also the greatest needs and expectations for assistance.
- Complicated state structures may have delayed VA progress, but cannot be seen as the main factor in the lack of progress.
- Survivor satisfaction was the highest in areas where systems were already functioning adequately prior to 2005 and to which few further improvements have been made.
- NGOs continued to be the main providers of economic and psychological support services.
- BiH lacked the political will to coordinate VA and assign responsibilities, resulting in the postponement of any concrete VA plans and activities into the next decade.
- Services and benefits for military disabled were better than for civilians, but both had gaps.

## Suggestions for the way forward

When asked about how they saw their situation in five years: 54% of survivors thought it would get worse; 24% thought it would remain the same; and just 22% thought it would be better. To assist in a better future ahead, the following suggestions may be taken into account:

- Immediately start implementation of the already developed 2009-2019 VA strategy by using BiH's position as one of the so-called VA26 to elevate the VA profile and set specific targets for progress.
- Develop coordinated SMART objectives aimed at incremental increases in availability and implementation of services which are achievable throughout the various entities.
- Improve coordination by having a focal point with a clear mandate and expertise that operates across and is inclusive of the different administrative regions of BiH.
- Implement legislation and increase linkages between VA and the broader disability sector.

### What do you think your situation will be like in five years?



- Introduce and uphold basic standards for minimum healthcare and physical rehabilitation (including devices) and psychosocial support.
- Increase VA-specific economic reintegration activities and increase access for survivors to broader development programs.



Mine/ERW survivors playing volleyball

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### In their own words...

Respondents described themselves as: free, communicative, integrated (10), nervous, not very open, persistent, satisfied, optimistic.

### In their own words...

The main priority for VA for the next five years is:

- Improvements in healthcare/rehabilitation.
- Spa treatment.
- Free-of-charge prosthetics.
- Peer support.
- Help with employment and self-employment.
- Development of projects to employ persons with disabilities.
- Education.
- Achievement of rights.
- More engagement of the NGO sector in realizing objectives.
- For the government to pay more attention towards persons with disabilities.
- Accessibility.
- Housing issues.

### In their own words...

If countries really care about survivors they would:

- Better implement the laws in practice.
- Allocate more funds for assistance.
- Assist persons with disabilities in all aspects of life, especially education and employment.
- Enact quality laws and provide support to employ persons with disabilities.
- Coordinate between the government and the NGO sector.
- Develop programs for persons with disabilities that will serve their needs and involve organizations that represent them in this process.
- Fully implement laws, especially on education, employment, and accessibility.
- Help us more and not be an obstacle.
- Involve landmine survivors in resolving issues concerning them.
- Forbid discrimination on the basis of disability.
- Create a strategy and action plans.
- Legally address the rights of the disabled and harmonize laws with world standards.
- Pay less attention to bureaucracy and more to inclusion of survivors.
- Sign, ratify and implement the Convention on the Rights of Persons with Disabilities.

### In their own words...

A diverse range of opinions were expressed in survey responses and some respondents chose to include comments about services, such as:

One man, who had both legs amputated above the knee after a mine incident some 15 years ago had worked prior to the incident but is now unemployed. He said:

*“We have never been asked what we need when it comes to medical treatment... There are no job opportunities for my type of disability.”*

Another man injured in a mine incident 17 years ago, which resulted in amputation of his right leg and lung damage, said:

*“Medical services and production of prosthetics have improved.”*

One married man, a soldier at the time of his incident, now living in a village and earning a living by cutting wood for others, believes that:

*“The future will be better. [Improvements are] due to the fact that the government enacted laws about the right of former soldiers and persons with disabilities to receive physical rehabilitation.”*

A 40-year-old woman who has had no opportunity for education beyond primary school level due to her financial situation, remarked

*“Government and employers do not pay enough attention to employment of landmine survivors and persons with disabilities in general.”*

A man who has managed to keep his job as a mechanic from before the mine incident, noted:

*“The government enacts laws, but those laws do not give results as supposed.”*