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# **DISPLACED CHILDREN AND PROSTHETICS IN BOSNIA-HERCEGOVINA**

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*On-Site Evaluation*

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## Service Provided

### Family and Children's Services

I. Background: Former Yugoslavian Laws, Known as The 1978 Act on Family and Marriage Relations, and The Act on Social Protection are the basis for acts of like names in Croatia. Both acts are under revision. Prior to the war it is reported that services were acceptable by international standards. Wartime conditions, particularly displaced person and refugees are placing strains on the existing system.

#### II. Findings:

A. Services have been and continue to be delivered through district Ministry of Labor and Social Protection (MOLSP) Offices, supervised by 17 district offices throughout Croatia, and administered by the central government.

District offices have social protection teams including child and family welfare social workers, health professionals psychologists, and psychiatric care givers. Referral for service may be by the individual seeker of services, from health, educational, or law enforcement sources, and in the case of child protection from any citizen. Referral for child protection is a mandate of law, not voluntary.

District social centers have the added responsibility for providing services to 700,000 victims of war (displaced persons, refugees and soldiers' widows and orphans) found within their jurisdiction. The consequence is that centers, are severely overloaded with persons needing traditional and now war related services. Existing staff are immobilized and themselves need service, and there are no funds available to hire and support the many available human services delivery persons available for employment.

#### B. Children Services

MOLSP officials report that child protection staff are not able to offer adequate services to children in care, such as helping families remain intact, to accept return of a child, processing a child from a center into a foster family and/or into adaption, because of the number of referrals received requiring crisis intervention. There is concern that the situation has spun out of control and without added funding for staff, and special war victim training, everyone, staff, non-war related clients, and war victims will soon be victims of the war generated crisis.

Because of staff shortages children are remaining in the impersonal care of centers, who should return to parental care and/or move into foster family care, or into the adaption process. They are remaining at home in dangerous situations when they

should be protected by, at least temporary, out of family care, because of staff shortages. The entire system is backing up and may reach a stall if relief is not provided. Family stresses generated by the war will, predictable, increase by geometric proportions over the long term unless resolution is addressed at the earliest possible opportunity. The result will be family, community and national ???.

#### 1. Child Care Centers (Centers)

- MOLSP operates centers in the 17 regions of Croatia.-----
- Child/staff ratios are 10/1 which is 50% below recognized minimum standards for age 0-6 year old children who require more intensive personalized care--  
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- Funds are available for minimum care (food, shelter, clothing, health service, minimum staff, etc), only-----.
- Centers are keeping some children longer than necessary because service center staff are not able to devote time to return home, faster family placement, or adaption. This poses a threat to normal psycho-social development and the ability to assure future adult responsibilities.
- Some overseas groups are providing toys and clothing to make environment more pleasant.
- Many foreigners seeking to adopt children from the centers. They must go through the central government.

#### 2. Foster Family Care

On February 19, 1993 MOLSP held 1910 children in foster family care. Prior to the war there were usually about 3000 in care. Numbers are down because of the loss of territory to Serbian occupation, social center preoccupation with refugees, foster families withdrawing because of poor support services from social center staff, and poor foster care payment (currently \$30 per month to cover total care expenses. CARITAS Zagreb stated that it costs at least \$66 per month to sustain a child in family care.

#### 3. Adoption

MOLSCP is responsible for all adoption in the country. There is suspicion of nongovernment adoption agency motives.

A child may become available for adoption if parents, or the known, or surviving parent surrenders parental rights to the state, or if for reasons of abandonment, neglect or abuse parental rights are permanently terminated.

When a child becomes available for adoption the district social center responsible for that child is responsible for funding an adopting family within its own jurisdiction. If none is found the child is referred to the regional MOLSC office who makes the need known to district office within the region. If no family is found the need is referred

to the central MOLSP office in Zagreb, which makes the child known to all MOLSC regional offices and subsequently, if necessary, reviews foreign adaption applicants for a family. Foreign adoption occurs between five and ten times annually, it usually involves physically or mentally challenged children.

All of former Yugoslavia has a long tradition of adoption for children of similar ethnic heritage as adoptive parents. It is, reportedly inconceivable that a child would be adopted across ethnic lines.

The Croatian Government is taking a strong position that this standard will be adhered to with only the most unusual exception which demonstrates the child's best interest. There is indication that GOC is offended by the number of persons, organizations and governmental representatives coming wanting to adopt children. Many should their adoption agenda in offers of various kinds of assistance, which is found the more offensive. A Croatian government official reports that in country adoption has increased since the war started- seemingly generated by an extra spirit of generosity.

GOC officials are not expecting babies to be born as a result of rape to be difficult to place. They have Croatian families ready to adopt them, in any case.

The Government of Bosnia and Herzegovina (GBH) has declared a moratorium on adoption for the duration of the war. Muslim representatives from BH state that babies of rape born to Muslim mothers will be cared for by the Muslim community if the mothers are not willing to keep them. Consultation with Koran scholars reveals that raped Muslim women are heroines of the war, are of special grace, and are to be honored and protected appropriately; as are their babies.

Babies of rape born to BH mothers in Croatia are declared by GBH to be BH citizens and therefore not free to be adopted through Croatian proceedings. UNHCR is seeking special consul to look into the matter. In the meantime the reported "up to 20" of such known babies to date remain in care in Croatia. In the press of wartime priorities neither government appears ready to invest significant time or resources into the matter.

#### 4. General

In spite of the war generated crisis the GOC Child Protection Counsellor is trying to get revisions in the appropriate Acts and regulations amended to reflect the best thinking available. The request has been that A.I.D. help that office secure model child protection and adoption acts in the US from such sources as the HHS Children's Bureau, The Child Welfare League of America, and the National Adoption Committee.

### III. Recommendations

#### A. Provision of community based social services to victims of war through existing GOC structures and evolving Croatian NGOs

1. **Rational:** Except for special war victims' services GOC, and its predecessor, GOY, have a tradition of providing acceptable social services (general welfare, counseling and psychological-psychiatric services, health services, special education, child protection, foster care, and adoption services, to its citizens.

The same system has been charged with extending services to approximately 700,000 displaced persons and refugees without benefit of additional funds or specialized training for addressing the trauma of war with its multifaceted complications. It is also responsible for services to an unknown number of war widows and orphans.

These conditions are causing the existing system to stretch to the breaking point. Staff is overextended and not functioning optimally. The usual civilian population is not receiving the expected quality or quantity of services. Children are becoming increasingly endangered because protective services are not being delivered as necessary. Children are staying in care centers or foster care who should be helped to return home or find permanency through adoption. Adult care takers and child war victims are in increasingly endangered circumstances because of the traumas of war which are not being addressed. Family and community life for these families has been unrecognizably altered and psycho-social dysfunction is multiplying geometrically.

GOC and non government organizations and individuals have concluded that everyone is directly or indirectly victimized by the war and that the need for intervention is critical. The need for rapid infusion of funds and specialized training for serving victims of war, thereby allowing the existing structure to resume services to its non DPR clientele is critical.

2. Funding mechanisms, management, accountability etc:  
These issues may be addressed through a grant to an NGO who would subgrant to GOC agencies and/or local NGO's.

Ideally funds will relieve directly or indirectly GOC service delivery systems, provide immediate care to recipients and help further develop Croatian government and NGO capacity to offer direct and preventative services to its citizens while developing a model and a training venue for export to BH and other countries as needs develop.

3. How the system would function:

**The model used by MOLSC would be the base for developing services to war victims. A well developed system for serving war victims will include components for conflict resolution and ethnic healing, at least in the former Yugoslavia setting, as well as community building, family and community economic issues, single parenting, etc.**

Individuals and/or families would be brought into services through self referral, referral by other professionals, schools, law enforcement, DPR camp staff, home visitors, and multiple other ways. Some services would be individual while others would be done in group setting. Volunteers, and essentially, DPRs would be actively engaged in service delivery.

Funding for the duration of the war plus at least 5 years post war would be necessary.

Social workers and other human services professionals, including physicians are paid \$100 per month. Using that figure plus a average of 33% cost for support services for each worker the figure of \$133 per month would need to be used for staff calculations.

B. Provision of country technical contacts to GOC MOLSC held welfare executive staff.

1. During the team visit to Croatia MOLSC representatives ??? assistance in securing model Family Welfare, and Child Welfare including Adoption Laws and Regulations. GOC is reviewing similar laws and regulations and is asking ??? materials to learn how American child welfare systems deal with similar issues.

2. A.I.D. may pass this request on to:

The American Public Welfare Association  
The Child Welfare League of America  
DHHS Children's Bureau  
The National Committee for Adoption and others with the request that they send materials and/or contact:

Ms. Helena Ujevia, Professional Counsellor  
Socijalne Skirbi  
Baruna Trenica 6  
41000 Zagreb  
Croatia.

{Note: Ms Ujevia is the person to whom questions of intercountry adaption may be addressed.}

End

EKT

Thank God!!!!

## Displaced Children in Bosnia-Herzegovina

### Findings and Recommendations

#### Background:

70% of Bosnia-Herzegovina is under the control of the Serbs, most of which is not currently accessible to regular shipments of food, clothing and medicines. Places such as Zepa, Srebrenica, Gorazde and Cerska in far Eastern Bosnia would fall into this category.

Within the remaining 30% of Bosnia-Herzegovina which is not under Serb control, there are three categories of security:

- A) Areas that are on or close to the front lines (which change on a daily basis) to which only basic survival supplies are delivered on an extremely erratic and undependable basis.
- B) Isolated pockets, where the only current supply is brought in at night on the backs of horses and people who sneak through the lines, and where air-drops have been proposed; and
- C) Relatively stable areas, where despite sporadic shelling and/or sniper activity, life goes on with an amazing normalcy, and where the residents are anxious to do spring planting and get their factories back to work.

These Category C areas are to a greater or lesser degree "stabilized" and UNHCR and international NGOs have established bases of operations in "hub" cities or towns. For Central and Eastern Bosnia, these "hubs" include Vitez, Zenica, Tuzla, Jablanica and even Mostar. In certain respects, Sarajevo falls into this category.

There are an estimated 1,500,000 displaced persons in Bosnia-Herzegovina, most of whom fled their villages and cities and have settled in "safe havens" in Category C areas. Approximately 60% of them are children under the age of 18. Approximately 85% of these displaced persons are residing in private homes, with the rest in "collection centers" such as schools, other public facilities or hotels. Few if any cases have been reported of young unaccompanied children, as all are either with their mothers, extended family or concerned countrymen.

All of these people depend to a great extent on the generosity of their host families and distributed goods and services from the international and national NGOs for basic survival needs. It should be noted that host families are not ordinarily eligible for humanitarian assistance at this point, an issue which is addressed later in this report.

### **Current Phase I Activities:**

Numerous NGOs, both "national" as well as international are operating humanitarian assistance programs in B-H, mainly distributing food, winterization materials such as clothing, plastic sheeting and other shelter materials, solid fuel, cooking/heating stoves and medical supplies and medicines.

Some NGOs are importing goods, others are both importing as well as providing funds for locally produced/ available goods such as wood, coal, stoves, etc. IRC is currently producing thirteen local products which have immediate application for the humanitarian effort and are distributed through their own and other NGO distribution networks. These include bunk beds, wood battens, solid fuel stoves with ovens, mattresses, winter shoes, childrens clothing, trash receptacles, plastic sheeting, electric heaters, nails, mobile kitchens and various wood projects for repairs and maintenance.

UNHCR is the largest provider of food, shelter material including plastic sheeting, and medicine (primarily consisting of the WHO kits), and maintains warehouses which serve Central and Eastern Bosnia in Split, Metkovic, Zenica, Tuzla, Jablanica, Mostar and Sarajevo. After UNHCR, the International Rescue Committee (IRC) has the largest operation in the area. They and other NGOs provide distribution from the UNHCR and IRC warehouses to down-line distribution points. IRC also has assumed responsibility for facilitating the coordination and collaboration of other NGOs, and contracts through them and provides certain goods and services through them. They are apparently highly regarded by most if not all all the NGOs with whom they work.

### **Phase II Assistance:**

Most international NGO field staff and representatives of governmental organizations and local NGO groups agree that there is great need for more of the basic (Phase I) assistance. In addition, Phase II assistance is needed and can be provided Category C areas. Phase II assistance would include modest, low level interventions in the areas of health, nutrition, education, water supply and sanitation and additional cottage industry development.

## **Findings:**

### **Health:**

The health status in Bosnia ranges from "critical" in the isolated enclaves, to "endangered" at the front line areas, to "deteriorating" in the relatively accessible, stable areas. On the assumption that the isolated enclaves can only be reached with emergency medicine by airdrop or packhorses, attention should be focused on what upgrading and increased supply is needed and viable in the front line and relatively stable (Category C) areas.

In the front line areas, the need for intensive, very short courses on war-related "triage" medicine seems evident. Handicap International, for example, is attempting to set up a course in conjunction with the ICRC for field amputations. The amputations are now (understandably) being performed by whatever medical personnel are available, including general practitioners and gynecologists who have never performed surgery. The result has been stumps which must be reformed before prostheses can be fitted---and since only emergency surgery is being performed, this cannot occur. Because of the very high level of specialization and sophistication of the medical profession in the former Yugoslavia,, it must be clear that the suggested training is not a "Third World Upgrade" but rather a colloquium among professionals to exchange techniques and experiences in war-related medicine.

In the relatively secure areas such as the main hospital in Zenice (the only functioning hospital in central and eastern Bosnia) the needs are for material, equipment, repairs, and a wider range of supplies and pharmaceuticals. While WHO, UNICEF, MSF, MDM and PSF are all supplying some material and pharmaceuticals, there are serious shortages and gaps in coverage. The Zenica Hospital, for example, has large stocks of basic drugs found in the WHO "Hospital Kits", but shortages of bandages, gauze, saline solution, alcohol, plasma, X-ray film, vaccines, external fixators and specialized drugs. The irony that virtually everything is manufactured in nearby Croatia and/or Slovenia makes the shortages even more frustrating. The ability to supply these items is constrained not by the lack of knowledge of what is needed nor by the lack of transport, but by two factors which could be overcome relatively cheaply and easily.

A) A medical logistics system which could canvass needs in the hospital, health centers and sub-stations, and seek out nearby sources. One major A.I.D. collaborating agency, Management Sciences for Health's "Drug Management Program" as well as the the U.S. military have this capability, and also the experience to deal with delivery scheduling, warehousing and control in wartime situations such as this.

B) Funding flexibility to procure items locally (in ex-Yugoslavia) and arrange for expeditious transport is necessary. The need for additional funding may not be great---the issues are the need for flexibility to react quickly to daily changing needs and an ability to order directly without cumbersome procurement requirements.

The larger equipment needs and repair requirements may be harder to solve, but an experienced medical logistician on the ground would be better able to assess and prioritize these needs from the current long, unprioritized lists.

At the present time, less than 40% of new-born babies are being vaccinated in hospitals. Fewer are being vaccinated outside. UNICEF, MSF, PSF and others are actively engaged in an attempt to improve immunization coverage. While this will be impossible in the insecure areas, this situation should be monitored closely.

One special complication further draining meager supplies of vaccine is the fact that most medical records have been lost or destroyed and as a result areas such as Mostar are approaching the problem from the perspective that all children are assumed to be unimmunized.

Similarly, as the winter ends it can be anticipated that vector-borne diseases will emerge from areas where water supply and sanitation systems have been destroyed, nutritional status is low and where normal preventive measures are impossible. This will be especially true in over-crowded collection centers where outlets and facilities are tremendously over-burdened.

#### Nutrition:

While nutritional status is impossible to accurately monitor, doctors and health personnel agree that certainly in the inaccessible areas as well as in many accessible pockets, maternal and infant malnutrition are serious problems.

The high incidence of mortality in infants under 7 days has been attributed to low birth weights, mothers' inability to produce milk (partially, if not primarily as a result of stress and trauma) and maternal malnutrition. In some difficult areas there are unsubstantiated reports that no newborns have survived at all in the past three months.

A number of NGOs are already providing nutritional supplementation and baby formula and are seeking additional funds for expanding this activity.

Besides the importation and/or local procurement of infant formula and supplemental foods (such as protein biscuits), the most important intervention would be the revitalization of local grain, vegetable, tuber and legume production and animal husbandry, thorough what is referred to as a major "seed and feed" program.

The spring planting begins in March for many of the vegetable as well as the oats and barley crops, and there is a critical if not emergency need for seeds, animal feed, fertilizers and planting tools. Most of this can be procured locally in Croatia or Slovenia.

#### Education:

From a number of perspectives, one of the greatest needs in Bosnia is to get the children back to the classroom. The children need organized activity and challenges to get their minds off the tragedy and trauma which they have witnessed and experienced. The mothers, especially those who have been traumatized, are primarily, if not exclusively, concerned about the health and welfare of their children. They need to know that there is hope and opportunity for their children and they themselves need the time, freedom and opportunity to become engaged in some sort of productive endeavor, both for therapeutic as well as economic reasons. Until their children are engaged, they cannot proceed with their own healing and lives.

Many of the NGOs are trying to support school re-opening by providing funds for structural rehabilitation, furnishings, materials, books, etc. There are many available teachers who are willing and anxious to resume teaching. There appear to be two major constraints, however. The first is some disagreement in some areas as to the new curriculum. This could probably be resolved on a case by case basis, however, if everything else were in place. The second obstacle is the presence of displaced families residing in many of the school facilities. NGOs are reluctant to push authorities to move any faster on removing people until and unless adequate alternative shelter is found.

Therefore, in some cases, NGOs are interested in supporting the construction of temporary shelters for either the displaced people or for temporary classrooms.

Water supply and sanitation:

Municipal water supply systems have been damaged or destroyed and many collection centers have inadequate facilities for the number of inhabitants they house.

Some NGOs are interested in providing modest, temporary facilities by funding local construction and procurement of materials and outlets.

Cottage Industry Development:

Underlying many of the above stated needs is the fact that most of them can and should be addressed by the provision of goods which can be procured and/or produced locally. The list of thirteen products currently being procured and distributed by IRC which is mentioned above is only an illustrative sample. Central Bosnia had been a very active industrial center. There are innumerable factories, large and small, which are being retooled to produce new, and appropriate goods. For example, a large, undamaged aircraft factory in otherwise devastated Mostar, is producing wood burning stoves which IRC has ordered. (Since all warring factions are hopeful of "taking over" Mostar, including an outstanding contract with Boeing Aircraft, and since it is not producing planes or weapons, no one apparently is inclined to bomb this particular facility.)

Similarly, clothing, bedding for shelters and hospitals, blankets, agricultural tools, furniture, etc., etc. are all needed and could be contracted for by NGOs with small cottage industries, cooperatives, individual contractors, etc. Funding of these activities not only address the humanitarian needs of the refugees, but also addresses the critical economic needs of the host "safe haven" communities, which is a separate and growing problem. The added pressures on these communities of supporting refugees is straining their own resources and threatening the chances for maintaining a peaceful co-existence.

## PROSTHETICS

Pre-war Yugoslavia had a modern European prosthetic industry located in Belgrade, Zagreb and Sarajevo. The current problem area is Central Bosnia where an estimated 500-1000 known war amputees had no access to prosthetic assistance until the recent arrival of Handicap International (HI) in January 1993. Located in an annex building of the main hospital in Zenica, HI began seeing patients in early February, and they are planning a trip very shortly to Sarajevo to assess the status of the former prosthetic facility and its staff.

The head of orthopedic surgery at the hospital, the International Rescue Committee (IRC) registered nurse at Mostar and the HI staff said that many of the field amputations were very poorly done and required further surgery which was difficult to schedule given the emergency-only status of the hospital. Field medical stations utilize whatever local doctors are available, and there have been amputations performed by gynecologists and general practitioners who have never performed surgery.

HI has a French physical therapist coordinator and a French prosthetist. A local orthopedic workshop owner is being trained as a prosthetic technician, and additional local staff is being recruited. All patients are being fitted with prefabricated provisional prostheses imported from France (both above-knee and below-knee -- see attached photographs). The current capacity is 20 patients per week, and the waiting room was filled when the team visited. Current funding will allow 500 patients to be fitted, and there is no funding to permit the fitting of permanent prostheses. At this time, the HI staff has knowledge of only one pediatric case, with all the rest they have identified being young men. It must be stressed that HI has only been operational a few weeks, and they are only dealing with the immediately known cases -- the true extent of demand is unknown. Transport and communication difficulties make their outreach limited. The HI team knows of 100 cases in Tuzla (in the extreme northeastern part of Muslim-controlled Bosnia). They hope to get into Tuzla to assess the situation and decide on their approach to these patients. The HI facility at Zenica has space for housing 10 patients from outside the immediate area. They have not seen demand for orthotics, nor are they equipped to deal with orthotics. There is also no capability to treat hip disarticulations or upper extremity amputations. While land mines are used, the prevalence doesn't approach the levels seen in other war zones, and there isn't the widespread problem of farmers and children seen in other areas.

HI, the head of orthopedic surgery and the IRC nurse all mentioned the urgent need for external fixators. The surgeon claimed that half of the amputations he performed could have been

avoided if the equipment he previously had used were available.

Carole Nerland, the HI coordinator, was hopeful that a second phase proposal which she was already preparing would include local production of permanent prostheses and the training of a local staff. Local metal and plastics are available and there is some hope that the previous employees of the Sarajevo prosthetics facility can be located. The team assured her of USAID interest in seeing, and possibly funding any follow-on proposal.

#### IV. Children From Bosnia-Herzegovina and Croatia

##### A. Background

In this war, civilians are the specific focus and target of violence. The ethnic cleansing, which first began in Croatia and continues unabated at a growing pace in Bosnia-Herzegovina, has led to widespread physical and psychological suffering among children in war-affected areas of former Yugoslavia.

Violence and bombardments also have resulted in massive displacements of war-affected populations. At present, there are some 3 million people from former Yugoslavia who are displaced within their own state (Bosnia-Herzegovina, Croatia), in other Republics of former Yugoslavia, in several European countries (Austria, Hungary, Germany, Italy, Turkey, among others), in the Middle East and Asian countries (Jordan, Kuwait, Libya, Malaysia, and in North America (United States, Canada). About one-half of all these refugees and displaced persons are children under the age of sixteen.

Still it is civilians inside Bosnia who are at most at risk at this time. Thousands of families remain trapped in cities and towns where there is little economy, few sources of food, and nowhere to escape. None of the camps for displaced people are able to provide schooling for any of the children, while infants and toddlers are especially vulnerable to the diseases and respiratory infections that result from the lack of food, inadequate sanitation, poor housing, and under-supplied health services.

In addition to displacement, many children, mothers and fathers have experienced severe trauma. Mental health services and social outreach programs are non-existent in Bosnia's camps for displaced persons.

Despite courageous efforts of parents and extended family members to continue to care for children in war-affected areas, massive child-parent separations have occurred in both Bosnia and Croatia. Fathers and teenage boys over fifteen years of age who were drafted into armies often have lost contact with their families, while many mothers who remained in endangered communities to care for children and the very old have been killed, physically abused, raped, and forced to flee. Moreover, faced with repeated shellings and the threat of a winter without adequate food or protection, thousands of parents in Sarajevo and other war-affected areas sent their children to other countries hoping that the separations would not last too long.

Neither UNHCR's or ICRC's general information on refugees or displaced persons contain data on separated or "unaccompanied" children. Some estimates suggest that about 5% of the child-refugee population is without parents or legal adult guardians. Official data suggests the percentage of unaccompanied children may be higher. For example, recent government data (October 1992) for

displaced persons in Croatia indicated that of 46,051 children under the age of fifteen, almost 20% (9,067) were unaccompanied.

More detailed information on unaccompanied children is sparse. A Unicef project on psychosocial assistance to 420 host families in Zagreb identified 91 unaccompanied children placed in 62 families. Another Unicef study analyzed the conditions of 100 unaccompanied children in collective shelters, hospitals and host families in Zagreb. The children ranged in age from infants to adolescents (13 were 0-3 years-old; 6 were 4-6 years-old; 10 were 7-10 years-old; 24 were 11-14 years-old; and 36 were 15-18 years-old). While before the war, three-fourths of these children lived with both parents and about one-fourth with one parent, over half of them (54%) were placed in host families without the written or verbal consent of their parents.

#### B. Refugee and Displaced Children in Croatia

Children, their mothers and the elderly, comprise ninety percent of the 700,000 official displaced persons and refugees in Croatia. In addition to this figure, there are another 150,000 estimated non-registered refugees. Children under 18 years-old constitute 60% of the total figure.

Most of the registered refugees have been taken into families or put up in hotels and pensions where, at government expense, their obvious needs for food, shelter, clothing, and medicine are, for the most part, being met. Less obvious problems are only now beginning to be identified.

Nearly all refugee women and children in Croatia also have been separated from their husbands-fathers. Despite ICRC's program to exchange messages between separated family members, the majority of refugee women and children do not know the locations or the welfare of their husbands-fathers. Additional, more flexible assistance, is required.

Many children and their mothers were victims of physical abuse, beatings and rape. In their home villages, they witnessed violence and murder of family members, friends and neighbors, and were robbed of their personal possessions. Severe depression and dysfunction is reported to be on the rise among women which, not only affects them as individuals, but decreases their capacities as mothers to care for their children as well. Boys and girls over the age of ten also appear to be at increased risk for depressive disorders.

The absence of employment for women and youth, as well as day-to-day recreational and educational opportunities for children, are also creating problems for refugee populations. Another problem is that many refugees are now housed in tourist hotels and other temporary accommodations from which they eventually will be moved. In addition, many tensions have begun to arise among the refugees

themselves and between refugees and the local populations. Most refugees want to return to their native towns, villages or cities, many of which have been destroyed or are still unsafe.

In recent months, several intergovernmental and non-governmental organizations have attempted to respond to the psychological and social needs of refugee children. In October 1992, Unicef began a series of trauma workshops for teachers in primary schools in and around Zagreb that have accepted significant numbers of refugee children. The seminars provided teachers and school-based psychological practitioners with basic information about post-traumatic stress syndrome, art therapy in classrooms, and individual and group treatment programs for especially vulnerable refugee children. The program, which is funded by Norwegian and OFDA, receives technical assistance from The Child Trauma Center in Bergen, Norway and from the Department of Health Psychology in Croatia. Unicef plans to offer more seminars for personnel from 20 additional schools and, eventually, for governmental supervisors from six different regions that have absorbed large numbers of refugees and displaced persons.

An evaluation of the impact of the first seven seminars is still in process. However, Unicef personnel stated that preliminary results indicate that the results of the program so far have depended on the pre-existing orientations of individual teachers and school-based psychologists before they were exposed to the training. Those who believe that refugee children are a national priority and respond to them out of humanitarian concern, appear to have put the seminar contents to good use. Others, perhaps even a majority, who are concerned with routine teaching tasks and believe that refugee children should not be in Croatian schools, have not implemented art therapy or treatment programs for refugee children.

It must also be noted that despite government policy, many primary-school aged refugee children are not in formal schools. Local schools have not been able or willing to absorb them. Moreover, for Muslim refugee children who read only Cyrillic, are taught by Muslim refugee teachers in camp-based schools. These children will not benefit from the Unicef program.

One of the most vulnerable groups of refugees are currently residing at the Karlovoc transit center outside of Zagreb. Initially established for men and male youth who were tortured and brutalized inside Bosnia and are seeking resettlement to third countries, the transit center now houses about 100 women and children who entered Croatia seeking their husbands-fathers.

At Karlovoc, the International Federation of the Red Cross (IFRC) has helped to establish an emergency medical team of ten doctors to assist the residents in this overcrowded center. The team also employs a general practitioner who undertakes basic psychological screening. In addition, IFRC employs three social workers who, among other activities, are beginning to establish

pre-schools for children.

Recently, IFRC also has begun outreach work for refugees housed along the coast. In addition to general support, IFRC's coastal project is helping to establish a network of support groups for war victims and will offer training for local practitioners and social workers who work with refugees. Plans are underway to establish a school for Muslim refugee children.

Because of the rapid increase in the number of refugees, the Croatian government, despite the help of UNHCR, has managed only to arrange for the barest necessities in terms of food and medical care. Nonetheless, since the fall of 1991, a number of groups of Croatian volunteers and other individuals who had graduated in the field of psychology and social work began to respond informally to the psychosocial needs of refugees. One of these groups--Suncokret--chose to concentrate on the problems affecting children.

Suncokret, which has linked itself to the Belgium-based International Service Civil International (SCI), an international organization for volunteer work worldwide, might be described as a budding non-governmental "Peace Corps." Today, over 100 domestic and ex-patriot volunteers (mostly university students) are living and working in a number of camps in Croatia. In addition, about 20 volunteers are working with displaced people near Mednogorge in Bosnia.

Volunteers have offered many varying and different types of activities for children, ranging from musical and theater workshops, radio projects, sports and other games, to language and other lessons. They have helped to establish schools, recreational programs, support groups for the children's mothers. Their plans also include preparing mothers and children for the inevitable moves within Croatia, and once the moves occur, to establish small economic enterprises and employment opportunities. They have a day-to-day or presence in the camps where they work and seem especially well informed about the actual needs of refugees.

### C. Recommendations

1. One of the most basic and urgent needs is to reunite unaccompanied children with their parents as soon as possible. Where reunification is not possible, other appropriate and legally prescribed placements should be sought.

Vesna Borziak, a senior program officer currently on leave from Unicef, has developed a plan of action aimed at supporting and reuniting unaccompanied children with their parents within and outside of former Yugoslavia. Initial efforts would involve two national non-governmental organizations: Our Children of Croatia and Merhamet. These organizations, in turn, would be linked with an international non-governmental organization (possibly the International Rescue Committee) and to other organizations working

inside Bosnia (Our Children of Bosnia, First Embassies of Children, etc.). If/when possible, the project headquarters would be moved to Sarajevo.

This program should be funded (\$505,000) as soon as possible.

2. Non-governmental organizations promoting grassroots social networks and support groups within refugee communities in Croatia should be supported.

Suncokret is the only child-focused non-governmental organization we met in Croatia that is developing social outreach programs that appear to be responding to the scale and scope of the problems faced refugees. In addition, to material and transportation support, this grassroots effort would benefit from funds for stipends for domestic volunteers. Many more university students would like to become involved in Suncokret's effort; however, most students cannot afford to pay their own way over an extended period of time. They also may be opportunities for American volunteers.

IFRC also has social outreach programs for war-affected women and children in costal areas which should be considered.

3. There is a need to identify, co-ordinate and support Croatian professionals capable of providing relevant technical assistance to grassroots organizations working with refugees and displaced persons.

There are a number of professionals, including university-based psychologists, social workers, and psychiatrists, who are offering technical assistance and training for the staffs of various organizations working with refugees and displaced people in Croatia. There appears, however, to be a discrepancy between what these professional have offered, on the one hand, and what field-based staff, on the other hand, believe they need. An independent assessment of needs and resources would appear to be in order. The assessment should also examine the feasibility of creating a structure to serve as a clearinghouse to collect relevant information, offer training seminars, and develop action-based research efforts.

## **RECOMMENDATIONS FOR USG ASSISTANCE FOR BOSNIA:**

### **I Assistance for Displaced Children and Orphans:**

The status of displaced children and orphans in Bosnia can only be viewed in the context of the overall displaced and refugee population. In this context, the most appropriate interventions to address their needs appear to fall primarily within the existing emergency relief program.

There are, however, two priority exceptions which could be addressed with a modest amount of funds from the "Displaced Children and Orphans Fund" (DCOF):

#### **Unaccompanied Children:**

It is estimated that there are at least 50,000 unaccompanied children in Croatia, Bosnia-Herzegovina, and at least 20 other countries. Immediate assistance is needed to ensure proper documentation and tracing of displaced children and families, within and outside the new national borders. The establishment of such a system will provide for the protection of these children, the eventual reunification of families and other appropriate long term placement arrangements for orphans.

It is recommended that approximately \$500,000 - \$750,000 from the FY 1993 DCOF be awarded to an existing local NGO to: a) support an international data base and tracing network, which would also provide specified social services to the children as well as their host families. This network will also collaborate with other, more generalized programs and systems which are managed by such organizations as UNICEF, UNHCR and ICRC; and b) provide simple, basic support to a wide network of local, community-based NGOs which will extend throughout Croatia, Bosnia and hopefully Serbia. Within the former republics, this program would be incorporated under a network of existing local organizations known as "Our Children", and will also tie in with "SUNCOKRET" a community based volunteer program which currently operates in Croatia and is expanding activities into Bosnia.

#### **Abandoned Babies:**

It is recommended that a dedicated system to search out and monitor reports of babies being born and abandoned throughout ex-Yugoslavia be established as soon as possible. The system should also attempt, if possible, to monitor reports of babies being offered for adoption outside any legal system which might take effect in the future. (At the present time, no legal adoptions are allowed in either Croatia or Bosnia-Herzegovina.)

One institution should be charged with this responsibility for monitoring the location and disposition of all of these babies.

DCOF funds should be made available as soon as possible, if special funding is necessary, to assist in the establishment and first years' maintenance of this center.

One possible entity for assuming this role is the Documentation and Tracing program, mentioned above.

The ICRC traditionally assumes this responsibility, but an adequate system does not yet appear to be established.

## **II Assistance for civilian amputees:**

The status of civilian victims requiring prosthetic and rehabilitation assistance is not a high priority at this point in Bosnia. However, Handicapped International is operational and modest AID support under the Leahy "War Victims Fund" might be considered.

## **III General USAID Assistance:**

The situation in Central and parts of eastern and southern Bosnia (including areas served by NGO and UNHCR operations centers in Jablanica, Zenica/Vitez, Tuzla and Mostar) should continue to be assisted by Phase I and Phase II international humanitarian assistance, with a major continue. USG assistance should continue to be provided through the existing OFDA/DART mechanism, with major reliance on the extensive network which the IRC has established. It does not appear to be a situation where normal USAID program assistance would be appropriate unless special, rapid turn-around procedures which would allow for maximum funding flexibility could be authorized.

## **IV Priority needs:**

The most immediate priority is:

Amend or otherwise modify the existing grant to IRC to enable them to reprogram funds currently authorized for "winterization" assistance, and allow IRC to reprogram those funds for the procurement of seed, animal feed and possibly fertilizer for the present planting season. General line-item flexibility is required for this program if it is to be effective.

Other equally high priorities are:

- 1) Ensure that all grants to IRC are provided with the maximum level of line-item flexibility to allow for field-based decision-making. Windows of opportunity for meaningful interventions, in many cases are short and cannot be anticipated months in advance.

- 2) Jointly, with IRC, assess the implications of providing significant additional types and levels of funding through the establishment of an "NGO Umbrella Management Unit" with that organization. These include implications regarding:
  - a) "Management burden" vis a vis accounting, procurement and other administrative capabilities in IRC's central and field offices
  - b) Maintenance of IRC's current excellent record in serving, collaborating and coordinating with other international NGOs in Croatia and Bosnia. This will be especially relevant if the new role will include additional significant decision-making regarding the awarding of sub grants;
- 3) Support the following Phase II interventions with additional OFDA or special DA funding, to NGOs through an "Umbrella Sub Grant mechanism":
  - i) Seed, feed and possibly fertilizer for both family vegetable "Victory" gardens as well as large scale food crop and livestock production.
  - ii) Provision of supplemental infant formula and milk
  - iii) Support for school re-opening
  - iv) Support for "Host families"
  - v) Cottage industry development
- 4) Encourage NGOs to continue current primary reliance on local produced material and products.
- 5) Provide necessary support (if requested) for NGO coordinating committees and economic development committees such as those currently existing in Split and Mostar.

- 6) Encourage at least one US health/medical NGO to get involved in Bosnia. One potential candidate might be the International Medical Corps (IMC) which has performed one assessment already and has a representative due in Mostar to conduct a follow up review in March.

Priority needs appear to be:

- i) Possible support for immunization program, depending on effectiveness of WHO and UNICEF vaccine procurement and distribution scheme.
- ii) Assistance in rationalizing pharmaceutical procurement, distribution and use at the hospital and "ambulance" levels.
- iii) Specialized training for surgeons, doctors and medical/health staff in combat techniques and procedures.
- iv) Assistance in early identification of epidemics and support for preventative measures, especially with respect to water supply and sanitation interventions.
- v) Physical rehabilitation of hospitals and clinics, and provision of basic equipment and expendable materials, drugs and supplies.