

Independent Evaluation of Expenditure of DEC Kosovo Appeal Funds

Phases I and II, April 1999 – January 2000

Volume II

Peter Wiles

Mark Bradbury	Manuela Mece
Margie Buchanan-Smith	Nicola Norman
Steve Collins	Ana Prodanovic
John Cosgrave	Jane Shackman
Alistair Hallam	Fiona Watson



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**Independent Evaluation of Expenditure
of DEC Kosovo Appeal Funds
Phases I and II, April 1999 – January 2000**

The evaluation consists of three volumes, of which this is the second.
Volume I: Main Findings of the Evaluation
Volume II: Sectoral Sections (including a section on War-Affected
Populations and Beneficiaries)
Volume III: Individual DEC Agency Summaries



Overseas Development Institute

111 Westminster Bridge Road
London
SE1 7JD
Tel: +44 (0) 20 7922 0300
Fax: +44 (0) 20 7922 0399
Email: hpg@odi.org.uk
Website: www.odi.org.uk



52 Great Portland Street
London
W1N 5AH
Tel: +44 (0) 20 7580 6550
Fax: +44 (0) 20 7580 2854

Further details about this evaluation can be found on the DEC website at :

www.dec.org.uk

*Cover: Destroyed Market Street in Djakova
Photograph taken by Mark Bradbury during the evaluation fieldwork, March 2000.*

Preface

This volume of the DEC Kosovo evaluation contains sections on sectoral topics, such as food and nutrition, shelter and psychosocial assistance. It also looks at the experiences of war-affected populations and beneficiaries.

This volume should be read in conjunction with Volumes I and III of the report.

Volume I contains the main findings of the evaluation, together with overall conclusions and an executive summary.

Volume III contains summaries of the agencies' DEC funded activities. Each agency section also looks at key issues relating to performance which the evaluation team felt merited comment.

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Glossary

ACT	Action by Churches Together
ACTED	Agence d'Aide à la Coopération Technique et au Développement
ADRA	Adventist Development and Relief Agency
ALNAP	Active Learning Network on Accountability and Performance in Humanitarian Assistance (ODI)
AoR	Area of Responsibility
ARC	Albanian Red Cross
BiH	Bosnia and Herzegovina
BMI	Body Mass Index
BRCS	British Red Cross Society
CA	Christian Aid
CAD	Children's Aid Direct
CAFOD	Catholic Fund for Overseas Development
CBU	Cluster Bomb Unit
CDC	Centres for Disease Control and Prevention, Atlanta
CHAD	Conflict and Humanitarian Affairs Department, DFID
CICH	Institute for Child Health
CIMIC	Civil Military Cooperation
CMO	Civil Military Operations (analogous to CIMIC)
Concern	Concern Worldwide
CoC	Code of Conduct
CRS	Catholic Relief Services
CSB	Corn/Soya Blend
CSW	Centre for Social Work
DA	Diakonia Agape
DEC	Disasters Emergency Committee
DEM	Deutschmark
DFA	Irish Government's Department for Foreign Affairs
DoD	United States Department of Defense
DPT	Diphtheria, Pertussis and Tetanus Vaccine
DFID	Department for International Development
DRA	Dutch Relief and Rehabilitation Agency
DRT	Disaster Response Team (Tearfund's direct implementation arm)
EC	European Commission
ECEN	East and Central Europe Network
ECHO	European Community Humanitarian Office
ECU	European Currency Unit
EDA	Edinburgh Direct Aid
EHO	Ecumenical Humanitarian Organisation
EMG	Emergency Management Group
EOD	Explosive Ordnance Disposal
EPC	Emergency Programme Coordinator (Oxfam)
EU	European Union
EVI	Extremely Vulnerable Individual
ExCom	Executive Committee (of DEC)
FAO	Food and Agriculture Organisation (of the UN)
FYROM	Former Yugoslavia Republic of Macedonia
FRY	Federal Republic of Yugoslavia

GDP	Gross Domestic Product
HAI	HelpAge International
HDI	Human Development Index
HI	Handicap International
HIC	Humanitarian Information Centre
HoD	Head of Delegation
HPN	Humanitarian Practice Network (formerly RRN – Relief and Rehabilitation Network), ODI
HR	Human Resources
HRW	Human Rights Watch
IACU	Inter-Agency Coordination Unit
ICG	International Crisis Group
ICRC	International Committee of the Red Cross
ICTY	International Criminal Tribunal for the former Yugoslavia
ICVA	International Council of Voluntary Agencies
IDP	Internally Displaced Person
IFRC	International Federation of the Red Cross
IHE	International Health Exchange
INGO	International Non-Governmental Organisation
IOCC	International Orthodox Christian Charities
IOM	International Organisation for Migration
IPH	Institute of Public Health
IRC	International Rescue Committee, a US NGO
IRIN	Integrated Regional Information Network
IRW	Islamic Relief Worldwide
IWPR	Institute for War and Peace Reporting
JEFF	Joint Evaluation Follow-Up Monitoring and Facilitation Network
JTF	Joint Task Force
KAP	Knowledge, Attitudes, Practice
KERP	Kosovo Education Rehabilitation Project
KFOR	Kosovo Force
KLA	Kosovo Liberation Army
KRC	Kosovo Red Cross
KVM	Kosovo Verification Mission
LWF	Lutheran World Federation
MCIC	Macedonian Centre for International Cooperation
MCC	Mennonite Central Committee
MDM	Médecins du Monde
MEECA	Middle East, Europe and Central Asia Team (Christian Aid)
MERLIN	Medical Emergency Relief International
MoH	Ministry of Health
MOU	Memorandum of Understanding
Mont RC	Montenegrin Red Cross
MRC	Macedonian Red Cross
MRE	Meals, Ready to Eat
MRT	Mobile Rehabilitation Team (BRCS-funded programme in Kosovo)
MSF	Médecins Sans Frontières
MTS	Mother Teresa Society
MUP	Ministarstvo Unutrasnjih Poslova (Serbian Interior Ministry)
NAO	National Audit Office

NATO	North Atlantic Treaty Organisation
NCA	Norwegian Church Aid
NGHA	Non-Governmental Humanitarian Organisation
NGO	Non-Governmental Organisation
NOVIB	Netherlands Organisation for International Development Cooperation
NFI	Non-food items
NPA	Norwegian People's Aid
NPF	'Help the Children' a Roma NGO in Albania
NRCS	National Red Cross Society
OCHA	Office for the Coordination of Humanitarian Assistance (UN)
ODI	Overseas Development Institute
OECD	Organisation for Economic Cooperation and Development
OFDA	US Office for Foreign Disaster Assistance
ONS	Operating National Societies
OPD	Out-Patient's Department
OPV	Oral Poliovirus Vaccine
OSC	Operational Sub-Committee of DEC
OSCE	Organisation of Security and Operation in Europe
PJA	Period of Joint Action
PLO	Protection Liaison Officer
PNS	Participating National Societies (Red Cross)
PSF	Pharmaciens Sans Frontières
R&R	Rest and Recreation
RedR	Register of Engineers for Disaster Relief
REACH	Rehabilitation for Elderly and Children
RC	Red Cross
ROCC	Regional Operation Control Center (a coordination structure in Bosnia)
RRN	Relief and Rehabilitation Network (ODI). Now known as HPN (Humanitarian Practice Network)
SBASHK	Kosovo Teaching Staff Union
SC	Save the Children
SCHR	Steering Committee for Humanitarian Response
SFRY	Socialist Federal Republic of Yugoslavia
SNI	Shelter Now International
SRC	Serbian Red Cross
ToR	Terms of Reference
UCK	Ushtrisë Çlirimtare të Kosovës (Kosovo Liberation Army – KLA)
UMCOR	United Methodist Committee on Relief
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees, HCR
UNICEF	United Nations Children's Fund
UNEP	United Nations Environment Programme
UNMACC	United Nations Mine Action Coordination Center
UNMIK	United Nations Mission in Kosovo
USAID	United States Agency for International Development
UXO	Unexploded Ordnance
VJ	Vojska Jugoslavije (Yugoslav Army)
VUSH	Vellazeria Ungjillore (Albanian Evangelical Alliance)
WFP	World Food Programme
WHO	World Health Organisation

WV World Vision
WVI World Vision International
YRC Yugoslav Red Cross

SECTION 1: FOOD AND NUTRITION

1.1 Introduction

A number of key questions will be addressed in this section with respect to the overall food and nutrition response and to the use of DEC funds. The discussion mainly applies to Phase I (the initial refugee outflux) as most DEC-funded food programmes were implemented during this period. The key questions are:

- What were the objectives of food aid in the context of the Kosovo crisis?
- Was the quantity and quality of food aid delivered appropriate?
- Who were the vulnerable groups and were they adequately covered?
- Was the food aid distributed cost-effective?
- What was the impact of the food aid (positive and negative)?
- Were international guidelines and standards adhered to?
- What was the impact of the crisis on the food security of host populations?

1.2 General Findings

There was no starvation or malnutrition as a result of the Kosovo crisis. The nutritional status of Kosovar children surveyed after the return of the refugees in July 1999 (Action Against Hunger, 1999) was generally good and was not significantly different from the nutritional status of Kosovar children surveyed in December 1998 (Action Against Hunger, Mercy Corps International & UNICEF, 1998). On the contrary, obesity among adults was of greater concern and in July 1999 over one-third of mothers with young children were overweight¹.

A major reason for the absence of malnutrition during the Kosovo crisis was the relatively good pre-crisis nutritional and health status of the Kosovar population. Compared to an African refugee population, for example, the Kosovar refugee population was generally bigger, fatter and healthier. Furthermore, the countries to which they fled were generally better off and refugees had better access to essential services than their fellow refugees in parts of Africa. Those who had fled with cash (and many had) could afford to buy food and other basic items from local markets. Many continued to receive remittances from extended family members abroad, and (in Albania at least) the refugees were warmly welcomed and supported by their hosts. As WFP noted '*...the coping mechanisms available to many of the affected groups ... played a decisive role in avoiding hunger and malnutrition*' (WFP, 2000).

Although, the risk of malnutrition was low, agencies competed with each other to provide aid to the refugees and food aid was sent in abundance. Much of this was unsolicited donations and some of limited appropriateness (for example, a plane-load of chocolate croissants sent to Albania from Switzerland). There was no shortage of funds for official food aid either. For example, in the Revised 1999 UN Consolidated Inter-Agency Appeal for the South-eastern Europe Humanitarian Operation (United Nations, 1999), WFP appealed for US\$171 million

¹ Overweight refers to a Body Mass Index (BMI=weight/height²) of 25 and over.

to fund their food aid operation. Donors exceeded the appeal amount and donated US\$172 million.

This generosity is in sharp contrast to the response to protracted emergencies in Africa where funds are frequently not available for basic food aid items. For example, during 1998 WFP experienced resource problems in the Great Lakes Region that had '*significant consequences for WFP's beneficiaries*'. A lack of vegetable oil in the latter half of 1998 meant that '*refugees and displaced people who were most reliant on food aid, and whose coping mechanisms were weakest, (became over-reliant) ... on cereals in the diet, with consequent nutritional impact, particularly on children and women*' (WFP, 1998).

Another example is the warning made by WFP² that it urgently needed US\$100 million in donations in order to maintain food relief to war-torn Angola, where malnutrition levels are high and rising (ACC/SCN, 1999). The agency launched a US\$158 million appeal at the start of the year to distribute some 17,000 tonnes of food a month to 1.2 million IDPs, but by May 2000 had received less than 60 per cent of the amount. Without more funds, WFP will have to reduce food distribution in August 2000. The lack of response is despite a UN report at the end of April 2000 which concluded that some 3.7 million Angolans had been directly affected by the war and faced a worsening humanitarian situation.

1.3 Use of DEC Funds

Eight of the twelve DEC member agencies chose to spend DEC money on food aid programmes during Phase I (refer to Table 1). Expenditure on food items alone³ represented about 17 per cent of Phase I funds and was equivalent to approximately £2.3 million. In Phase II the number of agencies involved with food programmes had fallen to three, and less than 3 per cent of Phase II funds were spent on food items. Table 2 summarises the food programmes supported with DEC funds.

Given that malnutrition was not an imminent problem, that there was a glut of food aid and that DEC funds could be used flexibly, it was appropriate for agencies to concentrate on areas other than food aid, especially in Phase II when the priorities were to ensure security and weatherproofed shelter for returnees to Kosovo.

² WFP warns food aid to Angolans in jeopardy without more funds. Source: Agence France-Presse (AFP), 5 May 2000.

³ This figure does not include funds required for delivery of food aid (for example, transport, administration costs etc.) except in the case of Christian Aid where all funds donated to CRS have been included.

Table 1: Percentage of DEC funds spent on food aid

Agency	Phase I DEC expenditure (£)		Percentage of total spent on food	Phase II DEC expenditure (£)		Percentage of total spent on food
	Food	Total		Food	Total	
BRCS	123,721	1,570,158	7.9	0	3,126,146	0
CAFOD	**743,726	811,500	91.6	358,404	1,061,182	33.7
CAD	0	291,503	0	0	148,268	0
CARE	85,129	982,333	8.7	0	1,285,617	0
CA	485,002	1,577,754	30.7	77,005	2,013,708	3.8
Concern	56,290	594,000	9.5	0	831,600	0
HAI	0	249,000	0	0	406,528	0
Merlin	0	192,496	0	-	-	-
Oxfam	0	3,212,155	0	0	8,248,438	0
SC	*543,008	3,036,384	17.9	*122,364	4,693,280	2.6
Tearfund	77,357	417,100	18.5	0	529,296	0
WV	202,943	548,999	37	0	941,128	0
Total	2,317,176	13,483,382	17.2	557,773	23,285,191	2.4

* Includes food and hygiene items

** Expenditure on CRS programme assumed to be 80 per cent of DEC contribution

Table 2: Food aid programmes supported with DEC funds

Agency	Country	Partner*	Type of assistance	Beneficiaries
BRCS	Albania	ARC	Food parcels.	Refugees in host families.
	FRY	National Societies.	Food parcels.	IDPs, Social cases.
CAFOD	Kosovo	CRS	Bulk food and food parcels.	Vulnerable groups.
	Serbia	CAFOD partner.	Food parcels.	Roma families.
CARE	Macedonia		Complementary foods (fresh veg., jam, eggs, meat paste).	Refugees in camps.
CA	Macedonia	MCIC	Food parcels, Baby food parcels.	Refugees in host families, Social cases.
	Bosnia	LWF	Food parcels.	Refugees in collective centres.
	Serbia	IOCC	Food parcels.	IDPs, Refugees in collective centres.
	Serbia	EHO	Food parcels.	Refugees in host families, War-affected residents.
Concern	Albania		Food rations.	Refugees in camps and in host families, IDPs.
SC	Serbia Bosnia		Food parcels.	Refugee children.
Tearfund	Albania	Agrinas	Daily hot meals.	Refugees in collective centres.
	Macedonia	SNI	Food parcels.	Refugees in host families.
World Vision	Albania		Food ration.	Refugees in empty houses and collective centres.
	Monte-negro		Daily hot meals.	IDPs in host families and collective centres.

* Partner organisations frequently worked through a number of local partners who were involved in distribution of food aid.

The church agencies⁴ spent the highest proportion of their budgets on food. This may partly reflect the church's traditional role as a provider of food and shelter to those in need, and the existence often at grass roots networks for distribution. Where local partners set the agenda for DEC agencies, it is imperative that they have the experience and knowledge of emergencies to take informed decisions about programme priorities. The issue of support for partner agencies is dealt with in Volume I.

1.4 Objectives of Food Aid

The objectives of food aid in the context of the Kosovo crisis were rarely explicitly stated in the documentation of the DEC agencies. The purposes outlined by Sphere are shown in Box 1. The period of a potentially increased risk of starvation and death came in the immediate aftermath of the refugee outflux. However, as it became clear that the refugees were generally healthy and had some access to other resources, the risk lessened. Ironically, the initial outflux was the period when fewest international agencies were up and running.

Whilst in the very initial stages of the emergency the objectives of food aid were nutritional, it was quickly clear that food aid did not serve a primarily nutritional purpose. Rather, the implicit purpose of food aid appears to have been to provide some sort of supplement or short-term income transfer. Certainly WFP emphasised the non-nutritional objectives of food aid in an assessment of food aid needs for Kosovo carried out in July 1999.⁵

This has implications for measuring the impact of food aid in that the value of the food aid to the beneficiary, in economic terms, is as important as the nutritional value. The cost-effectiveness of food aid (i.e. the cost of supplying food aid in relation to its value to the beneficiary) becomes an important impact indicator.

Box 1: Purposes of food aid according to Sphere

(The Sphere Project, 1998)

1. Sustain life by ensuring adequate availability and access to food by people affected by disaster.
2. Provide sufficient food resources to eliminate the need for survival strategies, which may result in long-term negative consequences to human dignity, household viability, livelihood security and the environment.
3. Provide a short-term income transfer or substitution to people to allow household resources to be invested for recovery.

⁴ CAFOD, Christian Aid, Tearfund and World Vision.

⁵ The objectives of food aid for returnees to Kosovo: (1) To reduce the risk of hunger and malnutrition; (2) To prevent further depletion of food stocks and cash savings; (3) To replace lost crop and livestock production; (4) To improve living standards by reducing expenditure on staple food items and increasing expenditure on vegetables and/or non-food items, including clothing and wood for winter heating; (5) To promote recovery of the private trading sector, by increasing purchasing power and effective demand (WFP, 1999).

1.5 Quantity and Quality of Food Aid

Needs assessments

As the refugees began to stream out of Kosovo in late March 1999, it was essential for food aid to be supplied which would meet all nutrient needs. An initial planning figure of 2,100kcal per person per day is recommended (WFP & UNHCR, 1997). Sphere Standards stress, however, that an initial assessment should be carried out as soon as possible in order to make recommendations '*about the need for external assistance and the options available*'. The standards set by Sphere for carrying out such an initial assessment are high and are probably rarely met in an emergency.

The Kosovo emergency was no exception and very little assessment or analysis of the food situation of the refugees in the period from March to June 1999 appears to have been carried out. However, this is not unusual in the initial stages of a refugee crisis and as in many other situations, decisions on the quantity and quality of food rations appear to have been based on the resources available (i.e. supply-driven rather than needs-driven). As there was no shortage of funds, rations tended to be generous both in terms of the calorie content and the range of items included.

Basic food rations

WFP was the lead UN agency on food aid for the Kosovo crisis, providing food aid to all those in need, including refugees, IDPs, other affected populations and 'social cases'. Whilst WFP had overall responsibility for coordinating the food aid operation, UNHCR agreed MoUs with other agencies who took responsibility for certain beneficiary groups. For example, the Red Cross covered refugees in host families in Albania, while in Kosovo CRS cover the AoR of Prizren and CARE cover the AoRs of Ferizaj, Kacanik and Lipljan. These agencies were responsible for ensuring that a basic ration was provided to beneficiaries. The basic recommended WFP ration for the Balkans region is shown in Table 3.

Table 3: WFP-recommended basic ration for the Balkans

Food item	Quantity per Person per Month
Wheat flour	12kg
Pulses	1kg
Vegetable oil	1l
Sugar	1kg

WFP also distributed additional products when available (150g of canned fish or meat per month, 150g of cheese per month, 150g of salt per month). In some camps and collective centres, rations were provided in the form of cooked meals while dry rations were given out to refugees in host families and in camps and collective centres where there were cooking facilities.

Complementary rations

In addition to the basic ration, complementary foods, either in the form of fresh foods or as complementary food parcels to families or children, were provided. UNHCR had the responsibility of providing guidelines on complementary foods and had introduced a

proposed supplement to the existing food provision for Albania in early May 1999 and for Macedonia in September 1999. This is shown in Table 4 and mainly consisted of fresh vegetables as a means of ensuring a good intake of vitamins and minerals.

Certain provisos were stipulated including NOT distributing fresh meat, baby foods, infant formula or chocolate (see notes after table). Many NGOs did not provide the suggested complementary foods, however, and instead developed their own complementary food parcels.

Table 4: UNHCR-recommended complementary ration

Food item	Quantity per person per month
Fresh vegetables/fruit	2kg
Onions	2kg
Potatoes	2kg
Canned fish/meat	1kg
Pasta	1kg
Tomato sauce	0.5kg
Jam	0.4kg

Source: UNHCR, 1999a

Notes:

- Fresh meat (for example, chicken) should not be provided to the refugees due to the lack of appropriate storage equipment.
- Baby foods (weaning foods) should not be provided through food distribution but through health and mother and child facilities. Infant formula and baby bottles should only be provided through health facilities in conjunction with individual counselling. All baby food products should be re-labelled with non-brand label in the appropriate language.
- Some items should not be distributed as part of the complementary ration: chocolate, infant formula (for infants aged less than six months).

Differences in the quantity and quality of rations

Annex 1.1 illustrates the wide variety of different rations distributed using DEC funds. The basic rations provided by WFP (not DEC-funded) and Red Cross (part DEC-funded) were different. For example in Albania, WFP provided a four-item ration of 1,940kcal, while the Red Cross recommended ration provided an eight-item ration of 2,782kcal. Complementary rations provided by the NGOs also showed great variation in the number of items included, calorific values, the cost and value to the beneficiary. Refer to Table 5.

This lack of consistency meant that beneficiaries might get an expensive parcel with lots of items or a much simpler parcel depending on which agency was distributing in a particular area. A lack of consistency to this degree can lead to conflict between beneficiaries and should be avoided.

Problems will also be experienced when there is inconsistency in supply and when expectations cannot be met. The more complex the food parcel, the more difficult it will be to ensure consistency of supply. For example, CARE was responsible for providing complementary foods to refugees in Stankovic II camp in Macedonia. On one occasion CARE was able to obtain fresh meat which was distributed to camp inhabitants. This turned

out to be counter-productive as camp inhabitants complained and conducted ‘*orderly protests*’ when they did not continue to receive fresh meat every month⁶.

Expensive food parcels containing many items can also lead to wastefulness. For example, each MCIC food parcel of eighteen items cost over £10 to procure and distribute. As this was a complementary ration, the extra calories provided (over 1,000kcal per person per day) together with the calories provided by the basic ration, were in excess of what is normally considered an appropriate energy intake for a healthy person⁷. The small quantities of luxury items, such as chocolate, Turkish delight and paté were of limited nutritional value (they contain few vitamins or minerals) but added to the expense. Similarly, high cost and elaborate parcels were bought and distributed using DEC funding by, among others, SC and Bosnia.

Whilst the psychological value of providing an elaborate complementary parcel is acknowledged, the high cost is wasteful and the money could perhaps have been better spent elsewhere.

1.6 Coverage of Vulnerable Groups

As Table 2 illustrates, the majority of DEC-funded food aid programmes were targeted at the more vulnerable groups both in terms of the type of beneficiary (refugees in host families, Roma and ‘social cases’ rather than refugees in camps) and in the countries covered (Bosnia and FRY in addition to Albania and Macedonia). Problems arose, however, in relation to targeting strategies, monitoring and reporting of food aid distribution.

Targeting

All refugees and IDPs from Kosovo were eligible to receive food aid rations in the countries to which they had fled regardless of whether they had access to their own resources or not. DEC-funded food parcels were targeted largely at these refugees and IDPs during Phase I. There were only few reports of beneficiaries totally missing out on food aid rations⁸. A greater potential problem was duplication. For example, agencies operating in the north-east of Macedonia reported that the Macedonian Red Cross (the official government agency) maintained its own list of beneficiaries separately from organisations such as El Hilal (a partner agency of MCIC) and other local organisations. These agencies acknowledged that it was possible for beneficiaries to be listed on more than one register and thus to receive food aid parcels twice⁹. Duplication may have led to some wastage through over-distribution but this is unlikely to have been extensive as food aid needs were not great.

⁶ Reported in an interview with a CARE camp manager.

⁷ A male involved in light physical activity requires about 2,500kcal per per day (WHO, 1985).

⁸ There was a suggestion that a few refugees/IDPs may not have registered or had gone to remote places which were not easily accessible and that they had therefore not received food aid (for example, reported in interview with El Hilal, Tetovo branch). No substantiated cases were documented, however.

⁹ For example, Mesecina (a Roma organisation) in Gostivar reported that each NGO had its own list of refugees in host families. Refugees went to different organisations to register and it was their choice where they went. It was therefore possible for a refugee to register twice. The agency noted that there may have been limited double distribution, however, as the demand for aid was not overwhelming because so much support was given to the refugees by the local Albanian community. The MRC, Gostivar ‘*wasn’t interested*’ in what the other NGOs were doing and thought there could have been

The blanket targeting of all refugees and IDPs did not distinguish between 'poorer' and 'richer' refugees and IDPs. However, this was probably not damaging as the 'poorer' refugees and IDPs received a full ration, there being no major shortages of food aid. A greater problem was that the 'poor' in the local population did not automatically receive food aid, although some may have been more needy than the refugee/IDP population. Some agencies used DEC funds to distribute food rations to the local poor (see Table 2). This turned out to be problematic and led to incidences of ill-feeling¹⁰.

Monitoring and reporting

A major contributory factor to the lack of consistency in ration scales and potential problems in coverage was the poor quality of monitoring and reporting on food aid distribution. Although inter-agency food coordination meetings were usually held at regular intervals in areas where food aid was being distributed, agencies who were receiving funding bilaterally did not necessarily provide reports to the food coordinating body operating in the area. Thus there was little centralisation of information and uniformity in approach.

Some attempts were made to improve food distribution monitoring. For example, French food monitors were employed to monitor Red Cross food distribution in Albania, but in general the level of monitoring and reporting remained poor.

1.7 Cost-effectiveness of Different Rations

The cost-effectiveness of food aid in the Kosovo context can be assessed by comparing the value of a ration to the beneficiary with the cost of the ration to the agency. 'Value' can only be measured in cash terms as it is impossible to assess the psychological 'value' to the beneficiary. Although the data are incomplete, Table 4 shows that there were substantial differences in the cost-effectiveness of different rations.

There were cases where the cost of purchasing and transporting the ration to the beneficiary was greater in cash terms than the value for the beneficiary. This was true both for the basic ration (for example, BRCS-procured monthly food parcel ration in Albania) and for complementary rations (for example, the cost to Christian Aid of the EHO ration in Serbia).

double distribution as seven NGOs were all distributing to the same target group. El Hilal Tetovo branch reported the same thing.

¹⁰ For example, MCIC in Macedonia reported incidences of problems with targeting of their food and hygiene parcels. These problems were mostly due to the social pressure on local partners to support one family rather than another or to share aid equally between all citizens. In the Debar region, a local partner Mesecina (a Roma organisation) was physically threatened for including particular beneficiaries on their beneficiary lists. Mesecina then requested to be 'released' from further distributions. The Kratovo branch of the Organisation of Women of Macedonia was unable to resist pressure from the local population and could not follow beneficiary selection criteria. Members of the Zletovo branch of the Union of Women's Organisations of Macedonia were physically attacked.

Table 5: Summary of costs and values of different DEC-funded rations

Agency (local partner)	Country of distribution	No. of items in ration	Kcals (per person per day)	Cost of purchase (£)	Value to the beneficiary per month (£)
BRCS (ARC)	Albania	8	2,782	5.95	5.24
World Vision	Albania	10	2,016	-	7.31
CA (MCIC)	Macedonia	18	1,070	10.03	-
Tearfund (SNI)	Macedonia	11	1,836	-	-
CAFOD (CRS)	Kosovo	6	2,172	-	6.03
SC	Bosnia	10	306	3.10	-
CA (LWF)	Bosnia	14	1,260	12.16	-
CAFOD	Serbia	6	539	3.68	4.83
CA (EHO)	Serbia	6	889	2.15*	1.82
CA (IOCC)	Montenegro	13	601	-	2.83

* EHO received humanitarian aid from Dortmund, the twin town of Novi Sad so the purchase price per parcel was reduced.

There were also large differences in the cost per calorie of different rations. For example, BRCS purchased food parcels for Albania at a cost of approximately £0.21 per 100kcal. At the other extreme, SC purchased food parcels for children in the Republika Srpska at a cost of about £1 per 100kcal and Christian Aid supported MCIC to purchase food parcels in Macedonia at a cost of about £0.94 per 100kcal.

Local purchase of foods was not necessarily cheaper. In the above examples, BRCS purchased food outside the region while SC and MCIC purchased food locally. However, positive aspects of local purchase could sometimes be speed with less likelihood of transport and importation delays, as well as support to the local economy.

Sale of food aid

It is now generally recognised that the sale of food aid can act as a positive coping strategy, especially in situations where beneficiaries are not receiving food aid items sufficient in vitamins and minerals, or where other basic services or goods are of a higher priority. In these cases, the sale of basic commodities provides cash to buy different types of (micronutrient-rich) food or other items such as fuel or medicines. The sale of food aid only becomes a problem when it is being carried out on a mass scale (and may involve corruption) or is having a marked effect on local prices.

There is very little documentation on the sale of food aid during the Kosovo crisis. The Macedonian authorities have accused international agencies of bringing in too much flour for Kosovo, which found its way to the market in Macedonia, so reducing the price of flour for local producers. As a result, the Macedonian authorities threatened to stop imports through Macedonia to Kosovo. However, the large food aid agencies believe that evidence for these accusations is weak¹¹.

At a local level, there were numerous anecdotes of food aid items being sold on the market in both Albania and Macedonia. These were generally the least favoured food aid products such

¹¹ Reported in interviews with CRS and WFP offices in the region.

as tinned fish, pasta and beans¹². The impact of these local sales on food prices is difficult to assess and no conclusions can be drawn. A bigger problem may have been the mere presence of the refugees with cash assets which placed a greater demand upon food markets thereby pushing up food prices¹³. Again little information exists and no conclusions can be drawn.

1.8 Impact of Food Aid

It is extremely difficult to assess the impact of food aid, especially the impact of the DEC-funded food aid, with any accuracy. Only general points can be made (refer to Box 2).

Box 2: Positive and negative impact of food aid

Positive impact	Negative impact
<ul style="list-style-type: none"> • Helped to alleviate hunger. • Acted as an income transfer, allowing beneficiaries to spend money on other items (for example, buy fruit and vegetation from local markets). • Made beneficiaries happier. 	<ul style="list-style-type: none"> • Caused friction between beneficiaries and non-beneficiaries. • Set up expectations for high quality rations. • Sale of food items may have affected local food prices. • Potential negative impact of distributing inappropriate food items (for example, impact of distribution of infant formula, bottles etc. on breastfeeding practices).

Adherence to international guidelines and standards

Despite the existence of well-defined and long-established guidelines relating to nutrition and food aid in emergencies, there were incidences where guidelines were openly ignored. Perhaps the most worrying example of this was the case of infant formula. Infant formula was widely donated and distributed during the Kosovo crisis, despite the existence of a number of guidelines and codes expressly advising against the provision of infant formula in emergency situations. A research project conducted in July 1999, found that *'contravention of the Code (on Marketing of Breastmilk Substitutes) was widespread and directly linked to the international aid intervention'* (McGrath, 1999). Fortunately, no DEC funds were spent on infant formula, although baby bottles and teats were distributed by MCIC in Macedonia.

Other examples of non-adherence to guidelines that apply to DEC-funded projects include:

- Failure to meet Sphere minimum standards of assessment and analysis. The failure to carry out needs assessments meant that food aid was largely supply-driven and not necessarily needs-driven.
- Items included in complementary food rations which UNHCR had explicitly stated should not be included (for example, fresh milk, chocolates etc.).
- Inclusion of milk powder in rations (see Box 3). The distribution of milk powder did not necessarily have an adverse impact on the beneficiary population. But the issue is that

¹² For example, reported in interviews with ARC Albania, and results of a survey conducted in June 1999 in Macedonia (MCIC, 1999b).

¹³ For example, the price of 1kg of beef was reported to have been 500 lek in Elbasan, Albania before the crisis and increased to 600 lek in April 1999 due to the presence of refugees. At the same time the price of basic commodities contained in food aid parcels (such as flour, beans etc.) fell because refugees were selling. Interview with ARC Elbasan.

why, in the case of Kosovo, can guidelines be so widely flouted when in other emergencies they are not?

The non-application of guidelines was not necessarily deliberate but often occurred as a result of non-awareness of guidelines. Again this raises the issue of whether adequate technical support was provided in the field, especially to local partners who may have had limited experience of emergencies.

Box 3: Policies on distribution of milk powder and experience during the Kosovo crisis

There are various policies on the distribution and use of artificial milks¹⁴ in emergencies. These include:

- The Use of Artificial Milks in Relief Actions, ICRC (1985).
- Policy of the UNHCR Related to the Acceptance, Distribution and Use of Milk Products in Feeding Programmes in Refugee Settings, UNHCR (1989).
- Guidelines for the Use of Milk Powder in all WFP-assisted Projects and Operations, WFP (1992).

All these policies state, in similar language, that artificial milk:

- should not be included as an item for general distribution (dry rations) nor as a take away supplement, and
- should only be distributed to populations in which milk forms an essential part of the traditional diet (for example, nomadic populations) and then only under controlled and hygienic conditions (usually from special feeding centres).

However, there are numerous examples of milk powder being included in DEC-funded 'take home' food parcels and given out to populations without any information about the potential dangers. See Annex 1.1 for examples.

Impact of the crisis on the food security of host populations

In general, the impact of the crisis on the food security of host populations appears to have been minimal. Crop and food assessment missions to Albania and Macedonia¹⁵ in June 1999 both concluded that the impact of the crisis on agricultural production, food prices, the local economy and overall food security in Albania and Macedonia appeared to have been small. Retail prices for basic foods, including those districts with the highest concentration of refugees, showed a considerable degree of stability.

However, food security (due to low incomes rather than an absolute lack of food) was found to be a problem for poor households in Albania, particularly those in the north and north-east mountainous regions.¹⁶ The FAO/WFP mission attributed this mainly to the general economic and development difficulties that the country experienced throughout the 1990s, rather than to the extraordinary circumstances created by the crisis.

1.9 Conclusions

- Only 17 per cent of DEC funds was spent on food aid in Phase I and less than 3 per cent in Phase II. It was appropriate for agencies to concentrate on areas other than food aid,

¹⁴ Artificial milks are defined as any non-fresh milk such as powdered including infant formula, evaporated, condensed or otherwise modified milk.

¹⁵ FAO/WFP Crop and Food Supply Assessment Mission to Albania. June 1999. FAO/WFP Crop and Food Supply Assessment Mission to Macedonia. June 1999.

¹⁶ Unemployment is 15–20 per cent and in the rural areas nearly one-third of the population lives in deep poverty. Overall, 15–20 per cent of the population depend on the social assistance programme (FAO & WFP, 1999).

given that malnutrition was not an imminent problem, that there was a glut of food aid and that DEC funds could be used flexibly.

- The implicit purpose of food aid appears to have been to provide a supplement or short-term income transfer. Therefore, cost-effectiveness of food aid (i.e. the cost of supplying food aid in relation to its value to the beneficiary) is an important impact indicator.
- Very little assessment or analysis of the food situation of the refugees in the period March–June 1999 was carried out. This is not unusual in large-scale refugee crises but meant that decisions on the quantity and quality of food rations were largely supply-driven rather than needs-driven.
- There was enormous variation in rations in terms of the number of items included, calorific values, the cost and value to the beneficiary. A lack of consistency in ration scales can lead to conflict between beneficiaries. Consistency in supply is more difficult to attain with non-basic items and can lead to heightened beneficiary expectations which cannot be met.
- High cost parcels (around £10 per parcel) containing ‘luxury’ items of limited nutritional value were distributed using DEC funds. Money could have been better spent elsewhere.
- The majority of DEC-funded food aid programmes were targeted at the more vulnerable groups both in terms of the type of beneficiary and in the countries covered.
- There were problems in targeting. Although there were few reports of refugees/IDPs totally missing out on food aid rations, there was potential for duplication and thus wastage. Where the ‘needy’ in the local population were included in the distribution, incidences of ill-feeling arose.
- Poor monitoring and reporting of food aid distribution increased the potential for a lack of uniformity in approach.
- There were large differences in the cost-effectiveness of different rations. Local purchase of food was not necessarily cheaper than international purchase.
- Despite the existence of well-defined and long-established guidelines relating to nutrition and food aid in emergencies, there were incidences where guidelines were ignored. Adequate technical support should be provided in the field, especially to local partners who may have limited experience of emergencies.
- The impact of the crisis on the food security of host populations in Albania and Macedonia appears to have been minimal.

Annex 1.1: Food and Nutrition Tables

Ration scales, costs and values using DEC funds¹⁷

NB: All the figures presented in this section should be considered as estimates only.

Exchange Rates Used:

Albania:	69 lek = 1 DEM
Macedonia:	31.2 dinars = 1 DEM
Serbia:	15 dinar = 1 DEM (October 1999)
	20 dinar = 1 DEM (December 1999)
	22 dinar = 1 DEM (January 2000)
	3.17 DEM = £1

Food prices

Table 6: Food prices: Albania (April to June 1999)

Food item	Quantity	Price (lek)
Wheat flour	1kg	30
Beans	1kg	180
Vegetable oil	1l	100
Sugar	1kg	55
Pasta	1kg	30
Tinned chicken	1kg	625
Rice	1kg	50-60
Salt	1kg	20
Yeast	1kg	60
Tinned beef	1kg	300
Milk powder	1kg	150
UHT milk	1l	160
Tinned fish	1kg	320
Onions	1kg	60
Potatoes	1kg	60

Source: Personal communication from evaluation team regional specialist.

Table 7: Food prices: Macedonia (September 1999)

Food item	Quantity	Price (denar)
Bread	750g	20
Oil	1l	60
Sugar	1kg	35.5
Beans	1kg	116.67
Pasta	1kg	40.33
Milk	1l	26
Potatoes	1kg	20
Meat	1kg	250
Cabbage	1kg	20
Eggs	(each)	4.67

Source: Cited in MCIC Review No. 20 September-October 1999 (MCIC, 1999a).

¹⁷ All examples of rations given in this annex were procured using DEC funding with the exception of the WFP rations which have been included for comparison.

Table 8: Food prices: Kosovo (July 1999)

Food item	Quantity	Price (DEM)
Wheat flour	1kg	0.68
Bread	1kg	0.43
Vegetable oil	1l	1.94
Sugar	1kg	1.20
Beans	1kg	2.89
Pasta	1kg	2.00
Milk (in box)	1l	1.06
Rice	1kg	1.75
Fresh cheese (greek)	1kg	5.09
Potato	1kg	0.79
Cucumber	1kg	0.91
Tinned chicken	1kg	2.00
Salt	1kg	1.00

Source: WFP office in Kosovo (food price monitoring unit).

Table 9: Food prices: Serbia

Food item	Quantity	Price ** August 1999	Price*** January 2000*	Price**** March 2000*
Bread	30g	90	270	270
Flour	8kg	46.4	52	96
Oil	4l	46	140	140
Sugar	4kg	32.4	80	80
Beans	1kg	30	50	50
Pasta	0.5kg	-	-	10
Milk	30l	111	315	510
Powdered milk	400g	-	-	62.5
Rice	1kg	-	-	32
Potatoes	8kg	40	120	120
Tinned fish	125g	-	-	32
Meat (chicken)	16kg	576	960	960
Onions	4kg	20	60	60
Seasonal veg	28kg	196	490	560
Seasonal fruits	20kg	140	500	460
Eggs	40	68	140	140
Jam	1kg	-	-	62
Chocolate bar	100g	-	-	28
Margarine	250g	-	-	17
High protein biscuits	600g	-	-	61

Source: Humanitarian Risk Analysis No.9 Federal Republic of Yugoslavia, 20 March 2000 (OCHA, 2000) and personal communication from evaluation team regional specialist.

* Grey market prices.

Exchange rate: ** 15 dinar = 1 DEM (October 1999)

*** 20 dinar = 1 DEM (December 1999)

**** 22 dinar = 1 DEM (March 2000)

Table 10: Food prices: Albania*WFP basic ration to refugees in camps and host families (non-DEC funds) April-June 1999**

Food item	Per person per month		
	Quantity	Kcals	Value (lek)
Wheat flour	12kg	42,000	360
Pulses	1kg	3,350	180
Vegetable oil	1l	8,850	100
Sugar	1kg	4,000	55
Total per month	-	58,200	1,055 (£4.82)
Total per day	-	1,940	35

Source: WFP office in Tirana.

International purchase or donation.

Cost of transport: 17 cents per ton per kilometre from Durres to Kukes

13 cents per ton per kilometre from Durres to Fier/Korce

* Same ration was distributed to refugees in host families and in camp, and to IDPS by Concern using DEC funds.

Table 11: ICRC/IFRC-recommended food parcel to refugees in host families (1999)*Procured by BRCS with DEC Funds (Spring 1999)*

Food item	Per person per month		
	Quantity	Kcals	Value (lek)
Wheat flour	12kg	2,000	360
Pulses	2kg	6,700	360
Vegetable oil	1l	8,850	100
Sugar	1kg	4,000	55
Pasta	3kg	11,100	90
Rice	3kg	10,800	165
Salt	0.5kg	-	10
Yeast	0.1kg	-	6
Total per month	-	83,450	1,146 (£5.24)
Total per day	-	2,782	38

Source: BRCS.

International purchase or donation.

Cost to BRCS per parcel = £5.95 Cost per MRE = £0.60.

Table 12: World Vision food ration to refugees staying in empty houses in Sarande town (1999)

Food item	Per person per day		
	Quantity	Kcals	Value (lek)
Pulses	30g	100.5	5.4
Vegetable oil	30g	265.5	3
Sugar	7g	28	3.8
Pasta	200g	740	6
Rice	200g	720	11
UHT milk	100g	60	16
Tinned fish	14g	29	4.5
Tomato paste	40g	33	?
Onions	20g	8	1.2
Potatoes/other veg.	40g	32	2.4
Total per day	-	2,016	53.3
Total per month	-	60,480	1,599 (£7.31)

Source: World Vision final Phase I report.

Table 13: Macedonia: MCIC food parcel to refugees in host families and 'social cases', (May–October 1999)

Food item	Per person per month			
	Quantity	Kcals	Value (denar)	Cost to MCIC (denar)
Wheat flour	1kg	3,500		60
Pulses	0.5kg	1,675	58	28
Vegetable oil	1l	8,850	60	45
Sugar	0.5kg	2,000	18	38
Pasta	1kg	3,700	40	66
Rice	1kg	3,600	-	20
Honey	0.1kg	304	-	30
Chocolate	0.2kg	1,010	-	54
Turkish delight	0.2kg	772	-	25
Biscuits	0.2kg	728	-	30
Goulash tin	0.4kg	376	-	92
Gjuvec*	2kg	1,180	-	80
Beef pate	0.3kg	957	-	80
Sausage**	0.5kg	1,560	-	70
Sardine tins	0.625kg	1,300	-	115
Chicken pate	0.3kg	603	-	72
Tea	0.1kg	-	-	35
Coffee	0.1kg	-	-	52
Total per month	-	32,115	-	992 (£10.03)
Total per day	-	1,070	-	33

Source: MCIC, Skopje

Local purchase: Cost per parcel = 992 + 50 (for box) = 1042 denar + 12.8 transport costs per parcel = 1054.8 denar

Equivalent to £10.03 per parcel and £10.66 per parcel plus packing and delivery

* Mixed meat and vegetable stew

** Vacuum packed

Table 14: MCIC baby parcel (May–October 1999)

Food item	Per baby per month			
	Quantity	Kcals	Value	Cost to MCIC (denar)
Milk powder	900g	-	-	256
Cereals (children)	800g	-	-	176
Tea (baby)	300g	-	-	100
Plastic bottle	1	-	-	102
Regular nipple	1	-	-	27.5
Fake nipple	1	-	-	27.5
Total per month	-	-	-	689 (£7.00)
Total per day	-	-	-	23

Source: MCIC, Skopje.

Local purchase: Total Cost per parcel = 715.3 dinars [689 + 13.5 (for box) + 12.8 (transport)]

Equivalent to £7.00 per parcel and £7.23 per parcel plus packing and delivery.

Costs quoted in Christian Aid Phase I report are £1.98 or £4.50 per parcel. This discrepancy may be because the milk powder was donated for free and so not included in Christian Aid report.

Table 15: MRC food parcel to refugees in host families

Food item	Per person per month		
	Quantity	Kcals	Value (denar)
Wheat flour	12kg	42,000	-
Pulses	2kg	6,700	233
Vegetable oil	1l	8,850	60
Sugar	0.5kg	2,000	17.75
Rice	1kg	3,600	-
Salt	0.2kg	-	-
Tinned meat/fish	0.5kg	1,100	-
CSB (for kids)	3kg	11,400	-
Total per month	-	75,650	-
Total per day	-	2,522	-

Source: MRC in Gostivar

Table 16: SNI food parcel to refugees in host families in Tetovo (April–June 1999)

Food item	Per person per day		
	Quantity	Kcals	Value (denar)
Flour	10kg	35,000	-
Beans	0.5kg	1,675	58.3
Vegetable oil	1l	8,850	60
Sugar	0.5kg	2,000	17.75
Pasta	0.5kg	1,850	20.17
Rice	1kg	3,600	-
Cheese	0.5kg	1,775	-
Canned meat	0.15kg	330	-
Salt	0.1kg	-	-
Coffee	0.1kg	-	-
Tea	0.1kg	-	-
Total per month	-	55,080	-
Total per day	-	1,836	-

Source: Tearfund Phase I final report

Table 17: Kosovo: CRS food parcel for vulnerable groups (June 1999–March 2000)

Food item	Seven-day family packs for three people		
	Quantity	Kcals	Value (DEM)
Wheat flour	5kg	17,500	3.40
Pulses	1kg	3,350	2.89
Vegetable oil	1l	8,850	1.94
Sugar	1kg	4,000	1.20
Salt	0.5kg	-	0.50
Yeast	0.1kg	-	?
Baby food	0.75kg	488	?
Total per week for 3 people	-	34,188	-
Total per day for 3 people	-	4,884	-
Estimate per person per day	-	1,628	-

Source: Cited in CAFOD Phase I report

Table 18: CRS bulk food ration for vulnerable groups (June 1999–March 2000)

Food item	Per person per month		
	Quantity	Kcals	Value
Wheat flour	12kg	42,000	8.16
Beans	2kg	6,700	5.78
Vegetable oil	1l	8,850	1.94
Sugar	1kg	4,000	1.20
Salt	0.3kg	-	0.30
Rice	1kg	3,600	1.75
Total per month	-	65,150	19.13 (£6.03)
Total per day	-	2,172	0.64

Source: Cited in CAFOD Phase I report.

Table 19: Bosnia: SC food parcel for child refugees in the Republika Srpska

Food item	One-off parcel meant to last three months			
	Quantity	Kcals	Value	Cost (DEM)
Vegetable oil	1l	8,850	-	1.76
Sugar	1kg	4,000	-	0.98
Pasta	0.5kg	1,850	-	0.78
Rice	1kg	3,600	-	1.44
Canned meat	0.15kg	330	-	1.38
Canned fish	0.15kg	459	-	1.58
Biscuits	0.5kg	1,820	-	2.35
Milk powder	1kg	5,000	-	5.4
Powdered chocolate	0.5kg	1,650	-	4.32
Powdered vitamin drink	1kg	-	-	9.6
Total per 3 months	-	27,559	-	29.59
Total per month	-	9,186	-	9.8 (£3.10)
Total per day	-	306	-	0.33 (£0.10)

Source: SC Banja Luka Office.

Local purchase: Cost per parcel = 29.59 + 1.5 (for box) = 31.09 DEM + 1.3 transport costs per parcel = 32.39 DEM. Equivalent to £9.33 per parcel and £10.22 per parcel plus packing and delivery.

Table 20: LWF food parcel for refugees in collective centres

Food item	Per person per month		
	Quantity	Kcals	Value (DEM)
Flour	2kg	6,600	-
Beans	1kg	3,350	-
Vegetable oil	1l	8,850	-
Sugar	1kg	4,000	-
Pasta	1kg	3,700	-
Rice	1kg	3,600	-
Salt	1kg	-	-
Milk powder	0.5kg	2,500	-
Canned meat	0.75kg	1,650	-
Fruit syrup	1l	500	-
Coffee	200g	-	-
Jam	850g	2,363	-
Mixed veg	1kg	590	-
Tomato paste	0.75g	615	-
Total per month	-	37,787	-
Total per day	-	1,260	-

Source: LWF, Tuzla office. Cost per parcel = £12.16

Table 21: Serbia: WFP basic ration to social cases and refugees throughout Serbia
Current (non-DEC funds)

Food item	Per person per month		
	Quantity	Kcals	Value (dinar)*
Wheat flour	12kg	42,000	144
Pulses	1kg	3,350	50
Vegetable oil	1l	8,850	35
Sugar	1kg	4,000	20
Total per month	-	58,200	249 (£3.57)
Total per day	-	1,940	6.1

Source: WFP office in Belgrade

Based on March 2000 prices with exchange rate of: 22 dinar = 1 DEM

WFP also distributes canned protein when available:

Canned fish	150g	0.375 *
Cheese	150g	0.390 *
Salt	150g	0.023 *

* Value based on WFP purchase figures within Serbia

Table 22: CAFOD partner food parcels to Roma in Belgrade

Food item	Per person per month			
	Quantity	Kcals	Value (dinar)*	Cost to CAFOD partner (US\$)
Wheat flour	1kg	3,300	12	0.50
Rice	0.5kg	1,800	16	0.50
Vegetable oil	0.5l	4,425	17.5	0.57
Sugar	1kg	4,000	20	0.60
Tinned meat/fish	1kg	2,140	256	2.30
Powdered milk	0.1kg	500	15.6	0.41
Total per month	-	16,165	337.1 (£4.83)	5.88 (£3.68)
Total per day	-	539		0.20

Source: CAFOD Phase I and II final reports.

Local purchase.

* Based on March 2000 prices with exchange rate of: 22 dinar = 1 DEM.

Table 23: EHO family food parcels for IDPs, refugees and local residents in Vojvodina

Food item	Per family per month		
	Quantity	Kcals	Value(dinar)*
Wheat flour	8kg	28,000	96
Rice	2kg	7,200	64
Vegetable oil	4l	35,400	140
Margarine	1kg	9,000	68
Sugar	4kg	16,000	80
Pasta	3kg	11,100	60
Total per 2-5 people per month	-	106,700	508 (£7.28)
Total per person per month**	-	26,675	127 (£1.82)
Total per person per day	-	889	-

Source: Christian Aid report.

* Based on March 2000 prices with exchange rate of: 22 dinar = 1 DEM.

** Assuming a family of four people.

Cost is £8.60 per parcel or £2.15 per person. (EHO received humanitarian aid from Dortmund, twin town of Novi Sad, consisting of sugar, vegetable oil, rice, pasta and milk powder, so the purchase price per parcel was reduced). All other items were locally purchased.

Table 24: EHO children's supplementary food parcel in Vojvodina

Food item	Per child per month		
	Quantity	Kcals	Value (dinar)
Milk powder	2kg	10,000	312.5
High protein biscuits	0.8kg	2,912	81.3
Jam or chocolate cream	0.9kg	2,502	55.8
Chocolate bar	0.1kg	505	28
Sugar	4kg	16,000	80
Total per month	-	31,919	557.6 (£8.00)
Total per day	-	1,064	

Source: Christian Aid report.

Cost is £1.98 per parcel. (EHO received humanitarian aid from Dortmund, twin town of Novi Sad, consisting of sugar, vegetable oil, rice, pasta and milk powder, so the purchase price per parcel was reduced). All other items were locally purchased.

IOCC family food parcel: cost = US\$18.5, value = US\$25-35.

Table 25: Montenegro: IOCC family food parcels to IDPs and refugees February-March 2000

Family food parcels for 2-5 people for 1 month			
Food item	Quantity	Kcals	Value DEM
Flour	3kg	10,500	-
Rice	2kg	7,200	-
Sugar	2kg	8,000	-
Beans	1.5kg	5,025	-
Margarine	900g	8,100	-
Oil	3l	26,550	-
Spice 'vegeta'	0.25kg	-	-
Tea	0.3kg	-	-
Yeast	0.77kg	-	-
Chocolate	0.3g	1,515	-
Instant soup (no meat)	0.235kg	155	-
Tinned sardines	1.25kg	2,600	-
Fruit jam	0.9kg	2,502	-
Total per 2-5 people per month	-	72,147	-
Total per person per month*	-	18,037	-
Total per day	-	601	-

Source: IOCC Montenegro.

Market value of a family food parcel:

In January 2000 = 35.88 DEM (£11.3)

In April 2000 = 57.97 DEM.

* Assuming a family of four people.

Table 26: World Vision soup kitchen weekly menu (September 1999)

Day	Main dish
Monday	Goulash with mashed potatoes
Tuesday	Beans with sausage
Wednesday	Chicken hotpot
Thursday	Mixed vegetables
Friday	Cabbage with meat
Saturday	Peas with meat
Sunday	Macaroni meat

SECTION 2: HEALTH

2.1 Mortality and Morbidity

Between April and July 1999, morbidity and mortality rates in Albania and Macedonia remained below the threshold that signifies an emergency.¹⁸ Data for this period are not available from Kosovo or the rest of the Balkans. Since the return of the refugees to Kosovo a comprehensive health study undertaken among the Albania population indicates similar low levels of mortality. By contrast, the utilisation of the health system in the camps¹⁹ and in Kosovo since the return has been high.²⁰ This represents a considerable change from the low usage before the crisis.²¹

2.2 Surveillance

The ability to monitor the occurrence of communicable diseases is a Sphere standard. In Albania, Macedonia and Kosovo, cooperation between civil structures (MoH/UNMIK), WHO and CDC led to the rapid establishment of health surveillance systems. The system used syndrome-based case definitions rather than those based on diagnosis, thus increasing sensitivity at the expense of specificity. Although prone to false alarms, such systems were appropriate given the constraints. Problems with registration and the collection of basic demographic data (population, deaths and births) undermined the ability of these systems to provide an objective picture of health status. They did, however, demonstrate trends, alerting agencies to potential problems.

The DEC agencies appeared to have cooperated with these systems where applicable. In Albania, where the emergency surveillance system attempted to integrate with the local health-care system, data collection from outlying clinics was a problem (WHO & Instituti Shendetit Publik, 1999). Merlin provides an example of good practice, facilitating the collection and transport of health data back to the central offices in Tirana as part of its work with local structures.

¹⁸ Reported mortality rates from the WHO/CDC/MoH surveillance systems in Albania and Macedonia and from the CDC cluster survey in Kosovo have been around 0.1/10,000/day, comparable to those reported from Kosovo before 1999 and far below the threshold of >1/10,000/day, the key Sphere indicator for an emergency.

¹⁹ In Albania, the total number of consultations reported by the surveillance system was very high (248,456), given the number of refugees in Albania (approximately 442,000) (WHO & Instituti Shendetit Publik, 1999).

²⁰ In a November 1999 survey, health houses (35 per cent), ambulantas (31 per cent) and hospital OPDs (20 per cent) were the most frequently used health facilities, with a usage rate of approximately 5.6 visits to health care facilities/person/year. Approximately 60 per cent of those visits were first visits, the rest follow-up visits. This represents a high use of services. There has been an over-reliance on health houses/polyclinics compared to ambulantas, the intended primary facilities (Spiegel & Salama, 1999).

²¹ The majority of the Albanian population used the parallel structures for which no data are available. The utilisation of state preventative services such as vaccination of Albanians in Kosovo was reported as low, with Albanians suspicious that the vaccines made in Serbia were poisoned. The consensus was that vaccination coverage pre-war was in the region of 70 – 75 per cent (Meeus, 1999). Consequently, the incidence of measles in Kosovo children was one of the highest in Europe, 47/100,000 in 1997 (WHO & Instituti Shendetit Publik, 1999).

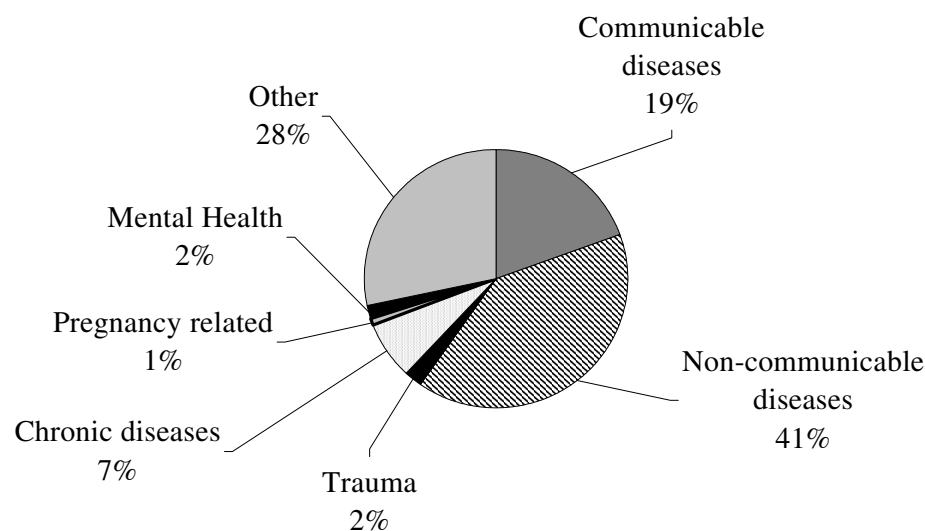
2.3 Non-communicable Disease

The pattern of disease during the crisis was seen in developed countries. Non-communicable diseases (such as cardiovascular, neoplasm, diabetes, rheumatic and mental illness) were more common than communicable diseases (see Figure 1). This pattern was similar to the spectrum of diseases seen during the Bosnian war and required a different range of drugs to those used during emergencies in developing countries. Appropriate kits had been designed after the Bosnian war (chronic disease and mental illness kits), but the humanitarian intervention in general was slow to import and utilise such kits.

Save the Children and Christian Aid (via Diaconia Agape) were the only two DEC agencies who used DEC money to provide medicine.²² SC delivered some basic kits, more suitable for the spectrum of diseases seen in 'under-developed' countries, to the central Macedonian pharmacy operated by PSF. The impression is that these drugs were useful in fostering good will with the Macedonian government, thereby increasing SC's humanitarian space. The drugs themselves were not particularly appropriate for the diseases suffered by the refugees. Additional drugs used in the SC clinics were appropriate and well-designed for their target population.

Diaconia Agape imported 20 cholera kits at a basic cost of £20,630 without transport into Albania. Cholera has a very low level of endemissity in Albania: the last epidemic occurred in 1994 with 626 confirmed cases and 25 deaths (UNICEF, 1998). In Kosovo, cholera is not a risk and there have been no reported cases for years. Consequently, in Albania there was only a low risk of cholera epidemics among the refugees. This risk warranted the importation of one or two cholera kits but, in the opinion of the evaluation team, 20 cholera kits was an excessive use of resources.

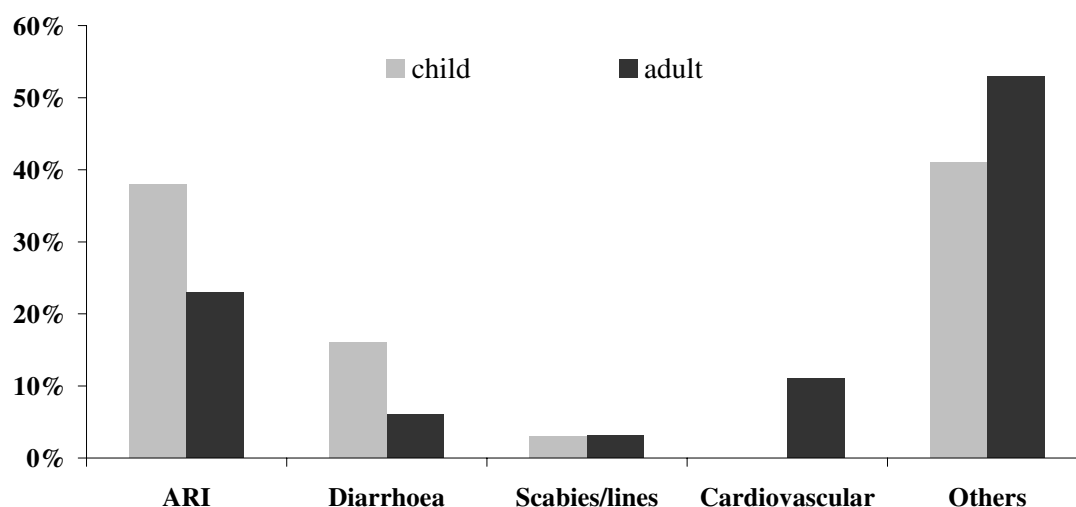
Figure 1: Morbidity reports from all the Macedonian refugee camps during May 1999 (n = 57332)



Source: WHO

²² Merlin also used £77.91.

Figure 2: Consultations in Albanian camps
(n = 248,456)



Source: Crisis Surveillance System

2.4 Communicable Disease

There were no major epidemics²³ during the crisis and only the occasional outbreak of diarrhoeal disease and hepatitis A. Figure 3 shows the spectrum of communicable diseases presenting to health facilities in Macedonian camps between early April and mid June 1999.

Environmental and population characteristics were probably more important factors behind the absence of epidemic disease than the humanitarian intervention. The important environmental and population factors were:

- The pathogens responsible for serious epidemic diseases such as cholera and shigella dysenteriae were not common in Kosovo, Macedonia or Northern Albania.²⁴ Consequently there was no reservoir to provide a source for potential epidemic.
- Immunisation rates among refugee children were reasonably high before the exodus.²⁵

²³ The greatly increased rates of Hepatitis A reported from the Mitrovica area gives great cause for concern

²⁴ a. Data from the FRY appear unreliable with the incidence for Shigella absent and cholera not mentioned in the FRY Health Data Yearbook for 1997 (Institute of Public Health of Serbia, 1999). The two Institutes of Public Health visited in Mitrovica and Djakova did not mention either as a problem.

b. In 1994, a cholera epidemic occurred in Albania with 626 confirmed cases and 25 deaths, but this was largely confined to the southern areas of the country (UNICEF, 1998).

c. During the crisis there were some suspected cases of Shigella dysentery, but most suspected cases were negative and those that did prove positive were not Shigella dysenteriae.

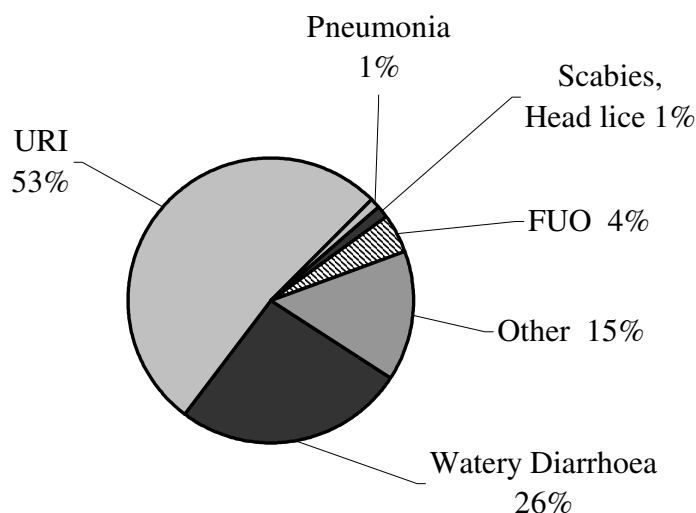
d. Viral diarrhoeal disease was one of the most likely epidemic threats, especially among young children.

²⁵ In 1996, estimates were that 92.6 per cent of children in Kosovo between 1-2 years were vaccinated against TB, around 75 per cent against DPT and OPV and 85.1 per cent in the 2-3 year age group were vaccinated against measles (Institute of Public Health (Serbia), Institute of Public Health (Montenegro) & UNICEF, 1997). Although these rates were the poorest

- The refugee population had a well-developed sense of personal hygiene.
- The population was well-nourished and micro-nutrient deficiencies, in particular vitamin A, were uncommon.
- High prevalence of acquired immunity to Hepatitis A, a serious potentially epidemic disease.
- The camps were relatively short lived, occurring in spring before ambient temperatures were at their highest.

Figure 3: Proportional morbidity for communicable diseases.

(All ages, Kosovar refugees in Macedonian camps, 8 April–12 June 1999)



Source: WHO

2.5 The Humanitarian Intervention

Given the favourable epidemiological, cultural and environmental factors, the low mortality rates are unsurprising. Even with all the positive factors listed above, several outbreaks did occur in the refugee camps, host communities and in Kosovo since the return of refugees. Diseases such as Hepatitis A and diarrhoea, associated with poor sanitation and hygiene, have been especially problematic:

- There has been a serious outbreak of hepatitis in Kosovo since the war. In the six municipalities covered by the IPH in Mitrovica the number of cases has increased from

for the FRY and are very low for Europe, the majority of children were vaccinated and there was reasonable 'herd immunity' to the major childhood communicable disease threats.

Agencies were relatively prompt in vaccinating children in the Albanian and Macedonian camps and mass measles immunisation campaigns were conducted in all the Macedonian camps, in Kukes and elsewhere in Albania. There were problems with coverage: in Albania coverage was reportedly 65 per cent (from Lesson Learning Study interview with HIC). In Macedonia continued movement of refugees and inadequate continuing vaccination activities resulted in low coverage, with rates of 75 per cent (verbal) and 57 per cent (cards) despite the reasonable initial coverage of the mass vaccination campaign (Woodruff et al., 2000).

under 50/year before the war to over 300/month after the return last autumn.²⁶ Hepatitis A increased both inside and outside camps.²⁷

- There were reports of an outbreak of tularaemia in Kosovo^{28,29}.
- Some outbreaks of diarrhoea

There are no data to support the commonly held sentiment that *'The overall impact of humanitarian assistance is reflected in the simple facts that no refugees died from lack of food, warmth, or acquired illness'* (DFID, 2000).

In the opinion of the evaluation team, the humanitarian intervention as a whole can only take very limited credit for the low mortality and morbidity. The quality of the sanitation and environmental health interventions would probably not have been sufficient to prevent large scale breakdowns of public health epidemics and, as a result, excess loss of life, had the crisis occurred in a more usual emergency context.

2.6 Integrated Public Health Interventions

Improving the health status of any population during emergencies requires integrated approaches to public health. The diverse sectors influencing health (curative, preventative, health/hygiene promotion, water, sanitation and environmental health) combined with a consideration of gender and community needs must work together. Synergy between sectors adds value to the intervention as a whole, effecting greater improvements than achievable by inputs in any one sector. In the absence of an integrated approach, inputs into one sector can have negative effects on overall health status.³⁰

The impression gained is that the humanitarian interventions in both the camps of Albania and Macedonia and later upon return to Kosovo, often failed to deliver an integrated package of public health interventions. Curative health and water supply were usually adequate. Sanitation and environmental hygiene interventions were frequently problematic, and

²⁶ Interview with Dr Qamile Ramadani, Director of Mitrovica IPH and Regional Public Health Advisor for WHO.

²⁷ Hepatitis A is a viral infection of the liver, transmitted by the faecal-oral route, associated with poor standards of sanitation and hygiene with a peak incidence in late summer. Endemic in the Balkans, particularly in Albania where 90 per cent of the adult population has been exposed to the disease (UNICEF, 1998) with an annual incidence of 94–156/100,000/year (Healing, 1998). Incidence rates in the rest of Balkans were lower but probably under-reported. For example Kosovo 27/1000,000/year (Institute of Public Health of Serbia, 1999).

²⁸ UNMIK 19 April 1999 (UNMIK, 1999).

²⁹ Tularaemia is a bacterial disease spread from small animals such as rats through direct contact or via ticks, water, food or aerosol. In Kosovo it is probably associated with increased exposure to rats due to poor environmental hygiene.

³⁰ For example, in Albanian villages, there are blocks of flats that were built under the communist regime for dissidents. These had piped water and flush toilets. Now the piped water no longer works and the waste pipes for the toilets are often broken and the cesspits inadequately maintained and emptied. At present, some raw sewage leaks into the streets, but as there is little water to flush the toilets, the amount of leakage is relatively small. Oxfam have used some of the ECHO funding, diverted from the emergency to rehabilitate the water supply. At present, the programme is part way to completion and Oxfam have only recently started some health inputs. They have not yet addressed the sanitation problems, which are more complex and harder to correct in a sustainable way. If the programme goes ahead the amount of water available for flushing the toilets will increase and hence so will the amount of raw sewage in the streets. This is likely to produce a negative impact on public health.

health/hygiene promotion (including the distribution of hygiene items), although common, was poorly integrated into operations as a whole.³¹

In the refugee camps, the divide between camp management (often including sanitation and environmental health) on the one side and the water, health promotion and medical agencies on the other, posed serious problems. There were ad hoc systems for allocating roles to agencies, with pressure from bilaterals and competition for camp management positions between the agencies. This often meant that agencies managing camps had neither the experience nor capacity to fulfil the sanitation and environmental health roles.^{32,33} Often these camp management agencies fought to retain control over sanitation and environmental hygiene activities even if they had no experience or capacity.

There are no reports of this applying to DEC agencies and the impression is that cooperation between DEC agencies in the field was frequently good. At its best, as in Kukes 2 camp, this cooperation between DEC agencies was impressive. A coordinated integrated intervention from a number of DEC agencies rapidly improved a camp that had previously posed serious public health risks to those inside³⁴ and to the surrounding villages³⁵ (refer to Box 4). This raises the possibility that there might be scope for DEC agencies to explore some mechanisms such as interagency MoUs to improve their collective ability to deliver integrated programmes in future.

³¹ For example, a negative impact of this failure to integrate gender analysis was that *'In most camps, some women report that they are afraid to use the toilets at night, usually because of the filthy conditions and not being able to see. Women who use toilets at night often say that they go in pairs. It is our impression that most women and children will not be using the toilets after dark'* (Clifton, 1999).

³² For example, *'In retrospect it is clear that we should have insisted upon covering both water and sanitation in the camps in which we worked. We could also re-evaluate our stance with respect to camp management. Most of the frustration we experienced resulted from the impotence inherent in our position as just one NGO amongst several involved in a camp. A camp management role would have enabled us to take action. In camps such as Librazhd and Kavaje we were, in effect, subordinate to agencies with far less experience or competence'* (Loveless, 1999).

³³ In all cases where Oxfam implemented water programmes they also implemented hygiene/health promotion activities. Despite capacity and a will to undertake sanitation programmes, Oxfam had very little involvement in sanitation (both latrine provision and waste disposal) in both Albania and Macedonia. This division between water/hygiene and sanitation/waste disposal meant that Oxfam's programmes even when implemented professionally sometimes failed to meet the objective of preventing diarrhoeal disease (Ferron, 1999).

³⁴ For example, before the DEC agencies came in, the sanitation system of the camp was based on chemical porta-loos. The camp population was not accustomed to using these toilets and they became very unhygienic and a public health risk.

³⁵ Under the Italian management the camp had taken water from the nearby village, leaving them low on water.

Box 4: Case-study of Kukes 2: An integrated response through a cooperative DEC package

The Italians left Kukes 2 camp with only one day's notice with a water supply that compromised that of the town and a sanitation system based on porta-loos which because of cultural factors were a health hazard. When they left *'the sanitation situation in Kukes 2 was appalling, with the population of 5,000 refugees having access to only 20 latrines'* (Oxfam, 1999a). CARE took over camp management and within two weeks:

- Oxfam was providing a viable solution for the water (Oxfam, 1999a).
- Tearfund was installing pit-latrines with support from Oxfam for materials and providing solid waste collection (Tearfund, 1999).
- Oxfam was implementing a training of trainers in hygiene promotion activities for MSF and CARE workers (Ferron, Sakaj & Bean, 1999).
- CAD was operating a baby washing system and supplying pampers and baby food to mothers (Ferron, Sakaj & Bean, 1999).

There appeared to be several determinants of successful integration of public health:

- Multi-sectoral implementation;³⁶
- Information sharing;^{37,38}
- Advocacy;
- Policy level interventions;
- Filling gaps;³⁹
- Technical support to other agencies.⁴⁰

2.7 Recommendation

There is a potential opportunity for the DEC agencies to develop some sort of framework agreements (possibly of an MoU type), created before the heat of emergencies that help them to deliver integrated public health interventions.⁴¹

³⁶ The BRCS, through the joint operation of the ICRC and IFRC/National Societies had the capacity to actually implement an integrated programme containing a full range of public health interventions. Oxfam's strategic approach to public health in emergencies has changed over the past few years. The agency now attempts to implement integrated public health packages including water and sanitation provision and health/hygiene promotion including environmental health and vector control, with a gender perspective integrated throughout. This is reflected in some of their DEC proposals.

³⁷ An example of good practice was the positioning of an Oxfam employee in the Mitrovica Institute of Public Health to liaise between the international humanitarian community and the civil preventative health services. Both sides agree that this was a positive step and helped to achieve rapid multi-sectoral responses to a number of disease outbreaks (most notably Hepatitis A in several villages).

³⁸ Oxfam, together with the Ministry of Health and other INGOs in Albania, are developing a manual on hygiene promotion and the specifications of a hygiene promotion kit to go with it.

³⁹ A good example is SC's health programme in Djakova, where through their close interaction with all the actors involved, SC was able to fill in gaps in health coverage as and when they occurred.

⁴⁰ Both Oxfam and Tearfund supplied technical expertise to other agencies.

⁴¹ Oxfam have in the past aspired to cover all sectors but has found that this is unrealistic as it has neither the expertise nor capacity. The example of Kukes 2 demonstrates the synergy achievable when DEC agencies (possibly because of their more similar NGO cultures) co-operate. Rather than any single agency attempting to do this, there is scope for agencies to

2.8 Rehabilitation

In Kosovo the public services have been allowed to disintegrate for several years. The majority of the Albanian population received health-care through a parallel system that addressed curative needs but not the infrastructural aspects of public health. Since the war, due to confusion and under-funding, UNMIK has not addressed the large-scale sanitation and environmental health problems.⁴² Oxfam has tried to address some of these problems, however it recognises that the large-scale of the work is not suitable for NGOs.^{43,44}

2.9 Coverage in Health

Approximately 60–70 per cent of refugees in Albania (WHO, 1999) and Macedonia⁴⁵ stayed with host families. In Albania, although data are patchy, it appears that refugees in host families attended health-care services less frequently.⁴⁶ This could reflect more limited access to health-care. Alternatively, this could reflect over-provision or over-use of health facilities in the camps. Merlin resisted pressure from OFDA to provide inappropriately high-levels of care in Camp Hope.

The precarious public health status in Albania required that service providers to refugees considered the potential negative effects on the residents.⁴⁷ There are examples where DEC agencies were instrumental in ensuring that this happened.⁴⁸

investigate some sort of loose mechanism to promote co-operation towards providing an integrated package of public health interventions.

⁴² For example, HAI emergency inputs into the Cerentolosvski Centre have upgraded many aspects. They are however relatively powerless to achieve a lasting solution for the disposal of solid waste. Prior utilities and rubbish removal were free but now the rubbish collection is run as a private business with the proviso that it does not charge state institutions. Consequently, they do not collect from the centre. Similar problems in the collection of solid waste exist across Kosovo.

⁴³ The solid waste problem in Kosovo is a huge infrastructural one. This is not a problem that can be solved with a one-off measure and clean-up campaigns will have to continue until a civil society exists in Kosovo (Minster, 1999).

⁴⁴ For example, in Mitrovica municipality Oxfam has rehabilitated Reka Valley pumping station. However, Oxfam did not have the capacity to ensure that all the requirements for success in this project were met and many problems remain. Electricity was unreliable and therefore the pump action unreliable. A major commercial water company, Vivendi, was supposed to be rehabilitating the pipes in town but has not fulfilled their obligations and there is still much leakage in the system, making the water supply unreliable and preventing the municipal water board charging for water. This meant that operation and maintenance costs could not be met. The project is therefore likely to remain dependent on external funding for some time.

⁴⁵ Source: CDC (unpublished).

⁴⁶ Although the 'Crisis' surveillance system covered both camp and host facilities most of the notifications came from NGOs working in camps (71 per cent). In the six districts where the real number of local health facilities involved was known and evaluated, the coverage of the system was close to 100 per cent. As most of the refugees were hosted in Albanian families, it would have been expected that they would have attended Albanian health facilities more often. It is therefore likely that the small number of consultations reported in the Albanian health facilities meant the refugees in host families had less access to health care services. These data are relatively unreliable (WHO, 1999).

⁴⁷ For example the infant mortality rate for 1990–5 was 43.2 per 100,000 (UNICEF, 1998). In 1997, the incidence of measles was 47/100,000, one of the highest in Europe and there have been epidemics of other vaccine preventable diseases, such as polio and diseases associated with poor water and sanitation, in the past few years. Despite this poor picture, government

2.10 Standards and Impartiality

All the DEC agencies, apart from Merlin and Concern, distributed hygiene kits. Although the people who received these kits invariably appreciated them, the evaluation team has reservations over the quantities of items distributed and the poor integration of these distributions with other public health interventions. The Sphere standards specify that people should have ‘soap for personal hygiene’ and that babies should have ‘baby soap, baby powder, baby oil’. The key indicator is 250g soap/person/month. Most of the hygiene kits far exceeded the Sphere standards. For example, the Oxfam hygiene kits in Serbia contained 14 separate items each month. Among other things, the monthly kit included the following soaps: shaving gel, body soap, baby soap, dish-washing soap, clothes soap, hair shampoo and baby shampoo. This represents between 3.5–4kg of soap/person/month, far greater than the Sphere standard.

Agencies often ordered hygiene kits before performing appropriate needs assessment and distributed them in non-targeted blanket distributions. In addition, most agencies did not appear to ensure that other complementary public health interventions were provided. Of the ten agencies distributing hygiene kits, only Oxfam, CAD and Tearfund routinely accompanied these distributions with other public health interventions.

spending on health has decreased from 4.2 per cent in 1993 to three per cent in 1997 and a further reduction was also planned for 1998 (UNICEF, 1998).

⁴⁸ The Kukes 2 camp water supply, constructed by the Italians, had a direct connection to the town supply. The Italians used to pump out of the mains when the pressure was low, which represents a direct health threat to the entire town. This has now been stopped.

SECTION 3: SHELTER

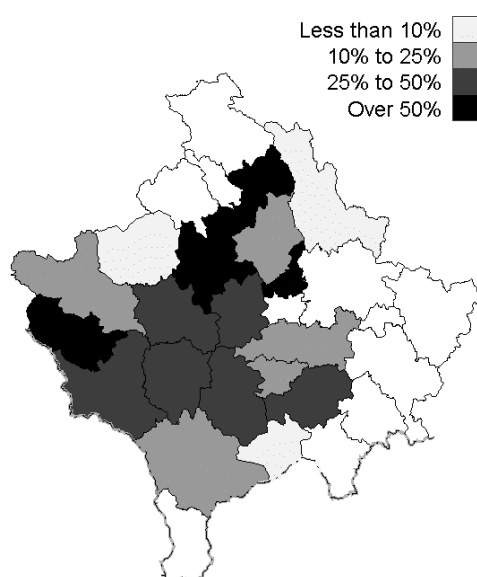
3.1 Background

Even before the NATO bombing, the destruction of housing was a tactic used against Kosovo Albanians suspected of supporting the KLA. Typically, after the international observers had been discouraged from going to or remaining in an area, people would be advised to flee for their lives by the Serbs and their houses would then be burned.

Therefore shelter programmes were already underway in Kosovo before the NATO bombing. The EU commissioned IMG to survey the extent of damage to houses and this survey was completed by February 1999 by which time more than 50 per cent of housing had been damaged in four districts (IMG, 2000; UNHCR, 2000a).

Figure 4: Proportion of houses uninhabitable by February 1999

Note: 'Uninhabitable' in UNHCR Category 3,4 or 5.



Based on IMG/UNHCR data.

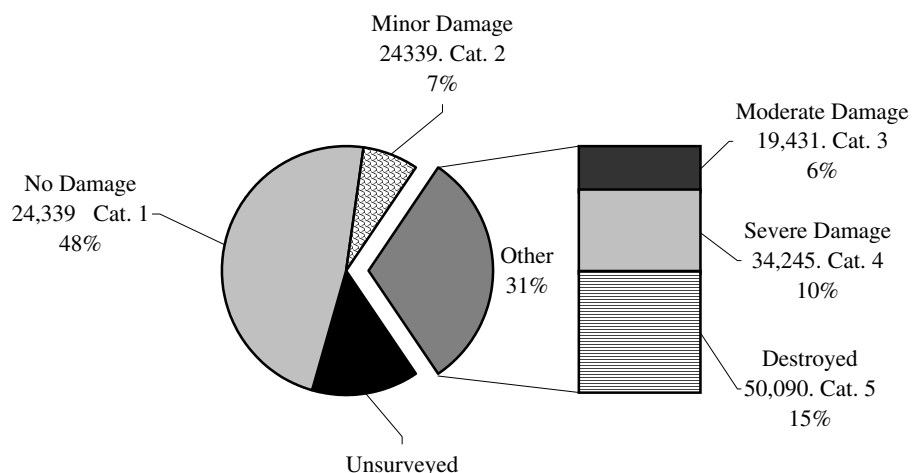
The destruction of houses increased dramatically once the last international observers left Kosovo. However, the previous experience of this destruction meant that UNHCR and the donors already had tools such as the rapid village assessment form for recording the damage, and there were already categories established for the degree of damage (refer to Box 5).

Box 5: The UNHCR damage categories for housing

Category 1	Very little/no damage.
Category 2	Broken windows, roof tiles, door locks and hinges; electricity and water cut-off — repairable.
Category 3	Up to 30 per cent roof damage, light shelling or bullet impact on walls, partial fire damage — repairable.
Category 4	Over 30 per cent roof damage, severe fire damage, doors, windows and all piping and wiring destroyed — repairable.
Category 5	Destroyed; beyond repair — requires reconstruction.

Figure 5: Number of houses damaged in Kosovo

The unsurveyed houses are assumed to be undamaged.



Based on UNMIK Data and Kosovo Atlas – 1st edition.

UNHCR carried out a Rapid Village Assessment in which several of the DEC agencies participated. This found that in the 456 villages surveyed, 40 per cent of houses were completely destroyed (Category 5) and that another 14 per cent were severely damaged (Category 4) (UNHCR, 1999c; UNHCR, 1999b). As this survey concentrated on the most damaged areas it over-estimated the total level of damage.

Even though the early figures for damage (on which DEC agencies based their plans) were over-estimates, almost one-third of the housing stock in the country was unusable at the time of the return of the refugees. Even returnees to houses in Category 2 needed assistance as their houses may have been looted of all their possessions including bedding and stoves for the winter.

3.2 DEC Agency Response

Shelter for the winter was a priority and many DEC agencies and their partners became involved.⁴⁹ The choice of shelter as a sector for intervention by DEC agencies was generally appropriate, as the oncoming winter was probably the biggest threat to life faced by the returnees to Kosovo.

Agencies implementing shelter programmes had a number of choices to make: regarding the geographical area in which they worked, the type of beneficiary that they assisted, the type of assistance that they provided and the way in which they provided that assistance.

⁴⁹ The following agencies carried out shelter programmes in Kosovo with DEC funding: Tearfund (directly and through Shelter Now International and MedAir), SC, Concern, CAFOD (through Islamic Relief Worldwide), World Vision and Christian Aid (directly through ACT/UMCOR). World Vision also carried out a shelter programme for refugees from Kosovo in Montenegro. Oxfam did shelter work for Bosnian Serb refugees in Drvar in Bosnia. Other DEC members (such as Care and CAD) did shelter with other funds but not with DEC funds.

Based on the experience from before NATO bombing, the initial focus of UNHCR and the major donors was on providing warm room kits and dry roof kits (roof repair for Category 3 houses). However it soon became apparent that these kits were not adequate as one-sixth of the housing stock needing completely new roofs. UNHCR and USAID later introduced an augmented roof kit for dealing with these.

Agencies had a wide range of options for shelter. These can be typified as warm rooms, warm roof (partial roof repair with plastic), plastic roofs on a full timber frame or permanent (tiled) roofs. All of the DEC agencies providing warm room kits also provided roof construction of some type or other⁵⁰.

The dry roof kits were intended to repair a roof to keep one room dry. The kits were really only suitable for houses in Category 3 with very little damage and were later replaced with the augmented roof kits.

Warm room kits were essentially intended to make one room suitable for use in the winter. Most kits included some form of windows and door to seal one room in the house together with a stove for heating the space. Additional items might include ceiling or floor insulation, ceiling or floor-boards, cement for plastering walls, bedding kits or carpet.⁵¹

Table 27: DEC agency assistance for shelter

Agency	Assistance	Comments
Christian Aid	Timber and tiles for a roof together with a warm room kit.	This project was under the overall management of UMCOR until January 2000 and managed by Christian Aid Staff.
Concern	Timber and plastic roofs with a warm room kit. Preparatory work for tiling roofs of 100 extremely vulnerable families.	All Category 3 and 4 houses each with a warm room kit and a further 342 warm room kits, some for second rooms, some for other houses. (Also used OFDA, Concern, and DFA funding).
Edinburgh Direct Aid (funded by CA)	Timber and plastic with warm roof kits.	Not visited. Planned to roof smaller houses only.
Islamic Relief (funded by CAFOD)	Timber and plastic roofs. Warm rooms from another project.	91 roofs for Category 4 houses where families agreed to host people with Category 5 houses. Also used UNHCR materials.
MedAir (funded by Tearfund)	Timber and plastic and warm room kits with tiles for vulnerable families in the follow-up.	MedAir began work on emergency shelter in Kosovo in November 1998, nearly six months before the bombing.
SC	Warm room kits with less than 5 per cent also getting roofs.	In many cases those needing roofs got them from other agencies.
Shelter Now International	Timber and tile for some roofs with plastic for others. Warm room kits.	Funded by Tearfund.
Tearfund DRT	Permanent timber and tile roofs with a warm room kit.	Tearfund selected this approach after testing possible plastic roofing materials before starting.
World Vision	Timber and plastic roofs with a warm room kit. Extra warm room kits for families agreeing to host others.	Kits for Category 2 to 4, with kits also for Category 5 with a concrete ceiling or intermediate floor (not visited by evaluation team).

⁵⁰ However, SC only provided roofs for less than 4 per cent of the houses to which they gave warm room kits.

⁵¹ Carpet is not a luxury in a cold winter when people normally sit on the floor. Most of the shelter beneficiaries visited had no furniture except for one or two tables.

One of the biggest choices faced by agencies was whether to use plastic sheeting or roof-tiles for the roofs they built. This had an impact on efficiency and on cost. Tearfund decided to provide permanent roofs only as this was more efficient than doing it twice. Christian Aid also only did tiled roofs. Fitting tiles to start with saved about £150 in labour cost⁵² plus the cost of the reinforced plastic. However, Tearfund found that tiled roofs were about twice as expensive as plastic covered roofs. Concern, on the other hand, decided to concentrate on plastic sheeting in order to cover the maximum number of roofs.

MedAir remarked that the decision to use plastic was donor-led, as the donors had lots of plastic and no tiles in their stocks. The evaluation team considers both approaches to have been valid in the circumstances. Most of the DEC agencies appear to have compromised between the two positions by building timber roofs strong enough to take tiles in the future, but roofing them with plastic in the short-term.

3.3 Assistance for Construction

Agencies provided varying amounts of assistance to beneficiaries to build their roofs. This varied from agencies who built all of the roofs (as was a requirement for Concern under its contract with OFDA for urban shelter in Peje) to agencies who provided labour assistance to vulnerables. Even where agencies provided no labour or funds for families to construct the roof, they did provide assistance where families or vulnerable individuals were unable to do the roofs themselves.

However, in the Christian Aid programme, two cases were seen where vulnerable individuals had been unable to complete their roofs themselves.⁵³ While these cases were not typical of the Christian Aid shelter programme, they do illustrate the importance of carefully assessing the needs of vulnerable people in programme execution. The evaluation team feels that these cases reflected a weakness in programme monitoring. Christian Aid notes that the situation, in one of the cases, arose from lack of continuity of key staff in the programme manager position at that time.⁵⁴

Allowing beneficiaries to build the roofs themselves reduced the cost significantly. Rural Kosovars typically build their own houses and usually had no problem in fitting roofs, but those in towns or on the edges of towns were less likely to have these skills.

⁵² An average 100m² house cost about 500DEM to tile.

⁵³ A disabled man in Dragobil, who had both legs amputated (upper thigh) got timber and tiles from Christian Aid, but without any assistance to use them. A neighbour had come to fix part of his roof, but he still had some timber and tiles in his yard as he could not finish his roof. Christian Aid said that the village handyman had agreed to provide labour, but this had not happened. In the second case, Ryva and her daughter-in-law in the same village had also received timber and tiles from Christian Aid, but having no men in the household or money to pay for labour, were not able to use the material to roof their house (Beneficiary interviews; Christian Aid headquarters information).

⁵⁴ Christian Aid notes that *'this staffing concern has long been recognised as a weakness from our earliest reviews'*.

3.4 Great Expectations

Beneficiary expectations were extremely high. MedAir's focus groups revealed that beneficiaries expected that their whole villages would be rebuilt. Islamic Relief decided not to do any further shelter work in the year 2000 partly because expectations were so high. Other interviewees also commented on the high level of beneficiary expectations. Expectations were high partly because:

Within Kosovo the international community has consistently over-estimated its powers of performance, creating expectations on the part of Kosovars which have been inevitably disappointed (on winterisation, documentation, utilities, and law and order, among others) (ICG, 1999).

In villages there is a clear expectation that all the Category 5 houses will be rebuilt this year. However, on 14 April 2000, UNMIK stated that:

This year, grants will be available to rebuild or repair up to 17,000 houses, with the possibility of another 5,000 to be included (UNMIK, 2000a).

On the basis of UNMIK's own planning document, half of these would be Category 5, or 17 per cent to 22 per cent of the total. The summary of the UNMIK plan refers to rebuilding 25 per cent of the Category 5 caseload in 2000, but in the text it refers to rebuilding 50 per cent (UNMIK, 2000b). Those with Category 5 houses who were interviewed during the evaluation fieldwork were not aware of the plan to only rebuild some of the damaged homes.

During the assessments for the Christian Aid shelter project in July and August 1999, beneficiary expectations were raised as they thought they may eventually receive floor boards, bathrooms, sand, electricity etc and that assistance with labour costs might also be provided.⁵⁵ In the event, the project's objectives were scaled down for financial reasons and a more limited package was provided.

Many beneficiaries were reluctant to accept temporary shelter kits as they feared that they would thereby lose out on permanent rebuilding. This became such a problem that KFOR started issuing bulletins on the radio and in villages saying that those who accepted temporary shelter kits would not lose out on reconstruction.

In Kosovo, as everywhere else, there are rich and poor. However, it is very difficult to identify the level of need at village level because the economy of an individual household is tied into the larger family economy. Much local economic activity is marginal at best, and families are heavily dependent on remittances from relations working abroad. This makes identification of proportionate access to resources very difficult.

The initial aid programmes, with blanket distribution of food and assistance to every Category 3 or 4 beneficiary regardless of circumstance, may have led people to believe that the humanitarian assistance should be delivered to everyone. This was a point of view that was re-iterated time and time again. Ryarsha Shala in Podceste village said: *'I am not able to say if others deserve tiles or not, but we are all equal here'*. Those in the villages responsible for drawing up assistance lists pointed out the difficulty of selecting who should get

⁵⁵ Monitoring report of 7 December 1999 in Christian Aid DEC Phase II report. Christian Aid is certain that no such promises were made.

assistance. As Arif in Krusevo said *‘Who am I to remove a family from the list? Who am I to decide who should not get food?’*

3.5 The Category 5 Question

Housing in Kosovo is complex. Families in Kosovo are multi-generational, with the head of the family living in a house with his wife, unmarried daughters and at least one son with his own wives and children. Because of the number of people that one house may accommodate, houses are generally large. Many houses were well over 200m² in floor area. One son would always remain with the father, but his brothers might move out as they built their own houses. When these modern houses were burned, the fire typically destroyed any internal finishes, doors, windows and the roof, but the shell of the building remained intact, resulting in Category 4 damage.

Houses had normally been built from savings from work abroad rather than with mortgages or bank loans and typically would be built over a period of years as the owner got the money to do some more.⁵⁶

Those who were less well-off generally had older houses. Older houses typically have wooden rather than concrete intermediate floors and have walls of rubble built masonry set in a weak mortar. When these buildings were burned the floors burn and collapse sometimes pulling the walls down with them. Once the roof is gone, the mortar in the wall is exposed to the elements and further damage follows. These houses were typically classed as Category 5 damage.

Beneficiaries with Category 4 houses got the greatest assistance from DEC agencies. Those with Category 5 houses got assistance indirectly through being hosted by part of their own or other families. This led to the contradiction where most of the international assistance for housing went to the better-off part of the community. Some agencies recognised this, but the priority was to get as many people housed as possible.

In order to meet the needs of Category 5 beneficiaries, Concern suggested repairs in about 40 cases that would allow a roof to be fitted under the shelter programme. MedAir tried to house Category 5 beneficiaries in other buildings. Agencies such as Christian Aid and MedAir also provided pre-fabricated buildings for Category 5 beneficiaries, in some cases by forming alliances with other organisations. Some of the pre-fabricated houses are very small. In any case the number of beneficiaries was only a small fraction of those served with roof kits.

3.6 Programme Standards

All the shelter programmes appeared to meet the basic Sphere standards (indicators given in Box 6) with the exception of insulation. Although many agencies supplied floor insulation,

⁵⁶ The fact there were a significant number of unfinished houses dotting the countryside has complicated the whole shelter issue. Some of the houses which were occupied by beneficiaries were houses that had never been finished. Some beneficiaries may be trying to take advantage of the international community to have their houses built.

only a few supplied ceiling insulation.⁵⁷ Heat loss through the ceiling is usually more than through the floor, although people are more sensitive to floor temperature because they often sit on it in Kosovo. Houses in Kosovo typically have little or no insulation, apart from that provided by solid timber boarding. The DEC agencies generally missed an opportunity to provide better-insulated warm rooms, relying instead on a higher usage of wood-burning stoves.

Condensation problems were seen in several of the houses visited and World Vision⁵⁸ noted that beneficiaries complained about condensation on their single skin plastic ceilings. Providing a double skin plastic ceiling (with an airspace between the skins, or providing ceiling boards or insulation) would have reduced this problem.

Box 6: Key Indicators for shelter from the Sphere standards: Version 1

- The covered area available per person averages 3.5–4.5m².
- In warm, humid climates, shelters allow optimal ventilation and provide protection from direct sunlight.
- In hot, dry climates, shelter material is heavy enough to ensure high thermal capacity. If only plastic sheeting or tents are available, provision of a double-skinned roof or an insulating layer is considered.
- In cold climates, shelter material and construction ensures optimal insulation. A temperature that is comfortable to the occupants is achieved by means of insulated shelter combined with sufficient clothing, blankets, bedding, space heating and calorific intake.
- If plastic sheeting is provided for shelter, it meets the specifications defined by MSF and UNHCR.

All the beneficiaries that were questioned about leaks in their plastic roofs confirmed that their roofs did leak. All of the holes seen in roofs were consistent with bird damage.

Several agencies gave beneficiaries the option of having a hipped roof (a roof that slopes down to the wall on all four sides) or a gable roof (a roof with only two sloping sides and a triangular piece of wall on the other two). Beneficiaries preferred gable roofs as they gave more storage space and did not throw water into their neighbours' yard. However, although beneficiaries opted for gable roofs, in many cases the gables had either never existed or had collapsed when the roof was burnt. This led to Concern and Tearfund putting up roofs that were open at the end. This problem was particularly critical with plastic roofs as they are much more susceptible to damage if the ends are left open. Even though the beneficiary had opted for a gable roof, it would have been good practice to temporarily close the gables with plastic. This would have also led to a more comfortable environment inside the house and prevented rain from entering via the gables.

⁵⁷ It is not possible to list which agencies supplied what, as the type of insulation supplied is not clear from the reports of the agencies.

⁵⁸ Report on WV Phase II Shelter Programme by Gordon Brown.

3.7 Shelter Kits

There were major problems with the shelter kits. World Vision complained that UNHCR had not clearly communicated the reality of the shelter kits to the beneficiaries, with the result that there was discontent with the temporary kits. IRW reported that in extreme cases their staff were threatened by beneficiaries unhappy with the material they were receiving. As one NGO manager commented, the *'UNHCR kits were rubbish. Just plastic and bits of wood'*. The word 'kit' is a misnomer, because they were not so much kits as a standard list of items. It was very rare for UNHCR or OFDA to have all the kit components in stock at any one time. Concern and World Vision both reported problems obtaining the staples that should have come with the staplers in the UNHCR kits. World Vision distributed many warm roof kits without timber as none was available.

Most of the agencies that recognised the weakness of the kits augmented them. This was hardest for agencies like World Vision, which had taken on large shelter programme commitments for UNHCR and OFDA and had difficulty in meeting the real needs of beneficiaries.

3.8 Coordination

Coordination was a problem in the shelter sector. In interviews, a number of NGOs were criticised for their lack of coordination, but none of those criticised were DEC agencies. There is evidence that DEC agencies made a determined effort to coordinate with other players in the shelter sector. Concern and World Vision were among the DEC agencies asked by UNHCR to act as focal points for shelter coordination shortly after the refugee return. Several DEC agencies also participated in the Rapid Village Assessment that established the initial scale of the shelter programme.

One issue with coordination was the huge variance in standards in the level of service supplied by different agencies. This problem is continuing, with MedAir reporting that one village has turned down its assistance in the year 2000 in the hope of having every house rebuilt by some other agency.

Despite problems with coordination, the level of cooperation seen between different agencies was positive. Even when Concern was displaced from one village by an agency offering permanent roofs, it still gave the new agency all the assessment information and roof designs that it had already done.

3.9 Management Issues

World Vision, IRW and Concern all used DEC money for a general shelter programme funded by other donors as well as the DEC, but only Concern had clearly identified the other funding used.

Concern identified that 28 per cent of the houses it roofed were not subsequently occupied by the householders. At the time of the evaluation, it was the only agency that had a clear picture

of how effective its programme had been in terms of occupancy of the improved building.⁵⁹ The fact that other agencies were not generally able to supply this information when asked, suggests that their monitoring of programmes was weak.

Other examples of poor agency monitoring included IRW's inability to say exactly how many roofs the 91 roof kits it distributed had been used for, and the fact that the agencies building houses in Peje did not realise that they were paying at least one-third over the odds for the cost of roofing contractors.⁶⁰

Several agencies reported difficulty in getting the right sort of personnel for the shelter programme. Concern reported that it had difficulty in recruiting its shelter specialist and that even RedR was unable to help immediately.

3.10 Continuing Work

In 2000, all of the DEC agencies involved in shelter work have been faced with the choice of whether to continue or not. It is interesting to note that several agencies have decided that they will no longer work in shelter.

Tearfund has decided that it will rebuild less than 100 houses for vulnerable Category 5 beneficiaries, but that this will end its involvement. Concern is finishing the rehabilitation of a twelve-apartment block for Category 5 beneficiaries, but will do no further work in shelter as '*effective targeting is very difficult, if not impossible*'. IRW says that further shelter work is for building companies and not NGOs. MedAir will rebuild homes for vulnerable Category 5 beneficiaries as MedAir feels that these have been unfairly treated.

3.11 Outcomes

The Kosovo winter of 1999/2000 was relatively mild and there was no widespread loss of life from hypothermia. The majority of those from Category 3 to 5 houses seem to have spent the winter in some sort of winterised accommodation. Only 6,600 people were living in collective shelters.⁶¹

The shelter programmes were implemented late. Programmes were still distributing materials in January. Hadji Baruci got his materials from MedAir on 24 December and built his (quite large) roof with his son by the new year. The family had been living in a tent and cooking in their potato bunker until then. The worst-affected programmes were those like World Vision's, which used DEC funding to supplement materials supplied by UNHCR or OFDA. Material supplies were often very late.

⁵⁹ MedAir were, at the time of the evaluation fieldwork, carrying out a survey that would answer this question among others.

⁶⁰ MedAir discovered this from later focus group discussions with beneficiaries (interview with MedAir Kosovo, April 2000). Concern and Medair were both paying 20DEM/m² for roofing contractors, a price which was later described as '*at least 5 DEM over the normal rate*' by MedAir. In their follow-up shelter programme which put tiled roofs on the houses of vulnerable beneficiaries, Concern gave families the option of either using a Concern contractor to do the tiling, or taking the funds and doing it with their own contractor.

⁶¹ This was just about one-third of the 19,100 places in collective centres identified by UNHCR (UNHCR, 2000b).

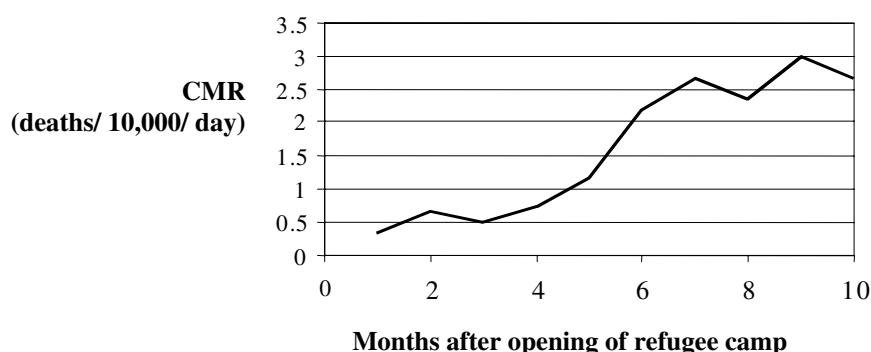
Concern got around this problem for its OFDA-funded shelter programme in Peje by using DEC funds to buy materials while waiting for the OFDA timber to be delivered. Buying timber directly meant that Concern was able to buy the sizes of timber needed and reduce the waste inherent in using a standard size for everyone.

Despite the problems, the shelter interventions were a humanitarian success and the DEC agencies played a very active part in this sector.

SECTION 4: WATER AND SANITATION

4.1 Background

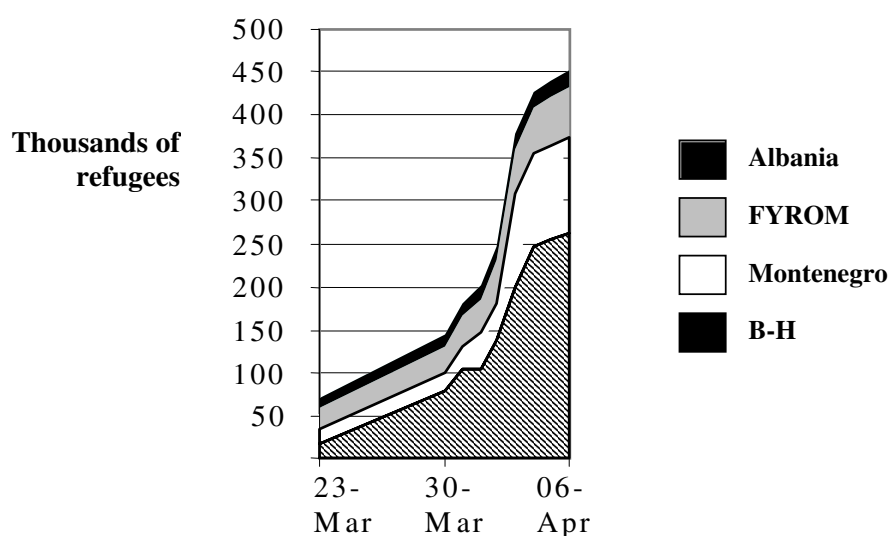
Figure 6: Mortality cases among refugees in eastern Ethiopia, 1988–9



Source: *MMWR Volume 41, July 1992.*

Diarrhoeal disease and other water and sanitation related diseases are common killers in refugee emergencies. As the health sector (Section 2) has already highlighted, morbidity and mortality were very low among Kosovo refugees. This was largely because the refugees were in good condition, the absence of pathogens and a good awareness of hygiene. However it was also due in part to the interventions in water and sanitation by DEC agencies. When refugee needs go unmet, either from their own resources, those of their hosts or the international community, then tragedies like those of Eastern Ethiopia in the late 1980s (refer to Figure 6) can be repeated.

Figure 7: Refugees and IDPs



Even though the Kosovo refugees were in good condition when they arrived, the speed of their flight put enormous pressures on the ability to receive them. The sudden arrival of 250,000 people into Albania in two weeks give very little time to set up the supply of 3,750t of water a day or to dispose of the 250t of excrement that was produced.

The loads on water and sanitation systems were broadly dispersed through the generosity with which host families accepted refugees and because some refugees could afford to rent their own accommodation. This had a major impact in that only one-third of the refugees required water and sanitation services in camps or collective centres. Concentrations of people in poor conditions as can happen in camps and collective centres are a public health risk and their water and sanitation requirements need particular attention.

The speed at which diseases of poor sanitation can spread in crowded unsanitary conditions means that interventions in this sector need to be fast to be effective.

4.2 The DEC Agencies' Initial Responses

Oxfam has been by far the biggest player in water and sanitation. Other agencies have also played a relatively minor part, but this was relatively minor when compared with Oxfam's predominant role⁶². Some of these agencies will be mentioned to illustrate particular points, but most of the comments refer to Oxfam.

Oxfam has a very strong record and reputation in emergency water supply, stemming from a long history of work in this area. It developed a set of pre-packaged water kits, has promoted training in emergency water supply through RedR and through academic institutions, and has a stock of emergency water equipment and emergency service personnel on permanent standby.

Oxfam's work in water supply in the Kosovo crisis contained many examples of good practice⁶³. One simple example of good practice was the construction of latrines accessible to the disabled. These were nothing very remarkable — just a double-sized latrine cubicle — but they were made at relatively low cost proving that it is possible to provide sanitation access for the disabled in an emergency at a reasonable cost.

Water supply met the minimum Sphere Standards indicators, at least in terms of the amount supplied and the level of service. Sanitation did not meet these standards. Water, sanitation, and health education are often regarded as the three arms of the health triangle. Supplying water on its own is not enough; without adequate sanitation and health education, it will not

⁶² BRCS supplied water tankers for the Red Cross in Yugoslavia, as well as providing toilets at the schools it is rebuilding. CAD did emergency water and sanitation in schools in Macedonia, but not with DEC funds. Concern did toilets at the few schools it rehabilitated in Peja and also did some water and sanitation work in the camps it managed in Albania (with equipment from Oxfam). Christian Aid funded part of a large water project by MCIC in Macedonia. Tearfund was another significant player. Tearfund provided water and sanitation advice at the Fushë Labinot site in Elbasan as well as a latrine and public health programme in Kukës. Care and World Vision's de-mining partners cleared access to water points for Oxfam and other agencies working in the water sector.

⁶³ For example, sharing equipment with other agencies, measuring its own work against the Sphere standards and auditing the gender dimension of its work.

remove the risk of epidemics of enteric disease. Oxfam's own internal reporting recognised this weakness (Porter, 1999).

Fortunately, the return of the refugees before the period of peak water stress in August and September meant that many camp systems in Albania were not put to the test.

4.3 Preparedness

Planning

Oxfam participated in contingency planning for water and sanitation in Albania (Luff, 1996; UNHCR, 1998) and later in planning in Bosnia for any possible escalation of the crisis. Oxfam maintains emergency stocks in Bicester and these were airlifted to the region. Oxfam's willingness to commit resources for contingency planning and preparedness stands in stark contrast with other agencies that did not commit anything from general income for preparedness.⁶⁴

Structure

Oxfam has the largest emergency department of any of the DEC agencies. This has several dozen emergency response personnel from a variety of specialities of which water and sanitation specialists are very strongly represented.

Kits

There can be no doubt that Oxfam's pre-packaged water kits are a very rapid, efficient way in which to deal with emergency water needs. Oxfam not only used them itself but also gave equipment to other agencies (such as Concern) for them to erect. In Macedonia, the availability of tap water from a combination of Oxfam and military systems meant that the distribution of bottled mineral water was no longer necessary.

Human resources

Speed of response depends not only on physical resources but also on human ones. The RedR register was originally dominated by water and sanitation engineers and it is not surprising that Oxfam was by far the largest recruiter through the RedR register of all the DEC agencies. Oxfam recruited not only engineers but also administrators, logisticians and other personnel through RedR. As well as recruiting through RedR, Oxfam has some of the most experienced emergency water supply staff in the world in-house.

In water and sanitation, Oxfam also recruited engineers with no emergency experience and paired them with experienced engineers to increase the total pool of experienced engineers for the next emergency. Oxfam also employed probably the most knowledgeable person on water resources in Albania.

⁶⁴ BRCS, Concern and Tearfund all undertook various preparedness measures, but not in the water sector. World Vision has taken a number of preparedness measures for future crises.

4.4 Rehabilitation Phase Water Projects

A clear distinction needs to be made between water and sanitation work in the initial emergency response and the work after the return of the refugees to Kosovo. In the first case most of the work was very clearly in a refugee emergency, whereas some of the later work is much closer to development situation.

Most of the post-emergency water projects involved the rehabilitation of existing schemes. The existing schemes had failed in many cases because of an earlier lack of maintenance. Both Oxfam and MCIC focused on repairing the physical infrastructure. The DEC six-month rule placed agencies under pressure to execute water and sanitation projects quickly during the rehabilitation phase, rather than allowing them to fully involve the community first. The evaluation team therefore had a concern about whether structures exist to guarantee future repairs and maintenance.

This concern arose in the case of MCIC's water supply rehabilitation projects in Macedonia (funded by Christian Aid), given the apparent lack of community participation and contribution. One of the projects replaced an earlier system that had fallen to bits. However MCIC has reported that agreements about management have been made with municipality public communal enterprises, and MCIC is developing a three-year institutional capacity-building programme for these enterprises with a Dutch NGO. Contributions from the villagers and from the communes are planned.

Integration is also a problem for Oxfam in Kosovo. Water, sanitation and health education do not seem to be that well integrated despite the lessons learned from Albania. The technical management structure of the three programmes is not fully integrated.

Despite the quality problems, good work was being done. Oxfam also provided toilets and showers at a number of sites, including private homes, which refugees used for washing. This was an excellent initiative and should have been more widely copied to balance the focus of agencies on water and sanitation in the camps.

4.5 Quality Problems

A number of quality problems were encountered with the work in the rehabilitation phase. The water work executed in the post-emergency phase was of low quality. While the concrete reservoir at the Recane seemed to be well made by MCIC's contractor, there were a number of quality problems with the pipework. Water had undercut the small capture weir at the spring and some sections of pipe were not properly supported. While not grave problems, they may indicate a lack of monitoring and quality control.

Many quality problems were seen with Oxfam's work after the refugees returned, even though the staff were skilled. This suggests that Oxfam has a problem with quality control in the rehabilitation phase.

In Macedonia, Oxfam was building school toilets that would be accessible to the disabled. This is an excellent idea. However, the toilets that Oxfam are building at Rahovac school are not accessible to the disabled at all.

4.6 The Sphere Standards

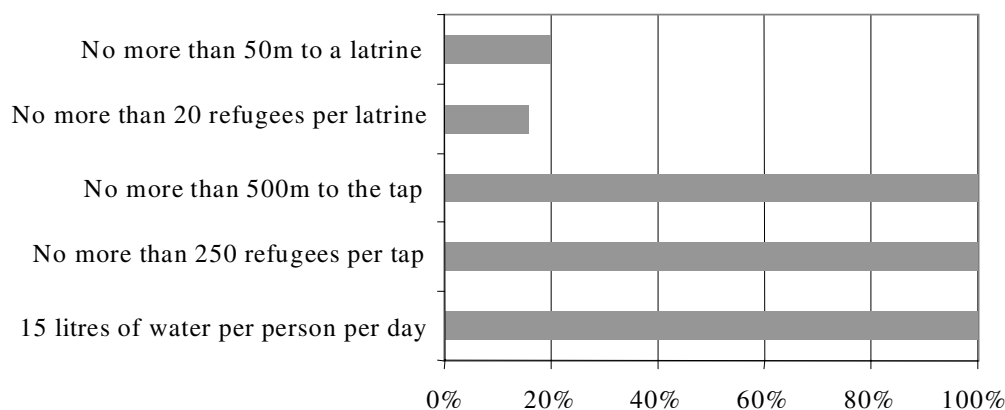
As water and sanitation are such critical areas in an emergency response they are well covered by the Sphere Standards. In Albania, where Oxfam dealt with water supplied for half the refugees in camps, water supplies generally met the basic Sphere standards. However the same was not true for sanitation. Oxfam concentrated on water needs but was not a significant player in the sanitation field. To have taken on all sanitation needs would probably have been beyond Oxfam's capacities. In many camps, other agencies had staked a claim to do sanitation work. Oxfam tried to offer advice, support and equipment (when available) on sanitation and hygiene to other agencies.

There are a number of reasons why performance against the sanitation standards was unsatisfactory:

- The standards for sanitation are probably too high. To have latrines within 50ms of a dwelling is an enormous constraint on any camp layout. It is obviously much easier to put a tap within 500m of everyone⁶⁵ than a latrine within 50m.
- Pit latrines were not technically viable in many of the refugee sites (pit latrines are normally the fastest technology to install).
- The requirement to have a tap within 500m and latrines within 50m seems to run counter to the need to have hand-washing facilities close by the latrines (also a Sphere requirement).

Figure 8: Compliance with Sphere Standards

Refugee Camps in Albania



Source: Oxfam

One problem with sanitation, which was not resolved, was that sewage from the camps was discharged untreated into watercourses in Albania and Macedonia. Oxfam was examining alternatives to this practice at the end of the refugee phase.

⁶⁵ ODFA suggests that there should be a tap within 100m of every dwelling (USAID, 1999). Engineering in Emergencies suggests that there should be a water point within 150m (Davis & Lambert, 1995).

Water and sanitation work was not coordinated in Albania except in Kukes. The failure to meet the Sphere Standards across Albania may indicate weaknesses in coordination.

4.7 Outcomes

The initial water supply work, executed largely by Oxfam, emphasised again the advantages that come from specialisation and investing in preparedness for specific crises and preparedness for a rapid response. While the effect on the lives of refugees is impossible to measure, it is probable that Oxfam's water and sanitation intervention saved lives. However, as mentioned above, questions arose for the evaluation team about the permanent water infrastructure work being carried out by MCIC and Oxfam, in terms of sustainability and quality. At the time of the evaluation fieldwork, none of the three villages under the Christian Aid funded water project had yet received water. In spite of the above-mentioned issues, MCIC's performance appears to have been good.

The water supply work being carried out by these agencies is effectively development work within a rehabilitation context and needs longer-term time-scales than can fit with the DEC system.

SECTION 5: SCHOOL AND EDUCATION REHABILITATION

5.1 The Politics of Education

The revocation of Autonomous Republic Status for Kosovo by the Albanian dominated Kosovo Assembly in 1989 led to a great many changes. Milosevic responded to the Kosovo Albanian political protest strikes by bringing in a law through which those who absented themselves from work for a few days were automatically dismissed (Human Rights Watch, 2000a).⁶⁶ With the re-integration of Kosovo into Serbia, Serbo-Croat then became the language of instruction in Kosovo schools, as well as the language of all official business in Kosovo, displacing Albanian. The end result was a two-tier school system — an official system which taught in Serbo-Croat and a parallel system which taught in Albanian.⁶⁷

Kosovo Albanian teachers first worked for free, but were then paid for by the 3 per cent levy on Kosovo Albanians working abroad. Teachers' salaries rose during the whole parallel period from 17 DEM at the start to 150 DEM⁶⁸ before the bombing⁶⁹. UNMIK is now paying salaries and all of the teachers interviewed had received their salaries for the previous month.

The ability to manage a parallel education system was seen as a badge of pride and ethnic identity by Kosovo Albanians.⁷⁰ The very political nature of education in Kosovo, and even in the whole of the Balkans should have meant that agencies took a very politically aware approach to schools. Unfortunately, this was not always the case.⁷¹

The political importance of education is underlined by the relationship between UNMIK and SBASHK, the Albanian Teachers' Union. UNMIK has tried to use SBASHK as a channel of communication to the broader Kosovo public. It wanted SBASHK to tell Category 5 (refer to Box 5 in Section 4) beneficiaries that their houses would be rebuilt in 2000. However SBASHK refused, saying that it would be better to tell people that they were on their own so

⁶⁶ Interview with SBASHK, Kosovo. April 2000.

⁶⁷ ICG's Kosovo Spring report (ICG, 1998) has a more detailed account of the development of the parallel education system.

⁶⁸ Visit to Rastovica School. April 2000.

⁶⁹ The political nature of the parallel education is illustrated by the following example: one DEC agency staff member attended an evaluator's meeting with a School Director. It was a great surprise for the staff member to learn from the Director that teachers had been paid (albeit poorly) during the previous decade. Her own mother was a teacher, but she thought until then that her mother did all her teaching as a patriotic sacrifice.

⁷⁰ Interview with Oxfam, Kosovo. March 2000.

⁷¹ BRCS supported the renovation of one school in Rahovac. For a decade this school had Kosovo Serb children on one floor and Kosovo Albanian children on another. BRCS has supported the renovation of the school that now teaches only Albanian children. No one was able to say exactly how the educational needs of the few remaining Serb children in the town are now met. It was thought that they now had another school. In another example, Oxfam assisted the Anton Zako Caip primary school in Vustrri. On the way to the school one passes through the Roma Quarter which was almost completely destroyed. Previously, some Roma Children had attended the school, while others attended the state school. There are now no Roma children in the school.

that those who could rebuild themselves would do so rather than waiting for the international community.⁷²

5.2 Work in the School Sector

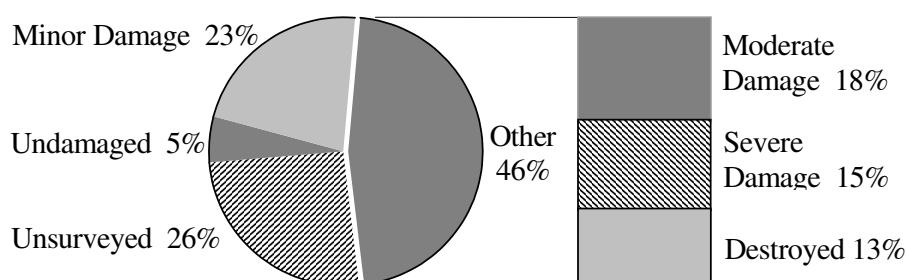
Schools were badly damaged in the war, an indicator of their political importance. Indeed, the huge political importance of the education system meant that the re-opening of schools was a priority at all levels. It was a priority for UNMIK and the agencies in the drive for 'normalisation'. It was also a political priority for the Kosovo Albanians. In many cases this involved reclaiming buildings that had not been used as schools during the previous decade, or schools that had been used by the state rather than the parallel system.

Almost half of the schools in the country were damaged (UNICEF, 1999) and many agencies were willing to work in this sector.⁷³ A wide variety of approaches was apparent in the school sector. These ranged from winterising schools with plastic all the way to the complete rebuilding of schools.

Figure 9: UNICEF assessment of primary schools

Estimate of unsurveyed from UNICEF

(Note: much data not verified by UNICEF or agencies)



As in the case of shelter, doing a complete job is more efficient in the long run, but this is done at the cost of limiting the response to immediate needs. BRCS concentrated on building permanent roofs, based on its experience with shelter in Bosnia. Oxfam, SC and Concern also concentrated on permanent repairs, although Oxfam's KERP project also carried out some winterisation in 1999.

UNICEF stated that schools should be renovated to their pre-war state. IRW noted that although this did not make a lot of sense, there was a push to get them done before the winter.

⁷² Interview with SBASHK Kosovo.

⁷³ Oxfam, BRCS and SC took the lead, but IRW winterised and Concern rehabilitated a small number of schools. CARE renovated one school in Albania with DEC funds, CAD is rehabilitating schools with UNICEF funds and CRS (Cafod's main partner) is rehabilitating schools with various non-DEC funds. By April 2000, 15 per cent of all schools being rehabilitated in Kosovo were being rehabilitated by DEC agencies or their close partners (another 11 per cent were being rehabilitated by the ACT and Red Cross networks outside of the work of DEC members of these networks) (UNHCR, 1999d).

Several agencies noted that much school rehabilitation was of poor quality. None of those interviewed named any DEC agencies in this context. Partly because of this, UNMIK has introduced new, high standards for school rehabilitation. DRA estimate that building schools to the new UNMIK standards would cost three times as much as the schools that DRA is building now. This is because the schools are three times as big, not with classrooms, but with a large range of ancillary rooms. The NGOs working on the rehabilitation of schools have worked together to present an alternative plan to UNMIK. However, their coordination only occurred as a reaction to the UNMIK proposal. It would clearly have been better if the agencies had coordinated pro-actively earlier on.

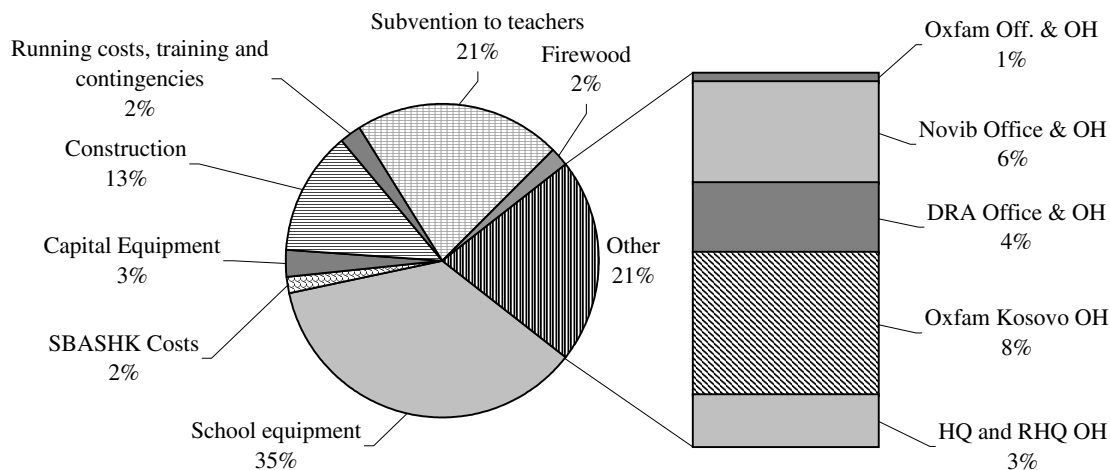
Oxfam and BRCS acknowledge that they were improving the schools they were working on. While this is a more efficient use of resources overall, it does raise questions about how far their work goes beyond rehabilitation towards development. Oxfam and BRCS were continuing with school rehabilitation in 2000, even though the need for emergency school places seems to have been met in 1999. SC is also continuing with the renovation of two schools which was delayed by slow mine clearance by ACT.

5.3 NOVIB’s Kosovo Education Rehabilitation Project (KERP)

Oxfam gave £3 million of DEC funds to NOVIB’s Kosovo Education Rehabilitation Project (KERP). The overall project is budgeted at about £10m and includes support for teacher training as well as school reconstruction. NOVIB has set up an office in Pristina to manage this large project. A number of agencies are involved in this project, including Oxfam, NOVIB, DRA and SBASHK, the Kosovo teachers’ union. At the time of the evaluation fieldwork, no school had yet been completed under this project. The evaluation team had a number of concerns about this project relating to the size of the grant and the experience of NOVIB and SBASHK. These issues are dealt with in the Oxfam agency summary in Volume III. Figure 10 shows the calculation of overhead figures alongside major project expenditure headings. This shows how the overheads for multi-agency projects can mount up, although it should be noted that these calculations are made on the basis of the DEC-funded section, not the overall project.

Figure 10: NOVIB’s Kosovo Education Rehabilitation Project

Breakdown of DEC expenditure (Including all reported overhead)



Much of the school rehabilitation that was carried out by other agencies focused only on the hardware aspects. KERP stands out from other projects as it also includes software aspects including teacher training,⁷⁴ although it has not yet dealt with maintenance issues.

In spite of some concerns (refer to Oxfam summary, Volume III) there appeared to be no major problems with the KERP project at the time of the evaluation fieldwork.

5.4 The BRCS Schools Rehabilitation Project

The evaluation team were initially sceptical about the BRCS being involved in school reconstruction because of its lack of experience in this area and because it had not been operational for some time. BRCS staff openly acknowledged the weaknesses in this respect, but the school reconstruction programme was very strong. The work seen was of good quality and it had a very professional approach. The programme also won high praise from the school directors⁷⁵.

BRCS took a more rounded approach than SC and supplied benches to the schools it has renovated. SC instead waited for UNICEF to supply the desks. UNICEF has not done so, with the result that children are crowded four to a desk. While this is not SC's direct responsibility, it is important that it follows through, for example by putting a great deal of pressure on UNICEF to resolve the issue.

Both BRCS's and SC's DEC-funded school programmes are not yet finished, even though the expenditure period is now over. This raises questions of what the six-month rule means in practice.

5.5 Health and Safety

Asbestos roofs are fitted on many schools in Kosovo. Although asbestos fibres are potentially carcinogenic, intact asbestos cement roofs pose very little threat as they release very few fibres into the direct environment of the pupils. Schools with walls of asbestos panels are far more dangerous. Some areas of Kosovo have naturally occurring asbestos. Nevertheless, DRA is removing asbestos roofs wherever it is renovating even though there is no good engineering or health reason for doing so. At a Rahovac school assisted by BRCS, the asbestos-cement roof has been removed and bits of the asbestos cement sheets are stacked in the yard.⁷⁶ Breaking off asbestos cement roofs and stacking the debris in the school yard poses a far greater risk to health than being in a school with an asbestos-cement roof.

SC began work on Irzniq school while mine clearance was underway in the area around the school. The school was used as a base by the Serbian police and as it was on the front lines,

⁷⁴ However, the report for the DEC-funded period shows that very little has been spent on software aspects.

⁷⁵ 'Super' was how the Director of Xerxe school described the work of BRCS. In contrast SC was heavily criticised by the Director of Rastovica school. While many of the complaints made against SC were unfair, some of the complaints about the low quality of the building work were justified.

⁷⁶ Field visit to Rahovac school. March 2000.

the land around the school was mined. The school building itself had been cleared, except for the library.⁷⁷ Although SC had trained all the contractors' staff in mine awareness, it seems extraordinary that it began work in these circumstances only to suspend it later until mine clearance was finished.

5.6 Gender: Forgotten Again?

Oxfam's original revised four-week plan for Kosovo stated that: '*Special attention will have to be paid to women teachers. In the absence (disappearance) of male cadres they will be asked to take on roles not traditionally theirs. In addition to upgrading skills they may also need support to help the women to overcome their own and men's reluctance*'. However, the final report makes no reference to women teachers.

Although more than half of the teachers in the schools visited by the evaluation team in Kosovo were women, only one of the five school directors met was female. Gender was not an issue that any of the agencies dealing with education seem to have addressed in a concrete way in their school programmes.⁷⁸

5.7 Separate Development in Albania?

In Korce, CARE supported the rehabilitation of Naim Frasheri school. During the Communist era, the Roma⁷⁹ were integrated into the same schools as everyone else. The end of central control has seen the creation of a Roma ghetto in Korce, as Roma have moved into the old housing in a poorer quarter of the town. Ninety-five per cent of the pupils attending the Naim Frasheri School are Roma. There are also ethnic Albanian children in the catchment area, but they usually prefer to go to other schools⁸⁰ as the Roma are considered '*backward and too lazy to learn*'⁸¹.

Is it appropriate to assist in the development of a 'separate' education service for Roma children in this way, or would it have been more appropriate for CARE to have tried to encourage the development of schools with both Roma and non-Roma pupils?

Some aspects of CARE's renovation were of very good quality (for example, the heating system) but other aspects were not: the windows were single-glazed and poorly made; doors were of low quality. There was a huge gap between this school renovation in Albania and the work seen in Kosovo.

⁷⁷ Visit to Irzniq schools. April 2000.

⁷⁸ NOVIB reports that it has chosen an 'infiltration' strategy with regard to gender. Gender training with SBASHK is planned (NOVIB reaction to draft evaluation report, 31 May 2000).

⁷⁹ Roma here is used to signify all the groups that are indicated by others as Roma. The groups in question may self-identify as Roma, Egyptians or Ashkaeli and do not mix among themselves.

⁸⁰ Interview with the school director.

⁸¹ Information from a regional expert on how Roma are perceived.

5.8 The Future?

Many village schools in Kosovo had originally been built by the communities themselves. Schools and mosques were the only examples of community-built infrastructure in many villages. However, there has been very little community participation in the reconstruction of schools. BRCS insisted on community participation in the schools that it is rebuilding. IRW looked for no community contribution. SC asked that communities clean up the school sites as their contribution to the work, but in practice had to employ villagers to do the work in the cases where they refused to make this contribution.⁸² SC point out that it was under a great deal of pressure from UNMIK, UNICEF and the municipality to get the schools completed quickly.

DRA did not ask for any community labour contribution: '*when you have to rehabilitate a school to a tight timetable you have to use contractors*'. Providing the community with turnkey community infrastructure without any contribution on their part must raise the question of whether some of the DEC agencies are undermining what little community initiative there is in the villages.

Funding for school maintenance has been a problem since 1981. Many schools have had almost no maintenance for ten or fifteen years.⁸³ The damage to schools in some cases was due to lack of maintenance. BRCS supplied maintenance kits and maintenance lists, but had done no work on sustainable maintenance structures. Maintenance is now a big issue on the Steering Committee for the NOVIB project. However it is of concern that NOVIB has started a £10 million project without clearly considering issues of sustainability from the start.⁸⁴

Maintenance is still clearly a problem. Some of the schools visited were not clean, nor does anyone seem concerned about this lack of cleanliness. This does not bode well for the future.

There must also be concern that the turnkey project approach taken by some agencies will lead to even greater difficulty in trying to mobilise communities to build or pay for their own community infrastructure in the future.

⁸² Interview with SC Decani. April 2000.

⁸³ Interview with DRA, Pristina. April 2000.

⁸⁴ NOVIB sees school maintenance as the government's responsibility (NOVIB submission to the evaluation team, 31 May 2000).

5.9 Outcome

The DEC agencies have made a significant contribution to the rehabilitation of schools in Kosovo. However, there must be some questions as to whether interventions in the education sector are an appropriate use of DEC funds.⁸⁵ While the programme has been a success in physical terms in the short term, there are issues about longer-term sustainability and the access to education for minorities in Kosovo.

⁸⁵ Under current rules.

SECTION 6: HUMANITARIAN MINE ACTION

6.1 Background

Humanitarian mine action refers not only to physical removal of landmines and unexploded ordnance (UXO)⁸⁶ but also to campaigning and advocacy against the use of landmines.

Every month, there are about 2,000 deaths and injuries caused by mines and UXO worldwide.⁸⁷ Between June 1999 and the end of March 2000, one hundred people in Kosovo were killed and another 370 injured by mines and UXO (UNMACC, 2000).

Under Article 3 of the military technical agreement (NATO, 1999a) which ended the air campaign, FRY and Serb forces were obliged to report all minefield locations. They supplied maps of 624 minefields⁸⁸, but acknowledged that these were incomplete. The MUP and paramilitaries normally kept no record of the mines that they laid. Towards the end of the Serb military were making rapid fields, not all of which were recorded.⁸⁹

In addition to the minefields laid by FRY and Serb forces, there were large amounts of unexploded cluster-bomb bomblets from munitions dropped by NATO. A cluster bomb is a canister that releases a large number of bomblets at a pre-set altitude to cover a wide area with lethal weapons. The bomblets float to the ground on a parachute brake.

The main types of cluster bombs used by NATO⁹⁰ in Kosovo were combined effect munitions. These weapons included a shaped charge for penetrating armour and an anti-personnel shrapnel effect. The US BLU/97 bomblet used in the US CBU-87/B also has a zirconium ring for an incendiary effect. These weapons were originally designed as an alternative to battlefield nuclear weapons against concentrations of enemy forces. While cluster bombs are not anti-personnel mines, their indiscriminate nature, high failure rates and their sensitivity to disturbance make them similar in effect to the now-banned anti-personnel mines.

The failure rate for cluster bomblets is often given as five per cent. UNMACC have found an 8 per cent failure rate for US and 12 per cent for UK cluster bomblets.⁹¹ Refer to Section 6.8 for more information on cluster bombs.

⁸⁶ UXO are explosive devices like shells or grenades that have not exploded. In some cases they will have failed to go off after firing, in others they have been prepared for use but not fired. UXO are a major threat to children and the curious.

⁸⁷ This is an estimate only as the true figure is not known (Horwood, 2000).

⁸⁸ Some of these 'mine-fields' had as few as three mines.

⁸⁹ Interview with UNMACC Kosovo, April 2000.

⁹⁰ FRY forces were apparently firing cluster munitions into Albania at the same time as the Belgrade Government was condemning their use by NATO (Wiebe, 1999).

⁹¹ At a US DoD press briefing, spokesman Kenneth H. Bacon gave the dud rate as approximately five per cent for the CBU-87 (US Department of Defense, 1999). The MoD lessons learned study (MoD, 2000) refers to the manufacturer's stated failure rate of 5 per cent even though the authors are presumably aware of the actual rate found by UK EoD officers on the ground (12 per cent).

Table 28: Cluster bombs and bomblets⁹²

Country	Bomb	Type	Number	Bomblets	Dud rate	UXO
USA	CBU-87/B	CEM	1,100	202	8%	17,776
UK	RBL-755	CEM	532	147	12%	9,384
Total			1,632			27,160
Dropped over Kosovo			1,392	Kosovo UXO		23,166
Cleared to end March						2,820
Estimated un-cleared bomblets on 1 April 2000						20,346

Cluster bombs were responsible for about one-third of the civilian deaths in the air campaign despite making up only six per cent of the munitions dropped by NATO (Guardian Staff and Agencies, 1999). They continue to kill. The exact number of those who have died as a result of contact with cluster-bomb sub-munitions since the air campaign ended is not known, but estimates range from one-third to 40 per cent⁹³. The seriousness with which UNMACC take the cluster bomb issue can be seen from its setting the clearing of all bomblets in Kosovo as a target for 2000 (UNMIK, 2000c). Initially NATO began by clearing cluster-bomb sub-munitions, but after a number of accidents, including the death of two British KFOR troops (Butcher, 1999a; Butcher, 1999b), NATO now limits itself to marking the sites.

NATO announced that it would only be clearing mines that obstructed its mission, i.e. clearing main routes and near NATO bases. There was a clear need for humanitarian mine action in Kosovo.

6.2 DEC Agency Responses

World Vision contracted MAG, a UK NGO, to provide mine clearance services for the World Vision Projects. MAG set up a mine action programme by training four mine action teams in Kosovo. The first team was in action in early September with another two teams operational by the third week of September. The fourth team never became operational because of a labour dispute.

CARE contracted MineTech, a Zimbabwean commercial firm, to provide mine-clearing services for its programmes. MineTech was operational within 72 hours of its arrival in Kosovo in late June or early July, but were not DEC-funded until September.

Although other DEC agencies were not directly involved in landmine and UXO clearance in Kosovo most of them had participated in the international campaign to ban anti-personnel mines. The question of advocacy is raised in Section 7.8.

⁹² Sources: (MoD, 2000; Pike, 1999; Robertson, 1999; UNMACC, 2000).

⁹³ In September, the Daily Telegraph reported that '*it is officially admitted that at least a third of these (mine and UXO casualties) have been victims of the cluster bomb*' (Deedes, 1999). The WHO report on mine and unexploded ordnance-related injuries and deaths in Kosovo between 13 June and 12 July 1999, calculated that unexploded ordnances, including unexploded NATO cluster bombs, accounted for 40 per cent of all casualties (UNMIK, 2000a).

Machines can be used to clear scrub or to establish the edges of minefields, but the actual removal of individual mines is done by hand⁹⁴. MineTech also brought in teams of mine detecting dogs. These allow much faster clearing, especially along roads and urban areas.

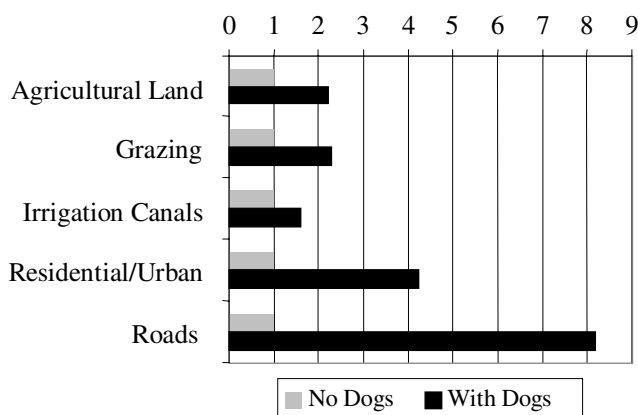
MAG did not bring in dog teams, instead focusing on building local capacity. Because training mine dogs and their handlers is a long process, dog teams normally rely on expatriate staff. Even though MAG estimates the cost of a dog team at just under £10,000 a month, this is still less than the mine action teams have cost MAG. Using dog teams would have allowed MAG to clear at least twice as much, for less than twice the cost. MAG is currently looking for a donor to cover the cost of dog teams to support its operation in 2000.⁹⁵

Neither MAG nor MineTech used machines in 1999, but MAG has recently acquired a MINECAT with DFID funding. MAG and MineTech adopted two different approaches. MAG trained its mine clearance teams from scratch⁹⁶, whereas MineTech brought in trained de-miners from Zimbabwe.⁹⁷ This meant that MineTech became operational almost immediately, whereas it took MAG two months to get up and running.⁹⁸ Unfortunately, the start of work for MAG's teams was at the end of the autumn when a lot of de-mining activity was stopping for the winter. This led to a relatively low level of clearance by MAG. However, in the long run, the building of a local mine clearance capacity could be more efficient.

Figure 11: Speed of mine clearance teams

Based on data from Chris Horwood (2000).

Relative speed averaged across speed for category A, B, and C terrain.



⁹⁴ Machines fitted with flails, as DFID has just funded for MAG, can also clear mines by detonating them, but there is no agreement on the percentage of mines that such machines will leave in the ground.

⁹⁵ Interview with MAG Kosovo.

⁹⁶ MAG also brought in a Cambodian team for a DFID contract at the start.

⁹⁷ Interview with MineTech Kosovo. March 2000.

⁹⁸ Interview with World Vision HQ. February 2000.

MAG also had problems mobilising due to the shortage of specialist mine-clearing and protection equipment on the market. It is now trying to develop a small stock of such equipment so as to be better able to respond to future crises.

The DEC six-month rule mitigates against MAG's approaches of developing local resources. Originally the mine problem in Kosovo was thought to be similar to that of Bosnia where booby-trapping and nuisance mining was common. It was thought that mine clearing could continue for many years. MAG's approach was valid in this context. However, because the mine problem is not as extensive as in Bosnia, MAG now recognises that there is a limited future for de-miners and is already starting to offer its de-miners training in skills that will allow them to find other work later.

The over-estimation of the mine problem made agencies reluctant to move off the tarmac at the start. This slowed down the provision of humanitarian assistance outside of the urban areas.

6.3 Prioritisation

Both World Vision and CARE wanted their own mine clearance capacity so that they would not have to wait in line for mine clearance for their projects. The experience of SC, who are still waiting for Irzniq school to be cleared, demonstrated the usefulness to agencies of having a mine clearance team on call. However, it is questionable if key life-saving resources like mine-clearance should be primarily controlled by one particular agency. The priority tasks for that agency might not be the priority tasks of the beneficiary community as a whole. Although both MAG and MineTech were made available by World Vision and CARE for priority tasks assigned by UNMACC or even by donors such as USAID, this naturally took second place to their own priorities.

CARE had to appoint its own Mine and Mine Awareness coordinator so that it could coordinate internal mine action and awareness requests. This was to allow the internal prioritisation of mine clearance requests from different CARE projects.

6.4 Efficiency and Effectiveness

Efficiency and effectiveness are very difficult to measure in Humanitarian Mine Action. Mine clearance is an attempt to prove a negative, i.e. that no mines remain in an area, and this is time-consuming and costly to establish. The actual rate of clearance of devices depends on the number of devices laid in an area and the pattern of laying. Similarly, even areas cleared are not much of an indication of activity in this case, when the agencies spend a lot of time clearing areas for distribution. MAG has to spread itself thinly to cover all the World Vision operations.

Clearance rates for devices and areas cleared were relatively low. They were particularly low for MAG as its teams started so soon before the winter. However, crude indicators like these tell very little. What matters most is the relevance of the clearance work to the socio-economic life of the community. Confirming that there are no mines near a particular water source and that it is safe to use is of far greater benefit to the community than removing 1,000 mines from a marked minefield on a mountain top that nobody ever visits.

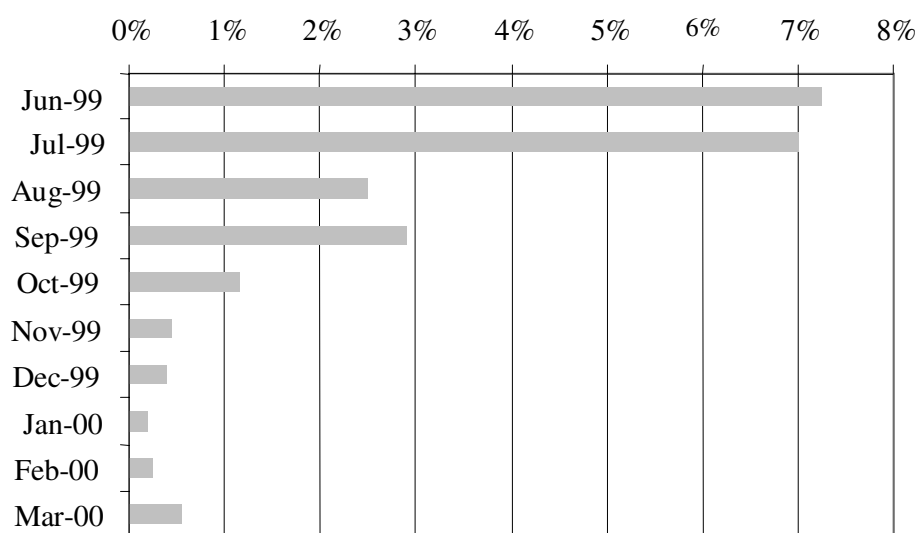
Much of the early work of MAG and MineTech could be described as *'peace of mind clearance'* rather than mine clearance. MAG and MineTech checked areas for World Vision and CARE to reassure them that they were safe for their staff to work in. This naturally takes time and results in far lower rates of clearance of devices than if teams are tasked on the basis of the known mine threat.

Neither MAG nor MineTech now work in Gjakova, the area that has seen the heaviest mine casualties since the return of refugees. However, there are a large number of other agencies working in Gjakova and there are plenty of tasks in the areas where MAG and MineTech are working.

6.5 A Non-lesson from Bosnia

Figure 12: Mine casualties in Kosovo as percentage of world total

Kosovo data from UNMACC, world total estimated by ICRC



Bosnia has about 400,000 mines. The total number for Kosovo is not known, but is believed to be much less. In Bosnia, mines were a far bigger problem as the war lasted for a long time and front lines had moved a great deal. Most of the mines in Kosovo appear to have been laid along the border strip with Albania and Macedonia. There was a general consensus amongst those interviewed that the initial mine threat in Kosovo had been over-estimated⁹⁹.

Kosovo is still attracting a lot of resources for mine clearance, even though the problem is not as severe as in countries like Afghanistan or Angola. Kosovo currently accounts for less than one per cent of all estimated mine casualties worldwide. There were less than ten casualties a

⁹⁹ This is an example of how some lessons from Bosnia were inappropriate in Kosovo. Another example was BRCS's proposed approach to school reconstruction using mobile teams and the general expectation that refugees would not return home immediately (many Bosnian refugees still have not returned).

month in the winter, although this figure was expected to rise for a while in spring 2000 as agriculture restarted¹⁰⁰.

There were seventeen organisations working on de-mining in 1999. Fifteen organisations are continuing work in 2000. At the moment there are donor resources for de-mining in Kosovo and it seems sensible to try and deal with the problem as quickly as possible. UNMACC rate both MineTech and MAG highly. MineTech is rated so highly by UNMACC that it has contracted it to provide services.

6.6 Programme Standards

Mine clearing activities are well coordinated by UNMACC, and the DEC-funded mine agencies have participated fully in the coordination mechanism. Uniform standards were imposed on the mine clearing agencies by UNMACC. This was not a problem for MAG and MineTech as the standards imposed are similar to the standards that they normally apply in their work.

Neither of the DEC-funded mine agencies have suffered any casualties either during clearance or on the land that they have cleared. KFOR has had two fatalities and two serious injuries in its clearance operations; other agencies have had five casualties in their clearance operations.

UNMACC have an effective quality control system based on ISO 9000 principles, where there is a lot of emphasis on the quality control procedures used by the agencies as much as on spot-checking. MineTech gave examples of its focus on total quality. This approach to quality is heartening in a sector where even minor errors costs lives. It is an approach that could usefully be adopted in other sectors.

6.7 The De-miners

MAG has encountered labour problems during the mine clearance work. It recruited from demobilised KLA fighters, partly as a way of offering employment to them. However, this meant that KLA authority structures persisted leading to de-miners in one team refusing to work unless they were paid a substantial increase. MAG refused to do so as the pay-rates had not only been agreed with the de-miners prior to employment, but had also been agreed between the mine agencies. This left MAG with three teams instead of four. If MAG had given in, it would have led to labour disputes across the whole sector.

Because MAG has recruited largely from the KLA, it had no women de-miners (but had one female medic). By contrast there were women in the Cambodian de-mining Team that MAG used in Peje for the DFID contract.¹⁰¹ The MineTech team is exclusively male. MAG notes that women offer a number of advantages in mine clearance as in general they are less likely to take unnecessary risks.

¹⁰⁰ Worse, mines are now being laid in Kosovo against minorities (BBC, 2000)

¹⁰¹ This team also included some Cambodian mine amputees. This is appropriate as these can serve as positive role models for mine victims in Kosovo.

6.8 The Cluster Bomb Issue...

An area weapon

Cluster bombs are an area weapon. During the efforts to force the Bosnian Serbs to stop attacking ‘Safe Areas’ in the Bosnian war in 1995, the US commander vetoed the use of Cluster Bombs partly because ‘*the fragmentation pattern was too large to sufficiently limit collateral damage*’ (Beale, 2000).

The UK cluster bombs was originally designed to be dropped from low altitude, but after the Gulf War¹⁰² the MoD issued a contract for the fitting of the BL-755 with a fuse to allow it to be dropped from above 10,000ft. This variant is known as the RBL-755. However, dropping from higher altitudes increases the risk of bombs falling off target.¹⁰³ Cluster bombs may also have been dropped from higher altitudes than their optimum release height (Deedes, 1999; Jones & Newton, 1999).¹⁰⁴

Box 7: Civilian casualties of cluster bombs

April 29, 1999	A 61-year-old woman, Paska Juncaj, died after being hit on the back of the head by a bomblet from a cluster bomb in a village near the airport, according to eye-witnesses. One villager said: ‘ <i>She was running from her village with her son, and just dropped down dead on the spot</i> ’. Three other people were injured, one seriously, and two houses virtually destroyed in the attack on Wednesday (Davies, 1999).
May 7, 1999	Cluster bombs intended for Nis Airfield killed 14 civilians and wounded 28 in Nis town. The CBU-87/B had opened immediately after release, scattering bomblets over a wide area (Guardian Staff and Agencies, 1999; NATO, 1999b). Mary Robinson, Head of UNHCR visited Nis on the following day and commented that ‘ <i>It was not so much that civilians were being targeted, but that the bombing was so wide in its range it was inevitable they would be hit</i> ’ (Coulter, 1999). President Clinton issued an order suspending further use of cluster bombs by US forces. The UK continued to drop them (Guardian Staff and Agencies, 1999). ¹⁰⁵

Attractive to children

It is often remarked that cluster-bomb sub munitions are attractive to children because of the small size, intriguing shape and bright colours.

¹⁰² The US DoD’s Gulf War Air Power Summary Report notes that ‘*air attacks on Iraqi armor with cluster munitions or unguided bombs proved to be largely ineffective. Iraqi revetted armor was simply less vulnerable to these munitions, particularly at the bombing altitudes used by the coalition*’ (Keaney & Cohen, 1993).

¹⁰³ UNMACC notes that British Military EOD personnel could only locate 40 per cent of CBU strikes in their AoR. They found that CBUs were spread far wider than the target information would suggest, giving them 176 areas to mark instead of 76 (Interview with UNMACC Kosovo. April 2000).

¹⁰⁴ NATO applied a minimum ceiling of 15,000 feet during most of the air campaign (MoD, 2000). While this is safer for crews, it makes it more likely that mistakes will be made. In response to questions about attacks on a civilian convoy in April, Jamie Shea said of the investigation into the incident ‘*We are doing our best on the basis of photographic material at 15,000 feet so clearly it’s difficult to ascertain that with clarity ...*’ (NATO, 1999c). If it is hard to tell what has happened afterwards, how much harder is it for aircrew to tell what is happening at the time from 4.5km up?

¹⁰⁵ The MoD lessons learned report (MoD, 2000) refers to this incident and correctly states that the CBU-87/B was withdrawn from use and later returned to service. However, it neglects to mention that no further cluster bombs were used by the US military during the rest of the conflict.

Box 8: Child casualties from cluster bombs

April 24 1999	Five Albanian Kosovo brothers were killed and at least two other children injured when one of the boys tried to pry open an unexploded cluster bomblet that looked like a toy in Doganovic, about 30 miles south of Pristina. The five Hoxha boys (aged 3, 9, 13, 14 and 15) were buried in the local cemetery within hours. A <i>Los Angeles Times</i> reporter found evidence that the bomb was a CBU-87. Two more children, aged 2 and 14 suffered shrapnel injuries even though they were at least 20 meters from their five cousins (Wiebe, 1999).
July 1999	Bekim Malaj, aged 11, and his friends knew they were fooling around with bombs but they thought it was safe as it was a 'dud'. The 'dud' started blowing fire and hit Bekim in the face partially blinding him. He started running and it blew up. The young man who opened the bomb was torn apart and two others died along with him. Seven survivors were hospitalized, including two in a critical condition (Eggen, 1999).
Sep 20 1999	Four children died when a cluster bomb left over from NATO's bombardment of Yugoslavia exploded in a field in eastern Kosovo. Two more children were wounded by the explosion near the town of Mogila on Monday afternoon (Guardian Staff and Agencies, 1999).
Oct 17 1999	Two children were killed and another seriously injured in a field in Mala Krusa 10 km north of Prizren. Apparently one of the victims touched a bomblet (KFOR, 1999).
Oct 21 1999	Burim, his cousin and two friends were herding the family's cows when they ran into an area marked as a cluster strike site. <i>'It was yellow, my friends poked it with a stick. Then I had my eyes on one of the cows and I stepped on it'</i> . Burim did not yet know that his left leg had had to be amputated below his left knee. His cousin was stabilised in a nearby tent yesterday while his two friends were released after treatment. NATO officials said another child had been injured by cluster munitions earlier in the week (Bird, 1999).
Mar 15 2000	UNMIK Police today reported a cluster bomb explosion in a village called Pozhar, south-east of Decani, which apparently killed two boys aged 12 and 17 (UNMIK, 2000a).

Not a new problem

Cluster bombs are not a new problem. They have killed in Laos, in the Gulf and in the Balkans. Several anti-arms campaigners have campaigned (Wiebe & Peachey, 1999) against them because they are indistinguishable in effect from anti-personnel mine. Worse they are often associated with multiple casualties unlike the common landmine which rarely kills or injures more than one person at a time. Their attraction for children is not new either¹⁰⁶.

More than half of the munitions dropped by the RAF were cluster bombs (532 out of 1,011). It was not a secret that cluster bombs were being used. The Telegraph had carried a story on this on 7 April (Butcher, 1999c) and the Guardian on 8 April (Ward & Norton-Taylor, 1999). The MoD openly referred to the use of cluster bombs in its briefings from at least 7 April (MoD, 1999).

The horrors of cluster bombs — their indiscriminate nature, the high failure rate and the particular risk they pose to children were known — and were re-emphasised during the

¹⁰⁶ *'Toy-size bombs designed to kill tanks and soldiers [also] appear as white lawn darts, green baseballs, orange-striped soda cans,'* one report from Kuwait reported almost a year after the war ended. These attractively arrayed and intriguing unexploded submunitions *'proved deadly to children'*. Kuwaiti doctors stated that some 60 per cent of the victims of UXO injuries were children aged fifteen and under (Human Rights Watch, 2000b).

Kosovo campaign by HRW and MCC. The UK was seven times more likely to use cluster bombs in its strikes than other NATO countries and it continued to use cluster bombs even after the US stopped. The fact that none of the DEC agencies advocated against their use is raised in Chapter 10, Volume I.

6.9 Outcomes

The direct humanitarian mine action supported by CARE and World Vision was appropriate. Even though few devices were removed, the knowledge that areas were free from mines and booby traps allowed other humanitarian work such as the rehabilitation of housing, water supplies and land for agriculture to go ahead.

SECTION 7: WAR AFFECTED POPULATIONS AND BENEFICIARIES

7.1 Introduction

The war in Kosovo caused the displacement of over one million people. In addition to over 500,000 already internally displaced in Kosovo (OSCE Office for Democratic Institutions and Rights, 1999a) during NATO's air bombardment, more than 800,000 Kosovo Albanians sought refuge in Albania, Macedonia, Montenegro and Bosnia-Herzegovina. In addition some 22,000 Muslims from the Sandzak region of Serbia, and over 30,000 Serbs and Serb refugees from Croatia moved from Former Yugoslavia to Bosnia-Herzegovina (refer to Table 29). Since NATO forces entered Kosovo, over 200,000 Serbs and Roma from Kosovo have left the province for Serbia and Montenegro, while several thousand Albanians from southern Serbia have sought refuge in Kosovo and Macedonia. The infrastructural and economic damage inflicted by the war has affected civilians throughout the FRY, while the mass refugee movements have had a significant impact on host countries in the region.

Table 29: Refugees from Kosovo

Refugees from Kosovo	As of June 1999*	Current Estimates
Albania	444,200	-
FYROM	247,200	-
Bosnia and Herzegovina	21,700	-
Montenegro	69,700	**30,000
Humanitarian Evacuation Programme	79,979	-
Serbia	-	***199,600
Total	862,979	229,600

*UNHCR, Geneva, 15 October 1999; ** UNHCR Belgrade, January 2000; *** UNHCR Belgrade, November 1999.

The evaluation team interviewed people who were directly or indirectly affected by the war, including beneficiaries of assistance provided by the DEC agencies.¹⁰⁷ The purpose of these interviews was: to understand the experience of people affected by the crisis; to record their own responses and to assess how sensitive agencies were to the needs of affected populations; and whether they involved them in the design and management of the emergency operations. Information on the short-term and long-term social and economic impacts of emergency operations was also recorded. People interviewed included:

- Former Kosovo refugees, now returned to Kosovo;
- Kosovo refugees/IDPs in Macedonia, Montenegro, Bosnia and Serbia;
- Albanian and Macedonian families who hosted Kosovo refugees;
- Refugees from Serbia in Bosnia and Macedonia;
- Serb, Roma, Gorani and Catholic minorities in Kosovo;
- Refugees from Krajina in Kosovo;
- Elderly and disabled in Kosovo;
- Municipal authorities in Albania, Macedonia and Kosovo;
- Local humanitarian organisations and activists;
- Local employees of aid agencies.

¹⁰⁷ The names of interviewees have been changed.

It is clear that assistance provided by DEC member agencies, in some form or other, did reach a broad cross-section of the populations affected by the war.

Part 1 of this section focuses primarily on Kosovo Albanian refugees and families in Albania and Macedonia who hosted refugees. Part 2 looks at communities in Kosovo.¹⁰⁸

PART 1: REFUGEE EXODUS

7.2 The Diversity of Refugee Experience

The multi-ethnic nature of the region (see Box 9) means that people from different cultural communities have often been affected by the war in very different ways. It was apparent from interviews that their responses to the emergency also differed. The beneficiaries of DEC agency assistance reflected this diversity of experience. The way refugees were assisted in host countries depended on a number of variables, including:

- whether they were accommodated in camps, collective centres or host families;
- whether they were in an urban or rural location;
- the particular region of the host country they stayed in;
- the existence of kinship or friendship ties;
- gender;
- the quality of support from local authorities;
- their ethnicity and acceptability in the host country;
- whether they left Kosovo with assets;
- the availability of assistance from relatives abroad.

Cultural factors were also important. Although violence in wars is often targeted to weaken or destroy social institutions, among Kosovo Albanians it seems that the war strengthened some social bonds. Extended families preferred to move and stay together as much as possible, even though this created extra demands on host populations. In contrast, Serb families moved as smaller nuclear families. In Kosovo and neighbouring countries the different 'Roma',¹⁰⁹ communities were accepted and received differently depending on their integration with local populations. In Kosovo, the Gorani, Catholic and Bosniak communities were relatively untouched by Serb military during the war, but since the war ended they have faced discrimination and intimidation from the Albanian Kosovo majority.

¹⁰⁸ 148 interviews were conducted with war affected populations and beneficiaries: 15 with host families in Albania and Macedonia; 12 with refugees/IDPs families; 77 with beneficiaries in Kosovo, 33 with partner organisations; and 11 with local authorities. As each interview involved more than one person, the total number of people consulted was over 300. Information in this section is drawn mainly from interviews in Albania, Macedonia and Kosovo where the majority of interviews were conducted. The evaluation team did not interview people resident in Serbia who were affected by NATO bombing as no DEC funds were used to assist these particular war affected people.

¹⁰⁹ For the purpose of this report all Roma and Gypsy groups are referred to as Roma.

Box 9: Pre-war populations in Kosovo

Albanian: Made up 83 per cent of the population at the 1991 census.

Serb: Made up 10 per cent of the population in the 1991 census.

Gypsy/Roma: Estimated to have made up 2 per cent of the pre-war population. Referred to by outsiders as Roma/Rom or Gypsy, they comprise several groups which identify themselves separately and which have integrated differently with other communities. This includes: Romany-speaking 'ethnic Roma'; Albanian-speaking Ashkaelia; Egyptians, who attained recognition of their separate in the 1980s; Serbo-Croat-speaking Cergari of the Orthodox faith; Catholic Roma.

Gorani: Muslim Slavs living mainly in the Dragash area of southern Kosovo and north-west Macedonia.

Catholic Kosovo Albanians.

Turks: Turkish-speaking.

Bosniak: Serbo-Croat-speaking Slavs, of Muslim faith.

Croats (Janjevci): from Croatia.

Krajina Serbs: Serb refugees from Krajina, Croatia.

Cerkezi: Muslims, small community originating from Russia.

Source: OSCE Office for Democratic Institutions and Rights, 1999a, OSCE Office for Democratic Institutions and Rights, 1999b.

Within ethnic groups there has been a diversity of experience. At the same time as over 800,000 Kosovo Albanians were expelled or fled from Kosovo during the NATO campaign, over one million civilians stayed in Kosovo. Some hid in their houses, some moved to other parts of Kosovo, while others spent several months hiding in the mountains. Those who stayed received no external assistance during the war. In general, the central, western and northern areas of Kosovo suffered the fiercest fighting between the Serb military and the KLA and rural communities were worse affected than the urban centres. For example, many villages along the Albanian border were cleared and destroyed, while Prizren and Gjakova were less damaged.

People's reasons for leaving are also complex. Not all Kosovo Albanians left because of the Serb military. One family interviewed, who were from Peje, claimed to have left under intimidation by the KLA, because the husband had not fought for them and because they suspected his Bosnian wife of being a Serb.¹¹⁰ Some families have also not returned to because they hope to get to a third country.

The length of time people have been displaced varies greatly. The majority of Kosovo Albanians were refugees for only the three months of the war, but a significant number have been displaced inside the province for much longer. Many Serb and Roma have now been displaced for longer than most Kosovo Albanians. While the acute needs of Kosovo Albanian refugees received much international attention, the chronic needs of displaced Serbs and Romas have received less attention. Despite the large numbers of displaced Kosovo Serb and Roma in Serbia, one donor informant noted with regards to Serbia '*There is no humanitarian crisis there*'.¹¹¹

The independent evaluation of UNHCR performance during the Kosovo refugee crisis acknowledges that the two main 'saving graces' were the hosting by families and the

¹¹⁰ Interviewed in Bosnia, March 2000.

¹¹¹ Interview, DFID, London, March 2000.

refugees' ability to pay for rent and food (Suhrke et al., 2000). It also notes that this situation was unsustainable. In other words, the third 'saving grace' was the short duration of the crisis.

Box 10: Interview with displaced Kosovo Albanian Family, Gjakova

Ahmed comes from a village of 25 families near the Albanian border. The KLA was active on the border and the village was totally destroyed by the Serb forces to create a security zone. All the houses are Category 5 (refer to Box 5), so they cannot go back yet. On 25 March 1999, 20 people were killed in one room. Ahmed escaped with his family that day and went to Krume in Albania. Initially they stayed in a collective centre until an Albanian family took them in. There were ten Kosovos and five from the Albanian family all in one house. Later people from other villages joined them making it 30 people in the one house. When the border was shelled they moved to Durres. In Krume they paid no rent, but in Durres they rented a private apartment. In Krume they received assistance from the Red Cross. In Durres there were different agencies.

Ahmed now stays in the Brick Factory camp, which houses 60 families and 147 children according to a SC survey. The Salvation Army ran the camp to start with. Since then there have been Catholic, Muslim and Christian Evangelical NGOs working in the camp, which has caused friction. Ahmed does not go to school and does not work. His family receives his father's pension: he worked in Germany and died there 15 years ago.

Box 11: Interview with former Kosovo Albanian refugees in Prizren

Diella and her family left Prizren on 13 April entering Albania through Morini. They did not wait for the organised transport but paid 50 DEM to travel by minibus to Tirana.

On arrival they contacted a family whose name they had been given in Prizren. The family of five had a three bedroom house. Diella's family stayed there for one month. At the beginning no aid was provided to the refugees and they relied on their hosts. They contributed a little to buy food, but during their stay their hosts received no aid from the agencies. After one month Diella moved into rented accommodation with her sister's family while her mother, father and brother went to a camp in Ndroq, outside Tirana. Ndroq camp was managed by ACT, and Danish and Polish NGOs. The hygienic conditions in the camp were very poor.

Diella and her sister, with three children, mother-in-law and husband stayed for six weeks in a small apartment paying 250 DEM per month. During this time they received aid from ARC only once (two parcels). In the area where she stayed aid was distributed by an Italian NGO that provided food and hygienic items, fresh milk, powdered milk and some chocolate once a week. Some 'Arabs' also distributed 'abundant food and very good things'. The Italians and Arabs did not use ARC's lists. In Diella's opinion the international agencies lacked coordination. When they needed health assistance they went to the local clinic and got a free check-up and medicines. There were cases when refugees sold food aid in order to buy fruit or entertainment, or to go to coffee bars. They took the aid that they didn't use back to Prizren. They did not wait for organised transport to return but paid for a minibus from Tirana to Prizren.

The Albanians were poor but their hospitality was good. Even when Diella and her sister's family paid rent they considered it normal because it was very little money.

Coping strategies

It is well recognised that people in the face of crisis are not passive, but deploy a range of coping strategies, including the decision to move. Most Kosovo Albanian refugees were expelled from Kosovo and therefore had no choice but to leave (OSCE Office for Democratic Institutions and Rights, 1999). It is apparent, however, that as refugees they were not passive

but utilised various strategies in response to their situation (see refugee interviews below). These included:

- staying together as an extended family unit (particularly Albanian families);
- dividing the family between a refugee camp and private accommodation;
- hiding valuables (cash or jewellery) in their compounds before they left Kosovo;
- moving around Albania;
- staying in private accommodation;
- travelling outside the region;
- maintaining communication with relatives outside the region;
- maintaining communication with relatives and friends inside Kosovo;
- selling or exchanging food aid for other needed items;
- finding paid work.

Box 12: Interviews with former Kosovo Albanian refugees

(i) R is disabled. Five days before NATO started bombing he was still working [with Handikos], distributing wheel chairs and hygiene kits. When the bombing started he stayed at home for four days, before moving to another area for three days. Then it became too dangerous. After the Serb police came to his house he travelled with his sister and her two daughters to Albania. They lost their documents at the border. They spent two nights in Kukes and then three months in Tirana. Three days after the NATO bombing ended he returned to Kosovo.

In Tirana he worked with the Protestant Church of Nazareth and began the registration of disabled refugees. He stayed with his family in private accommodation and did not consider that the rent of 220 DEM per month to be high. The owner stayed in the house and shared their aid. R had a cousin in Austria and a friend in Struga who also helped. A Swedish doctor sent him 1,000 Swiss Francs. The most important assistance was from his relatives, because it took a month for them to register as refugees. They received hygiene parcels but this was not enough.

(ii) N is disabled and the sole supporter of her family. She used to work as a 'professional smuggler', bringing in textiles from Turkey. She paid an agent to get her out of Kosovo 7-8 months before the NATO bombings, during the 1998 offensive. She went through Hungary and Austria to Switzerland, travelling without her wheelchair. In Switzerland she stayed first in a refugee shelter, then later with her brother. It was good in Switzerland as she received the physiotherapy that she needed.

In many emergencies, coping strategies can be sub-optimal, resulting in a depletion of assets and increased vulnerability. In the case of Kosovo, the scale of the international response possibly mitigated this, enabling refugees to preserve their assets. However, there has been little assessment of the strategies employed by Kosovo refugees during the crisis, perhaps because the massive international response overshadowed the strategies that refugees employed to help themselves.¹¹² The main examples where agencies supported refugees' own strategies were in the facilitation of communication through tracing, the provision of mobile phones and support for refugees in private accommodation.

¹¹² There has been some research on coping strategies in Kosovo before during and after the war (Ogden, 2000).

7.3 Refugees in Private Accommodation

A unique feature of the Kosovo refugee crisis was the role that communities in neighbouring countries played in hosting refugees. Although this has occurred in other refugee crises, the scale in response to the Kosovo emergency was unprecedented. Although there are no exact figures, in part due to inadequate registration, it is estimated that by June 1999 over 60 per cent of the refugees in Albania (300,000) and Macedonia (152,000) were staying in private accommodation (Suhrke et al., 2000). In Bosnia, the majority of Albanian refugees were also housed with host families, and in Serbia and Montenegro over 90 per cent of the refugees have been accommodated privately (Stone, Anema & Wissink, 2000). In comparison, the Humanitarian Evacuation Programme from Macedonia saw 92,000 refugees temporarily hosted in 29 countries (Suhrke et al., 2000).

In many ways the Alliance was *'let off the hook'*, since a disproportionate amount of international military and humanitarian resources went into the refugee camps where there were fewer refugees. The evaluation of the EMG in Albania acknowledges this, noting:

The crisis was managed and absorbed by both the refugees themselves (paying for their subsistence...) and generous host families, communities and authorities (Telford, 1999).

Several surveys and assessments have been made of Kosovo refugees and host families.¹¹³ However, there has been no comprehensive and systematic attempt to record the phenomenon. The UNHCR evaluation (Suhrke et al, 2000) notably skirts over the issue, although the phenomenon raises important issues regarding refugee protection.

Protection

First, there is the question of responsibility for privately accommodated refugees. Formal responsibility for refugee protection lies first with the host government. The Albanian and Macedonian governments, however, adopted different positions. Albania's policy was to welcome all Kosovo Albanian refugees, while Macedonia sought to restrict their entry. At a local level, refugees were subject to the varied attitudes and motivations of the authorities.¹¹⁴ UNHCR had little systematic knowledge of refugees outside the camps and few resources with which to monitor their protection needs (Suhrke et al, 2000). In Albania and Macedonia, the Red Cross took overall responsibility for refugees in private families, including their registration.

Specific problems faced by groups like the Roma are dealt with in Section 7.5. Problems faced by Kosovo Albanian refugees included:

- non-registration of privately hosted refugees;
- insecurity, particularly in Albania;

¹¹³ MSF surveyed refugees in host families in Kukes in 1999; Refugees International interviewed over 300 refugees in host families in 5 Albanian cities in May/June 1999; WHO surveyed refugees in host families in Macedonia; MCIC surveyed 223 refugees in May 1999 and host families in Macedonia in June 1999; Oxfam surveyed refugees outside camps in Shkoder in July 1999; CARE surveyed 175 host families in Elbasan in August 1999; ICRC interviewed host families in Albania, Macedonia, Serbia and Montenegro in 1999.

¹¹⁴ This problem was noted by NGOs in Albania and Serbia.

- harassment of women outside camps;¹¹⁵
- in Macedonia, 90 per cent of disabled refugees were living outside the camps, according to WHO;
- in Macedonia, women refugees in host families were not registered in their own name, but that of their nearest male relative, thus breaching international refugee norms (Williams, 1999). Restricted access to medical facilities in Macedonia, meant that Albanian women could only giving birth in Tetova hospital;
- weak leadership structures amongst refugees outside camps was a constraint to representing their needs (Wolf, 1999a).

Coverage

The likelihood that Kosovo refugees would stay in private accommodation in Albania should have been anticipated. In 1998, many of the refugees entering Tropoje were housed privately (Fennell, 1998). At that time warnings were given about the capacity of local families to provide long term support, and NGOs and donors stressed the importance of providing assistance to host families as well as refugees. Some agencies did identify the needs of refugees and host families early on, for example the Red Cross, Christian and CAD in Albania. However, the coverage of refugees in host families was problematic.

The high visibility of refugee camps was a magnet to NATO forces, donors, NGOs and the media. Consequently, they received a disproportionate level of assistance, given the smaller number of refugees. This differential treatment infringes universal standards of refugee protection. But as one aid worker noted: *'host family intervention was seen as low profile and certainly not seen to be a sexy caseload'*.¹¹⁶

There is some evidence that only the poorest refugees who could not afford to stay in private accommodation went to the camps.¹¹⁷ If true, this would have justified some extra assistance to refugees in camps, but the evidence is equivocal.

In Albania, a breakdown in the Red Cross pipeline caused a delay in distributions to refugees in host families. Refugees were cared for by local populations until other assistance became available (see section 7.4). Lack of registration and the tendency of refugees to move also meant that finding and identifying those in most need and monitoring distributions was problematic, leading to inconsistent coverage. In Kukes town, for example, it was reported that assistance to host families was adequately covered, but not in rural villages.¹¹⁸

In Macedonia, a WHO survey of refugees in host families found their access to food was problematic (World Health Organisation, 1999). As refugees in Macedonia were not given refugee status, but were counted as *'humanitarian assisted persons'*, those in private accommodation were not officially entitled to free health services. Other problems faced by privately accommodated refugees included lack of information about their entitlements, weak

¹¹⁵ Oxfam gender assessment in Kukes April/May 1999.

¹¹⁶ Quoted in the Valid international Lesson Learning Study notes.

¹¹⁷ IFRC interview Tirana, March 2000.

¹¹⁸ Interview with CAD, Tirana, March 2000.

leadership structures and growing tensions amongst the refugees themselves.¹¹⁹ For aid agencies the large number of refugee living outside camps also made it harder to prepare for and control the repatriation process.

Standards

While standards exist for camp regimes, there are no clear standards for privately accommodated refugees. Sphere guidelines for shelter and site planning briefly refer to host families in relation to assessments and clothing, to ensure that aid interventions minimise any negative effect on host populations.

7.4 The Role of Host Families in Albania and Macedonia

The Albanian and Macedonian communities have been praised for their generosity in accommodating Kosovo Albanian refugees.¹²⁰ This praise has been tempered by evidence that some refugees were paying rent. In recognition of this, the description of refugees staying with 'host families' was later changed to refugees in 'private accommodation'. One aid worker in Macedonia commented to the evaluation team that '*In Albania the hosting in family was a business deal. Macedonian Albanians are more religious*'.¹²¹

Precise figures on the numbers of refugees paying rent do not exist. A survey by MSF in Kukes estimated that 60 per cent of refugee families were paying rent of on average 250 DEM per month. A survey by Refugees International of 300 refugee families in 5 other cities reached a similar conclusion (Wolf, 1999b). It noted that the highest percentage of rent payers was in Tirana and the lowest in Korce, and assumed that the amount paid in rural communities was lower. An ICRC survey of 50 families in Albania concluded that over time host families did begin to receive rent from their guests of up to 250 DEM per month (Stone, Anema & Wissink, 2000). In contrast, a survey by CARE of 175 host families in Elbasan, found only one household that acknowledged taking rent from refugees.¹²² Reportedly, where guests and host families were related the hosts could not charge rent.

The evidence from the evaluation team is equivocal. None of the host families interviewed acknowledged taking rent from the refugees who stayed with them. Several former refugees, however, stated that they paid some rent, mostly for empty apartments and amounts of less than 250 DEM per month.

The evaluation team concurs with the conclusions of the ICRC evaluation, that the initial motivation of families in Albania towards Kosovo Albanian refugees was a combination of hospitality, moral duty and political solidarity (Stone, Anema & Wissink, 2000). This was

¹¹⁹ Refugees International, May/June 1999. Oxfam, July 1999.

¹²⁰ In Macedonia, it was Macedonian Albanians who hosted Kosovo Albanians.

¹²¹ Interviewed in Skopje, February 2000.

¹²² It was noted that the families thought they might not get government assistance if they acknowledged receiving rent.

also the case among families hosting refugees in Serbia and Montenegro. Financial gain was not a motivation at the beginning, but may have become an issue over time as the costs of hospitality became more burdensome. The Albanian translator for the evaluation team reached a similar conclusion:

One result of this interview, and of the interviews in Skhodra ... has been that the translator has completely changed her view of the assistance provided to the Kosovars. Previously she thought that those providing assistance were doing so for mixed motives. Now she recognises that, for many, the motive was primarily humanitarian. [She] did not take any refugees herself, but did wash their clothes and bring food to them.¹²³

A culture of hospitality

Familial relations were not a motivating factor behind the hospitality shown to refugees in Albania. Although some host families asserted that Kosovo Albanians were ‘*of the same blood*’, none of those interviewed acknowledged any direct kinship ties with their guests. Only one mentioned a prior friendship.¹²⁴ Due to different political histories familial ties are strongest between Kosovo Albanians and Macedonian Albanians. In answer to the question why they took in refugees, most replied ‘*savap*’ (a ‘good deed’).

In Albania there is a strong culture of hospitality. This is laid down in the ‘*Kanun*’, Albanian Traditional Law which is strongest in northern Albania. Most commonly associated with blood feuds, the *Kanun* prescribes a comprehensive set of behavioural norms, including the obligation to provide for kinsmen in distress (see Box 13). Being implicit in society’s values the *Kanun* was not mentioned by host families interviewed.

Box 13: The Code of Leke Dukagjini, Chapter 18, Social Honour

The house of the Albanian belongs to God and the guest (article 602).
 The guest must be honoured with bread and salt and the heart (article 608).
 At any time of the day or night, one must be ready to receive a guest with bread and salt and an open heart, with a fire, a log of wood, and a bed (article 609).
 Every guest must be given the food eaten in the house. A special guest must be given coffee, raki, and food in addition to that eaten ordinarily (articles 611, 612).
 When a guest enters your house, he is free of any obligations to you while he is there (article 619).

Source: Shtjefen Gjecov (trans. Leonard Fox.) New York. Gjonlekaj Publishing Company in 1989.

Political solidarity

In Albania there was strong public sympathy for Kosovo Albanians, and the government said it would not refuse any refugee. In Macedonia the political dynamic was more complex. While the government was reticent to accept any Albanian refugees, the Albanian population

¹²³ Interview, 16 March 2000.

¹²⁴ The CARE survey in Elbasan similarly noted that only 8 per cent of Kosovar refugees were related to their Albanian host family.

and its political representatives were strongly sympathetic. In March 1998, the leader of the Democratic Party of Albanians in Macedonia announced, '*If there is trouble, Albanians in Kosovo, Macedonia, Montenegro and of course Albania will stand as one...*' (ICG, 1998). In Macedonia there was an added element of religious duty among some Macedonian Albanian host families interviewed.

Support provided by host families and communities

In the first days of the crisis, before international aid agencies arrived, Kosovo Albanians were warmly welcomed in Albania and by Albanian communities in Macedonia. The response was immediate and widespread. At a local level three sources of support were available: private families, local authorities and local NGOs.

In Albania, local and national government organised the transportation of refugees by bus, minibus and military truck from the border to other regions of the country, where they were placed in collective centres. From there host families collected guests. In some areas, village councils took names of volunteers willing to accept guests (refer to Box 15). In Skhodra it was reported that when the local TV appealed for help for 4,000 refugees all were accommodated the same night. A similar response occurred in communities in western Macedonia.

Host families provided more than accommodation. They collected refugees from the camps and collective centres and helped them to register for assistance or access to health care. In Albania all utilities, according to government order, were to be provided free.¹²⁵ In Albania and Macedonia some of the refugee children attended local school, and after the war some host families helped the refugees with transport back to Kosovo.

Most families spoke positively about being hosts, expressing pride in what they had done. Many have remained in contact with their guests, and some have visited them in Kosovo. In one case villagers went to Kosovo to '*drink coffee*' and attend a funeral of one of the refugees who had stayed with them.¹²⁶

Not all the families, however, said that they were prepared to repeat the experience. The main difficulties expressed were cultural, despite sharing the same language and similar traditions (refer to Box 15). The fact that extended families wanted to be accommodated together made living conditions cramped, and in some cases created potential hygiene problems. In some cases host families moved out to stay with relatives in order to create space. In other cases, refugees were accommodated in the empty houses of relatives abroad.

In only one case, did a rural family complain that they had built up a debt of 40,000 Leke assisting the refugees. To pay it off the family had to sell two cows.¹²⁷ Some hosts did complain about the impact of refugee children on their furniture.

¹²⁵ Interview with Skhodra municipality, March 2000.

¹²⁶ Interview, Devoll, Albania, March 2000.

¹²⁷ Interview, Kamenica, Albania, March 2000.

In Albania, the guests were often wealthier than their hosts. International assistance was therefore an important source of support for both refugees and host families with whom they shared their food. Some host families reported that their guests did receive some assistance from relatives abroad. Although most said they refused to take offers of payment, some acknowledged that the refugees did contribute to 'living expenses' and some guests assisted with housework. Some host families felt that 'cash for shelter' would have been more useful than food parcels.

In Macedonia, host families interviewed in the towns were at least as wealthy as their guests, if not richer. In one case, the father of the family insisted on paying for all his guests' needs, and refused to allow them to take any international aid.¹²⁸ In Gostivar, the response of the community as a whole was particularly striking (refer to Box 18).

¹²⁸ Interviewed in Gostivar, March 2000.

Box 14: Host family interview, Lushne, Albania

Lili lives in a small apartment with his wife and three children. They have two rooms, about 15 to 20m², and a kitchen. Lili is a carpenter, the house is neat, clean and in a good repair. The eldest daughter, 17, is learning English. The neighbour from downstairs obviously respects Lili and his generosity towards the refugees.

When the municipality announced that refugees had arrived and needed accommodation, Lili and his wife went to the square to see if they could offer assistance. They found no-one left there. Lili returned the following morning and found a woman with four children who had slept overnight in her car, which she had driven from Gjakova. Lili invited them to stay, but the woman explained that she had other relatives who had come in other vehicles belonging to neighbours. Lili invited these as well and the total family of 11 came to stay. Through messages on the television, the woman found her husband and his nephew in another town. Lili went there to collect them so that all 13 stayed in his apartment. As a result of the television advertisement, another family of 13 turned up and were put up by the downstairs neighbour for one night. Lili offered to arrange a second house for part of the family, but they refused as they did not want to be split up. Lili's three children slept at their uncle's house, which his eldest daughter complained about. Lili and his wife used one room, and the Kosovos used the other two. Lili noted that there were naturally some minor differences of opinion among people sharing a house, but refugees were educated people, and Lili and his wife were acutely aware of their duties as hosts and of the harsh alternative facing their guests.

The refugees received a lot of support from the international community. There was no food distribution to the refugees for the first two weeks, but they later received some basic food (but no bread). The food packages improved over time. The host families only got food from the Red Cross and an Islamic Organisation, although the family did get the Host Family Allowance in June. Lili's family gave the Red Cross parcel to the refugees as they left so that they would have some food for the road.

The refugees were well off. They had a brother working in America who offered to pay for their accommodation. Lili refused, saying that they were guests. He also pointed out that his rent was low and was not a problem to pay. The refugees contributed to their keep through housework.

The refugees left after three months on 25 June. Some small repairs were needed to the apartment, but not many. The following January, Lili and his neighbour received a phone call inviting them to visit the family they had accommodated in Kosovo. They stayed there for three days and travelled to Pristina and Peja. They have been invited back for the following May.

Lili says that Lushne has a reputation for being very welcoming, which his family are obviously proud of. In support of this, he said that most of the divided refugee families in Lushne had the other part of their family come to Lushne rather than vice versa. The political and economic situation in Kosovo is not good. Although Kosovo Albanians have lots of remittances from abroad, there is no work. Albania may be poor but there is some work. Lili's neighbour argued that the international community and Europe owe a debt to Albania for the way Albanians behaved during the crisis. He says that the best way to correct this would be to allow Albanian host families the right to travel in Europe.

Box 15: Host family interview, Kamenica, Korce, Albania

Kamenica is a relatively poor rural village outside Korce, where Oxfam is repairing the water system. Rosetta runs a store with her husband. Three of her sons are working in Greece. The village is Muslim. There used to be Orthodox Christians but they moved to Korce or Tirana.

The Kosovo Albanians arrived in the village after Easter (around 20 April 1999). The family that stayed with Rosetta was very poor. In Kosovo they lived off social welfare. They came from near Kacanik. There were twelve in the family, six in Macedonia and six in Albania, and three of those in Macedonia were disabled children confined to wheelchairs. Half of the family arrived first. The father stayed in Albania for two and half months after which he was joined by his wife and children from Macedonia. When they arrived the family moved to the camp as it was not feasible for the disabled children to stay in the village.

Their arrival was well organised. The families were dropped by bus in the village. The Kryplac (village leader) asked who was willing to host families and put their names on the list. Rosetta felt sorry for this family because they had a one-year old child who was sick. One of their sons was also fighting for the KLA. She housed them in the empty house of a relative. It had three rooms, but despite this they preferred to sleep in one room because they were frightened at first. When they arrived the families insisted on staying together. This was very difficult but it was impossible to split them up. They all ate together off one plate as in the old Albanian tradition. She said '*it took us time to get used to each other*'.

The refugees received assistance. Rosetta did not seek any for herself as she had her shop and did not need it. In the first two weeks there was no external aid so the villagers helped out. The aid for the refugees came from the Red Cross. The police also helped with the distribution. Sometimes there was aid for the host families. Rosetta got some compensation — 5,000 Leke for the whole period of their stay. Where others stayed for three months the hosts got closer to 20,000 Leke.

Rosetta has not maintained contact with them. They exchanged addresses but she knows everything in Kosovo was destroyed. She felt sympathy for them because her own family has been refugees — her children are abroad in Greece illegally. However, her family's land is too small to farm — she has one horse for transport and one cow. Only one of her children attended high school. According to what the refugees told them it seemed that they were wealthier than the Albanians.

Box 16: Host family interview, Tirana

Myzejen is a paediatric nurse in a polyclinic in Tirana. Her family runs a small café bar, which they bought just before the refugee crisis. Her husband and son are unemployed. During the refugee crisis she was appointed by the government to work in the Swimming Pool Camp in Tirana. She was expecting to get paid, but for two months' work she received only US\$50. At the Polyclinic she earns US\$70 per month. While at the camp, no-one organised her work. When the staff complained to the government about lack of pay, they were told to raise their own money from NGOs. She did not do this as she has always worked for the government and did not understand how to approach an NGO.

Her family accommodated a family of 13 Kosovo Albanians in the two rooms they have since converted into a café bar and provided them with furniture to use. Her husband and a friend had met two young Kosovars in a bar. They were working in Macedonia and had heard that their family had left Kosovo for Albania by tractor. Myzejen's husband helped them to trace their families through other refugees and found them in a camp in Vlora. The refugees stayed from the second week of April until the first week of June, after which they left for Kosovo, collecting their tractor in Kukes where they had left it.

During the first week of their stay Myzejen cooked for them, helped them to register and went to the distribution points with them. Her friends gave clothes for the children. Relatives of the refugees in Germany also brought money for them. They received enough food aid for the adults, but bought food and powdered milk for the children, the youngest of whom was only 3 months. Myzejen also brought some children's food from the Swimming Pool Camp.

Myzejen explained that the family came from a rural village in Kosovo, near Drenica and knew nothing about raising children. The youngest child was rachitic. As a nurse she spent some time teaching the women better nutrition. She also bought them some medicines, for which she was not compensated. When the refugees knew they were going back they began to sell their food parcels in the camps. Parcels [or the ration] typically included: sweets, sugar, rice, tin of beans (not used), soup (not used), 2 blankets, milk powder, macaroni and wheat flour.

Refugees outside the camps did not have easy access to health-care. In the Swimming Pool Camp there were the government, IMC and the Greek Army ambulance and Kosovo doctors providing 24-hour coverage. At the beginning people were in shock and an Albanian and Kosova psychologist provided counselling. Myzejen heard that there was counselling support for the host families, but she did not get any. Although refugees in camps got more supplies and medical help, conditions for women with children were considered poor, especially as the tents were hot.

The refugees' husbands continued to work in Macedonia and visited them twice. They paid nothing towards the costs of their stay, and Myzejen has had no contact since they left. The family baked bread in the apartment and destroyed the stove and she had to throw away her furniture after they left. She did receive some compensation (1,100 LEK per person) but gave it to the refugees to hire a taxi to take them to Kukes.

The cultural differences with this Kosovo family were strongly felt. Their language was provincial and difficult for Myzejen to understand. There is a big difference between rural and urban wealth. More rural people were in camps than in rented accommodation. Those with money rented for themselves. When asked why she helped them, Myzejen said '*savap*' (a good deed). She was non-committal about whether she would do the same again, although she said she had seen worse cases than her's. When asked what assistance would be most useful to her she said money.

Box 17: Response to Kosovo refugee crisis in Gostivar, Macedonia¹²⁹

Gostivar in western Macedonia has a predominantly Albanian population and like Tetova is a centre of Albanian nationalism. There are close familial ties between Albanians in Macedonia and Kosovo since the time of Yugoslavia.

Albanian communities in Macedonia were well prepared for the crisis, which the mayor described as the biggest crisis to hit Gostivar since World War II. Macedonia has been assisting refugees from Bosnia since 1991, so some local capacity existed within the municipalities and within local NGOs like El Hilal, the League of Albanian Women, Roma NGOs and MCIC.

The first refugees arrived prior to the NATO air strikes; some came as early January 1999 when NATO began to patrol the border. There was another influx on 18 March, but they did not arrive in large numbers until 10 April, which gave some time for local people to get organised. Initially the refugees came on their own accord. However, after the local TV broadcast what was happening, local families went to the border with buses, taxis and cars to collect them. Some of the buses were organised by the Albanian Democratic Party. The municipal chairman noted:

One hundred buses came one day. We sent them to ten mosques, three in Gostivar and the rest outside the town. By 10am the following day every one of these refugees was in a host family.

El Hilal was able to mobilise a large number of volunteers who signed up at the mosques. For a couple of months the mosques prepared three meals a day which could be eaten there or taken home. Some of the food was contributed by local people. One man gave his whole supply of potatoes. In the first few weeks local bakers provided bread free of charge. One grocer was reported to have given his entire stock to refugees and his shop has been closed since. A photographic shop spent over 20,000 DEM providing passport photos for free so that refugees could obtain the refugee Green Cards. The photographers went to mosques and villages to provide the service.

Food parcels were distributed by various local organisations - MRC, El Hilal, the League of Albanian Women and Mesecina. Some refugees got fresh milk everyday from El Hilal. There was a free clinic for refugees supported by UNICEF, which they could access with their green cards. Albanian doctors in the state system also treated refugees at government facilities.

In the opinion of local people, refugees in host families were better off than in camps. Many people in Gostivar have worked abroad and have good houses and facilities. In some cases refugees were housed in the empty houses of emigrants. In Cegrane, sanitary conditions were poor until the water system was working. Some refugees moved between the camp and the town.

Had the crisis lasted longer the situation might have deteriorated. The Mayor of Gostivar noted:

We were very lucky that it ended so quickly, otherwise I don't know what we would have done. The local population has lots of economic problems. We could not have survived without the support from International NGOs. When we lost hope as to how we could help the NGOs came and helped.

¹²⁹ Compiled from several interviews with local government, NGOs and host families in Gostivar, March 2000.

Box 18: Interview with local partner, El Hilal, Gostivar¹³⁰

El Hilal was well prepared for the crisis in the Gostivar municipality. Before the refugees arrived and before the bombing started it had prepared a register of all the local people with space in their houses and all the local accommodation available. It also stockpiled large quantities of food donated by its volunteers. This enabled El Hilal to act quickly when the refugees came.

Initially the refugees went to the mosque to be registered, allocated to a household and given an El Hilal registration card. In the mosque they were provided with a 24-hour service of food and drink. The international organisations came on the scene much later. El Hilal claimed it had to provide its own aid for approximately 25 days until international aid arrived.

According to El Hilal the refugees were better off in host families, and were generally keen to be housed in this way rather than in camps. The method of deciding whether they stayed in a camp or with host families was simply that the first refugees to arrive were allocated among host families. Once there was no more room in the municipality, new refugees went into the camps. El Hilal asserts there was more space in host families in other municipalities but the government did not want the refugees spread out over the whole country. El Hilal noted that in Gostivar there was more political will to help the refugees.

Refugee choice

While concerns over the lack of international attention paid to refugees in private accommodation were probably legitimate, it should not be forgotten that most of them chose to stay outside the camps. A choice that was not based on whether they would be better cared for by the international community, but other reasons:

- A lack of camp facilities at the start left refugees with little choice but to accept private accommodation. Many of those staying with host families arrived 10-14 days before the camps were established. There is some evidence from Albania that once camps were set up some refugees in private accommodation moved into them. However, it is also the case that refugees commonly moved in and out of the camps. Furthermore, some family members stayed in the camps to have the chance of being sent to a third country.
- Many refugees disliked living in tented camps, which were crowded, hot and restricted their freedom of movement. Conditions were generally considered better in the host families. In Macedonia, camps were described as places of '*containment rather than shelter*'.¹³¹ Refugees with money preferred to rent private accommodation in towns, at least while their money lasted.¹³²
- For some more vulnerable groups, such as the elderly or disabled, private homes probably provided a more comfortable and protective environment. While several host families reported that refugees were initially frightened when they arrived, only one host

¹³⁰ El Hilal is a partner of MCIC.

¹³¹ HAI, draft report, April 1999.

¹³² Host family interview, Skhodra, March 2000.

family interviewed reported psychological problems among its guests and in this case the woman had a long history of illness.¹³³

International assistance for privately accommodated refugees

The refugees in private accommodation were less well-provided for than refugees in camps, in terms of material assistance, access to care, information and protection. However, the evidence from this evaluation suggests that privately accommodated refugees did not suffer unduly in the short term.

In the view of host families, the amount of food received by the refugees was sufficient and in some cases more than was needed (refer also to Section 1). In several cases they reported that the refugees did not collect their entitlements. One host who had 40 refugees staying in his compound said that he had to organise a cart to deliver the 26 food aid boxes to the house.¹³⁴ Another reported that a refugee family took a lorry load of food back to Kosovo. The main complaint was the type of food provided - pastas and tinned foods were not popular. However, unwanted or excess food was often exchanged for fresh milk, eggs or meat. The distribution of non-food assistance, hygiene packages and clothes was more erratic.

International assistance for host families

Over the seven-week period of the crisis, concerns grew about the impact of the refugee influx on host communities. There were reports of rising tension between host families and refugees and also that refugees were beginning to move from host families to camps (Oxfam, 1999b). In June, one survey reported that refugees were leaving private accommodation because they could not pay; *'when they run out of money, they are out of housing'* (Wolf, 1999). This situation was later contradicted by CARE's assessment in Elbasan (CARE International, 1999).

Among donors there was particular concern about the political impact of the refugee influx in Macedonia. In April, the World Bank warned about a possible increase in political and social tension and allocated US\$1 million for a community-based assistance programme for refugees and host families in Macedonia. The food parcels provided by ARC, MRC, MCIC and others to host families was, in part, intended to alleviate these tensions by reducing the burden on the local community. Concerns about the capacity of refugees and host families to cope through the winter led UNHCR to initiate a cash grant project worth US\$8 million for host families in Albania, and a similar one for US\$10 million in Macedonia. This was intended to give host families the equivalent of US\$10 per month per refugee, backdated to 1 April. Most payments were not received until June, after the repatriation started. In Macedonia, Swiss Disaster Relief also made cash grants of 200 DEM per host family through MCIC, and a Greek NGO gave 100 DEM per family. The Danish Refugee Council also carried out repairs to some host family houses. Subsequent to the refugees' return several agencies have been involved in short-term community projects in the affected areas.

¹³³ Host family interview, Devoll, Albania, March 2000.

¹³⁴ Host family Interview, Elbasan, March 2000.

In Albania, all families acknowledged receiving some food aid for themselves and compensation payments from 'the government'. This was paid in June against lists provided by the municipality. While all families welcomed the payments, they asserted it did not cover the real costs of hosting the refugees. However, only two people complained that they were worse off as a result of being hosts. In Albania, one woman who hosted refugees said she gave her compensation to the refugees to pay for their transport back to Kosovo (see Box 16). Several host families reported not taking the aid to which they were entitled to, a point confirmed by some aid agencies.¹³⁵ The survey undertaken by CARE in Elbasan indicated that host families did not suffer a serious decline in household livelihood security as a result of hosting Kosovo refugees (CARE International, 1999).

7.5 Other Refugees

Once KFOR entered Kosovo, the focus of the international humanitarian response switched to Kosovo and the return of Kosovo Albanians. People who have become refugees since then — whether Albanians from Prosevo in Serbia, Serbs from Kosovo, or Roma from Kosovo — have received a much lower level of international support, both in quantity and quality.

In Macedonia those arriving since June 1999 have been accommodated in collective centres, access to which has been restricted. Families who moved from camps to collective centres complained that the conditions were worse. The policy of the government seems to be to avoid making the refugees too comfortable, a policy that UNHCR seems to concur with. Unlike the Kosovo Albanians, however, the future for these refugees is bleak. They cannot return to their home country. Some of the welfare safety nets they relied on before the war, such as state pensions, have been lost.

Roma refugees

The Roma are probably the most politically vulnerable of all the communities from Kosovo. Like other communities, their experiences have varied depending on their particular relationship with those they lived among. However, the Kosovo Albanians have accused the Roma population collectively of collaboration with the Yugoslav and Serb forces. While some Roma have stayed in Kosovo, many have left since the end of the war because of intimidation.

There is evidence to suggest that Roma refugees in Macedonia have fared worse than the Kosovo Albanians. During the initial emergency, Roma who stayed in camps suffered intimidation and violence from Kosovo Albanian refugees. Most Roma therefore lived outside the camps in collective centres or private accommodation (refer to Box 20). Not all Roma are poor, although many lacked the assets of the Kosovo Albanians. Also because resident Roma are poorer than their Albanian neighbours, Roma refugees were more likely to have to pay for accommodation.

¹³⁵ Interview with CAD, Macedonia, March 2000.

Box 19: Interview with Roma family in collective centre, Macedonia

The family is from Pristina where the father worked in the Sports Centre. They stayed in Pristina throughout the bombing. When their Albanian neighbours returned in June 1999, things became difficult for them. The father was beaten by the neighbours and fled to a village where he had an aunt. However, all the Roma had left and he was threatened again. The KLA then kidnapped him and he was badly beaten and sexually harassed by 2 KLA women. On his release, he returned to Pristina with his family. The KLA poured petrol inside the house and told the family to leave. They moved to Kosovo Polje (in Kosovo) where they stayed for 2 months in a collective centre with 7,000 other people. However, they continued to be harassed so they walked with 460 other people to Macedonia.

They arrived in Stankovic camp on 28 September and left when the camp was closed on 10 December (during this period only Roma were in the camp). Their third baby was born in Stankovic on 10 November. The mother used the Mother Child Centre and received nappies, UHT milk and biscuits for the children. At times, however, goods were not available, and the family suspected that girls working in the centre were stealing and complained.

In all countries there is evidence of social exclusion and prejudice.¹³⁶ Governments are opposed to supporting income generation activities for Roma out of fear that they will stay. They have limited access to health services and education. In Macedonia, the quality of food for Roma in collective centres was poor. In Serbia, Roma from Kosovo face restriction on travelling to northern Serbia.¹³⁷ They have tended to settle in marginal areas, often in old abandoned buildings, on the outskirts of town or near to rubbish sites where they draw some living from recycling. There is no health surveillance and lack of access to education also means no vaccination.

Discrimination against Roma is also apparent in some international aid programmes. In Berane in Montenegro, the evaluation team found Roma living in overcrowded, unhygienic collective centres, while Serb IDPs have either been re-housed or moved into private accommodation. The level of service provided in the Roma collective centres would probably be unacceptable to Serb refugees.¹³⁸ Although several agencies provide specific assistance to Roma and support Roma NGOs, it was reported to the team that only ICRC in Former Yugoslavia employs a Roma field worker.

¹³⁶ A situation similar to Britain.

¹³⁷ Interview with CAFOD partner, Belgrade. April 2000.

¹³⁸ The team also found a disparity between collective centres housing displaced Serbs and Roma in North Mitrovica.

Box 20: Interview with Roma family, Tetova, Macedonia

M comes from Urosevac. He left Kosovo in March with his family. Five of his family are in Macedonia, another four went to Germany illegally. He no longer has a home in Kosovo. He received a paper in November 1999 notifying him that his house had been destroyed (Category 4). Three of his brothers and a son also had their houses in Urosevac destroyed. He used to be on a pension of 50 DEM a month, but he no longer receives this. *M* went to Kosovo three times to check if he could return. As a result he lost his green card, so now he does not receive any assistance. Another daughter also does not have a card. She used to live in Gjakove but now cannot return. The son-in-law also lost his house and car. He used to work as a cleaner, but cannot return now because he was threatened.

M feels he has done no harm to Albanians but they burnt his house. Nobody forced him to leave. He ran because of the confusion. He was most afraid of the bombing. Also the UCK tried to force his son to join them, so he left. The rural people are the main problem if he tries to return. The urban people know him well, but the Serbs fired at the houses of the Albanians in the villages so they do not understand why the Roma should continue to have a house.

M is staying in a house rented by his daughter and son-in-law who have been in Macedonia for several years. Another of his sons killed his wife and is in jail in Belgrade, so *M* now has to take care of the three grandchildren. The house is rented for 100 DEM per month. The son in Germany sends some money to help, they sell some of their food aid to pay rent, and the son-in-law can earn 5–10 DEM/day from labouring in construction work, but it is only seasonal employment.

Serbia, Montenegro and Bosnia

There were, and still are, significant differences between the experiences of Kosovo refugees and displaced people in Albania and Macedonia and those in Serbia, Montenegro and Bosnia. These three countries already had an existing refugee caseload from the wars in Croatia and Bosnia. The hospitality they have shown to refugees has worn thin as the economic burden has taken its toll.

Serbs and Roma displaced from Kosovo are unlikely to return and will therefore require longer-term assistance. However, the international community has provided less humanitarian support to refugees and the IDPs in these countries than it did in Albania and Macedonia. While there are some long-term refugee camps in Montenegro, the majority of IDPs and refugees are in private accommodation and collective centres making them less visible than the refugees were in Albania and Macedonia. In northern Montenegro, Kosovo Albanian IDPs face problems being accepted by the local pro-Serb community. Kosovo Albanian children were unable to enter the school system because they did not speak Serbo-Croat and separate schools have had to be set up.

7.6 DEC Agencies' Support to Refugees

The main focus of the international humanitarian response to the Kosovo refugee crisis was on supporting refugees in camps and collective centres. Although comparative data is not available, less support was given to the greater number of refugees accommodated outside camps and collective centres. By contrast, all DEC agencies have devoted considerable resources to refugees and IDPs outside camps and to host communities in the countries where they have been active (see Tables 30 and 31).¹³⁹ Some DEC agencies, such as the Red Cross,

¹³⁹ Comparative data is not available to give figures.

CAD and Christian Aid, who were supporting work with local partners and communities, were alert to their needs early on. Others, such as HAI, who joined the response later in Macedonia, deliberately targeted refugees in host families.

Table 30: Phase I: DEC agency support for privately accommodated refugees and host families

(Assistance part or wholly DEC-funded)

Agency	Albania		Macedonia	
	Partner	Activity	Partner	Activity
BRCS	ARC	Placing of delegates. For refugees in host families, procurement and distribution of: MREs; family food parcels; baby hygiene parcels; hygiene parcels; blankets; sleeping bags.	MRC	Placing of Delegates. Refugees in host families. Distribution of: baby hygiene parcels.
CAD	Direct	Donated aid (DEC 45,146). Hygiene kits to refugees and host (DFID funded). Hygiene kits and linen to 25,000 refugees and 25,000 host families Materials to schools (OFDA-funded).	MRC El Hilal	Donated aid.
CARE	NPF (Help the Children)	School rehabilitation.		
Christian Aid	Diakonia Agape	Purchase and distribution of clothing parcels; tents; water purification tablets; cholera kits; MREs, for 25,000 refugees in host families and host families.	MCIC	Food/hygiene parcels (part DEC-funded) for refugees, host families and 'social cases'.
Concern	Direct	Food		
HAI			MRC UNHCR ADRA, CAD, MercyCorps WV, Mac. Pensioners Association	Relief (hygiene kits and bedding) for older refugees and host families.
Merlin	Direct WHO / IPH (not DEC)	Health centres: 2 clinics in Korce & Pogradec pharmacy. Assessment of TB control and hospital labs.		
Oxfam			Direct	Water and sanitation.
SC			El Hilal MRC/El Hilal PSF SC (Mac)	Mother/child clothing and hygiene kits. Complementary food. Drugs and support to Gostivar & Tetova hospital. Drugs to central pharmacy. General support to SC Macedonia.
Tearfund	Medair VUSh	Relief distribution.	SNI	Food and NFI.

Table 31: Phase II: DEC agencies support for refugee affected areas

Agency	Albania		Macedonia	
	Partner	Activity	Partner	Activity
BRCS	ARC	Procurement and distribution of educational kits; recreational kits for School children in resident population	MRC	Procurement and distribution of educational kits; recreational kits for school children in resident population.
CAD	Direct	Emergency support to education structures NE (ECHO funded) Play grounds (DFID funded)	Direct Direct Direct	Action van. School rehabilitation project. Health (safe motherhood).
CARE			Direct	Permaculture project in site of former refugee camp (EC funded).
Christian Aid			MCIC	Improvement of water supply in three affected villages.
Merlin	WHO/ IPH	Rehabilitation of 3 TB Labs Tirana, Skhodra, Korce (ECHO/ WHO funded)		
Oxfam	Direct	Water & sanitation	Direct	Water and sanitation.
SC	SC Alliance	One staff member seconded to education programmes	El Hilal	Health kits.
Tearfund	Direct Mitigation international	Solid Waste disposal, Kukes Counselling training with church partner		

Assessment of needs

In the camps, refugees appear to have been consulted through camp structures, refugee committees and specific interventions. For example, in Macedonia Oxfam supported ‘tea tents’; CARE supported Mother and Child Centres and SC reported that they utilised focus group discussions in the camps to involve women in programme design.¹⁴⁰ Consultation with refugees outside the camps was less evident although CAD appears to be an exception. In Serbia, the political situation restricts agencies’ freedom to consult with IDPs.

Appropriateness

The main focus of the assistance was on material relief. In the camps, however, the provision of non-material assistance, such as community services and information services, was considered important. Similarly, psychosocial support was largely a camp-based response, although there is no evidence that refugees inside camps suffered more or less trauma than those outside. No DEC agencies provided legal advice centres for those refugees outside camps, although some local partners did so.

Those beneficiaries of DEC assistance interviewed by the evaluation team reflected the diversity of experience noted. It was not apparent, however, that all agencies took these differences into account in their programme design. Standardised ‘kits’ or ‘parcels’ did not

¹⁴⁰ Interview with SC, London, March 2000.

reflect whether needs varied between refugee groups.

Supporting local capacity

In Albania and Macedonia, most of the support for refugees in host families provided by DEC agencies was implemented through local partners (see Tables 30 and 31).¹⁴¹ Refugee camps on the other hand, as one Albanian NGO complained, were the preserves of international NGOs.¹⁴² As in all complex political emergencies, there were advantages and risks of working with local partners.

The local knowledge of partners was important, some came from and knew the communities being assisted. They could draw on a large force of local volunteers and they required less expatriate involvement. This potentially ensured better coverage.¹⁴³

One problem was that some partners had little or no experience of emergency work. Local partners were mostly unaware of the Red Cross/NGO Code of Conduct, Sphere Guidelines and other international standards. The appropriateness of some locally developed assistance packages was questionable, for example, the MCIC food packages in Macedonia (see Section 1).

There were examples of inconsistency between donor agency policy and local agency activity. For example, although Oxfam's policy is not to support psychosocial work, in Albania it supported local partners that do. In Serbia, the evaluation team noted that its partners were not collecting health data in collective centres, despite Oxfam's concern with health issues.

The evaluation team noted a number of factors relating to local partners that might affect programme implementation:

- Working with several local partners increased the risk of duplication and required tighter coordination. El Hilal, for example, used its own distribution lists, different from the MRC's.
- Where part of the motivation of local organisations is political or religious this can jeopardise the impartiality of humanitarian assistance.
- Working with local partners runs the risk of reinforcing political and ethnic divisions and discrimination. Some Albanians in Macedonia, for example, expressed dissatisfaction with the work of Macedonian NGOs. CARE's rehabilitation of the Naim Frasheri school for Roma in Korce in Albania potentially reinforces policies of separate education for Roma.

¹⁴¹ For example, in Albania Oxfam worked through Women Realities and Visions and Women for Global Action Association. In Macedonia, CAD worked through El Hilal, SC worked through MTS, Christian Aid through MCIC, and through them the League of Albanian Women, and Roma NGOs like Mesecina. In Macedonia, Tearfund worked through SNI. In Serbia, Oxfam worked through local women's organisations and Roma organisations.

¹⁴² Interview with ANGOV, Tirana, March 2000.

¹⁴³ Christian Aid's partner, MCIC worked with 19 local NGOs.

- Reliance on local NGOs can limit coverage. In Serbia, several DEC agencies support Roma IDPs. However, this was mainly around Belgrade and in Central Serbia, where Roma NGOs are more vocal.
- In Macedonia, support provided to MCIC by Christian Aid was used to assist chronic 'social cases' in order to '*balance the refugee crisis with the social crisis*'.¹⁴⁴ Some humanitarian aid was, therefore, being used to address chronic structural problems.
- By working through local partners, DEC agencies can, arguably, claim to have strengthened local disaster response capacity. Prior to the crisis, IFRC had provided support to local Red Cross partners and Tearfund had provided training for local partners. However, it is only since the refugee crisis ended, that most agencies have begun to invest in strengthening local capacity.

Monitoring

Given that the Kosovo crisis involved the biggest mass movement of people in Europe since World War II, to date there have been surprisingly few detailed assessments or evaluations by DEC agencies on the impact of their work during this period. There have been some good end-of-contract reports¹⁴⁵, and CARE and IFRC/ICRC have both produced studies in which refugee-affected populations were consulted. However, most DEC agency evaluations have tended to look at organisational and management issues. Consequently, some opportunities for learning have been missed. For example, although Oxfam lobbied for disabled refugees to be included in the Humanitarian Evacuation Programme, they have not assessed the impact of this, even though they retain contact with the former refugees.

Connectedness

A common sentiment expressed by host families, particularly in Albania, was a sense of abandonment by the international community once the refugees had departed. There was an expectation of economic investment in return for the support that Albania had provided. The majority of DEC agencies have continued to work in Albania and Macedonia, but on a much-reduced scale. In the view of the evaluation team several agencies have had problems re-focusing their programmes from emergency to longer-term development programmes.

Furthermore, the amount of resources invested is small compared to the size of the initial humanitarian response to support the refugees. Community-based rehabilitation and development can do little to alleviate the long-term structural problems in these countries. Nor can it offset other impacts of the war, such as Macedonia's loss of trade with Serbia and access to power from Kosovo. Oxfam was alone among the DEC agencies to advocate on issues relating to the 'Stability Pact' which has important implications for the future development of countries in the region.

¹⁴⁴ Interview, MCIC, Macedonia, March 2000. In Macedonia, some 3 per cent of GDP is spent on welfare for social cases.

¹⁴⁵ A notable one is the report of the Oxfam emergency coordinator in Albania (Porter, 1999b).

During the refugee emergency some INGOs that had previously worked in Kosovo neglected their Kosovo partners. In this respect the record of the DEC agencies was generally good. Oxfam, for example, worked with the same disabled and women's groups before, during and after the emergency, and SC also maintained its relationship with MTS.

7.7 Impact of the Refugee Crisis in Albania and Macedonia

The Kosovo refugee crisis has had a broad economic and political impact on neighbouring countries. This is beyond the scope of this report. Several issues, however, stand out from interviews with local people, local authorities and organisations in Albania and Macedonia:

- The refugee crisis does not appear to have led to a serious decline in livelihood security at a household level in the communities that accommodated refugees. The short-term nature of the crisis and the large-scale assistance provided probably served to mitigate this. The economic needs of households arise from longer-term structural problems.
- 'Do No Harm' analysis has become common usage amongst aid agencies in emergencies, but does not appear to have been applied in response to the Kosovo crisis. This may be because the political environment did not encourage it. One area where it could have been used was to assess the impact of the aid intervention on the 'parallel' or 'mafia' economies in the region. In Albania, the emergency was a positive boost to the national economy and provided many people with much needed job opportunities. Some Albanian host families reported there was some corruption at distribution sites. In the opinion of one aid worker, the intervention overall may have served to strengthen the mafia economy in Albania, although hard data on this is lacking.¹⁴⁶
- The emergency and the international response that followed have served to strengthen several local NGOs. Both positive and negative outcomes may accrue from this in terms of welfare provision and social protection.
- The international aid intervention may have served to create further divisions between religious communities. Since the end of Communism in Albania there has been a revival of religion, with both Islamic and Christian sects actively seeking to expand their influence. The number of new mosques in Albania and Kosovo are noticeable. In Korce, in southern Albania, it was reported that since the end of socialism, Orthodox families have left rural villages and moved to Korce town, where there is a new Orthodox Church and where the Greek Consular is a powerful authority. In this area, Albanian families hosting refugees remarked that their guests were 'very religious'. In villages that were still mixed it was noted that Kosovo Albanians were not accommodated by Orthodox families. In another part of Albania it was reported that Kosovo Catholic refugees were not allowed into one Muslim run camp while some former refugees interviewed in Kosovo noted that they had been paid to attend the mosque. However, commenting on religion, one villager remarked:

¹⁴⁶ Interview, Tirana, March 2000.

*We don't know what the Kosovars thought, but we have no problem with religion. Yesterday was Bayram and we all celebrated. We also all celebrate orthodox festivals.*¹⁴⁷

In Macedonia, the religious element in the response of the Albanian community was much clearer, with mosques used as distribution points. In Albania the Evangelical Churches claimed to be able to draw on more volunteers than the Red Cross, while El Hilal in Macedonia made a similar claim.¹⁴⁸ One partner organisation of a DEC agency in Albania stated '*The evangelical community [in Albania] is larger than before 24 March by a factor of five or six*', and that the strong response of the Christian community means that '*Kosovars think Albanians are Christians*'.¹⁴⁹

- Finally, it was noted in interviews that several host families have maintained a relationship with their former guests. One impact of the refugee crisis has been to erode the borders that existed between Albanians in Kosovo, Albania and Macedonia. In the long-term this may prove the longest lasting impact of the refugee emergency on the region.

PART 2: KOSOVO REFUGEE RETURN

7.8 Return, Rehabilitation and Development

NATO troops entered Kosovo on 12 June 1999 following the signing of a technical agreement with Yugoslav forces. By the end of June over half of the Kosovo Albanian refugees had returned to Kosovo from Albania and Macedonia. Within a week of the first NATO troops entering, most DEC agencies were in the process of establishing a presence in Kosovo.¹⁵⁰

The principles (5–8) of the Red Cross and Red Crescent/NGO Code of Conduct (refer to Box 2 in Volume I) commit relief organisations to consult with beneficiaries and support local capacity. This reflects a widespread call for relief aid to be more developmental in its aims and application.¹⁵¹ Drawing on interviews with local people and organisations and

¹⁴⁷ Interview Disnice, March 2000.

¹⁴⁸ Interview with VUSh/AEP, Tirana; El Hilal, Gostivar, March 2000.

¹⁴⁹ Interview with VUSh/AEP, Tirana, March 2000.

¹⁵⁰ Only Merlin did not establish a presence in Kosovo.

¹⁵¹ In complex emergencies the traditional model of relief as providing temporary succour to people in acute stress is considered by many to be outmoded. It is considered more appropriate to use aid to support peoples' own capacities to cope and to address structural problems.

international agencies, this part examines how DEC agencies have applied these principles in Kosovo.¹⁵²

Prioritisation of need

The Code of Conduct asserts that aid priorities will be based on assessed need. However, other factors also determined the DEC agencies' response in Kosovo. Arriving in Kosovo, agencies were faced with various constraints: insecurity¹⁵³, the spontaneous mass return of refugees, damaged infrastructure, weak UN leadership and coordination, impending winter and logistical bottlenecks. The one thing they did not lack was funding. This was both positive and negative. According to agency staff one of the biggest constraints to proper assessment was the imperative to spend. As one aid worker noted, in July (1999) there was no pressure on agencies to undertake proper consultation:

*Everyone was saying 'Spend, Spend, Spend! I was pretty horrified ... At the start, engineers could just go out and look at something and agree to do it.'*¹⁵⁴

Prioritisation of needs was therefore often resource driven.

Prioritisation of location

Decisions to work in certain areas and sectors do not seem to have been based on assessment of need alone, at least initially. Agency staff spoke of some INGOs 'cherry picking' locations, particularly in the western parts of the province, which affected their choice of location. CARE was designated an AoR by UNHCR that was not its first choice. CAD was designated 52 minority communities to work with based on its previous work in Kosovo. SC and Oxfam also chose their location on this basis. Some DEC agencies came into Kosovo 'cold' and chose their area of operation on the basis of a rapid assessment. HAI, after consultation with UNHCR, located itself strategically at the Cerentolovski Centre old people's home in Pristina.

Unlike some other INGOs, DEC agencies resisted donor pressure to work in the same areas as national forces. However, their choice of locations, was often the result of negotiation with other agencies; in some cases agreements with communities were over-turned by other agencies arriving on the scene. Over time agencies have been able to undertake more rigorous needs assessments to target locations and sectors. SC for example, is now moving its operation from Prizren to Malisheve on its assessment that the area is more needy.

Diversity of approaches

Over the past decade a feature of the international disaster response system has been the increasing array of NGOs working in protracted political emergencies, a theatre formally the

¹⁵² This section focuses on Kosovo where 68 per cent of DEC Phase II funds were spent, and where, in contrast to Serbia and Montenegro, DEC agencies supported rehabilitation.

¹⁵³ Security was not brought under control until late August.

¹⁵⁴ Interviewed in Pristina, March 2000.

preserve of specialist organisations like the ICRC. Kosovo may represent a pinnacle in this trend, with 285 NGOs registered in Pristina at the end of 1999 (Guest, 2000).

Characteristically, these NGOs bring differing mandates and methodologies to their work. One example is the 16 de-mining agencies who approached their work differently. MAG, contracted by World Vision, used KLA soldiers for de-mining. Mine-Tech, contracted by CARE, brought its own team. NPA used local women as de-miners. The strong coordinating role of UNMACC has been essential to ensure standards. Elsewhere, weaker coordination had a direct impact on the operating environment for NGOs and also on beneficiaries, as is apparent in the tensions over coordination that almost all DEC agencies complained of, and the *'broken promises'* that the aid recipients complained of.

The DEC agencies reflect a diversity of operational approaches. Some chose direct implementation, others to work through local partners, some work with nascent authority structures, others with local NGOs. While this diversity of approaches, involving different forms of community consultation and mobilisation, may ensure a variety of needs and problems are addressed, the approaches reflect not so much a process of beneficiary consultation and analysis, but agency choice and self-ascribed mandates.

In a 'stateless' context like Kosovo, if strong coordination is lacking, it is easy for aid to become manipulated and exacerbate tensions. Although one KFOR military officer noted that *'food and aid is power in this country'*¹⁵⁵, information on the impact of aid on the so-called mafia economy and internal politics of Kosovo is difficult to obtain.¹⁵⁶ The two interviews below, however, illustrate problems of coverage and targeting at a village level that can arise from supply-driven aid, weak coordination and inadequate assessments.

Box 21: Interview with villagers of Perlepnice, Gjilan

In this village the women's group *Iliria*, an Oxfam local partner, distributed 60 winter jackets and 50 pairs of boots. The village had more than 300 houses. Of these 68 are heavily damaged, including those of Serb and Roma who left after the war. The main income of the villagers is agriculture and the population also receives a lot of remittances from their relatives abroad. People with burned houses live mainly on aid, but this is being reduced and directed towards Albanians arriving from Presevo and Bujanovc in Serbia. A Dutch NGO is assisting these displaced people distributing cooked meals to those families registered by MTS.

In addition to clothes from Oxfam, the village has received clothes from the American Rescue Committee for young children. UNICEF has distributed 50 winter jackets and 60 boots, and 'Arabs' have also distributed second hand clothes. The clothes were not distributed through MTS.

One of the youngsters who was present at the interview stated loudly that bringing clothes to this village does no good, but only irritates people and creates conflicts. Relatives working abroad could easily provide clothes. He said that the biggest need was reconstruction.

¹⁵⁵ Interviewed Pristina, April 2000.

¹⁵⁶ One interviewee reported that many of the 180,000 roofing kits distributed by UNHCR are unaccounted for.

Box 22: Group discussion with school principal, MTS representative and ten villagers in Gerqin village

The evaluators' comments are in [brackets].

The village was heavily damaged from the war, but the school was spared. Nevertheless, *Samaritan's Purse* have painted the walls and repaired the floor. Of the 270 houses in the village 46 are burned completely. *Samaritan's Purse* supplied plastic roofs, plastic windows and poor quality doors in the autumn but it was a waste of money and time. This spring they will bring tiles for the roofs. *Danish People's Aid* brought roofs, windows, wooden beams, logs, cement and paid for the construction. It did not consult the *MTS* or village council when they selected whom to help.

SC distributed clothes, barrels with household kits, educational kits, Lego toys and school bags through *MTS*. The principal said, and the others agreed, that a computer would have been more useful for the school children than Lego toys. The winter clothes were only for the poorest, who were selected by *MTS* and cross-checked by *SC* monitors. The *MTS* activist complained that the whole village was poor and needed clothes.

BRCS also provided some technical and educational kits for the school in July 1999, although the principal and others said they would have preferred some furniture for the school [even though they already had this] and lab kits.

UNMIK provided 3 food parcels (including biscuits, chocolate, candies, tinned meat and MREs) and one pair of trousers for each family, distributed through *MTS*.

The *Salvation Army* supplied every house with stoves but people complained that they were locally produced and did not seem very good.

Many families in the village live on aid from *MTS*. Until January 2000, every family was an *MTS* beneficiary. The number was then reduced by 30 per cent. However, *MTS* and the village council decided to reduce the amount per family instead so everyone got something. Another 30 per cent reduction was due to take place by the end of April. The *MTS* activist is against this measure.

The main problem is mines. The village is near the border with Albania which is mined on both sides. The *Italian army* are de-mining the area.

The village does not have a clinic. Until March, *MSF* brought a doctor once per week. Doctors from Gjakova hospital vaccinated the children, supported by *SC*.

The Prefecture did not keep his promise to bring 16 cows for the village. *MCI* brought each family maize, potato and wheat seeds and fertilizers, which only covered only 30 per cent of their needs.

7.9 Definitions of Vulnerability

The problems of targeting illustrated in these interviews above arise from limited assessments and assumptions about vulnerability. Politically there has been little pressure from donors or aid agencies to undertake assessments and refine targeting. WFP's targeting criteria, for example, were sufficiently broad to cover 90 per cent of the population (see Section 1).

The evaluation team came across several examples of poor targeting by NGOs; most were not DEC agencies. One woman household head, for example, reported that she had received potato seeds and fertiliser as well as some animal food, even though she had no animals.¹⁵⁷

¹⁵⁷ Interview Coskove, Klina.

An example where assumptions about vulnerability led to inappropriate targeting was in a cattle feed project in Dragash, southern Kosovo, implemented by MCIC, a Christian Aid partner. Cattle were taken as an indicator of wealth, and it was assumed that farmers with more cattle were richer and so families with only one cow were prioritised. Villagers, however, explained to the evaluation team that those with only one cow had other sources of income, while those with more than one cow were poorer and dependent on their cattle.¹⁵⁸

The international community's promise to get returning refugees in shelter before winter, meant that shelter reconstruction was prioritised above all else. While clearly important, one consequence was that war damage to homes became one of the main indicators of need.¹⁵⁹ The situation was more complex than this, however. According to farmers in one village, the needy were those families:

*who have lost cattle, whose income is less than 50 DEM; who have lost a parent in the family, or who are ill; who have less than 0.5 hectares. A damaged house is only one and not the main criterion.*¹⁶⁰

They concluded that the poorest family in the village was one whose son had been paralysed by a grenade, but also noted that the biggest farmer in the village had suffered and should therefore be assisted. These observations are important, highlighting first, that the presence or absence or health of a son is an important indicator of vulnerability and, second, that in war, poor and rich alike can be vulnerable, a characteristic which often distinguishes political emergencies from natural disasters.¹⁶¹

The evaluation team found that most DEC agencies were cognisant of the complexities of targeting. For example, Tearfund staff noted that the decision not to assist people with Category 5 damaged housing meant that poorer families were discriminated against, explaining: *'By and large we put the roofs on for the richer people as their houses had the better superstructure ... The Shelter programme helped the richer people'*.¹⁶² They also questioned some aid agencies' assumptions that people would share their refurbished houses with others, as it assumed a certain homogeneity within communities that did not take into account class differences. They therefore sought to rehabilitate houses across different social classes.¹⁶³

For most aid agencies, however, the emphasis on material assistance means that vulnerability is still largely defined in terms of economic or material well-being, rather than political or

¹⁵⁸ Interview, Kresevo, March 2000.

¹⁵⁹ This has not been the case in Serbia.

¹⁶⁰ Artar Village, Ferezai, April 2000.

¹⁶¹ A point made in studies of famine in Africa.

¹⁶² Poorer families often live in older traditional houses which were easier to burn. In rural areas, traditional housing is more common, but traditional Albanian areas of towns were also targets of the Yugoslav military and para-militaries. Interview with Tearfund, Prizren, March 2000.

¹⁶³ Interview. Tearfund, April 2000.

social status. Clearly for some excluded or repressed groups material assistance alone is insufficient. The standardisation of ‘packages’ and ‘kits’, while ensuring equity and technical appropriateness can also serve to homogenise needs and de-politicise vulnerability. In Kosovo, as in other political emergencies, the vulnerability of most ‘categories’ of people — older people, children, women, the disabled, farmers and displaced — is as much politically determined as materially, economically or biologically. For minorities, transport and freedom of movement are critical. Interviews by the evaluation team with older people from minorities, for example, indicated that while appreciative of the assistance they had received, they were also stressed by their loss of contact with relatives and their isolation.¹⁶⁴

7.10 Beneficiary Perceptions of Aid

Some interviewees noted a communication gap between aid agencies and local populations.¹⁶⁵ NGOs are often very poor at explaining the purpose of aid to those they are assisting. The need to do this is important in an environment where aid can be seen as partial. However, the rush to spend and implement projects has limited the amount of beneficiary consultation. CRS, for example, noted that it had only recently started holding focus group meetings in villages to explain the purpose of aid and targeting, because food aid is being reduced.¹⁶⁶ On the basis of these consultations the agency acknowledged the limitations of its understanding, noting *‘Villages are dominated by family based networks that we don’t understand’*.

For a population used to a state system, the purpose of humanitarian aid provided by INGOs and targeting is not always apparent or well understood. The interview in Gerqin village (see Box 22 above) illustrates this. Community leaders preferred to reduce the amount of assistance per family, rather than the number of beneficiaries. The evaluation team came across several examples where resources were redistributed in communities. For many Kosovo Albanians, remittances from relatives are critical, but information about this may not be revealed for fear that they would not be entitled to assistance.

Some communities used aid to reward those who supported the struggle (see Box 23). For example, one woman interviewed in Klina, whose husband disappeared in the war, received construction materials even though her house was not war damaged, due to her connections with MTS.

¹⁶⁴ Interviews in Lipljan, Gracanica, April 2000.

¹⁶⁵ Interview, OSCE, Prizren, March 2000.

¹⁶⁶ Interviewed in Prizren, March 2000.

Box 23: Evaluators' comments on a visit to a farming village near Ferizaj

It was clear that before the war this village was relatively prosperous, as a centre for sunflower seed production for the oil press in Ferizaj (now packaging imported oil only as, like many semi-state enterprises, it is subject to an ownership dispute). Sunflower seeds pay much better than winter wheat.

In the case of both of the farmers interviewed, it was clear that they would have been able to buy seeds with their own resources. They received assistance not because they were needy, but because their houses were burnt down. This reflects a general view of international assistance as being intended to reward those who suffered most during the 'struggle' rather than being intended to prevent suffering.

Several agencies noted that the massive international response to the refugee crisis and the pledges made by donors had created unrealistic expectations in the population. Several agency staff expressed concerns about creating 'relief dependency'. A staff member of one DEC partner agency noted, for example: '*We have people coming and saying you have done my house, but what about the other two*'.¹⁶⁷ Another agency complained that the population was fully employed in reconstruction until the international community intervened.¹⁶⁸ One KFOR military officer observed that there is an absence of an 'ethos of self-sufficiency', because '*there are too many NGOs doing too many things*'.¹⁶⁹

The largesse of the international community may have had an impact on local initiative. However, the local expectations also reflect the fact that many families have been relying on external remittances for over a decade. They also reflect a particular experience of state welfare. Under Tito and the communist regime the right to food was intrinsic to the system. The memory of starvation in World War II made a citizen's right to food a fundamental plank of legitimate governance.¹⁷⁰ The free market economy in which NGOs and where 'self-help' and 'sustainability' are fundamental precepts, is very different and there is a potential clash of values.

7.11 Participation and Capacity Building

It was apparent to the evaluation team that the degree of community involvement in projects varied between agencies. In school rehabilitation, for example, the BRCS was more successful at involving communities in cleaning the premises before rehabilitation than SC. On the other hand some agencies' expectations of community contributions were perhaps too high. The evaluation team noted examples where Christian Aid-funded shelter projects appeared to neglect the special needs of vulnerable beneficiaries, raising a question over the adequacy of monitoring and assessment (see Chapter 3.3).

¹⁶⁷ Interview, Islamic Relief, Kosovo, April 2000.

¹⁶⁸ Interview CRS, Kosovo, March 2000.

¹⁶⁹ Interviewed in Pristina, April 2000.

¹⁷⁰ Personal communication, Judith Large.

An important aspect of participation is the agencies' different approaches taken to working with local organisations and structures. Of the DEC agencies, Oxfam, SC, CAFOD and Christian Aid have been consistent in working with local organisations, arguing that it is possible and necessary to support the development of institutions during an emergency.¹⁷¹ Oxfam, in particular, built continuity into its response in Kosovo and Macedonia by working with some of the same women and disabled groups throughout. CARE, in contrast, has argued that it was not feasible to work with local partners during the emergency.¹⁷²

Organisational capacity can be an important component of participation; where assistance is made conditional on participation, it can determine access to resources. It was noted in collective centres in northern Mitrovica with Krajina Serbs that the absence of a representative affected the level of assistance received. MTS, however, is the clearest example of this. As the largest local NGO in Kosovo, MTS is an important conduit for international aid. However, it is predominantly a Kosovo Albanian organisation and communities with MTS activists are more likely to be assured of assistance. Roma who are not represented in MTS complain about discrimination.¹⁷³ While SC has chosen to work closely with MTS, using its criteria and lists, others have found them problematic to work through.¹⁷⁴

A further example is Oxfam's support for women's groups and the disabled. One of the objectives was to 'make visible' their needs. To the extent of creating alternative channels for the delivery of assistance, Oxfam appear to have succeeded in addressing some aspects of their vulnerability, although what impact this has on other areas of their lives is less clear.

A constraint on agencies working with local institutions has been the instability of political structures. When the war ended, the KLA quickly assumed authority over local political structures. The international community considered these unrepresentative and UNMIK set about dismantling them in order to create new democratic institutions. There have also been local political struggles. Junik, for example, has declared itself a municipality separate from Gjakova. Consequently, there have been no stable political institutions to work with.

7.12 Impact

The social impact of sectoral interventions is dealt with in other sections. As important as the impact of individual projects, however, has been the cumulative impact on people and institutions of the presence of large numbers of international welfare agencies in Kosovo. The following observations can be made.

¹⁷¹ Interview, SC Kosovo, March 2000.

¹⁷² Although it does this elsewhere for example, Somalia and Southern Sudan, CARE is also alone among the DEC agencies to have undertaken some forward looking research assessment on social protection institutions in Kosovo (Gregson, 1999).

¹⁷³ Interviews with OSCE and UNHCR, Prizren, March 2000.

¹⁷⁴ Interview with CARE, Ferizaj, April 2000.

Pre-war, the Kosovo Albanians supported a parallel educational and health system through a 3 per cent tax on their incomes at home and abroad. Now teachers draw salaries and stipends from UNMIK and communities no longer contribute. The teachers' union SBASHK lamented that the voluntary ethic had disappeared.¹⁷⁵ Activists in local organisations like Handikos and MTS who worked before the war on a semi-voluntary basis are now receiving stipends from international organisations such as Oxfam and SC. Some argue that the reservoir of talent and skills from the pre-war parallel system has been neglected by UNMIK in favour of '*a foreign-driven emergency relief operation that has undermined Kosovo's indigenous capacity to recover*' (Guest, 2000).

In Kosovo the welfare system is politicised. In the past decade there were two competing systems, one supported by the Yugoslav government, the other by the Kosovo Albanian parallel system. Today there are several. One is managed by UNMIK which has taken over some of the functions of the former state. Another is the remnants of the welfare system supported by Belgrade. These two systems are in competition. Belgrade continues payments of social welfare benefits to Serbs in Kosovo in order, it is alleged, to maintain the Serb population there. A KFOR military officer observed: '*If you do not vote for Belgrade you get no aid*'.¹⁷⁶ Serb schools have been kept closed because the Belgrade government refuses to allow teachers to attend them. On the other hand, it is noticeable that the salaries paid by UNMIK to teachers in Kosovo are three times the average salary in Serbia.¹⁷⁷

A third system is that run by international and local NGOs and funded by various donors. This is only partially coordinated and integrated with the UNMIK-run system. In fact, one INGO representative described the NGO sector as the '*new parallel system*'. In this system the average salary (600 DEM per month) for locally recruited NGO staff in Kosovo is almost 8 times the average salary in Serbia. One consequence of this is that the NGO sector is draining skills and resources from public institutions and services.¹⁷⁸ In Kosovo there has not only been the breakdown of an old system, but the emergence of an alternative system fashioned through new 'democratic' institutions, including NGOs.

Prior to the war the Kosovo Albanian parallel system was united, although not without problems. The current NGO-supported welfare system is fragmented; some describe it as 'decentralised'. Before the war CRS worked with MTS alone. It now works with several organisations. Another example is the local NGO Handikos. The number of Handikos centres has increased since the war and are becoming increasingly independent of the centre.¹⁷⁹ Oxfam's capacity building programme for Handikos supports this by helping them to access

¹⁷⁵ Interviewed in Pristina, April 2000.

¹⁷⁶ Interviewed Pristina, April 2000. The same officer was offered their opinion that MTS and YRC were not impartial, but political organisations.

¹⁷⁷ UNMIK pays salaries of 200-280 DEM per month in Kosovo, the average salary in Serbia is 84 DEM (OCHA, 2000). OCHA also reports that 800,000 people in Serbia earn less than 20 DEM per month. A rural farmer in Kosovo said an income of less than 50 DEM was an indicator of poverty in Kosovo.

¹⁷⁸ One NGO reported that their night watchman was a former university professor.

¹⁷⁹ Oxfam, interviewed in Pristina, March 2000.

local donors. Furthermore, Oxfam's work to support disabled people's needs and rights is considered part of a process of '*democratisation of society*' (Oxfam Disability Team, 2000). A similar example is apparent with women's organisations. A one-year US\$10 million USAID grant for the Kosovo Women's Initiative has, not surprisingly, led to a proliferation of women's organisations. Rather than uniting people, aid provided through multiple institutions appears to be creating divisions.

This process of fragmentation stands in contrast to the centralising tendencies of UNMIK. Not surprisingly, tension has emerged between NGOs and UNMIK. NGOs are reportedly reluctant to work through the Centres for Social Work (CSW). While their arguments against using CSW may be justified, their track record is also questionable. The number of '*broken promises*' by agencies (including some DEC-funded agencies) reported by beneficiaries and other interviewees is an indication of how insecure an NGO-supported welfare system can be.

SECTION 8: PROTECTION AND HUMAN RIGHTS

8.1 Introduction

War-induced emergencies differ from natural disasters in being *crises of protection*. Bosnia, Somalia and Rwanda all provided lessons for humanitarian agencies and politicians on the short-comings of providing material relief alone in response to war-induced suffering, where people's inability to meet their economic, nutritional or health needs are a consequence of political violence. Increasingly it is recognised that humanitarian action in response to such emergencies should not only seek to provide life-saving assistance, but involve measures to protect people's physical, economic, social and political rights as defined in international human rights and humanitarian law (Darcy, 1997). The interest in protection also reflects an international context in which the principal of sovereignty is no longer absolute, human rights have gained importance in defining international relations, and aid organisations and increasingly human rights agencies have flourished in war zones.

The protection of civilians in war has always been central to the philosophy of the ICRC and IFRC, and protecting refugees of war is the foundation of UNHCR's mandate. More recently non-governmental relief agencies such as MSF have sought to integrate protection and relief assistance. Others have been more cautious, concerned at the implications of linking human rights and relief. Human rights monitoring, reporting and education, however, are only partial responses to human rights violations and are often inadequate in the absence of practical field-based protection strategies.

Although protection was not specified in the evaluation ToR, the Valid Lesson Learning Study did identify protection as an issue in the Kosovo crisis (Hallam, 1999), and the work of DEC agencies in this area was therefore examined.¹⁸⁰ The aim was to assess: whether DEC agencies considered protection strategies in designing their response; what protection strategies they developed; and what lessons or best practice had been learned. For the purpose of the evaluation, protection is defined as: *strategies to enhance the physical security of persons and groups under threat, and the practical realisation of their rights under international humanitarian, human rights and refugee law* (Paul, 1999).

A few DEC agencies did articulate protection as an objective in their DEC proposals, although for some it is also part of their agency mission statements.¹⁸¹ During the crisis most did develop and employ protection measures at different times and in different places, but for some this was not a conscious strategy.¹⁸²

¹⁸⁰ Although protection issues were clearly important throughout the region, the evaluation team was only able to focus on Albania, Macedonia and Kosovo.

¹⁸¹ Protection was central to ICRC/IFRC work and their regional response. SC describe child protection as their core expertise in the region. Oxfam defines protection as an objective in their regional strategy (Oxfam, 1999c). HAI identified protection of older people in Kosovo in their proposal. For CAD child protection is part of their mission statement.

¹⁸² Interview with Tearfund, Teddington, March 2000.

8.2 Protection, Human Rights and the Kosovo Crisis

Human rights and protection issues have been central to the Kosovo crisis. The language of rights has been widely used by all parties to the war in support of their political objectives. The (Western) international community has invested heavily in human rights monitoring and promotion in Kosovo before and since the war, through the OSCE-KVM and other organisations.¹⁸³ In 1998 ICG noted:

Since human rights violations are the one subject on which the international community is unanimous and vocal, human rights monitoring is given extremely high priority and attention in Kosovo (ICG, March 1998: 8).

According to the OSCE:

...broad international recognition that the Kosovo crisis was in large part a human rights crisis, served to legitimize the OSCE-KVM's mandate (OSCE Office for Democratic Institutions and Rights, 1999).

Displacement of populations within and from Kosovo was not a by-product of war but a military strategy. When displacement intensified after the commencement of NATO air strikes, Alliance countries justified the military campaign as a 'humanitarian war' to protect the rights of Kosovo Albanians. After years of criticism by humanitarian agencies, human rights organisations and policy analysts, donor governments adopted the language of human rights. In Kosovo, DFID for the first time has sought to integrate human rights in its humanitarian response (DFID, 2000).¹⁸⁴

The Kosovo crisis, however, has thrown up as many questions as answers over the commitment of Alliance governments to human rights promotion and protection. It has been alleged that individuals in the KVM were both monitoring human rights and scoping military targets.¹⁸⁵ While NATO countries used protection as a justification for air strikes, over 500,000 civilians were left unprotected in Kosovo, and the bombing also exacerbated humanitarian conditions in Serbia. NATO's humanitarian activities in Albania and Macedonia, by overshadowing UNHCR, may have served to weaken its international protection role (Pugh, 2000).¹⁸⁶ The Alliance's stand on human rights in Kosovo sits uneasily with its silence over the war in Chechnya.

A strong argument can be made that the Alliance's concern for human rights in Kosovo has been more to do with regional security and containment or US political interests, rather than

¹⁸³ In 1998, for example, the US contributed US\$1 million to the ICTY to investigate the violence in Drenica. Some 12 per cent (US\$30.7 million) of the 2000 UN Inter-Agency Consolidated Appeal for Kosovo is request by UN agencies for Human Rights Protection and Promotion of Solutions, a considerable amount compared to most UN appeals.

¹⁸⁴ In Kosovo, this has supported media work, legal advice centres and work to stop trafficking of people.

¹⁸⁵ Suspicions about this may have been behind the detention of CARE International staff in Serbia.

¹⁸⁶ The lack of a UN Security Resolution defining UNHCR's responsibilities at that time effectively sanctioned NATO's authority as the regional power.

protection.¹⁸⁷ Former ICTY Prosecutor, Justice Louise Arbour, notes in her introduction to the 1999 OSCE report on Kosovo:

Unlike the situation in Bosnia ... there was a much greater fear that an explosion of ethnic violence in Kosovo could not be contained, and that it might rapidly spread to engulf the whole of the Balkan region (OSCE Office for Democratic Institutions and Rights, 1999).

Interestingly, the largest human rights funding request in the 2000 UN Consolidated Appeal for Kosovo comes from IOM for the repatriation of refugees, including 30,000 from the Humanitarian Evacuation Programme.¹⁸⁸

Despite the Alliances' stated commitment to protecting human rights, over 200,000 Serbs and Roma have left Kosovo since NATO entered the Province. The Alliance has been criticised for failing to stop attacks on minorities and failing to invest sufficiently in strengthening legal systems and a democratic policing system. In Bosnia, donor pressure for minority return has been interpreted as a policy to strengthen the Dayton Agreement and to weaken the Republic of Srpska. In Kosovo there is no such pressure for minority return. The failure to protect minorities seriously undermines the possibility of this and reinforces a culture of impunity.

Human rights monitoring reports of UNHCR, the OSCE and human rights groups, may be starting to have some influence. In March 2000, on the anniversary of the start of the NATO bombing, the NATO Secretary General warned Kosovo Albanians that they risked losing international support if they did not address the problem of ethnic hatred. High Commissioner Ogata also stated:

*This is not an inter-ethnic Kosovo that we see here today and this is not what the international community was committed to.*¹⁸⁹

8.3 Protection Issues during the NATO Bombing Campaign

During the war there were broadly three civilian population groups at risk: civilians expelled from Kosovo; civilians displaced within Kosovo; and civilians at risk from NATO bombing in Kosovo and other areas of FRY.

Refugee protection

The forced expulsion of over 800,000 civilians from Kosovo by Yugoslav military and Serb paramilitary forces was clearly the biggest and most visible protection issue during the three-month NATO air campaign. Kosovo Albanians were targeted on the basis of their ethnicity, with other groups such as Turks, Gorani, Catholics and Roma mostly spared.¹⁹⁰ Although

¹⁸⁷ Some argue NATO's military action had more to do with US geopolitical security concerns (Gowan, 2000).

¹⁸⁸ UNHCR's much smaller budget is mainly for legal and protection issues.

¹⁸⁹ Reported in Kosovo Humanitarian Update issue No 24 (UNMIK, 2000d).

¹⁹⁰ Minority groups did face violence and intimidation and pressure to join Yugoslav forces.

many refugees fled of their own accord, the systematic nature of expulsions indicates that the operation was largely pre-planned and part of a military strategy.

During the war the primary focus of DEC agencies was on the refugee crisis, which raised a number of protection issues: the role and performance of UNHCR, the rights of asylum, the protection of privately accommodated refugees, the physical protection of refugees and the protection of minorities. Table 32 provides examples of how DEC agencies responded to some of these protection issues.

Table 32: Protection issues and responses of DEC agencies

Protection Issues	Responses of DEC Agencies
<i>UNHCR:</i> It is acknowledged that UNHCR's performance was weak during the crisis. However, the involvement of NATO forces in humanitarian activities and the bilateralism of donor countries served to further weaken some aspects of UNHCR's coordinating role in refugee protection.	Although DEC agencies were critical of UNHCR performance, they were generally supportive of their leadership role and advocated for more donor support for them. Tearfund provided practical support by seconding a logistician to UNHCR in Albania. DEC agencies generally resisted bilateral pressures.
<i>Asylum:</i> The initial refusal by the Macedonian government to grant unconditional asylum for more than 20,000 Kosovo Albanian refugees created an initial protection crisis, with refugees stranded for several days at Blace border post.	Several DEC agencies (for example, CAD, SC, Oxfam, Red Cross) were active in Blace, ensuring refugees had access to food and water, while UNHCR and diplomats negotiated their right to asylum in Macedonia.
<i>Registration:</i> Registration is a key protection instrument for refugees, to ensure legal protection and access to assistance and services. In Albania and Macedonia the registration process was problematic. In Albania, few refugees were registered. In Macedonia, refugees were registered as <i>humanitarian assisted persons</i> , rather than being given leave to remain. For refugees outside the camps this affected their access to services, such as health-care. In both countries, UNHCR had little knowledge of refugees outside the camps and few resources to monitor their protection needs (Suhrke et al, 2000).	In Albania and Macedonia, the Red Cross took overall responsibility for refugees in private accommodation, including their registration. In Macedonia, DEC agency's local partners like MCIC, El Hilal, the League of Albanian Women, and Roma NGO Mesecina assisted in ensuring refugees outside camps were registered.
<i>Refugee camps:</i> Refugee camps were potentially targets for insecurity, robbery and gender based violence and trafficking. UNHCR protection officers did not have a continuous presence in the camps.	CARE-managed camps maintained a 24-hour presence in camps and advocated for greater visibility of UNHCR. They took measures to improve camp security, through the hiring of security in Albania, better fencing and siting of amenities.
<i>Refugees outside camps:</i> More refugees were accommodated outside the camps than in camps. They lacked access to official protection channels and received proportionately less assistance.	DEC agencies provided significant assistance to refugees outside the camps, some directly and some through local partners. The Red Cross took a lead in assisting privately accommodated refugees in Albania and Macedonia. In Albania, the BRCS provided a head of delegation to coordinate this work. CAD in Albania gave particular attention to rural villages, while CARE ran a 'search and find' programme for refugees deemed to have missed out. In May, Oxfam publicly lobbied for recognition of the particular needs of privately accommodated refugees. BRCS used DEC funds to support a radio tracing and

	information service for six months through the BBC, World Service and Radio Tirana.
<i>Separated families</i>	The ICRC/IFRC established a tracing structure which enabled them to intercede with the Yugoslav authorities on behalf of members of refugee families left behind or detained. SC provided a tracing service for refugees using mobile phones.
<i>Minorities:</i> Roma refugees faced physical violence in Macedonian camps and have faced discrimination in other countries.	Local partners like Mesecina in Macedonia (supported through MCIC) monitored the situation of the Roma. Since Kosovo Albanian refugees were repatriated, DEC agencies have been more actively engaged in assisting and advocating on behalf of Roma refugees. In Bosnia, SC have assisted unregistered Roma refugees from whom UNHCR was withholding aid.
<i>Extremely vulnerable persons:</i> Specific needs of old people and disabled were missed in the general response.	DEC agencies took a lead in ensuring the needs of certain categories were addressed. For example, Oxfam supported the disabled in refugee camps in Macedonia and HAI supported the needs of older refugees outside camps in Macedonia.
<i>Gender:</i> There were many examples of gender inequity. In Macedonia, women refugees in host families were initially registered in the name of their nearest male relative, thus breaching international refugee norms (Williams, 1999). Women in refugee camps were not involved in camp management. Women were vulnerable to gender based violence, and some refugee camps were targets for prostitution.	Oxfam was the most active of the DEC agencies on gender issues. They included Gender Emergency Support Persons in their emergency teams and undertook several gender specific assessments in Albania and Macedonia which, among other issues, identified concerns about gender-based violence. Oxfam identified problems with the registration of refugee women in Macedonia and advocated for a change. It supported gender-based information and assistance activities in camps in Macedonia. CARE also supported Mother and Child Centres in the camps which served as information and distribution sites for women. Concerned about gender issues in Albanian refugee camps, CAFOD's emergency coordinators were both women. Through the MCIC, Christian Aid supported the League of Albanian Women in Macedonia who advocated on gender issues.
<i>Children:</i> Refugee children were perceived as particularly vulnerable. Protection of refugee girls from trafficking was a particular concern.	There was no shortage of agencies with programmes to support children in the refugee camps. ¹⁹¹ Tracing of separated children, support for 'child friendly spaces' in camps and a child rights and advocacy centre are examples of some protection activities supported by SC in Macedonia. Coverage of such needs among refugee children outside the camps, however, was much weaker.

Civilians in Kosovo

The biggest gap in the protection framework during the war was in Kosovo itself. An important protection strategy is the act of witnessing and physical presence to prevent human

¹⁹¹ In fact in the general response to the emergency there may have been a disproportionate emphasis on children's vulnerability compared to other groups such as older people. Numbers of unaccompanied children, for example, was lower than child-focused agencies expected. Interview with SC Prizren, March 2000.

rights abuse. Theoretically this was the purpose of the KVM.¹⁹² The decision by NATO to use air strikes forced international humanitarian aid agencies and human rights observers to withdraw from Kosovo, leaving an estimated 500,000 displaced Kosovo Albanians and other civilians unprotected. As a result, during the NATO air strikes there were few independent witnesses to the expulsion of civilians and very little humanitarian assistance. The Humanitarian Law Center from Belgrade and some local journalists did remain in Kosovo, but the only international witnesses were journalists.¹⁹³

Agencies' decisions to withdraw from Kosovo were based on their assessments of security and their ability to continue working. Some point out that NATO prevented humanitarian action from the air, while the Serbs prevented it from the ground. However by withdrawing en masse, humanitarian agencies, including DEC agencies, effectively failed to sustain 'humanitarian space'. In the words of ICRC the 'black hole' in Kosovo was 'a collective failure of protection'.¹⁹⁴

It has been reported that some of the international agencies that evacuated Kosovo failed to give due consideration to the safety of local staff and partners left behind.¹⁹⁵ No concerns were expressed about this with regards to DEC agencies, several of whom continued employing local staff and working with local partners as refugees. In comparison to the refugee exodus, however, DEC agencies gave little attention to protection needs within Kosovo during this period. The massive international focus on the refugee crisis served to deflect attention from the on-going violations of international humanitarian and human rights law there.

There were exceptions. ICRC, which withdrew on 29 March 1999 amid concerns that it lacked the confidence of all sides, retained diplomatic links and by 24 May had successfully renegotiated humanitarian access to Kosovo.¹⁹⁶ The widely publicised meeting of the ICRC President and President Milosevic in April 1999 laid the grounds for this and sent a strong message of independent humanitarian concern.¹⁹⁷ In April and May, World Vision sent some assistance to civilians in Kosovo. No other DEC agencies made proposals to assist inside Kosovo. In April, SC called for urgent humanitarian access (Save the Children, 1999) and a staff member participated in a UN assessment mission in May. Christian Aid also called for a cease-fire and continued negotiation. No other DEC agency considered it necessary to inform the Alliance governments of the humanitarian fallout from the military campaign. Oxfam's position, for example, was that the military campaign was a 'least worse option'.

¹⁹² As noted, the KVM may have been working to other agendas and it has been criticised for focusing more on information collection than preventative deployment.

¹⁹³ Personal communication, Diane Paul.

¹⁹⁴ Interview, ICRC, Geneva, March 2000.

¹⁹⁵ Personal communication, Diane Paul. The issue was much debated after the Rwandan genocide.

¹⁹⁶ BRCS, as members of the Red Cross Movement, were supportive of ICRC's access negotiations and position on the Kosovo crisis, although this was not publicly expressed.

¹⁹⁷ A UN Inter-Agency Needs Assessment Mission visited Serbia in May. A joint Swiss, Greek and Russian government effort — the Focus Humanitarian Initiative — also managed to get relief supplies to Pristina on 13 May, although arguably it was protection from abuses rather than food aid that was needed.

Civilians in the Federal Republic of Yugoslavia

Throughout the NATO air campaign several DEC agencies¹⁹⁸ continued humanitarian work in Serbia, Vojvodina and Montenegro directly or through partners. The work, which was undertaken by local staff after most expatriates withdrew, mostly consisted of distributing relief supplies to displaced and war-affected civilians. The Red Cross, however, adopted a specific protection role gathering information on forced displacement and arrests and intervening with Yugoslav authorities on behalf of detainees and prisoners of war. Christian Aid's partner EHO disseminated information on the humanitarian impact of the bombing through postcards and bulletins.

8.4 Protection in Post-war Kosovo

Since the end of the war, and in the aftermath of the return of Kosovo Albanian refugees, the most pressing protection issues in Kosovo have revolved around the protection of non-Albanians from physical violence, intimidation, and discrimination in employment and humanitarian aid (see Box 25). During the evaluation fieldwork, the team learned of two Serbs killed near Lipljan and a 70-year old Serb woman beaten near to death in Prizren. The team was also told by one Gorani villager in Dragash, *'If it continues like this we will have to leave'*. In Bosnia, the evaluation team interviewed one mixed Kosovo Albanian-Bosnian family who claimed to have been intimidated to leave Kosovo. In March 2000, the situation of Serb minorities in various areas of Kosovo was reported to be deteriorating.¹⁹⁹ In some cases restrictions on access to services in Kosovo are also imposed by the Belgrade government, who have prevented Serb teachers from working and Serb medical staff from working in a UN constructed hospital. Ethnic-based violence and discrimination and restrictions on freedom of movement have a direct impact on the health and livelihoods of minorities (Lawrence & King, 2000; Salama et al., 2000).

Other protection issues include: the plight of several thousand missing Kosovo Albanians, the detention of over one thousand Kosovo Albanians in Serbia,²⁰⁰ intra-Kosovo Albanian political violence and intimidation, organised criminal violence, gender based violence, general property rights and property rights of women in particular.

¹⁹⁸ CAFOD, Christian Aid, Oxfam, SC, Red Cross and World Vision.

¹⁹⁹ Relief Web, March 2000.

²⁰⁰ The technical military agreement that ended the war made no provision for the return of detainees.

Box 24: Protection problems faced by minorities in Kosovo

- Physical violence and murder
- Intimidation
- Forced eviction
- Limited freedom of movement
- Restricted access to social services
- Restricted access to markets
- Discrimination and limited access to employment
- Discrimination in relief assistance
- Destruction of property

Broadly, DEC agencies have been less animated about protection issues in Kosovo than they were during the refugee crisis. Like other aid agencies in Kosovo, their primary focus has been relief assistance, physical rehabilitation and the restoration of social services. Where this has been linked to protection it has been about ensuring peoples' access to welfare assistance. In this respect, protection needs can vary between municipalities depending, for example, on the ethnic composition of the population. DEC agencies have given little attention to legal issues or strengthening institutions for protection, although the Red Cross works on detention issues and SC has worked on juvenile justice. This contrasts to Bosnia, for example, where several of the same agencies support legal aid centres. This is a pressing issue in Kosovo, given the vacuum in the legal system, the weak institutions of law and order, and the weak representation of minorities in political institutions and policy-making bodies.

A lack of INGO activity in human rights and protection has (ironically) drawn criticism from one donor, which argues that NGOs' responses has been largely relief driven and financially driven.²⁰¹ NGOs have been criticised for overlooking discrimination in relief assistance and discriminatory employment practices.²⁰² They have also been criticised for '*taking the path of least resistance*', handing out materials without considering access issues. One UNHCR official noted: '*Destruction is not where the country's problem lies but oppression. And the oppressed have become the oppressors*'.²⁰³

One reasons why NGOs may have been inactive on protection issues in Kosovo is the presence of other organisations who are better able to provide physical protection (KFOR and UNMIK police) or more experienced in monitoring and reporting, and with a specific protection mandate (UNHCR, OSCE and ICRC). There are also several international human rights organisations present in Kosovo (Amnesty International and Human Rights Watch) as well as local organisations like the Humanitarian Law Centre, and organisations like IWPR who will also report on human rights issues. Given that human rights protection are foremost a state responsibility, the absence of a state is a constraint to any protection work. However, it

²⁰¹ Interview with DFID, London, March, 2000.

²⁰² Interview, OSCE, Prizren, March, 2000.

²⁰³ Interviewed, March 2000.

is this protection gap in the absence of a state, which provides a rationale for NGOs to address protection issues.

Despite these general criticisms, the evaluation team found that several DEC agencies have incorporated protection activities and strategies in their work in Kosovo, although only a few are consciously articulated as such (see Table 3). Some of the examples listed were not funded through the DEC appeal. Several DEC agencies are also members of an Inter-Agency Working Group on Protection.

Table 33: Protection issues and responses of DEC agencies

Protection issues	Responses of DEC agencies
<i>Coordination and leadership:</i> ²⁰⁴ Weak coordination can expose aid agencies and humanitarian resources to manipulation, so that aid can exacerbate tension and violence.	SC used DEC funds to recruit a Protection Liaison Officer (PLO), who was to be seconded to UNHCR. ²⁰⁵ The PLO chaired the Inter-Agency Working Group on Protection. The PLO was in place for three months only and SC have had difficulty filling the post. BRCS provided Delegates for ICRC in Kosovo with protection responsibilities.
<i>Legal protection:</i> The weakness of the legal system is a key protection issue in Kosovo. This affects all groups.	SC's specific protection mandate relates to the implementation of the CRC, and SC's protection activities in Kosovo revolve around advocating for the reform of social and legal policy to increase protection of children's rights. SC has been working advocating on the establishment of a juvenile justice system. The Red Cross mission undertakes prison visits, and works on detention issues.
<i>Human rights education.</i>	SC distributes materials on the CRC. Oxfam supports disability rights education among disabled.
<i>Analysis:</i> Good analysis is essential to protection, including determining specific populations at risk, and specific problems they face, from where threats to protection originate and actors and strategies that can address these (Paul, 1999).	CARE used DEC funds to commission research on local systems of social protection in Kosovo. CAD has undertaken a baseline survey in 52 minority communities where it has responsibility.
<i>Access:</i> Discrimination in humanitarian assistance has been one of the main complaints of non-Albanian groups in Kosovo. ²⁰⁶ Serbs have left Pristina because of lack of access to education. Serb and Roma are not represented in MTS structures for relief provision. Distribution systems in Serb areas are dominated by the Yugoslav Red Cross, whose independence is questioned. Kosovo Albanian staff had problems of accessing non-Albanian communities; some chose not to. A KFOR officer	DEC agencies have adopted various strategies. In Prizren, SC for a period supported a playroom and telephone service in the Orthodox Monastery which provides sanctuary for Serbs and Albanian 'collaborators'. SC informed UNICEF of Gorani villages that had missed out on distributions of educational materials. SC also attended specific meetings with minorities organised by the OSCE. Christian Aid's partner MCIC assists Gorani communities in south-west Kosovo.

²⁰⁴ Identified as a cornerstone of field level protection strategies (Paul, 1999).

²⁰⁵ The need for the post was identified in March 1999, and was linked to the UNHCR Reach Out initiative to strengthen support for the international refugee protection system. The post was originally intended to be based in Albania.

²⁰⁶ Discrimination within the Albanian community is also an issue, but the evaluation team was unable to obtain sufficient information on this other than relating to recruitment practices.

<p>noted that not all NGOs were impartial in their assistance. The US discriminates in its provision of assistance, making it proportional on population size, rather than to need. Difficulties of access for minorities may increase as UNMIK transfers responsibility for distribution to the Centres for Social Work (CSW).</p>	<p>CAD opened a sub-office in Gracanica and recruited Serb staff in order to improve access to the communities it works with. It also provides it with a physical presence for witness.</p> <p>CARE has prioritised certain agricultural inputs for Serb farmers, partially to counter their lack of market access.</p> <p>Several other DEC agencies support relief and rehabilitation work in minority enclaves. Several agencies have used KFOR security to access minority communities.</p>
<p><i>Advocacy:</i></p>	<p>Oxfam have issued various briefing papers on Kosovo in which protection needs are identified.</p> <p>SC have issued a joint statement with ICRC, UNICEF and UNHCR on vulnerable children. CAD is advocating with UNMIK on the issue of CSWs.</p>
<p><i>Discrimination in employment:</i> Minority access to employment with INGOs is extremely limited. Agency hiring practices can be discriminatory. For example, the requirement for English discriminates against Roma and others. Very few agencies employ translators.</p>	<p>CARE, Oxfam and CAD have hired Serb staff. No DEC agencies have hired Roma staff. SC decided against hiring a Roma driver due to opposition from its other staff.</p>
<p><i>'Extremely vulnerable persons':</i> OSCE reports identify old people as one of the targets of human rights abuse by Serb forces. Similarly a large number of Serb and other minorities killed and abused since refugees returned have been old people.</p>	<p>HAI advocate for needs of the elderly in Kosovo from all communities, issuing cold weather warnings and offering assistance for the needs of older people. A majority of the old people in the residential home they support are Serb, and HAI have improved security at the centre for their protection.</p> <p>Oxfam prioritise support to disabled groups whom they worked with since before the war.</p>
<p><i>Gender:</i> According to some sources gender-based violence has increased in Kosovo since the war.²⁰⁷ Inheritance rights discriminate against women, a particular problem in shelter provision for women-headed households.</p>	<p>Oxfam, and to some extent Concern, have emphasised gender needs in their work.</p>
<p><i>Children:</i></p>	<p>'Safe Areas' for children were a specific protection activity run by SC in the first few months after the refugees returned to provide children with secure areas to play. A 'Toys for Guns' project was intended to protect children from being accidentally shot by KFOR. SC has also advocated on the protection of abandoned children in Pristina hospital.</p>

8.5 Findings

There is often a misconception that adopting a protection approach requires relief agencies to become human rights monitors. Human rights monitoring and reporting are only one response to violations of human rights, humanitarian or refugee law. The challenge is to develop strategies to prevent or mitigate such violations. Adopting a protection approach can require agencies to thinking differently about who is vulnerable and why, and the impact of

²⁰⁷ Interview with Lajenda Women's Association, Vitina. April 2000.

assistance strategies on people's rights. The following observations are made on DEC agencies' response to the Kosovo crisis:

- Taking protection in its broadest definition, all DEC agencies have undertaken what can be considered as protection work, although only a few articulated it as a strategy in their emergency response. Broadly, those agencies who adopt a rights based approach to their work (humanitarian law, child rights, women's rights, disabled rights and old people's rights) were more articulate and active on protection issues.
- DEC agencies helped to fill a gap in refugee protection by targeting assistance to refugees outside refugee camps. It was also important that several DEC agencies continued working in FRY during the NATO military campaign. The Humanitarian Charter and Sphere minimum standards, commit its signatories to support the international protection mandates of UNHCR and ICRC. DEC agencies, though critical of its performance, were supportive of UNHCR's leadership role.
- In contrast, DEC agencies took little action to address the protection needs of civilians in Kosovo during the NATO air campaign. As humanitarian agencies, more might have been done to point out the humanitarian consequences of the NATO air strikes to Alliance governments.
- SC, Oxfam and HAI designated DEC Phase II funds for protection activities in Kosovo.²⁰⁸ The evaluation team considers SC's recruitment of a Protection Liaison Officer an example of good practice, which utilised DEC funds to bring additionality to the overall relief response. Some of the important protection issues in Kosovo, however, such as ensuring minority rights or property rights, require a long-term commitment, which the short term nature of DEC funding does not normally allow for.
- Protection issues appear in only a few agencies assessments and actions are not evaluated against their impact on protection. Vulnerability is largely defined in terms of material or economic well-being, without linking this to social status. While the provision of assistance and shelter can in themselves be a protection strategy, the important point is to recognise people's ability to access assistance, which can be determined by many factors.
- Some agencies which do articulate protection as an objective of their response, were weak in implementing it. HAI, for example, note that '*Given that such a large number of remainees [in Kosovo] are older people, the issue of protection is of grave concern*' (HelpAge International, 2000). However, in providing assistance HAI have tended to treat all old people as equally vulnerable, rather than linking their vulnerability to ethnicity. Similarly, SC approaches child protection irrespective of ethnicity, for example, giving no more priority to minority children's access to education than others. SC's main local partner is MTS which does not distribute to Serb or Roma villages.
- There are several human rights organisations operating in Kosovo, but collaboration between relief and human rights organisations was reported to be weak.
- Consulting with national staff and partners on protection issues is important, but in a divided society relying on staff from the majority community to undertake protection

²⁰⁸ Protection is an objective of the integrated ICRC/IFRC regional programme supported by the BRCS.

work with minorities is probably an unrealistic expectation. Even where staff are willing, it can place them in danger from elements within the minority and majority communities.

- Lack of training in protection for field staff meant that understanding within some organisations of protection issues was mixed. SC's policies on protection, for example, did not seem to filter out of Pristina.²⁰⁹ Although field staff were expected to undertake protection-related work, their job descriptions did not always define these responsibilities.²¹⁰
- As with other aspects of agencies' response, monitoring the impact of protection work has been poor. For example, the impact of the SC 'Safe Areas' and 'Toys for Guns' activities has not been evaluated. More generally, a lack of monitoring means that agencies are unable to assess whether their assistance in helping or harming.
- Protection is not cheap and can require additional resources or pro-active measures. HAI's reliance on other agencies to refer old people to them meant that some old people probably missed out; advocacy is sometime insufficient. SC's decision to stop providing phone services to people sheltering in Prizren Monastery, because the demand of those outside had declined, may have neglected the special needs of those inside. With the large amount of resources available, meeting the protection needs of vulnerable groups, such as disabled access in refugee camps was feasible. The challenge to agencies will be to meet such needs in emergencies when resources are fewer.
- Working with the military on protection issues is complex. In Kosovo, KFOR define its role as providing '*special attention to the protection of minorities*'²¹¹ and DEC agencies have used their security cover to access and assist minorities. Such collaboration has risks. The objectives of the military may differ from those of the humanitarian agency or change over time; in Albania protection of refugees was only part of NATO's aim.²¹² Collaboration with the military can compromise the perception of an agency's neutrality, or weaken other non-partisan strategies. However, deciding not to assist people in order to sustain a perception of neutrality could have negative consequences for those in need. Agencies therefore need to establish clear guidelines on working with the military.

²⁰⁹ SC interviewed, Prizren, March 2000.

²¹⁰ SC interview, Gjakova, March 2000.

²¹¹ www.Kforonline.

²¹² One US soldier in Albania stated: '*Our number one priority is to protect self. Number two is to protect the contractors. Number 3 is to protect the NGOs and then the refugees*' (Kelly & Kleyn, 1999).

SECTION 9: PSYCHOSOCIAL ASSISTANCE

9.1 Introduction

Psychosocial assistance to people designated as ‘*traumatised by war*’ has become popular in emergency and humanitarian work, particularly since the Bosnia and Rwanda crises. UNHCR, UNICEF and WHO promote it widely and UN agencies are currently setting up programmes in Kosovo. The term ‘psychosocial’ at first appeared to be quite popular with some DEC agencies, which were maybe reflecting the general interest in this area of work, but the evaluation team discovered that there was some confusion surrounding the term, no consensus about what psychosocial activities actually were and no guidelines for best practice.

Trauma work is a new industry. It is big business and psychosocial programmes are the new currency. It is an area of work that makes certain assumptions, begs many questions, needs definition and calls out for better regulation. It is hoped that this evaluation gives DEC agencies an opportunity to further consider these issues before psychosocial programmes slip further onto their agendas.

In order to get a broader understanding of what psychosocial meant, how it was being used and the kind of work being carried out, a small number of other agencies engaged in psychosocial work and DEC agencies who were doing non-DEC-funded psychosocial work were also interviewed.

In many agency’s Plans of Action for Phases I and II, there were references to giving psychosocial support, but these were often non-specific activities which did not materialise. The following agencies did carry out psychosocial activities, full details of which are in Tables 34 and 35:

Phase I

- CAFOD, Serbia: workshops for women to address trauma (DEC-funded); psychosocial helpline (not DEC-funded).
- CARE, Macedonia: drama therapy, Cegrane Camp.
- Christian Aid, Albania: Small Projects Fund assistance to two counselling services.
- Concern, Albania: psychosocial support to refugees: educational materials for primary school children.
- Concern, Kosovo: support to women to address emotional and psychological needs.
- SC, Serbia and Albania: psychosocial support (although SC say that it does not have psychosocial projects).
- Tearfund, Albania: training in trauma counselling for refugees in Albania, proposal.

Phase II

- CAD, Macedonia: community services (Action Van).
- CAFOD, Serbia: workshops for women to address trauma (DEC-funded); psychosocial helpline (not DEC-funded).
- CARE, Macedonia: drama therapy, Cegrane Camp.
- Concern, Kosovo: psychosocial training and support programme for teachers (not DEC-funded).

- Oxfam, Albania, BiH and Kosovo: support for local partners, some of whom were doing psychosocial work. Oxfam does not do psychosocial work itself.
- SC, Serbia and Montenegro: psychosocial support.
- Tearfund, Albania: training in trauma counselling for refugees in Albania.
- World Vision, Kosovo: training for Community Services Facilitators in psychosocial support. Not DEC-funded as WV were told that the DEC did not fund psychosocial activities.
- World Vision, Montenegro: creative activities for trauma healing. Again, not DEC-funded as World Vision were told that the DEC did not fund psychosocial activities.

9.2 What Definition and Whose Definition?

‘Psychosocial’ has been used in the international humanitarian aid and development world to describe assistance to beneficiaries which addresses both the individual psychological and the social spheres, and recognises the interplay between the two, each influencing the other. The psychological sphere includes the internal, emotional and thought processes of an individual. The social sphere includes the destruction of social services, altered family and community relationships because of death, separation and losses, economic devastation, and the impact on social values and customary practices.

It should be noted that in recent years there has been an increased emphasis given to the psychological, the feelings and reactions of individuals. This approach has its roots in contemporary western psychological theory and practice, with the independent individual at the centre, in relative isolation from a particular social context. This construct is at odds with that of many other non-western cultures where individual identity is inextricably linked to notions of community and dependency.

‘Psychosocial’ was a commonly used and popular term with DEC agencies. However, there were problems of definition and no common agreement or understanding of what a psychosocial programme or intervention actually meant. There was inconsistency of use between agencies and within agencies.

It was a difficult area to evaluate, as there are no clear existing guidelines on (i) exactly what psychosocial means (ii) what activities/programmes are included under this heading (iii) how their effectiveness should be measured and evaluated or (iv) what constitutes best practice.

In addition our evaluation was problematic because of limited data (no direct beneficiary evaluation or feedback on psychosocial programmes) and little data from national staff implementing such programmes or from national NGO staff and other professionals (for example, teachers) who received related training.

Psychosocial programmes appear to have been implemented because of and in response to the *‘traumas that Kosovars have experienced’*. The word ‘trauma’ had similar definitional problems as psychosocial. Its use was widespread and casual. *‘Everyone is traumatised’* was frequently heard. This seems to have been used to describe the violence and atrocities that people had suffered – death, witnessing violence, destruction of homes, fleeing. It has the effect, possibly unintended, of portraying people as passive victims of events, rather than active survivors. It suggests that people need specialised, psychological help. It did not describe people’s reactions to these events or their positive efforts to deal with and come to

terms with their experiences: *'Few people were traumatised in the real sense of the word, it was not used accurately'*.²¹³

Some agencies chose not to use the word: *'They do not like the word traumatised, as it means someone is ill'*.²¹⁴

Some agencies assumed that because of their experiences, people would need counselling or special psychological help (even if they would not be the agency to provide it). Others felt the priority was to help people return to as normal a life as possible, through social and other activities. Psychosocial was used to describe both these approaches.

Similar programmes, such as women's groups or activities for children, were variously described as psychosocial, social, education, community activities or community development. Psychosocial work seemed to range from these broadly community-based activities, to trauma counselling by psychologists, to providing training in counselling skills.

Agencies recognised that it was important to meet people's social and emotional needs, as well as material, physical and medical ones. It was not always clear why a separate programme was needed to achieve this. Agencies also recognised that many people may want to talk about their difficult and painful experiences and to receive acknowledgement of what they have suffered. Again it was not clear if or why this was a separate psychosocial activity.

Some DEC agencies at head office level were clear that they did not carry out psychosocial work and did not use the term (for example SC and Oxfam). It was therefore surprising how often the word crept into reports. Oxfam-funded local partners who did do psychosocial work with women and children; Oxfam said that this was actually *'emotional support'*. The question must be asked: what is the difference?

Other agencies said they did psychosocial work, but did not like to use the term. One said:

*Although psychosocial appears in the proposal and in the reports, in the field we avoid the word 'psychosocial', we see it rather as community services, and take a preventative approach. We don't use the word 'trauma' and try to ensure the staff don't use it either, but they tend to, as it's in very common use here.*²¹⁵

Another agency said that some psychosocial activities if not used well, *'such as the expression of trauma, or forcing children to paint, could be harmful'*.²¹⁶

Given this confusion, surely psychosocial and trauma need to be better defined if they are going to remain in use?

In implementing programmes in the field, staff seemed to distance themselves and move further away from the concepts of psychosocial and trauma. They talked more of providing

²¹³ Interview with World Vision, March 2000.

²¹⁴ Interview with SC worker, March 2000.

²¹⁵ Interview with World Vision, March 2000.

²¹⁶ Interview with CAD, March 2000.

activities and support to help normalise people's reactions and experiences and help them re-establish normal lives. Some projects were renamed:

*The Drama Therapy project became the Swallow Drama Project. Words like 'trauma', 'therapy', 'psycho' - I wouldn't want to be associated with. I steer clear of those terms. Can we not use this word 'therapy'?*²¹⁷

National staff (closer to the beneficiaries) also seemed unclear what psychosocial meant, and put a different emphasis on it: less of the psychological and more of the social.

*You can't divide a psychosocial case from a social case (Save the Children). Psychosocial is a medical term, but we deal with the social aspect of it. A person has experienced violence in war and our aim is to help her overcome the stress.*²¹⁸

Psychosocial was not a word used by beneficiaries to describe either the assistance they needed or the assistance they received (with one exception).

Whilst promoting psychosocial programmes, there was no agreed definition available from UN Agencies or WHO. It is important to note that UN agencies in general promote a community-based approach. In terms of mental health issues, WHO talked of a 'Kosovo Syndrome' but there was no definition.

DFID made a decision not to fund psychosocial programmes in Kosovo. Instead it supported social development projects. It felt that psychosocial projects were often inappropriate; agencies might have the correct jargon but not the relevant experience, and best practice has not yet been identified (but this still assumes that there is specialised work called psychosocial).

9.3 Normal Reactions to Abnormal Events?

People were identified as traumatised and in need of psychosocial assistance because of what they had experienced and witnessed. They were described as upset, bewildered, irritable, wanting to talk/not wanting to talk, unable to sleep, as indicators that they were traumatised. These are in fact normal reactions to abnormal, horrific and distressing events, and labelling people as 'traumatised' pathologises their reactions. These symptoms were mainly observed when people were first displaced out of Kosovo and immediately after they returned there. Such symptoms tended to abate over time; they were not seen in everyone, but broad generalisations and assumptions were made.

There was particular concern expressed about children who had been subjected to or witnessed violence and atrocities. Teachers and others identified children who were aggressive or who were withdrawn and would not play or mix with others. At first their drawings, talk and songs were about war.

²¹⁷ Interview with CARE, March 2000.

²¹⁸ Interview with Oxfam/Lejgenda Women's Association, March 2000.

They painted fires and roads in dark colours. But after a time the colours lightened and then they started drawing flowers and flags.

Children were frequently seen to make good and often quick recovery. Research has shown that children generally do well if their parents or carers are coping, if a safe and normal environment can be created for them and if they can express their feelings and receive support. Children are often resilient and some staff were surprised by this:

*I saw that all the children, even those with severe problems, did well. I'd felt the experiences they'd had would leave them with a dark stain for ever, but I see that it doesn't.*²¹⁹

The question remains as to what best helps adults and children who have experienced displacement, violence and wars, and we must listen to their views. Some agencies recognised that the most helpful thing that staff could do was to reassure beneficiaries that their reactions were normal and understandable. World Vision commented that training helped staff to understand beneficiaries' reactions better, to be supportive, sympathetic and reassuring, and not to assume that people needed specialised help.

9.4 Why did Agencies have Psychosocial Programmes?

There is some suggestion that it was partly donor driven: one agency did not set out to do psychosocial work but used the budget line '*because it was there*'. In practice this work was regarded as '*community development, not psychosocial*' (CAD, who finally coded it under education/recreation).

*Our funding people said that if we used words like 'therapy' that donors could understand, they would see that beneficiaries were getting concrete things.*²²⁰

*The term psychosocial was inherited. I don't know why it was called psychosocial, I don't like the term. What does it mean?*²²¹

At the same time some agencies felt that people, '*including children, had been through traumatic experiences and needed help in dealing with it*'.²²²

Others said it was popular in Bosnia and assumed it would be necessary in Kosovo too.

There was some uncertainty as to whether people would need specialised trauma counselling or whether community-based activities would be equally effective: psychosocial programmes and activities were in some ways seen to span this continuum.

²¹⁹ Interview with League of Albanian Women, March 2000.

²²⁰ Interview with CARE, March 2000.

²²¹ Interview with CARE, March 2000.

²²² Interview with CARE, March 2000.

9.5 What Psychosocial Activities took Place?

DEC agencies themselves put more emphasis on social and community initiatives, where people could meet, talk and engage in activities in a supportive atmosphere. In the camps, agencies established safe areas for women in particular, for example, baby and carer centres (CAD); mother and child centres (CARE); tea tents (Oxfam, who also provided one for men).

In Kosovo there was more provision for women than men as they were seen as more vulnerable and 'traumatised'. This assumption did not appear to have been rigorously tested or validated, although clearly there were more women-headed households because husbands had died or were missing.

The establishment and support of women's groups was popular, where women could talk and do activities such as sewing, embroidery and drama. Agencies said that traditionally women would not usually have engaged in such activities on their own, but now did so because of changed circumstances.

Community-based activities, play, drama, art, other recreation and safe areas were provided for children, as ways of meeting their social and emotional needs, trying to normalise their lives and helping them come to terms with their painful experiences. SC had a significant number of such programmes. CAD activities included multi-ethnic and cross-cultural work, communication skills, self-awareness and environmental and global awareness:

*The focus of the work is broad, it is not therapy ... the activities are a channel through which children can express themselves and become empowered.*²²³

Further questions need to be raised about what constitutes a psychosocial activity, who decides it is necessary and whether it is culturally appropriate.

Training for staff in psychosocial work was the other main component of psychosocial programmes.

9.6 Training for Staff

*Training would have helped staff understand and cope better with the distress and the children we were helping.*²²⁴

Four agencies provided psychosocial training programmes for their own staff and/or for other NGO staff, professionals and care-providers:

- Tearfund/Mitigation International (DEC funds): supporting the Albanian Response to Refugees; training in psychosocial counselling skills.
- Concern (DEC funds for admin/support costs only): training in crisis counselling.
- World Vision (not DEC funds): training for community services facilitators in psychosocial support.
- CARE (not DEC funds): psychosocial training and support programme for teachers.

²²³ Interview with CAD, March 2000.

²²⁴ Interview with SC, March 2000.

All these agencies said they used a community-based model rather than a medical or individual one and this seemed appropriate.

SC recognised that staff on the Family Contact and Tracing Service (Macedonia) would have benefited from training: *'This was a very emotionally demanding job as staff members were listening to hundreds of distressing stories and events during the war being recounted'*.

Topics covered in training courses included: common and normal reactions to experiences of violence; effects of loss and displacement; crisis; stress; dealing with anger; communication skills; listening skills; group work; basic counselling skills; how to help yourself and others; understanding and help for children; women and violence (the most difficult topic to address).

Staff could find the nature of their work emotionally demanding and draining. National staff from Kosovo had sometimes suffered similar experiences to the beneficiaries. Staff appeared to find training helpful in (i) understanding people's reactions to violence, conflict and displacement (ii) understanding better their own feelings and reactions to the events they themselves had experienced (iii) drawing up some boundaries for themselves and (iv) finding and trying out different and appropriate ways of working and offering support. Staff confidence increased as a result of participating in training courses.

In one case, needs for training were identified by a local group (VUSh, Albania/Mitigation International) The proposal was then reviewed by an external consultant (in the UK) which is good practice.

Two agencies noted the importance of continuity and follow-up sessions, to continue to build on skills and to develop training to meet identified needs. Training programmes did subsequently change. Concern changed from 'trauma counselling' to crisis counselling, and the third course will look at setting up and running support groups. Tearfund/Mitigation International developed training from psychosocial counselling skills to core communication skills and conflict resolution.

Agencies used trainers with relevant experience, mainly from UK and USA, but only one agency, CARE, selected experienced professionals from the region (Slovenia and Croatia). The training programme material that the evaluation team saw looked quite psychological and westernised, although it was reported that trainers tried to adapt them to make them more culturally appropriate. A question mark must remain over the cultural relevance and applicability of the models and materials used and no agency gave concrete examples of how these had been adapted in practice. Training was participatory rather than didactic which maximised opportunities for learning.

It is important that training is integrated into existing structures whenever possible, to ensure sustainability and development. CARE recognised this in its training programme for teachers:

The methodology of trying to address the needs of children through the education system was felt to be the best way, better than sending in mobile clinics, or short-term projects where people whiz in and out.

One agency cited just such an example, where two trainers flew in and out and *'delivered training from a western feminist stance, "we're divorced and feminist' they said; it was like they'd come from outer space'*. In that instance, at least the women participants were amused

by them, rather than de-skilled or feeling they had to learn inappropriate methods. Other examples of inappropriate training were given. In one participants were instructed in how to use 'biofeedback machines' to reduce stress. One wry comment was '*who on earth can afford or get hold of a biofeedback machine in post-war Kosovo?*'

In general, staff seemed to find training helpful, including those who went on training courses provided by other agencies such as UNICEF. But calling training courses 'trauma' or 'psychosocial' counselling raises questions, as it suggests that supporting people who are in understandable distress is a specialised mental health activity.

9.7 What Helps?

DEC agencies identified that social and community activities seemed particularly helpful:

*We work on the assumption that people's reactions are normal, and that social and community activities rather than an individual approach can help.*²²⁵

People wanted material distribution and other practical help and the chance to meet in safe places.

*The best psychosocial treatment for women were the gatherings in the centre.*²²⁶

*The best way to rehabilitate traumatised is within the community, not to separate them. Women will hesitate to go to clinics because they will be viewed as ill. We therefore need to find ways not to offend them.*²²⁷

Sewing courses were very popular:

*It was therapy after the war. The sewing provides new skills which can be utilised in the household, an opportunity for socialising, and provide women with diplomas which will help them to get employment in the textile factory.*²²⁸

They described a 22 year old woman who lost her husband in the war and was separated from her children: '*Her husband's family then rejected her. Participating in the sewing course helped her deal with it*'.

*We hoped that the groups (Women and Children) helped people. What else helped? Give them hope for the future. Reassure them you don't have to see horrible things anymore. Tell them that the prisoners (men) will be free and then we'll have a big party. Discuss with them any other things, help them to try and forget and think about something else.*²²⁹

²²⁵ Interview with World Vision, March 2000.

²²⁶ Interview with Oxfam/Elena Gjika Women's Association, March 2000.

²²⁷ Interview with Oxfam/Liria Women's Association, March 2000.

²²⁸ Interview with Oxfam/Liria Women's Association, March 2000.

²²⁹ Interview with Tearfund, March 2000.

Agencies also recognised that many people wanted to talk about their experiences, but not to a specialist:

*In one meeting one woman spoke for two hours. There is a need to talk. They feel better to get it all out. . . the centre provides a neutral space for women. At home women have not space to express their feelings. They have too many obligations.*²³⁰

Workers reassured women that their fears and symptoms were normal reactions.

*They teach people not to feel bad. Albanian people keep the trauma inside, and do not speak about their problem – men should always be strong. If they suppress it they end up feeling they are useless. People who ignore their emotions are like a bomb getting ready to go off ... there are things that are acceptable to talk about and others are not. You get to know which is which ... There is nothing wrong with teaching people this, that it is alright to grieve.*²³¹

As regards children, agencies such as SC, CARE and the League of Albanian Women found that several features were helpful: play, singing, a supportive and welcoming atmosphere, the opportunity to do normal things, safe spaces, patience, drama and other activities.

*The main purpose was to bring them back to normality. It helped them forget the war. They needed someone to listen and share their experiences ... at first they sung songs about the war. Later they recorded happy songs ... Children were initially talking about the war, instead of playing games. Initially their paintings were about burning houses, now they are drawing schools, birds, the sun.*²³²

*We saw the children's reactions to what they had experienced as normal, and with patience and kindness and the opportunity to express their feelings and ideas through drama they could get over those experiences; children have an amazing ability to cope.*²³³

It seems important to also note what helps staff. They are working in difficult and emotionally demanding circumstances. Sufficient time to talk about their own feelings and the demands of the job appeared important: 'On reflection, we could have had more talking time for staff, such as debriefing sessions' (CAD). One agency did have debriefing sessions for all staff after a plane crash in which two staff members were killed, and this was appreciated. Another agency noted that debriefing was acceptable, whereas counselling was not, a point to be heeded.

Staff also found training courses helpful. This included staff who had attended training run by other agencies (for example, UNICEF). It helped them to better understand the normal reactions of others, and sometimes themselves, to horrific events. Training gave staff more confidence in understanding, offering support and working with beneficiaries. But we question whether it needs to be called trauma/psychosocial counselling training, which suggests that offering people support is a specialised activity.

²³⁰ Interview with Oxfam/Lejgenda Women's Association, March 2000.

²³¹ Interview with Mitigation International, March 2000.

²³² Interview with SC, March 2000.

²³³ Interview with CARE, March 2000.

9.8 Need for More Specialised Psychological Help?

Regarding those people who had more serious psychological problems, DEC agencies (including those with psychosocial programmes) said they would refer them on to other agencies who did more specialised work. International Medical Corps, MSF (Belgium and Holland), Centre for Protection of Women (Pristina), and the Institute for Mental Health and Recovery (Pristina) were cited. One worker who had been in Stankovec II camp, Macedonia recalled only one woman with severe psychological problems:

*She attempted suicide. I myself supported her and talked with her afterwards, and I got support and consultation from a psychologist to help me do this.*²³⁴

In reality, given the high level of ‘traumatisation’ reported by agencies, referral on for more specialised psychological help was extremely low: ‘Referrals were much lower than expected’ (World Vision, Concern). In each area and for each agency interviewed, they recalled referring on only two or three people at most. This suggests that social support and community activities were in themselves helping people to cope with the effects and aftermath of conflict and displacement, without the need for more specialised psychological services and approaches. These services are likely to be needed by only a small minority of people.

*Psychological cases were treated with medicines. But they recovered quite well in a hospitable environment. There was a lot of entertainment in the camps. As a GP I had not been aware of this non-drug treatment, but it was recommended by NGOs. The Kosovars liked it.*²³⁵

9.9 What Did Beneficiaries Want?

Beneficiary interviews showed that they primarily appreciated food aid, shelter, security, medical assistance, clothes and the generosity of host families. Although agency interviews suggested that beneficiaries needed and appreciated psychosocial or psychological help, those interviewed did not identify this as specific help they wanted, received or requested, with one exception: one woman attending the Women’s Roma Club (Mesecina Roma Organisation) said she came because she had psychosocial problems. She had been hospitalised for some months and was still under medication (but no diagnosis or explanation was given of why these problems had arisen). Some women interviewed appreciated the opportunity to meet together and engage in social activities, such as sewing.

It is natural, understandable and to be expected that beneficiaries were distressed, angry or preoccupied by their recent experiences and that some wanted to talk with international and national staff about what had happened and how they felt. As well as gaining personal relief, perhaps some hoped that those bearing witness would carry the message to the wider world. There was no indication that people wanted to talk to mental health specialists about their problems and experiences, and some indication that they did not: ‘It was originally planned that the psychiatrist and psychotherapist would hold individual consultations, but this had to

²³⁴ Interview with Oxfam, March 2000.

²³⁵ Interview with doctor who had worked in Albanian refugee camp, March 2000.

be re-thought'. One of the reasons was because women thought there must be something wrong with them to have an individual consultation (CAFOD, Serbia).

Beneficiary feedback raises some questions as to who decides on the help needed and offered. It appears that psychosocial programmes were to a large extent decided upon by outsiders (albeit in collaboration with their local partners), rather than by beneficiaries.

9.10 Existing Coping Strategies

Good practice dictates that it is important to find out about and build on existing coping mechanisms and strategies. Indeed the DEC Central American Hurricane (Mitch) Evaluation stated:

Specialists in humanitarian emergencies have long pointed out the importance of the immediate self-help actions and strategies adopted by affected populations themselves, as a key to their successful recovery. . .these coping mechanisms may be individual or collective, short-term or long-term, conscious or unconscious, often reflecting the best efforts of ordinary people caught up in extraordinary situations to maximise their own survival (Espacios Consultores, 2000).

It was difficult to see evidence of where this had happened in Kosovo. There seemed to have been relatively little enquiry into people's previous and existing coping strategies, or attempts to support or build on these. Agencies did mention the importance of the extended family, but there were no concrete examples given of where these strengths had been used. (It is hoped that this did exist, but the evaluation team was not given examples). Helping families to communicate and keep in contact by the supply of telephones was undoubtedly important, especially in the early stages of the crisis.

9.11 Conclusions and Recommendations

Agencies and programmes come with their own assumptions, and it seems that grieving, suffering and distressed people in Kosovo have been relabelled and pathologised by some agencies as 'traumatised', needing psychosocial programmes to help them.

Kosovars prioritise the rebuilding of their communities and their social and economic world, rather than identify a need for psychological help or trauma counselling. In the field, DEC agencies in general seem to have recognised that, and many of their programmes have addressed people's social needs. The question must therefore be raised as to why they have continued to use the terms psychosocial and traumatised (words that imply some specialised mental health activity is taking place) and what precisely they mean by them. To some extent, it is simply good practice for all staff working on humanitarian and emergency programmes to take into account people's emotional needs as well as social and material ones.

If DEC agencies are to continue using 'psychosocial' to describe their programmes, the following recommendations are made:

- There seems to be a need for a fuller discussion amongst agencies to reach a clear understanding and consensus about the definition and meaning of the word 'psychosocial'. At the very least each agency ought to be able to define more clearly what they themselves mean by psychosocial activities as distinct from social or community based activities.

- Needs assessments in this area of work could be improved. What do beneficiaries want and prioritise? More consultation and dialogue with beneficiaries is needed so they know and can influence what is being offered.
- More inquiry is needed into previous and existing coping strategies. What are culturally appropriate ways of helping people in distress, both during and after conflict? Who do people traditionally turn to for support and help? How can those people be supported? Recognition and acknowledgement of what they have suffered is important; people may want to talk about their experiences, but not necessarily to a specialist such as a psychologist or a counsellor.
- The concept of counselling needs to be examined more rigorously, as a service for beneficiaries or as training courses for workers. How appropriate and applicable is western-style counselling? How could it be further adapted to any particular cultural setting? How could it be developed to build on existing coping strategies rather than undermining them?
- There is a lack of any agreed performance standards in the area of psychosocial work. Guidelines and performance standards for best practice in psychosocial work need to be developed.
- Care needs to be taken in programme design and implementation that beneficiaries are not portrayed as passive victims rather than active survivors.
- More rigorous tools for evaluating the effectiveness and impact of psychosocial activities and programmes need to be developed. Who decides the appropriate goals and outputs?
- Training for staff can help them better understand the possible effects of conflict, violence and displacement, but naming such training ‘psychosocial or trauma counselling’ should be re-thought. The current labelling implies that it is a specialised mental health activity, but perhaps such training needs a less technical name, such as ‘Support and Skills for Staff’.
- Debriefing or discussion sessions for staff can help them deal with the stresses of the work.
- If agencies do not undertake psychosocial work themselves, but support local organisations that do, attention needs to be paid to how they assess and deal with issues of appropriateness, standards, monitoring and evaluation (i.e. if it is not their own area of work or expertise).

Annex 9.1 Further Notes on Psychosocial Assistance

Preparedness

- Some agencies had worked in and knew the area well (CAD had worked in Albania since 1991 and Kosovo since 1996). Mitigation International (funded by Tearfund) had been in Albania since 1988 and had good links with the church umbrella group VUSh: it had asked Mitigation International for assistance in organising a response to Kosovo refugees. It then asked for training for church care-providers who were assisting refugees.
- Only one agency (CARE) talked of preparedness in terms of having done psychosocial/drama work previously, in Bosnia (the Pax programme which brings communities together through drama). However, the project manager for the Drama Project in Macedonia had worked with Kosovar refugees in the UK.
- Another agency said it hadn't been involved in psychosocial work before *'but knew someone who had'*.
- Concern chose Dublin Rape Crisis Centre to run the crisis counselling training, because it had previous experience of working in Bosnia

Appropriateness

- Are psychosocial programmes donor-driven or beneficiary-led? Agencies stated that they developed programmes in response to the needs of the beneficiaries: *'Everything has to come from the women and what they want'* (Concern), whilst also accepting that they were introducing new ideas and ways of working: *'The idea of a women's group came from us, but they decided what they wanted to do with it'* (Tearfund). A CAFOD partner established workshops to meet the psychosocial needs of Roma women, but for various reasons some women did not attend. The workshops were originally to have been led by a psychiatrist and a psychotherapist but the women preferred to run them themselves and this change was incorporated into the programme.
- Cultural appropriateness of psychosocial work seemed to be insufficiently addressed in practice. Agencies were well aware and talked of the need to take culture into account (for example, importance of extended family and community, role of women), but gave few specific and concrete examples of how culture had influenced their psychosocial work. *'By setting up a Women's Group, we've already changed the culture of the village, men now allow women to meet'* (Tearfund). *'This approach of participation and empowerment for children is new and is not always immediately welcomed or understood'* (CAD).
- In particular questions need to be raised about the role of counselling and counselling training in what was seen as a non-counselling culture. There was general awareness that these were new ideas for Kosovars, where personal expression of feelings was mainly done within the extended family. *'It is not a talk-culture about personal problems'* (World Vision). Tearfund were cautious about the value and importance of *'western short-term individualistic approaches to trauma'*.
- Whilst it is important that people have all the opportunities possible to recover from their experiences, how appropriate and applicable is western-style counselling? How could it

be further adapted to this cultural setting? How can it be developed to build on existing coping strategies, rather than undermine them?

- One example was given where beneficiaries wanted an activity that the agency felt was inappropriate: young women refugees in Stankovec II camp wanted to put on a Beauty Contest. Views were given by Oxfam and UNHCR as to why this might not be appropriate and a culture show was put on instead.
- Some assumptions were made that Kosovar needs would be the same as Bosnians, but without sufficient assessment. One UNICEF staff member felt psychosocial programmes had worked well in Bosnia because there were more developed psychological services there, but much less appropriate in Kosovo.
- It was difficult to assess how much consultation with beneficiaries took place about psychosocial assistance, activities and targeting. Agencies working with local partners (for example, Concern with Women's Forum; Tearfund/ Mitigation International with VUSh; Oxfam with Women's Groups) learnt about beneficiary needs through their partners. No examples were given of direct consultation with beneficiaries (although it is hoped that there were some).
- Some changes to programmes were made to meet changing needs (Tearfund and Concern both made changes to their training programmes).

Coverage

- The main groups targeted were women and children; there seemed to be a lot of assumptions that they were the most vulnerable, 'traumatised' and in need of psychosocial help, on the basis of what they had experienced.
- Some needs assessments were done: *'The social team worked with a local women's NGO, and really got to know people and their needs during the distribution phase. We targeted female headed households, disabled and older women – but it was difficult to involve them'* (Concern). Concern had also identified a wider group, including victims and witnesses of violence and abuse, families with missing relatives and the homeless.
- CAD did a needs assessment in each area using an assessment form (not seen). Tearfund, for its Public Health Education programme in Kosovo, targeted the poorest village in the area, also taking into account the number of children and elderly in the family. In Albania, VUSh (MI/Tearfund) members carried out needs assessment by visiting several churches and refugee sites, both camps, community centres and host families. MI further identified vulnerable groups during the training courses: women who lost their men, elderly, unaccompanied minors, aid workers and border officials, but did not go on to target them.
- Lejgender Women's Association (Oxfam) prioritised areas where there had been the highest levels of violence, numbers of people killed, children lost, and looked at the interests of women and girls.
- Programmes that worked with children either *'worked with all the kids who came along'* (CARE) or worked with those who were most vulnerable, troubled, aggressive or withdrawn. The needs of children evoked particular concern.
- Men were more or less ignored as a target group, although the ICRC Head of Delegation thought the most vulnerable group were young men aged 18–21 years and other agencies echoed this (exposure to guns, involvement in fighting and lack of employment). One worker from Lejgenda (Oxfam funded) also saw the need to do work with men, *'because*

violence against women is increasing ... men see their wives and daughters taken. Men have also experienced violence. Albanian traditions are strong and it is hard for them to accept violence against their families. There are many examples of where women activists have gone to people's houses and it has been men who feel the need to express their feelings. It is easier for women to forget because they are busy, they have a role and routine. Men are unemployed and have more time'.

- It is worth noting that IOM's demobilisation programme for KLA soldiers provided not counselling but financial grants to help them set up in business.
- The elderly were acknowledged to be vulnerable, but were not targeted.
- In Kosovo, it was acknowledged that the needs of minority groups (Roma, Serbs) were not being met and agencies hoped to address this in the future.
- Agencies felt there was some duplication.
- If assistance is to be driven by needs rather than by categories, what is the criteria for vulnerability? Better criteria could be developed. Those coping least well and most vulnerable may not attend social activities provided and be less visible. Describing what has happened to people is not an assessment of their vulnerability. Knowing a particular community well gives the best chance of assessing vulnerability and need.

Effectiveness and impact

- Agencies appeared to find it difficult to measure and evaluate the effectiveness and impact of psychosocial programmes. Some agencies said they were weak in this area.
- The impact of social or psychosocial interventions would generally be seen over a longer period of time, but then it becomes difficult to assess whether any improvements were due to a natural process of recovery or other factors.
- Evaluation of training programmes was carried out through evaluation forms for the participants and verbal feedback (Tearfund, Concern, World Vision).
- Evaluation of how beneficiaries were affected was quite impressionistic on occasions, *'they seemed happier, they smile when I arrive'*. Some agencies relied on a combination of verbal and written feedback: *'we give the children forms to fill in to say what they enjoyed and learnt'* (CARE, CAD); *'expat staff write a monthly report, they record stories of what they see and how people in the community seem to have reacted to the training'* (World Vision). In Albania, Oxfam monitored the number of people coming to one Centre, and the number of people returning.
- One agency (World Vision) was having both an internal and an external evaluation done (although only one was intended).
- Good practice in evaluation of psychosocial programmes needs to be developed. See for example (Loughry & Ager, 1999).

Connectedness

- It is important to work within existing structures, rather than create parallel ones which are unlikely to be sustainable. Programmes need to strengthen local capacity. SC were doing this in terms of social policies regarding children; CARE by training and working with teachers within the education system. CAD (Macedonia) was trying to work with the Union of Art Teachers.

- Some agencies had changed programmes to meet emerging, often longer-term needs. For example, Concern moved from training in trauma/crisis counselling to setting up and working with women's support groups. Tearfund moved from training in psychosocial/trauma-focused work, to conflict management and resolution. There was more thought of future income generation possibilities, rather than providing only social activities.
- There is a difference of opinion as to whether psychosocial work is emergency or longer-term work. Some argue that specific psychological assistance should be available immediately after an emergency (unsupported by evidence). Others argue that people's recovery is dependent on the rebuilding of their social, economic and community world.

Coherence

- There was duplication and overlap in general in the psychosocial field: *'There are some 70 organisations working in Kosovo carrying out a wide variety of programmes on mental health, from counselling services to art therapy programmes'* (Office of the DSRSG for Humanitarian Affairs, 2000). It was suggested that immediately after the crisis there were even more.
- DEC agencies tried to find out what similar or more specialised psychosocial services there were in their geographical area. In general international staff knew where to refer on to if people needed more specialised psychological help; national staff were less sure. Referrals to these more specialised services were very low.
- UNICEF/UNMIK had established a system to monitor and regulate psychosocial projects for children in schools. SC was aware of this, no other agency mentioned it.
- In Albania, Tearfund linked with the Department of Psychology at the University, UNHCR and other NGOs, and with networks of mental health and education services. Their training staff was lent out to other agencies.

Performance standards

- There is a lack of any agreed performance standards in the area of psychosocial work. If psychosocial programmes are to continue to exist, performance standards need to be developed.

Annex 9.2 DEC Kosovo Evaluation: Tables of Psychosocial Activities

Table 34: Phase I DEC Kosovo evaluation: Psychosocial activities

DEC Agency	Planned activities (from plans of action)	What took place	Comments
CAFOD (Serbia)	CAFOD partner: Trauma counselling and psychosocial helpline; Trauma counselling for internally displaced Roma from Kosovo.	Workshops for women to address trauma (women did not want individual consultations with psychiatrists/psychotherapist).	Not DEC-funded. Originally facilitated by psychiatrist/psychotherapist. Covered wide variety of topics.
CARE (Macedonia)	Drama therapy, Cegrane camp	Drama workshops for children	Renamed Swallow Drama Project to get away from the idea of trauma and therapy.
Christian Aid (Albania)	Small projects fund, including: <ul style="list-style-type: none"> counselling service for women who had been raped; training and support of counsellors to work with refugees. 	Financial assistance given to: <ul style="list-style-type: none"> Linear; Mission Church. 	
Concern (Albania)	Psychosocial support to refugees.	Assisted with educational materials for Kosovar and Albanian school pupils.	Other components of programme not carried out due to rapid return of refugees to Kosovo.
Concern (Kosovo)	Support to women, to address emotional and psychological needs.	Training course in trauma counselling planned, carried out in Phase II.	
Save the Children (Serbia)	Psychosocial support to local partners; psychosocial support to foster families (phone, direct contact, leaflet).	Some local partners provided psychosocial assistance and support.	SC did not appear to implement 'psychosocial' support or projects as separate or distinct from their other work.
Save the Children (Albania)	Psychosocial assistance and support. Community Psychosocial Training and Support Unit (PTSU).		As above.
Tearfund (Albania)	Trauma counselling for refugees in Albania.	Processing proposal, carried out in Phase II.	

Table 35: Phase II DEC Kosovo evaluation: Psychosocial activities

DEC Agency	Planned activities (DEC plan of action)	What took place	Comments
CAD (Macedonia)	Action Van - mobile sports, recreation and play facility for rural schools and communities in FYRoM.	Action Van.	In proposal as 'community services', finally coded as 'education/ recreation'. Worked with local committees as well as refugees. Joint funded DFID.
CAFOD (Serbia)	CAFOD partner – trauma counselling and psychosocial helpline CAFOD partner - trauma counselling for internally displaced Roma from Kosovo.	Workshops for women to address trauma/other issues.	Not DEC-funded. Workshops facilitated by Roma women (replaced psychiatrist and psychotherapist). Low attendance. Covered wide variety of topics.
CARE (Macedonia)	Drama therapy, Cegrane camp.	Drama workshops for children.	
CARE (Kosovo)	Psychosocial training and support programme for teachers		Not DEC-funded.
CONCERN (Kosovo)	The Social Project (psychosocial approach) – training of local activists in trauma counselling.	Training in crisis counselling for Concern and other NGO staff (Dublin Rape Crisis Centre), 2 x 5 days.	Focus of training changed.
Oxfam (Albania)	Support for local partners – psychosocial stress, debriefing and medical counselling through three local partners in Tirana.	Worked through: <ul style="list-style-type: none"> • Women for Global Action Association; • Women Realities and Visions, who did psychosocial work (dance therapy, information exchange/provision, safe space for women to talk); • Centre for women and girls. Integrated package of activities, including practical help. Counselling. 	Psychosocial interventions secondary to the material distributions. People seemed to have mostly wanted help with practical problems.
Oxfam (Kosovo)	Support for local partners.	KERP: a series of trauma workshops for teachers held in seven regions of Kosovo. Support for Women's Groups: <ul style="list-style-type: none"> • Lejgenda Women's Association, Viti: psychosocial work with women in five villages and psychosocial work with children. • Liria Women's Associations, Gjilan. Provide support for those affected by trauma. Some staff trained in psychosocial work. Sewing courses. 	No details available of this programme. Oxfam says that its psychosocial work is ' <i>emotional support</i> '.

Oxfam (BiH)	Support for local partners.	Work through partner organisations who provided community services for Kosovo affected refugees, including psychosocial counselling.	
Oxfam (Macedonia)	Community and Disability Services, Stankovec II.	Community services, emphasised a social approach.	
Save the Children (Serbia)	<ul style="list-style-type: none"> • Support for local partners: psychosocial support to some. • Psychosocial support to foster families (phone, direct contact, leaflet). 	Some local partners provided psychosocial assistance to children at risk and psychosocial counselling.	Aim of programme to provide child-friendly partners for future work.
Save the Children (Montenegro)	Psychosocial support to IDPs.	Three children's and youngsters' centres in southern part of Montenegro.	
Tearfund (Albania)	Trauma counselling for refugees in Albania. Worked through Mitigation International/VUSh, strengthening the Albanian response to refugees and beyond.	<ul style="list-style-type: none"> • Psychosocial counselling training for care-givers. • Training in core communication skills. 	
Tearfund (Kosovo)	Public Health Education, Gjakova.	Responded to need by having a psychosocial element to its programme in one village <ul style="list-style-type: none"> • women's group • children's group 	
World Vision (Kosovo)	Psychosocial support	Training for community services facilitators in psychosocial support.	Not DEC-funded – were told DEC did not fund psychosocial programmes.
World Vision (Montenegro, Albania)	Psychosocial programme: CATH (Creative Activities for Trauma Healing).		Not DEC-funded (as above).
World Vision (Kosovo)	MAG	Training that MAG did included one session on 'psychosocial aspects of traumatic experiences during the war with special reference to children' (run by WV).	DEC-funded.

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