

Croatia



Country indicators

- **Conflict period and mine/ERW use:** During the 1991-1995 Croatian War of Independence all parties to the conflict, including the Former Yugoslav Army and Croatian Police Force/National Guard, used mines.¹
- **Estimated contamination:** Some 954.5 km², affecting approximately 834,000 people (18% of the population).²
- **Human development index:** 45th of 179 countries, high human development (compared to 48th of 177 in 2004).³
- **Gross national income (Atlas method):** US\$13,570 – 65th of 210 countries/areas (compared to US\$7,675 in 2004).⁴
- **Unemployment rate:** 14.8% (compared to 18.9% in 2004).⁵
- **External resources for healthcare as percentage of total expenditure:** 0.1% (compared to 0.1% in 2004).⁶
- **Number of healthcare professionals:** 80 per 10,000 population.⁷
- **UNCRPD status:** Ratified the Convention and Optional Protocol on 15 August 2007.⁸
- **Budget spent on disability:** Unknown.
- **Measures of poverty and development:** Once one of the wealthiest of the Yugoslav republics, Croatia's economy suffered during the 1991-1995 conflict, but has recovered steadily since 2000. Its economy is still considered to be "in transition" and challenges include high foreign debt, high unemployment, overdependence on tourism, and uneven regional development.⁹

VA country summary

Total casualties since 1980: Unknown – at least 1,962			
Year	Total	Killed	Injured
2004	19	14	5
2005	22	8	14
2006	12	1	11
2007	8	3	5
2008	9	3	6
Grand total	70	29	41

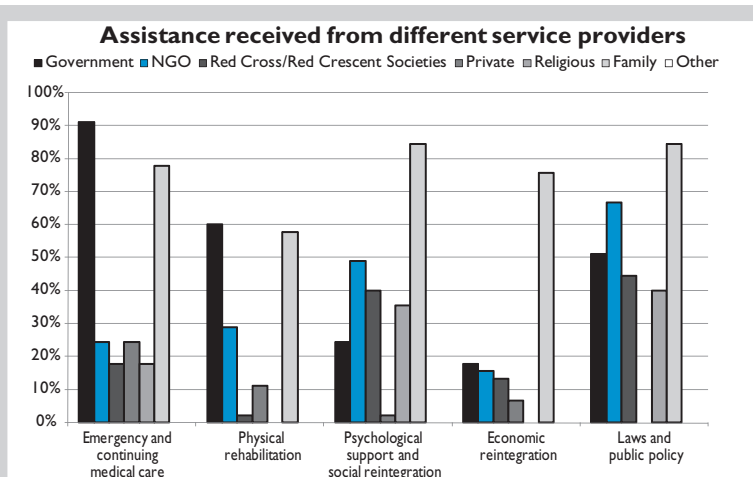
- **Estimated number of mine/ERW survivors:** Unknown, but at least 1,421.¹⁰
- **VA coordinating body/focal point:** The Croatian Mine Action Center (CROMAC) is in charge of VA coordination, but its appropriateness is questioned by stakeholders given its lack of VA expertise and involvement. *Ad hoc* coordination is meant to be ensured by a Ministry of Foreign Affairs representative, but the representative has been rendered powerless by a lack of political will and budgetary resources.
- **VA plan:** None; mine/ERW survivors are included in the National Strategy for Equalization of Opportunities for Persons with Disabilities 2007-2015.¹¹
- **VA profile:** While some areas of VA improved between 2005 and 2009, a lack of political will hampered progress on the government's implementation of the Nairobi Action Plan.¹² Accurate information about the number of survivors in Croatia, their needs, or services received was unavailable. Health and social services in Croatia function largely on national capacity and are considered sufficient, with relatively strong medical and rehabilitation infrastructure in the cities and social insurance covering most healthcare costs. However, quality, accessibility and affordability issues remain, particularly for physical rehabilitation. Between 2005 and 2009, the challenge of high unemployment among survivors remained unresolved and actually worsened as a result of the global economic slowdown, despite the training of job counselors on disability issues and the establishment of a dedicated employment department. Psychosocial support remains inadequate because of the general public's and professionals' lack of knowledge about this issue, a lack of community involvement, and a lack of peer support mechanisms (even though there were efforts to improve access to counseling centers). Awareness of disability rights improved among survivors and the general public, but implementation of existing disability legislation was lagging.¹³

VA progress on the ground

Respondent profile

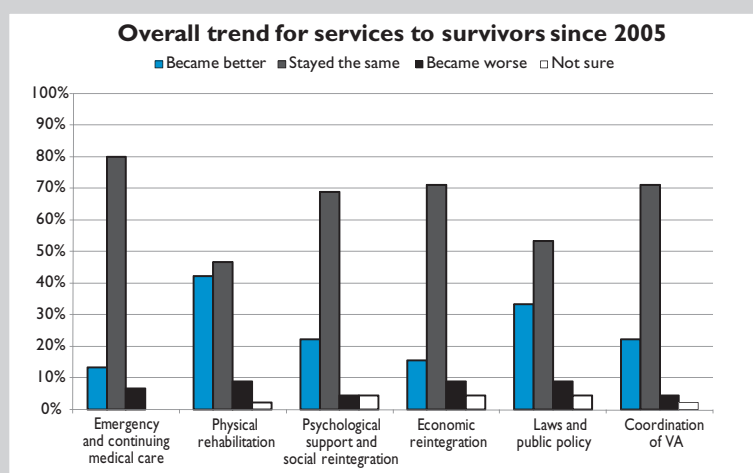
By July 2009, 45 survivors had responded to a questionnaire on VA progress in Croatia: 40 (88%) were men. Respondents were between 21 and 75 years old with 77% between the ages of 26 and 45. Some 31% were heads of households and 58% owned property. Most survivors (58%) lived in rural areas with limited or no services and 42% lived in the capital or large cities with services.

Some 84% had completed at least secondary education. Four people were unemployed or retired at the time of their incident, while 28 others reported being unemployed or retired as a result of the incident. Of those surveyed, 21 said their income was insufficient; for 24 it was sufficient. Most respondents had experienced their incident prior to 1998. The profile of respondents corresponds to the casualty profile extrapolated from CROMAC data, which indicates that some 85% of recorded casualties happened prior to 1998.



General findings¹⁴

Many survivors noted little overall change in VA/disability services. No respondents felt they were receiving more services in 2009 than in 2005; even though 40% believed that the services had improved. Some 80% of respondents felt services for female survivors were either worse than those available to men (14 people) or even completely absent (22 people). Women responded more negatively than men. Just 18% of people thought services for child survivors were mostly adapted to their age level.



While 22% of respondents had never been surveyed by anyone in the past five years, most (69%) had been surveyed by NGOs or authorities at least twice. Survivors said these surveys resulted in their feeling more heard and in their receiving information about services. Nearly three-quarters of survivors (73%) said they had had the opportunity to explain their needs to government representatives at least once, but without much result.

Emergency and continuing medical care

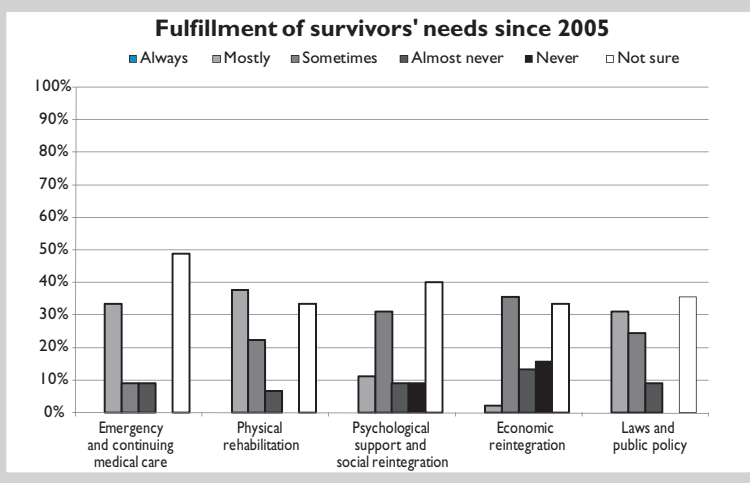
The vast majority of survivors (80%) said healthcare remained at the same level overall since 2005, while 6% said the situation had deteriorated. Nearly half of all respondents were not sure whether survivors receive the medical care they need, but 33% thought survivors receive the care needed most of the time. Improvements were clear in specific areas. Some 73% of respondents noted that facilities were better equipped and stocked; 56% found emergency transport increasingly available; 53% believed centers were better able to carry out complex procedures; and 51% said there were more first aid responders. However, just 11% of respondents saw improvements in the training of medical staff or more complete teams with a variety of skills. Similarly, only 13% found that physical

accessibility to health centers had improved or that their numbers had increased, while 78% said it had not become easier to get referrals to other services, and 71% said services had not become more affordable.

These results correspond to Croatia's statement of May 2009 that its emergency medical response capacity had improved, but that access remained uneven in rural areas, particularly for persons with disabilities.¹⁵ Patients often must pay financial incentives to doctors, despite the fact that medical services are meant to be free of charge according to Croatian law¹⁶ – and this is precisely the area where very few respondents reported any positive change. The lack of positive response to healthcare improvements may also be a reflection of the fact that a solid health network already existed in 2005 and was, therefore, less in need of improvement.

Physical rehabilitation

More respondents (42%) believe there has been more overall improvement in physical rehabilitation than in any other area since 2005. Just 8% felt the situation had deteriorated. Some 38% noted that survivors “mostly” receive the assistance they need, 22% said they “sometimes” receive the assistance needed, 7% said such assistance was “almost never” received, and 33% did not know. Despite a sense of overall improvement, the quality of prostheses and mobility devices was the only specific area where a majority of respondents saw an improvement (53%). Another related area of improvement was the availability of more types of devices (44%). Again, affordability, proximity and access were major stumbling blocks, with just 9% feeling it had become easier to reach centers and 4% finding it easier to access more affordable repairs. Less than a quarter of respondents found that mobility devices had become more affordable (22%).



The overall positive response to improvements in the rehabilitation sector can be explained by the importance attached to the enhanced daily comfort made possible by better devices. This reduces the need for repairs and adjustments, which in turn can make the distance to services less important. Initiatives to train technicians appear to have been a positive contribution, even though these people had to be trained abroad because Croatia lacks the capacity. Nevertheless, capacity remained inconsistent and insufficient to meet demand, according to rehabilitation

specialists.¹⁷ Government work to reduce the bureaucracy of accessing services and a national insurance system which reportedly pays some of the costs of new devices were insufficient to improve access and affordability.

Psychological support and social reintegration

Just 22% of respondents saw an overall improvement in psychological support and social reintegration efforts since 2005, while 69% found this area had remained the same. Only 11% of respondents thought survivors “mostly” received the psychosocial support they needed; 18% responded “never” or “almost never”; 31% said “sometimes”; and the rest were unsure. The specific areas where a narrow majority of people observed improvement were all related to general societal beliefs: 71% believed survivors were no longer considered “charity cases;” 60% felt the stigma around seeking counseling had decreased; 55% observed increased government support; and 53% found physical access to services had improved. This does not appear to have led to more social reintegration, with only

31% feeling more empowered and reporting an increased number of peer support groups. Just one-third of respondents felt more involved in community activities.

Croatia has acknowledged the importance of mental health assistance for survivors and other war victims and operates a government-run network of counseling centers. These services are not community-based and are generally not well-known in the community. Throughout the period, peer support was only provided by one NGO, which decreased its activity over time. The national psychosocial support and rehabilitation center for survivors remained incomplete, despite having been under construction since April 2004.¹⁸ This, paired with better general awareness on disability issues (see *below*), explains why attitudes improved but survivor participation did not.

Economic reintegration

Some 71% of respondents believed economic reintegration services had remained the same since 2005. Just one respondent stated that survivors “mostly” receive the economic reintegration they need; 29% found this “never” or “almost never” to be the case. Areas of progress, again, related to increased awareness, evidenced by less discrimination (46%) and more awareness of disability issues among teachers (44%). However, few found there were more educational or employment opportunities (38% and 15% respectively). Only 7% said it was easier to get bank loans, that there were more job placement services, or that employment quotas were better-enforced. Less than half of the respondents reported more government support for the issue. Those who saw more government support mostly referred to pension increases. Some 42% of survivors – mostly veteran survivors who can receive pensions 10 times higher than civilians – said pensions had improved.

In 2004, the lack of employment and vocational training for survivors were identified as weak spots. Since then, efforts have been limited to small-scale projects, mainly undertaken by private organizations and often restricted to the capital. Despite government efforts to train employment counselors on disability issues and to establish a disability employment department, the number of persons with disabilities placed in employment decreased in 2008 compared to previous years.¹⁹ A government representative also remarked that employers hired people with disabilities to receive incentives but would fire them as soon as the incentives ended.²⁰

Laws and public policy

One-third of respondents agreed with the statement that the rights of survivors had been better protected since 2005. A similar percentage thought the rights of survivors were “mostly” respected. Most notably, 71% said they had increased access to legal action when their rights were violated; 60% felt there was more awareness of the rights of persons with disabilities; and the same number said fewer negative terms were used when speaking about persons with disabilities. Respondents were split 50/50 over whether legislation and policies were increasingly enforced or not. The same split applied to whether there was greater survivor inclusion in policy-making or not. More importantly, just 29% felt discrimination against them had actually decreased and 40% said they were more involved in services.

Croatia has a complex legal framework with some 200 laws relevant to the rights of persons with disabilities. These have been further reinforced since 2005 through the adoption of international frameworks such as the UNCRPD and the Council of Europe’s UNCRPD Action Plan, as well as a national strategy to implement these international instruments. In 2008, the parliament appointed the first ombudsman for persons with disabilities. Awareness-raising campaigns have also been conducted, which explains the heightened disability awareness among the general public. It is acknowledged, both inside and outside government, that many of these changes have been “cosmetic” and have led to little real change in the lives of survivors or other persons with disabilities.²¹ Survivor responses confirm that the foundation for positive change has been laid, but that more political will is needed for implementation of that change.

When asked to respond to preliminary findings, a government representative was not surprised and felt there probably had not been much change for most survivors, adding that those survivors who did see improvement would have had to make a significant effort to receive the services they had received. They were described as the “lucky few.” It was further noted that many in government would be likely to disagree with these findings and would particularly point to legislative improvements and participation at the international level, even though such participation has not created real change in the lives of survivors.

VA process achievements

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

As a country with greater economic capacity than many other mine-affected countries, Croatia has depended largely on its own national resources and capacity for VA/disability, particularly in the health sector. In areas such as psychosocial support and economic reintegration, some national NGO representatives assert that the government has not assumed sufficient responsibility and has instead left service provision to organizations with limited access to national and international resources.

Initially, the fact that Croatia was one of the 26 countries with a significant number of survivors and therefore the greatest responsibility to act, but also with the some of greatest needs and expectations for assistance, meant that the profile of VA was raised and the government was pressured to increase its efforts. Croatia quickly developed mostly SMART objectives, which it presented in 2005 and revised minimally in 2007. In its capacity as co-chair of the Standing Committee on Victim Assistance and Socio-Economic Reintegration in 2003-2004, Croatia encouraged the inclusion of survivors or other persons with disabilities in State Party delegations to international meetings to enhance cooperation with civil society.²² Croatia included a survivor as part of its delegation to Mine Ban Treaty meetings in 2005-2008.

When in December 2005 CROMAC was legally assigned the role of “coordinating and implementing” VA, some interpreted this as greater receptivity within the government to work on VA. However, CROMAC’s coordination efforts remained limited to annual meetings between CROMAC and NGOs. Participants noted these meetings were merely information-sharing sessions. This seems to be confirmed by the fact that only 22% of survivors observed improvements in VA coordination. It was also remarked that a mine action center like CROMAC might not be the right government institution to coordinate VA and that CROMAC requirements for VA staff positions did not include any actual expertise in VA. Among survivors, the CROMAC meetings do not even appear to have served their information-dissemination purpose, as 93% stated the government did not provide regular information about VA achievements. It would appear that since 2005, more information has been shared by Croatia outside of Croatia than has been shared domestically, particularly among the affected population; this was acknowledged by one government representative.

As of August 2009, no plan to achieve the objectives set in 2005 had been developed, partly due to lack of involvement by the VA focal point. Progress on the objectives was not monitored and it would appear that many objectives have not been achieved.²³ There is a commitment to consolidate data on casualties and survivors’ needs in order to more effectively implement the objectives, but as of May 2009, this task had not been completed, impeding Croatia’s ability to develop specific targets for persons to be reached or a plan

to achieve the targets. Several of Croatia's VA objectives relate to the development of strategies, coordination mechanisms, or guidelines. Actual service provision depends on the development of these mechanisms, which, as of 2009, were not functioning because of a coordination vacuum. For psychological support and social reintegration – known to be weak components – very few objectives are set. Specific and ambitious percentages of persons to be reached have been mentioned (60%-70%) for these two components.²⁴ However, without a needs assessment or accurate data, it is impossible to judge who needs services or what percentage might have received them by 2009. Survey responses indicate these targets have not been reached.

Croatia's leadership on survivor inclusion at the international level has not been replicated domestically, as only 37% of respondents felt the needs of survivors were taken into account in developing national VA priorities. Despite it being a national priority, the inclusion of survivors in VA coordination did not appear to be systematic, with just 31% of respondents feeling they or their representatives had been involved. This response even overstates actual participation, as more than 75% of survivor respondents are members of the country's only remaining survivor association and are thus indirectly represented at meetings through the association's leader.

The perception is that unlike many other mine-affected counties, Croatia does not lack financial resources. What it lacks is political will. The early promise of change for Croatia's survivors had not been sustained. Overall, greater focus has started to be placed on promoting the rights of all persons with disabilities, especially within the framework of UNCRPD. It is too early to measure the impact of Croatia's ratification of the UNCRPD, but with sustained energy, this could become a new avenue for promoting positive changes for mine/ERW survivors.

Conclusions

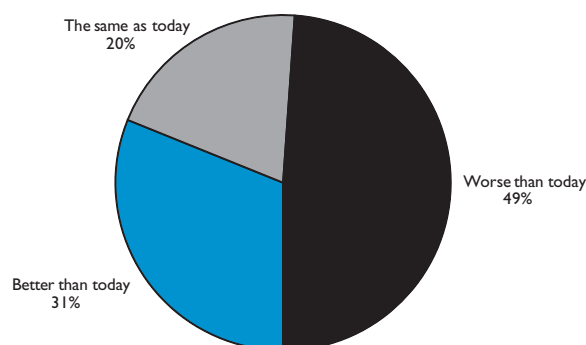
- Economic reintegration is the area which reports the least progress and which also most concerns respondents, based on their stated VA priorities for the next five years.
- Existing coordination mechanisms have been ineffectual and did not seem to contribute to VA.
- Though top-up fees and costs for the uninsured remain a concern, respondents seemed generally satisfied with healthcare services.
- Quality of prosthetic devices improved and resulted in more positive evaluation of the sector by survivors, despite the lack of centers nearby and not all costs being covered.
- Progress has been made in raising awareness about the rights of survivors and other persons with disabilities. This should be converted into steady pressure to implement existing laws and increase equal and active participation.

Suggestions for the way forward

When asked about how they saw their situation in five years: 49% thought it would get worse, 20% thought it would remain the same and only 31% thought it would be better. To assist in a better future ahead the following suggestions may be taken into account:

- Consolidate and verify survivor data to establish a baseline for assessing needs and measuring progress. However, the completion of such consolidation should not be a condition for the start of implementation.
- Ensure greater synergy with UNCRPD implementation plans by ensuring that the rights and needs of survivors are included in them and consider transferring VA coordination to the ministry responsible for disability.
- Include survivors and other persons with disabilities in a meaningful way in policy development and monitoring.
- Raise the status of the governmental body responsible for VA/disability coordination and implementation in order to increase the involvement of all relevant ministries.

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



- Provide sustained support to develop a peer support network and other social reintegration activities and to strengthen NGO activities in this area.
- Increase government investment into expanding economic opportunities for survivors by adapting existing programs to include survivors and by establishing specific programs when necessary.



Davor Meštrović stops to rest while biking
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In their own words...

If countries really cared about survivors they would:

- Provide opportunities to make survivors feel like useful members of society.
- Familiarize survivors with their rights and increase their rights.
- Make more funds available for aid.
- Give greater economic and social rights to survivors, not just talk about it.
- Create adequate employment opportunities, taking into account survivors' abilities.
- Give equal social, medical and financial rights to survivors no matter whether they were soldiers or civilians.
- Create a national strategy for assisting survivors.
- Give special attention to women survivors.
- Help improve family life.

In their own words...

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

- Help survivors to re-enter normal life through employment and financial aid.
- Encourage employment of survivors.
- Care as much for [civilian] landmine survivors as for disabled military personnel.
- Acquire a better understanding of the situation "on the ground."
- Improve legislation.
- Play a more active role in solving the problems of survivors.
- Improve medical care and equipment.
- Ensure equal rights for all survivors.

In their own words...

Survivors described themselves as: victim, worried, surviving/fighter, cared-for, lucky/free, disabled/unwell, young man/student, powerless, satisfied, retired, unfortunate, loser.

In his own words: the life experience of Davor Meštrović

On 22 May 1992, the 11-year-old Davor Meštrović was playing in the woods near an army barrack outside Karlovac when he stepped on a mine. He lost both his legs below the knee and his playmate suffered minor injuries. Soon after his injury, his mother died from cancer and his stepfather abandoned him and his two stepbrothers.

Davor's prospects seemed bleak, especially when he turned 18 and could no longer stay at the state orphanage. Luckily, some friends and the Karlovac Mine Survivors' Association decided to help him. With this support, he followed training to become a prosthetic/orthotic technician and he is now employed at a private orthopedic center. He earns the minimum wage and gets some additional disability benefits. Nevertheless, Davor has been able to pay for the education of one of his stepbrothers, while also taking care of his wife and one-year-old daughter. They live in a rented apartment in Zagreb. But Davor's disability gives him priority status for housing assistance, for which they have now applied. With some luck, he and his family will be under their own roof by Christmas.