REPORT OF THE CHILDREN AND ARMED CONFLICT UNIT:

THE IMPACT OF ARMED CONFLICT ON CHILDREN IN KOSOVO

Carolyn Hamilton & Nathalie Man

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THE IMPACT OF ARMED CONFLICT ON CHILDREN IN KOSOVO

The Children and Armed Conflict Unit was set up in 1997 as a joint project of the Children’s Legal Centre, a NGO dedicated to the promotion of the rights of children, and the Human Rights Centre at the University of Essex.

The aim of the Unit, which focuses on civilian children, is to lessen the impact of armed conflict on children, through better protection of their rights. It works closely with the office of Olara Otunnu, the UN Special Representative for Children and Armed Conflict and was established to maintain the work of Graca Machel, the former UN expert on the impact of armed conflict on children. Madame Machel is the patron of the Unit.

The Children and Armed Conflict Unit has monitored the situation of children in Kosovo since the establishment of the Unit in April 1998. Between 24th August and 3rd September it undertook an assessment of the situation of children in Kosovo, and the response of the humanitarian agencies to their needs. During the course of this visit two members of the Unit visited 27 different agencies, spoke with journalists, diplomats, human rights monitors and undertook four field visits. The purpose of the field visits was to speak with children and their families and to examine some of the difficulties faced by the humanitarian agencies.

Our remit was to examine the specific position and needs of children. While it is, inevitably, somewhat presumptuous to draw definitive conclusions from spending so little time in an area of conflict we have attempted to provide some insight into the situation and some recommendations to enable agencies to better promote the welfare of children. We have also considered the nature of relief and programmes for children from a child rights perspective and, again, have sought to make recommendations. In commenting on the situation, we take into account that due to time constraints and the nature of our work, we did not speak to the Serbian government authorities or the Serbian army or police.

A. THE EXTENT OF THE PROBLEM

The present conflict in Kosovo is a result of the explosion of smouldering ethnic tensions that have their roots in its dual identity as both the heartland of the mediaeval Serbian Kingdom and of the Albanian national revival. From 1974-1989, Kosovo was an autonomous province under ethnic Albanian leadership. After Kosovo lost its autonomous status in 1989, the ethnic Albanian population (which constitutes 90% of the total population of the province) were faced with severe repression of their human rights. This has taken many forms, including the dismissal of ethnic Albanians from senior and management positions: some 150,000 lost their jobs at the end of the 1980s. Control of the legal system is in the hands of the Serb minority, with the judiciary being almost entirely comprised of Serbs. Government funded schools now only teach in the Serbian language, leading to the withdrawal of ethnic Albanian children, who are educated at the expense of their own ethnic community.

The most recent offensive by the Serbian government forces started in late February 1998. By July 1998, the Kosova Liberation Army (KLA), is alleged to have maintained territorial control over at least 40% of Kosovo. This has now diminished to pockets of areas controlled by the KLA.

The KLA are opposed by the Serbian military, Serbian paramilitaries and the police, all of whom work hand in hand. The police are distinguished by their different uniform (blue camouflage), but are heavily armed, with hand-guns, assault rifles and grenades. The police have been seen in armoured fighting vehicles and there is no pretence of neutrality on the their part. At the time of our visit, the
Serbian authorities had gained control over the main road leading from East to West and along the Southern and Western border areas. At the end of August and through September, the police and the military were constantly carrying out offensives, including the shelling of civilian targets. The purpose of these offensives was supposedly to separate the KLA from civilians. However, in September the conflict escalated still further, with reports of attacks made on civilians who had left their villages and were sheltering in the woods and on the hills. There has also been evidence of arbitrary executions. 

The Serbian authorities have been responsible for casualties and deaths amongst the ethnic Albanian civilian population, and there has been deliberate destruction of property, including homes, farms, livestock, food stores, schools and medical centres in the affected areas.

There is some evidence on both sides, that civilians are being armed, although it has to be noted that the use of weapons by civilians is considered commonplace. We saw no evidence of the use of child soldiers or the involvement of under-18s in the fighting. None of the agencies, including the International Committee of the Red Cross (ICRC), the Kosovan Diplomatic Observer Mission (KDOM) or the local NGOs had seen any under-18s in either force. The general view of those in the community is that 15-16 year olds are too young to have weapons. It was noted, however, that 14-18 year old males were under-represented amongst IDP families seen on our visit.

There is a very high level of solidarity amongst the Albanian population. The solidarity and self-help of the population is expressed through the ‘Mother Teresa Society’, a local NGO established well before the crisis and recognised by the State authorities, and the Emergency Council (consisting of political activists and those who help organise relief for IDPs). These organisations have responded well to the emergency and are the best source of information as to the whereabouts and well-being of the IDP population.

**B. THE IMPACT OF THE CONFLICT**

The impact of this conflict on a considerable section of Kosovo’s child population has been severe. It is estimated that up to a quarter of Kosovo’s population has been displaced and that children make up between 55% to 63% of that population. The actual numbers of IDPs is difficult to determine, due to the increase in hostilities and further displacement of many IDPs. By the time of our visit towards the end of August, the lowest estimates of IDPs was 120,000. At that time other agencies placed the figure at nearer 250,000. What is clear, however, is that the number of IDPs has continued to escalate throughout September as a result of an increase in Serbian military operations. The estimates of some organisations working in the field, both national and international put the figure at closer to 500,000.

The impact of the conflict on IDP children has been severe. There is evidence that a number of ethnic Albanian children have been injured and killed in the fighting. The Council for the Defence of Human Rights and Freedoms put the figure for reported children deaths at 92 on 27 August. Analysis of a list of ethnic Albanian children killed between February and 4th September demonstrates that the most vulnerable age group of children to be boys aged 16-18 yrs followed by children of both genders aged 0-5yrs.

**AGE AND GENDER OF ETHNIC ALBANIAN CHILDREN KILLED FROM FEBRUARY - SEPTEMBER 4TH 1998.**
<table>
<thead>
<tr>
<th>AGE</th>
<th>BOYS</th>
<th>GIRLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 yrs</td>
<td>18</td>
<td>12</td>
</tr>
<tr>
<td>6-12 yrs</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>13-15 yrs</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>16-18 yrs</td>
<td>24</td>
<td>6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>58</td>
<td>30</td>
</tr>
</tbody>
</table>

Unfortunately no such lists are available for Serbian children who might have been killed during the conflict.

The vulnerability of the 0-5yr age group and the number of deaths comes as no surprise. Some of these children died as a direct result of shelling, but the lack of medical facilities, the interruption to food supply and hygiene all make this group of children particularly vulnerable.

The vulnerability of the male 16-18yr old group is a cause of great concern. The circumstances in which these children died is unclear. However, the casualty rate sustained by this age group is nearer to that of adult males than other children. It was explained to the Unit that boys of this age often remained to protect the family property, whilst the women and children sought safety. While a proportion of the fatalities are the result of indiscriminate shelling of villages, there is also some evidence of direct targeting of this age group and a failure on the part of the Serbian forces to distinguish adolescent boys from adult males.

The Council for the Defence of Human Rights and Freedoms, reported that on the 25th September, Serbian forces executed 6 boys aged between 16 and 17 in Galica, Vushtrri district. It also reported that, on the 26th September, near Klina, Serbian forces separated a number of ethnic Albanians from the crowd, executed two men and later executed 8 ‘youngsters’ in Gollubovc. Such reports are becoming more frequent.

A large number of children, possibly as many as 300,000 children, have fled their homes. Where children are still living outside in the fields and woods, and where children are living in unsatisfactory housing, the impact of the conflict is high. There is real concern that the right of these children to survival and development is compromised and their right to life is by no means assured.

The impact is likely to intensify as the level of displacement increases and the time spent outdoors is extended. Children, especially the under-5s, are faced with a very real prospect of losing their lives.

IDP children and resident children living in towns and villages which have not been the object of military activity are still affected by the conflict. Many are, as a result of displacement, in overcrowded housing with all the inevitable problems for health and welfare that accompanies this. All children in the affected areas, particularly the South and West, but even to the East and in Pristina are affected by reduced health care provision and disruption of the education system. Boys aged 14 and over are subject to harassment by the police and risk being picked up by the police as potential ‘terrorists’. There is also evidence that the Serbian military and police are separating the boys and men from females when surrounding a village or group of civilians in a conflict area and keeping them in detention.

C. INTERNAL DISPLACEMENT
There is no precise legal definition of internal displacement. As a rule, internally displaced persons are
defined as being in a refugee-like situation without having crossed an international border. However,
in the Analytical Report of the Secretary-General on internally displaced persons of 14 February 1992
and the Representative’s Comprehensive Study of 21 January 1993, generally accepted working
definition of internally displaced persons was given:

"[P]ersons who have been forced to flee their homes suddenly or
unexpectedly in large numbers, as a result of armed conflict, internal strife,
systematic violations of human rights or natural or man-made disasters;
and who are within the territory of their own country.

This has been slightly redefined. For the purposes of the Guiding Principles on Internal Displacement
the definition used is:

"[I]nternally displaced persons are persons or groups of persons who have
been forced or obliged to flee or to leave their homes or places of habitual
residence, in particular as a result of or in order to avoid the effects of
armed conflict, situations of generalised violence, violations of human
rights or natural or human-made disasters, and who have not crossed an
internationally recognised State border.

The IDPs in Kosovo fall into various categories, each being applicable to either KLA or government
held territory:

those who are still living outside in the fields or sheltering in the woods;

those who are accommodated in unsatisfactory housing, usually half-finished or damaged
and potentially dangerous.

those who are accommodated in acceptable, but overcrowded and insanitary conditions,
commonly with relatives or friends

The number of IDPs living outside is generally estimated to number around
100,000. A Mercy Corps International Report from Pristina estimates
between 80,000 and 120,000 are camped in the woods and fields. The
International Crisis Group estimates the numbers as up to 50,000 but
this is likely to be an underestimate given the latest level of fighting.

The lack of accurate figures makes the provision, and especially the
planning, of adequate humanitarian assistance difficult. The registration of
IDPs was started towards the end of August, carried out by the Mother
Teresa Society, a national NGO with the widest national coverage. The
lowest estimate of overall IDP numbers during the Unit’s visit was that of
the International Committee of the Red Cross who put the numbers at
120,000. None of the other agencies agreed with this low figure. UNICEF,
OXFAM and most of the other agencies placed the figure at around 250,000
but admitted that the fighting of the end of August was likely to swell the
the number of IDPs at 230,000. The highest estimate of 500,000 IDPs was
provided by USAID through a survey based on the number of empty houses
within villages. The Council for Human Rights and Fundamental Freedoms
(an ethnic Albanian Kosovar NGO) put the number of IDPs at 380,000 at the end of August, whilst the Mother Teresa Society relying on reports from their national branches reported on 27 August that they estimated the number of IDPs to be 411,769 (including an increase of 40,000 during the previous nine days) and 534,520 by 1st October. 33

Some commentators have stated that at least one-quarter of the total Kosovar population has been displaced. This figure includes refugees who have left Kosovo. It may be that the sum is even greater than this when the USAID figures are taken into account and the number of Serb refugees who were relocated from Krijina into Kosovo, and who have moved once more, are taken into account.34

The NGO Centre for the Protection of Women and Children (Pristina) estimated that, on 30 August, 63% of the IDPs were children and 25% women.

D. THE CONCEPT OF PROTECTION

The notion of ‘protection’ in the context of Kosovo may, from a child right’s perspective, be regarded as a term of art. The protection of IDPs lies primarily with the State: in this case, the government of the Federal Republic of Yugoslavia. Their obligations towards their citizens are clearly documented in international human rights law and international humanitarian law. The capacity and willingness of the Federal Republic of Yugoslavia to provide that protection and assistance is, however, in doubt. In many instances of civil conflict, the IDPs are seeking protection from the actions of the very State that should be protecting them.

It is not possible for the international community to provide ‘protection’ in the sense that this term is normally understood: in other words, the international community cannot protect children from physical and emotional harm caused by the very fact of conflict.35 The UN Charter does not permit the UN to intervene in matters which are essentially within the domestic jurisdiction of any State,36 other than in special circumstances in which the UN resolves to place peace-keepers or peace enforcers into a state.37 Thus, the protection offered to children by the international community is, in most instances of conflict, limited to what might more commonly be termed ‘assistance’ and, in this case, assistance after the event. External agencies are able to offer and provide humanitarian assistance (with the consent of the Host State),38 as the accepted view is that this does not constitute ‘intervention’, provided that such assistance is available to all parties to the conflict without discrimination.39

The Executive Committee to UNHCR40 has recognised that UNHCR has a role to play in ‘protecting’ IDPs but this is a restricted role:

‘actions by the international community, in consultation and co-ordination with the concerned State, on behalf of the internally displaced may contribute to the easing of tensions and the resolution of problems resulting in displacement, and constitute important components of a comprehensive approach to the prevention and solution of the refugee problem’.41

There are only two agencies in Kosovo whose mandates include ‘protection’: UNHCR42 and the International Committee of the Red Cross (ICRC).43 UNHCR has been present in Kosovo since the Spring of 1993, at which time it was responsible for refugees coming from Croatia and Bosnia and Herzegovina. UNHCR’s mandate in Kosovo is:
to assist in bringing relief to needy internally displaced persons affected by the conflict. The involvement of the office may also have a welcome preventative impact in helping to avoid the further displacement of population as well as contributing to the creation of conditions that would permit refugees and displaced persons to return to their places of origin.45

UNHCR are further guided in their work by the Guiding Principles on Internal Displacement prepared by the Representative of the Secretary-General, Francis Deng, which are intended to be a persuasive statement providing practical guidance.46 The purpose of the Guiding Principles is to address the specific needs of internally displaced persons world-wide by identifying rights and guarantees relevant to their protection.

The role of UNHCR in Kosovo up until the end of August concentrated on security, humanitarian assistance and monitoring. The work of the UNHCR did not, at the time of the Unit’s visit extend to child protection and the agency did not have a child protection officer. The Unit was informed that it was the intention of UNHCR to provide a member of staff to monitor and co-ordinate children’s programmes.

ICRC’s function is to undertake the tasks incumbent upon it under its Statute and detailed in the Geneva Conventions: to work for the faithful application of international humanitarian law applicable in armed conflicts, to endeavour at all times to ensure the protection of and assistance to military and civilian victims of such events and of their direct results, and to work for the understanding and dissemination of international humanitarian law applicable in armed conflicts.51 In all these tasks the ICRC applies its fundamental principles of humanity, impartiality, neutrality, independence, voluntary service, unity and universality. In Kosovo, the work of ICRC has focused on medical, especially surgical, assistance, the visiting of political detainees and the provision of humanitarian aid. Their role of protection in relation to children specifically has been limited largely to the provision of medical aid.52 Even this, however, has proved difficult as IDP populations have continued to move and access has been denied.

E. PROVIDING ASSISTANCE

The most pressing problem is to ensure that those IDPs who are currently living outside on the hills, fields and woods are brought to an area of safety. At present, as stated above, there are estimated to be around 100,000 civilians trapped within army encircled areas and living outside. There is evidence that these civilians are now being directly targeted.53 There is an urgent need to provide shelter and food aid to these IDPs, especially in view of the approaching winter, and taking into account that some of these IDPs, including small children and newborn babies, have been outside for some weeks, often moving to avoid the fighting.

Delivery of Humanitarian Aid

Principle 18 of the Guiding Principles on Internal Displacement provides that all internally displaced persons have the right to an adequate standard of living and that competent authorities shall provide internally displaced persons with and ensure safe access to: essential food and water; basic shelter and housing; appropriate clothing and essential medical services and sanitation. It has not been possible to deliver humanitarian aid on a consistent basis to IDPs,54 despite the call of the Security Council that the government take immediate steps to improve the humanitarian situation and allow free and
unimpeded access for humanitarian organisations and supplies: 55

Access has been denied at checkpoints to areas of conflict (witnessed by the Unit on 27 August and attested to by all agencies spoken to);

NGOs suffer from a lack of security when in conflict areas. NGOs have not been given ‘legal recognition’ by the government and, as such, are not entitled to an HF radio frequency;

There has been deliberate targeting of national aid workers - 3 ethnic Albanian Mother Teresa Society volunteers were shot and killed on 24th August near Kijevo whilst distributing aid;

The laying of land-mines by the KLA and Government Forces on secondary roads has made the delivery of aid to the more remote areas difficult. 57

As a general rule, the Government Forces have permitted access to an area once fighting has ceased. The closing of areas during an offensive makes the continuity of agency programmes extremely difficult. For instance, following up on a patient’s health after medication has been prescribed. Many agencies resent the fact that while they are allowed into an area after hostilities have taken place ‘to clear up the mess’ they are not given access to provide assistance to civilians, for instance, by evacuation to a safe zone, during the fighting. In some instances, by the time the agencies finally gain entry into the area of conflict, much of it is empty, the population having fled. The inaccessibility of areas with civilian population living in emergency conditions, and the continuing movement of population in response to fighting, makes it extremely difficult to monitor the level or location of IDPs, and to provide consistent services.

At present, although the Government of the Federal Republic of Yugoslavia has consented to the presence of the ICRC and other international humanitarian agencies in Kosovo, it is not granting the access required to enable provision of the necessary aid and assistance to children. The humanitarian agencies have no power themselves to insist or enforce access to the civilian population.

FRY has ratified Protocol II to the Geneva Conventions, Article 18(2) of which provides for relief actions:

If the civilian population is suffering undue hardship owing to a lack of supplies essential for its survival, such as foodstuffs and medical supplies, relief actions for the civilian population which are of an exclusively humanitarian and impartial nature and which are conducted without any adverse distinction shall be undertaken subject to the consent of the High Contracting Party concerned’.

Although FRY has not recognised the conflict as one to which Protocol II applies, the provisions can be regarded as providing guidance and standards of expectation of behaviour that States should seek to aspire to. It is clear that the consent of the High Contracting Party is required, but it can be argued that this provision effectively limits a party’s discretion to withhold its consent thereto. 58 It has been noted in this regard that the party may refuse relief actions "...only for valid reasons, not for arbitrary and capricious ones". 59

Further, Principle 25 of the Guiding Principles in Internal Displacement provides that: international humanitarian organisations and other appropriate actors have the right to offer their services in support of the internally displaced. Such an offer shall not be regarded as an unfriendly act or an interference in a State’s internal affairs and shall be considered in good faith. Consent thereto shall not be arbitrarily withheld, particularly when authorities concerned are unable or unwilling to


provide the required humanitarian assistance.’

Recommendations

1. There should be immediate political pressure on the FRY government to comply with Security Council Resolution 1199 of 23rd September which orders the FRY to:

   a) withdraw the security units used for civilian repression; 60

   b) facilitate, in agreement with UNHCR and ICRC, the safe return of refugees and IDPs to their homes;

   c) allow free and unimpeded access for humanitarian organisations and supplies to Kosovo.

   d) to co-operate fully with the Prosecutor of the International Tribunal for the Former Yugoslavia in the investigation of violations of international humanitarian law. 61

2. There should be immediate political pressure by the international community on the FRY to comply with its obligations under international human rights and international humanitarian law and to implement the Guiding Principles on Internal Displacement. 62

2) In order for effective aid to be delivered, and for protection and assistance to be ensured, an international presence needs to be established by UN agencies in the field, through the establishment of field offices. 63

5) The Office of UN High Commissioner for Human Rights, in co-operation with the Government should install human rights monitors in satellite offices.

6) NGOs must be given permission to have HF radio frequencies which would allow them to establish sub-offices.

7) Pockets of IDPs are also to be found inside present conflict zones. It would be highly desirable for these IDPs to be found accommodation and moved away from the area where fighting is taking place (see Guiding Principles 7 and 15). Agencies, specifically UNHCR and ICRC need to negotiate with the government to accomplish this.

8) Consideration should be given to the establishment of corridors of assistance to allow humanitarian aid to reach pockets of IDPs in conflict areas.

F. RETURNING HOME

"Competent authorities shall have the primary duty and responsibility to establish conditions, as well as provide the means, which allow internally displaced person to return voluntarily, in safety and with dignity, to their homes or places of habitual residence, or to resettle voluntarily in another part of the country. Such authorities shall endeavour to facilitate the reintegration of returned or resettled internally displaced persons" (Principle 28(1) Guiding Principles on Internal Displacement)
UNHCR along with interested governments has an interest in promoting the return of IDPs to their towns and villages, but can only do so where their safety will be assured. There are a number of obstacles to return at the present:

a) there is no guarantee of security for those IDPs who return to their villages. IDPs fear that they will continue to be the subject of attack by Serbian army and police forces;

b) the destruction of houses and community structures mean that there is insufficient habitable accommodation at present;

c) the destruction of food stores and essential community services for children, such as health care and education, militate against return. The fragility of services is further exacerbated by the practice of the Serbian military of closing areas and refusing access to humanitarian agencies.

There is debate about the level of destruction of civilian homes and farms. Reporting from the areas of conflict indicates that villages are being shelled and houses set on fire. There is also evidence that following the departure of civilians from villages, Serbian forces have burnt houses, in some cases razing them down to ground level. The best evidence on the amount of damage is contained in the Housing Survey by the Kosovo Diplomatic Observer Mission (KDOM).

The KDOM carried out a survey of housing damage in a report dated 24th August 1998. The assessment of damage was made at three levels: Level I: no damage or minor damage; Level II: major damage, significant structural disruption such as a large hole in the wall or part of the roof missing, requiring major repairs; Level III: damage which makes the whole structure uninhabitable. 19,448 houses and other dwellings were surveyed. The survey of damage was carried out over a period of 5 days by KDOM and IRC, within 4 sectors which correspond to geographical areas in which fighting has taken place.- A, (essentially Pristina to Pec) B, (Centred on Klina) C (Pec to Dajevica, to Orahovac and Malishevo) and D, (including area from Malishevo to Lapushnik, Skorosnik, and Suva Reke, Stimjle, Dulje and Crnolevo, south of Komorane and Magura).

The level of damage across the affected areas was variable. For instance, Babaloc (east of Junik) was assessed as having 90% of the homes uninhabitable, whereas Junik itself had only 20% of uninhabitable homes. Villages within 3 km of the main roads through Kosovo were surveyed and where possible, villages further afield were assessed. It is generally thought that those villages along the main roads and within 3 - 5 kilometres of the main road are the most affected. However, given the level and location of the fighting since the 17th August, the latest date at which houses were surveyed, this report is no longer accurate, and the assessed level of damage is now an underestimate. For instance, Komorane which the report indicates as having slight damage with 5% of houses needing minor repairs is no longer likely to be accurate as there was heavy fighting in this area on 26/27 August.

The damage of housing also applies to basic infrastructure, including public health provision such as water and sewage. UNICEF’s 1997 ‘Multiple Indicator Cluster Survey’ demonstrates that the public health situation in Kosovo was already deteriorating before the recent conflict.

Shallow wells appear to be the main source of drinking water amongst rural communities. However, 95% of these shallow wells are regarded as not being fit for consumption. Piped water systems, generally sourced from springs have been neglected for several years, leading to an inadequate low-quality supply of water.
At the end of August, very few agencies had started aid to provide clean water and sanitation. It is recognised that such programmes would be essential if IDPs were to return home.

The Fragility of Services for Children

For IDP children living outside, in unsatisfactory accommodation or contemplating a return to their town or village, availability and continuity of basic services is essential for survival and development.

a) Food Delivery

Adequate nutrition is essential for children, and is threatened by the conflict in Kosovo. Food delivery for the displaced population at the time of the Unit's visit was insufficient for a number of reasons:

i) There was an under-estimation by agencies of the amount of displacement that was likely to occur as a result of the conflict.

ii) There is no clear data on the number of IDPs, nor of the proportion of children within that population in need of food aid. This is made even more difficult by the fact that there is no clear consensus on the size of the total population of Kosovo. The last Kosovar census was in 1981. Due to under-registration of the birth of children, it is only possible to estimate the numbers of children.

iii) No base-line assessment of the health or nutritional needs of children has been carried out to help agencies assess need.

iv) The Unit was informed by a number of agencies that there was an unofficial food embargo on importation of milk, flour, sugar and oil by the Serbian authorities and that there had been delay and difficulty in importing these items. The extent of this embargo was unclear and had not been systematically investigated. The blockade appears to have affected local Albanian shopkeepers who were restricted to selling locally grown foodstuffs.

v) Due to the security situation and a heavy presence of police and military in various areas, few crops have been harvested, particularly wheat, maize and fruit. There has been some burning of crops in the fields as well as food stores at homes and farms, and killing and dispersal of farm animals. Local food production has inevitably been affected as a result of these actions, both in the short term (over the coming winter) and in the medium term as farmers will not be able to plant for the spring and summer.

vi) At the time of the Unit’s visit, the international agencies were inadequately staffed. This was especially noticeable in the case of the World Food Programme (WFP), which, at the end of August, had only one international member of staff and one national.

vii) The humanitarian agencies were not able to get free access to all areas in need.
viii) The food provided at present is basic. The rations consist of flour, oil, sugar, some rice and salt. There is some baby milk for children who are not breast-fed, but there is no milk for children who are weaned, no consistent delivery of ‘baby food’ or food that is appropriate for those children who are weaned but have only just started to eat solids. Children have little access to protein, fruit or vegetables.

ix) Distribution of food is not, as yet, well founded. Mother Teresa and the Emergency Council (the two major Albanian community organisations) register IDPs as they arrive within a local branch area. They have also begun, in some areas, to issue ration cards. This is a helpful development. However, many IDPs are forced, as a result of further fighting, to move once more, and tend to leave cards and aid behind. When they arrive in a new area, they must be re-registered and issued a new ration card.

x) There was inadequate co-ordination between agencies to determine food needs and distribution. Neither, at the time of the Unit’s visit, was there a designated co-ordinating agency for food aid.

xi) The agencies accept that they will not cover full protein needs nor micro-nutrients for children. There is no plan to import baby food. Food deliveries which will include beans, oil and flour. while baby food will be bought locally.

xii) There is a concern amongst the national NGOs that international agencies see the importation of foodstuffs merely as a logistical exercise, and a fear that the nutritional needs of children will not be examined closely.

The government, along with the National Red Cross Society, announced at the end of August, that they were to open eleven distribution points for food, non-food items, clothing and building materials in Junik, Decani, Klina, Osojane, Kijevo, Djakovica, Srbica, Glogovac, Orahovac, Malishevo and Suva Reka. In general this offer has been well received by the international community, though in reality the acceptability of distribution centres run by the same government backing the army and the police who are the cause of the displacement is highly questionable. Allegedly helicopters dropped leaflets into the hills explaining the distribution schedule and informing IDPs that their security would be assured. The sudden change of perpetrator to donor was difficult for IDPs to trust and, the Unit understands, the first distribution at Orahovac was a failure: not one IDP attended the distribution. Additionally, an international agency reported seeing a large armoured personnel carrier outside a humanitarian centre which ‘the local population did not find particularly encouraging.

b) Health

The health system, unlike the education system in Kosovo, is an integrated one. While there are parallel ethnic Albanian and Serbian schools, state health technically covers both ethnic populations. Under the health system, Kosovo is divided into 5 regions, each region having a medical centre (the key centre for drug distribution). Each region has numerous municipalities (about 30 in total for Kosovo), and each municipality has health centres supervising health stations in the villages.

There is, however, a general distrust of the health system in Kosovo on the part of the ethnic Albanians. Between 1989-1990, 2,000 medical staff were dismissed from management positions or senior medical positions. Although, at present, it is thought that approximately 60% of health staff
within the State system are ethnic Albanian, none have management or senior positions, and most are to be found in the smaller health stations and regional health centre facilities. Thus the health system is regarded a Serbian controlled institution. The mistrust has led to low usage of health facilities with high Serbian staff levels by ethnic Albanians. It was explained to the Unit that the main gynaecological clinic in Pristina which saw 40-50 patients a day at the end of the 1980’s now sees only 4-5. Since the conflict erupted in February distrust of the health system has grown. Many ethnic Albanians who are either ill or injured through the shelling are reluctant to go to hospital, fearing that they will be subject to the unwanted attentions of the Serbian police.

Over the last few years, the general fear of Serbian run institutions has led to the partial development of private, ethnic Albanian clinics and the development of limited medical services by local NGOs, particularly by the Mother Teresa Society and the Centre for the Protection of Women and Children. The conflict and internal displacement has, inevitably, led to the cessation of many local health facilities. However, many ethnic Albanian medical staff have made themselves available in their area of displacement and are working within the health stations, mobile clinics and ambulatories.

**Health statistics**

Kosovo has the highest birth rate in Europe. The Federal Institute of Public Health, Belgrade, reports that there are approximately 50,000 (nearer 52,000) live births a year to the 2.2 million residents of the region, a rate of 21.2 births per 1000 inhabitants. This gives a total child population in Kosovo of approximately 900,000, or slightly under 50% of the population. However, these figures should be regarded as an underestimate. During a campaign to vaccinate small children against polio 2 years ago, 50,000 unregistered children were found and vaccinated. There is no accurate record of how many children have been born in the last 6 months, or the effect of the conflict on rate of pregnancy.

Kosovo also has the highest infant mortality rate in Europe at 23.6 per 1000 live births. The 1996 Multiple Cluster Indicator Survey for FRY put the infant mortality rate at 16.8 and the under 5 mortality rate at 19.4. The rate must almost inevitably have risen due to the breakdown in already insufficient maternity services and post-natal care in the areas of conflict.

Access to health care in areas of conflict is poor. Much of the community infrastructure has been destroyed, including in some places, the health facilities. Even where the facilities continue to exist many of the staff have been displaced and the drugs and equipment removed. While some displaced ethnic Albanian doctors and nurses have continued to work in the areas in which they find themselves, this does not compensate for the facilities lost.

NGOs (both national and international) and UNICEF are providing mobile primary health care and ICRC are providing a mobile surgical unit. However, this is not sufficient to meet health needs. IDPs outside the towns continue to face problems of access to health care. These include: the inability
to travel to the mobile clinics; free access for humanitarian aid agencies being frequently denied by the authorities; and the continuing displacement and movement of civilians not permitting provision of regular access to medical services or follow-up services. IDPs outside the towns have virtually no access to secondary levels of health care.

**Problems specific to children**

The level of medical problems amongst the IDP child population is being closely monitored by the various agencies working in health. At the beginning of August, the general level of health amongst children was reasonable. However, it should be remembered that the summer is the 'healthiest' time of year for children, who have benefited from summer weather and greater availability of food over the earlier summer months. During the Unit’s visit there was increasing evidence of the spread of medical problems, particularly amongst IDP children in the fields and woods and those in insanitary and overcrowded housing. MSF reported at the end of August that their mobile clinics were seeing an ever-increasing number of under-5s with diarrhoea and dehydration. Other concerns were the levels of acute respiratory infections (including bronchial pneumonia) and skin problems, including lice and scabies. For the first time, at the end of August UNICEF and MSF reported cases of malnutrition and of mothers and babies dying during, or just after, birth.

Disabled children have suffered considerably during the conflict. Handicap International (HI) who are working with disabled children report that the lists of children attending their community centres were no longer valid, and the registration process had to be started from the beginning once again. Families were either missing or displaced or too terrified to re-register. Although some of the centres had continued, many had been destroyed and looted, including the wheelchairs. There is a real concern that the lack of humanitarian access will have a serious impact on these children’s health. Many of the disabled children have catheters which need changing and the absence of medical attention may result in these children contracting kidney infections and sores.

**Immunisation**

Immunisation of children is carried out by the State and is closely linked with the registration of a child’s birth. The disruption to services caused by the conflict and displacement has meant lower rates of birth registration and the cessation or interruption of immunisation programmes. The fear is that this will lead to an increase in childhood infectious diseases. During 1998 there have been cases of TB meningitis and 8 cases of neonatal tetanus. There was an epidemic of measles in 1997 and an epidemic of polio in 1996 in which 28 children died.88

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**G. CHILDREN’S RIGHTS**

The UN Convention on the Rights of the Child is the most widely ratified of human rights instruments.89 While Article 38(4) of the Convention requires that ‘States Parties shall take all feasible measures to ensure protection and care of children who are affected by an armed conflict’ it is widely acknowledged that children suffer considerably in times of conflict.90 There is no reason why States who have ratified the Convention, including FRY, should not continue to be bound by the Convention in relation to all children within their jurisdiction during a conflict. There is no provision
in the Convention for derogation. However, articles relating to the right to leave the country, freedom of expression, freedom of religion and freedom of association and peaceful assembly can all be limited on the basis of protection of national security, public order, public health, morals or the rights and freedoms of others. It is arguable that all the provisions remain in force during times of armed conflict. Indeed, the Committee on the Rights of the Child takes the view that the whole Convention continues to apply in times of armed conflict or emergency. Thomas Hammarberg, a member of the Committee on the Rights of the Child put the view of the Committee succinctly:

Article 38 specifically expresses the situation of children in armed conflict. However all other articles of the Convention are relevant. In fact there is no derogation clause in this Convention, it applies in its entirety also in times of war or emergency. The child has a right to a family environment, to go to school, to play, to get health care and adequate nutrition - also during the armed conflict. The principles of the Convention are valid as well: that all children without discrimination should enjoy their rights, that the best interests of the child be a primary consideration in decisions, that the right to life, survival and development be protected.

Whatever, the legal situation, the reality is that the State, in this case the FRY, has not provided adequate protection and care of the children affected by the conflict in Kosovo. There is no mechanism in the Convention for the enforcement of the rights contained therein and, even if they were, such enforcement would come too late for children who are amongst the most vulnerable to the impact of armed conflict. In reality the protection and care of children in a complex emergency falls on the humanitarian agencies.

H. THE ROLE OF THE HUMANITARIAN AGENCIES AND CHILDREN’S NEEDS

Humanitarian agencies face profound difficulties when faced with a complex emergency. There is, as a general rule, only a short time frame in which to plan operations, and agencies have to decide how they can deliver aid most effectively while violence continues. It is understandable that the first concern of the majority of humanitarian agencies is to provide the affected population with basic survival needs: in particular, shelter, food and primary health care. We would argue, however, that if children’s needs are to be met, agencies should, at the same time as planning emergency aid, be aware of the need for short-term, medium term and long-term planning and should be preparing programmes to meet the wider range of rights and needs of children, using the UN Convention on the Rights of the Child as their guiding principle. Few of the agencies seen by the Unit had planned programmes other than the provision of basic relief for children, even though many children had been displaced for some months. Programmers also need to recognise that the needs of children vary considerably according to age.

Children have an obvious need for food, shelter, clothing and health care, but they also have other equally important needs which must be met if the conflict is not to have a long-term impact on their lives.

Meeting the wider needs

It is a matter of debate as to whether there is a hierarchy of rights within the UN Convention on the Rights of the Child. The general view is that there is not: that all the rights contained in the Convention are equally as important. Thus, in meeting children’s needs, the right to play needs to be
addressed as much as the right to survival. On a pragmatic level, the need to ensure children do not starve to death or die of hypothermia is an immediate need that must be addressed if the child is to survive another day. However, other rights cannot be ignored and need to be met as a matter of urgency.

The needs of small children

The Unit interviewed and visited displaced children and their families while in Kosovo. It was noticed that the small children had absolutely nothing by way of toys or amusements. No toys, paper or crayons or any reading material was seen at any of the accommodation visited, not a matter of surprise since the families had fled in a hurry. Families, especially mothers, spent a large part of their day in the provision of the most basic of needs, such as cooking food, collecting water, caring for the children, keeping clothing and allocated accommodation clean and the children warm. Many of the parents visited were tearful and depressed, some were sick and many clearly very frightened by the situation in which they had found themselves. Their experience and living conditions resulted in them having little time or energy to pay much attention to their children, especially small children. This problem was compounded by the nature of the accommodation. Much of the accommodation we saw, especially that in the unfinished houses, was extremely unsafe, and parents were reluctant for the smaller children to wander out of the room that they inhabited. The smaller children appeared lethargic, listless and unstimulated. The dangers of such a lack of stimulation should not be ignored. Inadequate exposure to a full range of sensory stimulation can have effects on the way the brain develops and subsequent ability to process information as well as a long-term impact on the educational and intellectual development of children.

The needs of older children

The main problem faced by older children was a loss of community and structure to their lives. Those interviewed were again very tearful and distressed. Apart from their living conditions, their main concern was loss of friends and lack of knowledge as to their safety and whereabouts. The Unit found that many of the children were socially isolated, especially those outside Pristina. The general feeling of insecurity meant that children, especially the girls, were frequently confined to the building or compound in which the family lived and had little chance to mix with other children. This was worse in areas where there was a heavy police presence in the community.

Meeting Needs

Humanitarian agencies generally had not, at the time of the Unit’s visit, planned for, or provided for children’s rights in the holistic sense. Few had extended their activities beyond the provision of shelter, food and primary health care. Yet, the denial of the child’s right to play and receive stimulation has a significant impact on his or her cognitive, social and psychological development, especially when that child is small. Some form of play activity should be developed as a matter of urgency, possibly in conjunction with already existing and planned women’s centres, and be linked to the distribution of aid, health and education.

Older children, those of school age, need their right to education to be respected and implemented. At the time of our visit, the schools had closed for the summer holidays. However, none of the agencies visited had given specific consideration to the provision of help to schools and other forms of
education for children. School provides older children with a social community, equips them with survival skills, promotes self-esteem, and above all, provides a sense of normality in a child’s otherwise disrupted life. Agencies should be encouraged to work with the local community to provide materials for education, assistance for local communities where there are an insufficient number of teachers, pre-fabricated buildings where schools have been destroyed or where extra space is needed to accommodate displaced children, and to co-ordinate with other agencies to ensure that children have clothing and shoes to enable them to attend school.

Children over the age of compulsory schooling (over the age of 14) should be offered the opportunity of secondary or vocational education, training or economic activity.

This is particularly important for girls who, in the absence of any such opportunity, find themselves socially isolated and largely confined to home performing domestic tasks. The absence of any educational opportunity or activity also raises the risk that young men will be drawn directly into the conflict, with armed forces providing a replacement community and activity.

Children and young people need the opportunity to engage in activities together, to be able to discuss the events having such an impact on their lives and to have their voices heard by the agencies providing services for them.

**Co-ordination of children’s programmes**

The UNHCR is the lead agency in Kosovo with the responsibility of co-ordinating relief efforts. At the time of the Unit’s visit there was no co-ordinator with specific responsibility for children. The result of this was a lack of communication between agencies and ‘gaps’ in meeting needs. For instance, there had been no discussion between agencies on the need to support educational provision nor on the mechanics of providing appropriate winter clothing for all the children. Since the visit of the Unit UNHCR has appointed a local services community officer based in Pristina to facilitate communication and ensure that the agencies are not duplicating provision of aid and assistance.

A children’s programme co-ordinator needs to be appointed and in place at the first signs of conflict, before a complex emergency arises, rather than many months afterwards. We would recommend that such a post should be funded wherever the UN has a relief and assistance role in a State. The role of such a co-ordinator should be to monitor children’s needs, to facilitate co-ordination between agencies in the field, to provide information to agencies wishing to begin operations in the State and to ensure that humanitarian agencies are responding appropriately to children’s needs within the context of the UN Convention on the Rights of the Child.

**Delivery of aid**

Provision of many material items, such as blankets, mattresses and household equipment are based on ‘families’. This works relatively well for the smaller families but not for larger or unusual family units. There needs to be recognition that ‘families’ take different forms. Some families had two children while others had as many as nine children. The needs of a family with six children over the age of 10 differed considerably from the needs of a family with five children under the age of seven. Packets of material goods aimed at the ‘family’ often provided for just some members and failed to provide for all the children in the family. This was particularly noticeable with clothing. One agency planned to provide each family with a pair of child’s boots but with no certainty that there was a child who could wear the boots, or that each child in the family was given boots. The effectiveness of aid could be increased, and the needs of children more systematically met, by child-specific programmes aimed at
meeting the needs of the child population. While the child is, of course, part of his or her family, family-focused programmes rather than child specific programmes can contribute to the invisibility of children.

CONCLUSIONS AND RECOMMENDATIONS

- The UN Convention on the Rights of the Child continues to be applicable within Kosovo and should be implemented fully;

- The UN Convention on the Rights of the Child should be the yardstick by against which all programmes operated by international agencies and national NGOs are measured and all aid and assistance should be planned to implement both the spirit and letter of the Convention to the greatest extent possible when planning and delivering aid and assistance to children;

- Humanitarian agencies should recognise that children’s needs vary according to age;

- Humanitarian agencies need to recognise that children’s rights are indivisible and that non-implementation of those rights has a long-term impact on children;

- Humanitarian agencies providing aid and assistance should recognise the importance of the family to children. However, agencies should develop specific child-focused programmes to ensure that children’s needs are prioritised and appropriately met, and to ensure the visibility of children;

- Humanitarian agencies should recognise that emergency programmes need to be replaced very quickly with planned short-term, medium-term and long-term programmes providing for the wider spectrum of children’s rights and needs;108

- The lead agency should be responsible for ensuring that there is co-ordinator of children’s programmes deployed prior to the onset of the complex emergency.

**CONCLUSIONS AND RECOMMENDATIONS - SUMMARY**

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Humanitarian agencies should recognise that emergency programmes need to be replaced very quickly with planned short-term, medium-term and long-term programmes providing for the wider spectrum of children’s rights and needs;

The lead agency should be responsible for ensuring that there is co-ordinator of children’s programmes deployed prior to the onset of the complex emergency.

There needs to be immediate political pressure on the FRY government to comply with Security Council Resolution 1199 of 23rd September which orders the FRY to:

i) withdraw the security units used for civilian repression;

   ii) facilitate, in agreement with UNHCR and ICRC, the safe return of refugees and IDPs to their homes;

   iii) allow free and unimpeded access for humanitarian organisations and supplies to Kosovo.

   iv) to co-operate fully with the Prosecutor of the International Tribunal for the Former Yugoslavia in the investigation of violations of international humanitarian law.

There should be immediate political pressure by the international community on the FRY to comply with its obligations under international human rights and international humanitarian law and to implement the Guiding Principles on Internal Displacement.

In order for effective aid to be delivered, and for protection and assistance to be ensured, an international presence must immediately be established by UN agencies in the field, through the establishment of field offices.

The Office of UN High Commissioner for Human Rights, in co-operation with the Government should install human rights monitors in satellite offices.

NGOs must be given permission to have HF radio frequencies which would allow them to establish sub-offices.

Agencies, specifically UNHCR and ICRC need to negotiate with the government for permission to move IDPs off the hills into shelter, probably into the towns for the present. (see Guiding Principles 7 and 15).

Although a highly complex issue, the possibility of establishing safe zones should be considered. At present Pristina and Mitrovice have not been attacked. Both towns are very full as a result of the IDP population. Attempts should be made to ensure that these areas at the very least remain secure from attack.
Pockets of IDPs are also to be found inside present conflict zones. It would be highly desirable to establish safety zones in areas where there is a large concentration of IDPs.

ANNEX I

CHILDREN AND ARMED CONFLICT UNIT VISIT TO KOSOVO

24.8.98 - 3.9.98

International Governmental Organisations:

United Nations High Commissioner for Refugees (UNHCR)
United Nations Children’s fund (UNICEF)
World Food Programme (WFP)
Office of the High Commissioner for Human Rights (OHCHR)
Kosovo Diplomatic Observer Mission (KDOM)

International Non-Governmental Organisations:

Medicins Sans Frontieres -Belgique (MSF)
Italian Consortium for Solidarity (ICS)
Oxfam
Kinderberg
International Rescue Committee (IRC)
Doctors of the World - United States (DOW)
Children’s Aid Direct (CAD)
Catholic Relief Services (CRS)
Save the Children (UK) (SCF-UK)
Handicap International (HI)
Kvinna Till Kvinna.
Local Non-Governmental Organisations:

Post Pessimists

Centre for the Protection of Women and Children (CPWC)

Council for the Defence of International Human Rights and Freedoms

The Humanitarian Law Centre

Mother Teresa Society (MTS)

Other:

International Committee of the Red Cross (ICRC)

International Federation of the Red Cross (IFRC)

United States Information Centre (USIS)

USAID

British Embassy


Agencies unable to visit:

Mercy Corps International (MCI)

Pharmaciens San Frontieres (PSF)

Norwegian Church Aid (NCA)

   Premiere Urgence

   World Vision

   World Health Organisation (WHO)

ANNEX II
FOOD PROGRAMMES - as of 03.09.98

WFP a) Still to import. WFP will target 300,000 in Kosovo and 40,000 in Montenegro (all war affected rather than just IDP) through other agencies.

    food basket per beneficiary per month is:

    12 kg wheat flour
    1 kg vegetable oil
    1 kg white beans/pulses
    1 kg sugar

    c) Co-ordination of food programming.

    CAD: a) One month emergency programme of high protein biscuits(April/May);

    b) Four month food distribution for 0-5s;

    c) Supplementary food for 60,000 adults, and with high protein biscuits for 9,000 children (0-5yrs) (start mid-August for 2 months).

    CRS a) Private funding for emergency items, including 20 tons of canned fish (ordered);

    b) About to enter partnership with Food for Peace (US) (bulk commodities surplus to the US market). Target population: 130,000 in Kosovo and 20,000 in Montenegro (all war affected not necessarily IDPs).

    CRS have decided to try and raise their ration to 2,100 calories daily with an average of 45g of protein per day.

    MCI To our knowledge, food delivery will target 50,000 in Kosovo and 10,000 in Montenegro (all war affected).

    MSF A small amount of baby food in jars.

    DOW a) Nutritional and hygienic assistance for TB patients. Food assistance includes 2 kg rice, 2 kg beans, 2 kg pasta, oil, 250g salt on monthly basis, 1 parcel for 5 people in family. Families of 5+ will
receive relative amount of parcels.

b) Food distribution of EU excess commodities to 60,000 people per month: 9 ½ kg parcels of beans, rice, flour, pasta, sugar, salt and milk. Supplies 2000 calories a day, 45g protein, 45g fat.

c) Also 260,000 food rations (prepared food rather like military rations).

IFRC Distribution to collective centres for Serbian refugees: approximately 140,000 of oil, flour, pasta and milk powder on behalf of UNHCR and ECHO.

The agencies accept that they will not cover full protein needs nor micro-nutrients. There is no plan to import baby food. Food deliveries will include beans, oil, flour and baby food will be bought locally.

ANNEX III

HEALTH PROGRAMMES - as of 03.09.98

General

MSF Mobile health clinics since April, using MSF staff and 3 local doctors. Undertake 300-400 consultations per day. Formerly operated 3 long-term projects, now concentrating on emergency health provision. Problem of non-access and non-follow-up as patients continue to move.

UNICEF a) 2 mobile clinics staffed by UNICEF field officer and local staff as available, including gynaecologist, paediatrician, nurse, midwife and sometimes a GP from MTS. Concentrate on primary child health.

b) A consultant has been employed to carry out a 1 week rapid assessment identifying children’s health problems, specifically dehydration, ARI, breast feeding and the material care of pregnant women. The consultant will accompany the mobile clinics and assess the consultations.

c) Currently establishing an infant feeding programme. Have conducted an initial inter-agency meeting on the programme and hope to work with partner NGOs involved in child health and provision of food aid.

DOW a) TB control, a 5 year programme which started in June in co-operation with the
government. Programme staffed by 2 international staff and local staff: includes lab specialists, diagnosis and drug sensitivity. Also nutritional and hygienic assistance for TB patients.

b) Emergency maternity programme - provision of 5 birthing centres (3-4 deliveries a day) with transportable incubators which can be powered by car batteries, electricity and hot water bottles. The Units will be staffed by local physicians and nurses and will attend IDPs living outside or in areas without access to health care.

DOW will physically assist the programme for 3 months, the supplies are to last for 6 months. The programme is intended to help existing professionals establish themselves and to enable them to continue the work after the programme ends. Health professionals on the ground will decide whether those at risk will be forwarded to medical facilities.

To start in October, a three year development programme for ante-natal care through home visits by nurses all over Kosovo. Programme will include health education for pregnant women and small children, identifying risks and centres where women can give birth. (Many of these women only see the doctor once before giving birth). Will collaborate with UNICEF, OXFAM and IRC. 80% of Kosovar women should be targeted.

e) Future developments - development of ambulantories and state birthing centres. Upgrade training, rehabilitate buildings, make ‘baby friendly’ so that childbirth can be carried out with dignity and in privacy.

USAID 2 consultants being brought in from the Centers for Disease Control and Prevention.

OXFAM Awaiting confirmation for material provision for water and sanitation facilities in 10 health centres

ICRC Supporting field hospital, and providing medicines. Provide medical evacuation as necessary. By the time of our visit on 27 August there had been only 1 case of medical evacuation.

CPWC Sexual health care programme and paediatric services both at premises in Pristina and MTS mobile health clinics. Staff includes
gynaecologist, paediatrician and nurses. Provide birth control. See up to 50 women a day and equal numbers of children.

**MTS** Mobile clinics and ambulantories (ie small part-time clinics) in villages. Staffed by Albanian doctors who are either unemployed or who provide services on their days off from state or private employment.

We were not able to see MCI and PSF, but understand that PSF is supplying pharmaceuticals to hospitals.

**Health prevention**

**DOW**

a) Assessment, in partnership with the National Red Cross, on viral haemoragic fever in Stripsa Valley near Pec. (Apparently Kosovo is the only place in Europe where this fever is occurring).

b) Health education through ‘Shendeti’, an Albanian health magazine. This information is being put into TB patients’ food parcels: 20,000 for Albanian population, 20,000 for Serbian population and 10,000 for schools and MTS.

c) Community based women’s health following UNICEF’s ‘facts of life’ programme. Over the last year the programme is estimated to have reached 10,000 women. Funded for 3 years. Programme will cover 12 villages offering 13 different courses for up to 120 people per session. Will cover basic health care information as well as discussions relating to breast cancer, women’s empowerment etc. Staffed by local female facilitators.

d) Establishing neutral independent space in town for health professionals. Bring in specialists, trying to aim at reconciliation in the health sector. Funded for 3 years. Will be equipped with computers, publications, library and free access on internet to download journals. Hope to eventually reunite this into the university, thus is sustainable.

**UNICEF**

a) ‘Facts for Life’ - Current community health education programmes target diarrhoea and breast feeding, disseminating information amongst IDP women. This is undertaken with MTS and takes the form of both meetings with women and the provision of written materials. Translated a publication called ‘Facts for Life’ into Albanian,
covering diarrhoea and acute respiratory infections. Material is kept simple. Community activists are being identified to assist with the programme, professionals are not necessarily required, can be undertaken by trained workers.

b) Currently working on recommendations for infant feeding in partnership with NGOs specialising in child health and food providers.

c) Provide some material assistance along with health education programmes to encourage attendance at health education.

d) Supporting hospitals in the largely unaffected areas in order that they become more child ‘friendly’.

Psycho-social programmes

UNICEF SMILEKEEPERS programme, activities for young people under stress. Programme not designed for children with mental health problem nor for assessment of trauma. Workshops designed to ease tensions and stress so that children can express themselves. Currently targets two age groups, 5-8 yrs, and 8-13yrs (those of 13 yrs+ have needs requiring professionals).

Programme developed by a Professor from the Institution of Psychiatry in Belgrade who came in April to train Albanian and Serbian professionals and non-professionals (social workers, teachers, women’s groups)

Pilot project carried out in 3 villages and Pristina; workshops 30-45 mins (3 sessions per day), overall 20 sessions. Up to 15 children in a group. Families’ decision regarding how quickly child would complete 20 sessions, eg. 2-3 times a week, once a week. Unfortunately, UNICEF unable to complete 20 workshops due to movement of people and conflict and therefore have been unable to evaluate.

Now in Phase 2: introducing materials and training community activists to implement the programme - two agencies have expressed an interest. Training will be carried out over 5 days, initially 3 days, followed 4-5 weeks later by a further training session of 2 days.
ICS

a) **Collective centres for Serb Refugees:**

Programme of activities for children: Art for 3-16yrs, English and sport - 6-18yrs. Planning distribution of toys for those ages 0-3yrs. Considering distribution amongst older children eg. Comics. Organise events such as a tournament against other collective centres. Local facilitators, trainers, teachers (many were originally university students, especially those teaching English); 80% of the workshops are carried out by the refugees themselves.

Small amount of distribution in collective centres for the elderly: 60-100 people in 8 centres. Established libraries and as requested, handed out knitting needles.

(Targeted by only a couple of agencies, the elderly remain very much ignored).

b) **Programme for IDPs, Pristina:**

About to start psycho-social activities with IDP children in Pristina, estimated 20,000 IDPs at present. Will work in Taslixe and Avalla, estimated 1,500 IDPs of which 500-600 are children. ICS will work with 300 of these children.

Similar psychosocial activities - English, art and sport. Trying to find available rooms amongst host families to carry out activities, several families have already volunteered rooms for play space.

Will work with IDPs and MTS facilitators.

For programme in Pristina, hoping to include 2 social workers to work with the IDP children. Will use MTS animators. Considering provision of books. Classes 10-15 children. Art 2 times/week, 1 ½ hours per session. English 2 times/week, 1 hour sessions.

**Oxfam** Pending funding, the establishment of 3 women’s centres in Pristina, Vitina and Grabovc targeting IDPs in the area and based on existing women’s groups. Play activities for the children, education and information for the women as well as employment activities: making of bed-linen and knitting jumpers.

**Hi** HI have established 8 community centres in the 8 municipalities where rehabilitation, physiotherapy
and activity sessions allow children to play with other children, including those who were not disabled. Play and therapy is linked. 800 children were registered in these centres. Professional staff were to train the volunteers allowing the centres to run independently, but the recent crisis has affected these plans, HI not having had access to some of the centres for 2 months. Some centres have continued without the constant support of HI, but others have been destroyed or looted.

Priority is to re-register disabled children and adults, accommodate new IDP arrivals into already existing programmes, replace wheelchairs for those lost or destroyed and to get the centres going again.

ANNEX IV

SHELTER AND HOUSEHOLD GOODS PROGRAMMES - as of 03.09.98

Shelter Programmes

CRS will supply 75,000 m² of plastic sheeting to those in the hills

OXFAM Examining the possibility of rehabilitation of shelter. Kits would be composed of: plastic sheeting, timber, mattresses, blankets, sheets, clothing kits, latrine kits and supplies of wood to be distributed to the following categories:

1) unfinished or damaged houses:

2) quasi collective centres, community buildings

3) overcrowded households

IRC Proposal submitted for distribution of materials such as: timber, plastic sheeting, materials to increase infrastructure for latrine building and potable water supplies will be utilised. The proposed programme will include as required:

i) extending overcrowded buildings

ii) improving the conditions in unfinished accommodation eg. insulate rooms, plastic sheeting

iii) rehabilitating homes for returnees - 2 categories
according to the level of damage as in the KDOM report:

i) Level I - minor damage
   - supply of insulation for doors and windows

ii) Level II - major damage
   - supply of plastic tarpaulin, timber to repair roofs and structural problems.

**Water and Sanitation**

**USAID** Employing two public health consultants from the Centers for Disease Control and Prevention (CDC) in Atlanta;

**IRC** a) have established a ‘tractor water service’. Chlorinated water barrels, each containing up to 200 litres distributed throughout the community by tractor. Each tractor can carry up to 8 barrels. Distribution facilitated by MTS and the Emergency Council. Through the community building programme, IRC is improving the water and sanitation situation in Liplan and Gjilan (in schools and clinics), although the programme in Liplan will have been considerably disturbed by recent fighting.

**OXFAM** pending funding, a programme of: 6 emergency water, sanitation and hygiene interventions. Due to the mobile nature of the displaced population, they are temporary, can be easily assembled and dismantled and include mobile sanitation teams. The proposal covers:

a) the IDP population in open areas (10 sites, each 3,000 displaced with potential to move to other sites)

b) undamaged villages/collective centres with a large IDP population (5 sites, each 3,000 displaced)

c) damaged villages to which the original population return (5 sites, each 3,000 displaced with potential to expand).

d) damaged villages with a large IDP population (5 sites with estimated population of 3,000)

e) health centres (10 centres)
f) urban areas with a large IDP population and/or damaged water supplies (50,000 people for 1 month with family water carriers and sufficient chlorinating tablets for 2 months)

g) urban water and sanitation in selected areas

h) provision of family hygiene packs (5,000 family packs)

i) temporary shelter (2,000 families)

**IFRC** have been involved with water and sanitation in Shtime, (population of 26,000). A landslide in 1991 demolished the water supply resulting in epidemics. Due to the geology of the area, it is only possible to dig as deep as 3 m, thus the local water supply is contaminated with sewage. At present the fighting is preventing the continuation of the programme.

**Programme:**

a) to construct 2 reservoirs on the hills

b) to pump the water from 7km away

c) to connect to the main network and repair

This programme has reached stage (b).

**IFRC** have also repaired sanitation in 5 schools (Serb and Albanian) and will continue to distribute disinfectant to these schools.

Other agencies dealing with water and sanitation are ICRC, MSF and Norwegian Church Aid.

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**Hygiene**

**CRS** bedding and hygiene supplies distributed to 6 institutions and 6 hospitals (5,990 people) (detergent, soap, disinfectant, toothpaste and shampoo)

**CAD** baby hygiene for 11,000 children aged 0-5yrs, over a period of 3 months

**UNICEF** nappies, sanitary napkins and water containers on a very small scale
IFRC hygiene items for Serbian refugees.

Other

CRS: a) heating wood to host families and hosted IDPs or IDPs alone (5,000 families for 5 months). Have distributed wood to ‘social cases’, families larger than 6 people with no income. Supplying a paraplegic association for children with bedding, hygiene for four months

DOW 25,000 blankets, 750,000 sq. m of plastic sheeting

IFRC clothing donated by national societies for the Serbian refugees

NOTES:

1. During the course of the visit, the Unit was accredited to UNICEF Kosovo, whom the Unit would like to thank for the help received in compiling this report.

2. For more on the history and background to the conflict see Kosovo, the evidence. Amnesty International UK, London September 1998.

3. The Serbian police began their major offensive in February with an attack by Serbian Special Police on three villages in the Drenica region: Donji Prekaz, in which the Jashari family were targeted, Cirez and Likosane.


5. This was the general view amongst agencies and commentators in Kosovo, but it was noted by International Crisis Group to be probably not the case. See footnote 1.


7. There are also allegations, but no firm evidence, that the KLA have abducted and killed a number of Serbian civilians.

8. There was, however, a report in the Western Press in the middle of September 1998 that two child soldiers had been seen. This was not verified and the ages of the children were not given.

9. KDOM at the time of the visit was composed of US, EU, Russian and Canadian team members.

10. A number of explanations were given by agencies and local organisations for the seeming lack of adolescent males in the IDP population: that teenage boys were frightened to come into contact with Serbian police in IDP centres of population and thus remain outside near the villages, and that they remain behind to look after their house and farm, sending the women, elderly and younger children to safety. If the latter is the case, it would be expected that they will, in due course, swell the IDP population, particularly as the weather gets colder and the level of destruction of property continues.

11. The Centre for the Protection of Women and Children (an ethnic Albanian NGO in Kosovo) put the figure of child IDPs
12. Only the ICRC put the number of IDPs as low as 120,000. There is little agreement on the number of IDPs. The Ministry of Foreign Affairs in Japan put the number at 180,000 on August 7. Richard Holbrooke, the US Defence Secretary William Cohen put the figure at 300,000 on 4 October 1998 (Reuters).

13. For instance, UNICEF and OXFAM.

14. For instance, USAID. The Mother Teresa Society (the largest ethnic Albanian NGO within Kosovo with branches in the towns and the villages) registers IDPs and is responsible for distributing much of the international aid at local level, has estimated the numbers of IDPs at 534,530 on 1st October 1998. The terrain, lack of access to humanitarian agencies and general chaos within Kosovo during the period of the Unit’s visit contributed to the difficulty of assessing the numbers of IDPs accurately. Mother Teresa Society figures were compiled using branch assessments of IDPs.


16. The actual number of fatalities amongst children is difficult to ascertain with certainty. The Council for the Defence of Human Rights and Freedoms in a press release of 9th September lists 153 child fatalities. However, it is not clear from this report whether the children died as a direct result of the fighting or died for other reasons, for instance, lack of medical care immediately after birth or inability to reach a hospital.

17. List of killed Albanian Children in Kosovo during the period of January-September 1998, Council for the Defence of Human Rights and Freedoms, Pristina. It is not clear whether the child fatalities were as a result of direct targeting of children. However, given the high number of 16-18 year old boys killed, it is reasonable to assume that some of these were directly targeted rather than killed as a result of being in the wrong place at the wrong time.

18. The list, which names the children, their age, and the place and date of their birth also includes one child for whom no age or gender is listed and three 14yr olds for whom their are no details. These four children have not been included in the chart.

19. The Unit was informed that ethnic Albanian boys as young as 13 or 14 faced the risk of arbitrary arrest and of being treated as suspected ‘terrorists’ by the Serbian forces.

20. Report on the violation of Human Rights and Fundamental Freedoms in Kosovo during September 1998, Centre for the Defence of Human Rights and Freedoms. See also, The Times, 7 September, Anthony Lloyd. In some areas there is clear evidence of KLA activity. However, the Serbian military and police do not tend to distinguish between core KLA and armed civilians. It is admitted that it can be, on occasions, difficult to distinguish civilian men with arms who are protecting their homes/villages, from hard core KLA. While there is clearly considerable support for the KLA, and while armed civilians are willing to defend their village, it is unclear whether their action extends any further than this; it is thought not. The general view is that the numbers of hard-core KLA are not large and that they are not, on the whole, to be found in the IDP population.


22. Schools not directly affected by the fighting have still to contend with finding places for IDP children, lack of space, educational materials and teachers, especially as emigration increases.


27. The Principles reflect and are consistent with international human rights law and international humanitarian law. Although the Guiding Principles are not legally binding, it was noted in Resolution 1998/50 at the 54th Session of the Human Rights Commission that they are understood as carrying the acquiescence and support of the international community. They provide guidance to: (a) the Representative of the

29. The Security Council also refer to 50,000 IDPs as being without shelter or basic necessities in Kosovo and other parts of the FRY, although this is likely to be an underestimate. Security Council Resolution 1199 (1998) 23 September 1998.

30. For more on the difficulty of determining figures see page 8.

31. During the offensive on Pagorusha and Malishevo in the week of 24-29 August, the Council for Human Rights and Fundamental Freedoms estimated that 120,000 people were displaced. Some, but only a fraction, have returned to their homes.


34. The Unit did not have the opportunity to visit Serbian children in their homes due to difficulties of access and transport. Unfortunately, the Serbian members of the Post-Pessimist youth group in Pristina no longer attended the youth group, despite encouragement to do so. The Unit will, however, visit Serbian families in its next visit in December.

35. UNICEF’s policy is to take a leadership role in advocacy for IDP children at the community, national and international level. Such advocacy needs, of course, to be funded, and to start as soon as there is evidence of displacement.

36. The UN Charter does not permit direct military intervention without the consent of the State, except under Chapter VII. However, the UN may ‘intervene’ to an extent by discussing the issue and the action of the State, and by passing Resolutions requesting the State to act or refrain from acting in a particular way.

37. Art 2(7) Charter. However, the Security Council has the power to indicate enforcement measures under Article 42 of the Charter if it has determined under Article 39 that atrocities and other systematic or gross violations of fundamental human rights, within a state, constitute a threat to the peace or affect the maintenance or restoration of international peace and security. The Council has two options under Article 42; it may adopt enforcement measures authorising military action by the Council, or it may authorise Member States to resort to armed force. See Gerard J. Tanja Humanitarian Intervention and Assistance in Law in Humanitarian Crises Volume II European Commission.

38. Under Chapter VI or VII to the UN Charter.

39. Richard Plender argues in his article The Legal Basis of International Jurisdiction to Act with Regard to the Internally Displaced 6 JIRL 345 (1994) that while state consent is required as a precondition to the provision of humanitarian assistance to displaced persons, in certain circumstances such consent may not be needed, although the right of the State to respect for its territorial sovereignty must be maintained. However, de facto delivery of aid without state support may be difficult.


41. The Executive Committee to the High Commissioner’s programme was established in 1957 under UNGA Resolution 1166(XII), 26th November 1957. Terms of reference include, upon request, advising the High Commissioner on UNHCR’s functions and advising on the provision of assistance in order to solve specific refugee problems (Goodwin-Gill; The Refugee in International Law, 2nd Edition, Clarendon Press, Oxford. p.9).

42. Executive Committee of UNHCR 45th meeting conclusion No.75 (1994) para.h.

43. The general criteria for UNHCR’s work with IDPs are General Assembly Resolutions 48/116 and Excom (Executive Committee for the High Commissioner’s Programme) Conclusion No 75 (1994); there must be a specific request for UNHCR involvement by the General Assembly, the Secretary-General or another principal organ of the UN and/or consent of the State involved (or other relevant entity); UNHCR must have the relevant skills and experience to provide the needed protection and solutions for the IDPs in the specific case; UNHCR’s activities must not exceed the resources allocated to it for the specific situation and activities.

44. Although UNICEF does not have a specific ‘mandate’ of protection, its policy however, is to promote actively the protection of displaced children. Its work is informed by six guiding principles: (1) The circumstances of displaced children require special analytical focus; (2) Advocacy on behalf of displaced children will confront, and must surmount, issues of
national sovereignty and responsibility; (3) Effective work for IDP children demands understanding of the multiformity and fluidity of displacement crises; (4) The gender dimension of UNICEF’s work is particularly critical during displacement emergencies; (5) Ensuring the survival and well-being of displaced children demands family and community capacity building; (6) Focus on cultural continuity during displacement crises is a central component of UNICEF’s work.

45. Letter from the Secretary-General to the High Commissioner for refugees, Ms Ogata, dated 14 November 1991. UNHCR did not have an office in Kosovo until 1993, although it had an earlier presence in other areas of ex-Yugoslavia.


48. This did not amount to ensuring the safety of individuals in villages under attack by Serbian forces, but concentrated more on enabling those who wished to cross the border into another state to do so, and ensuring the safe access of humanitarian agencies to IDPs.

49. Article 4.1c ICRC Statute.

50. Article 4.1s ICRC Statute.

51. Article 4.1g ICRC Statute.

52. The ICRC plays an important role in the reunification of families and the protection of unaccompanied children. However, given the very tight nature of the Albanian family, ICRC had dealt with only one child seeking reunification by the time of our visit at the beginning of September. We were informed that there were, to the best of their knowledge, no under-16 year olds in prison.


55. Security Council Resolution 1199 (1998) 23 September 1998 acting under Chapter VII of the UN Charter. See also Principle 25(3) Guiding Principles on Internal Displacement which requires that all authorities shall grant and facilitate the free passage of humanitarian assistance and grant persons engaged in the provision of such assistance rapid and unimpeded access to the internally displaced.

56. According to the New York Times, 24th August 1998, the attack occurred at mid-afternoon in an open field in the village of Vlaski Drenovac near Kijevo, when police fired upon an aid convoy of tractors with cannon-fire from about half-a-mile away. The wagons were reportedly filled with boxes clearly marked “Doctors of the World”, the relief agency which had donated the food supplies. Local and international press reported that the convoy had previously been allowed through a Serb checkpoint. US Department of State spokesman, James Foley, stated that “the evidence indicates that the workers’ vehicle was deliberately targeted by a Serbian armoured vehicle less than a kilometre away in broad daylight. Diplomats in Belgrade told Human Rights Watch that they were convinced that the Serbian police had fired directly on the convoy from a nearby hill. See federal Republic of Yugoslavia: Humanitarian Law Violations in Kosovo, October 1998 Vol.10, No. 9(D).

57. A Red Cross Toyota was hit by an anti-vehicle mine allegedly laid by the KLA on Wednesday 30th September near Gornji Obrinje, resulting in the death of an Albanian doctor.


60. It has been reported that NATO has insisted that FRY withdraw 4,000 to 5,000 army troops and 3,000 to 4,000 paramilitary troops, leaving a total of 12,500 soldiers and 6,000 ‘police’ officers. See Kosovo briefing 30 p.7. An agreement that leaves such a high level of military and Serbian police is unlikely to encourage IDPs to return in great numbers.

61. The Security Council Resolution also requires the Kosovo Albanian community to comply with the Resolution.

62. E/CN.4/1998/53/Add.2. The Guidelines are intended to provide guidance to States when faced with the phenomenon of
displacement and to inter-governmental and NGO organisations when addressing internal displacement.

63. At present, UNHCR has an office in Pristina, though it was hoped at the time of our visit to establish a further office in Prizren and Pec. UNHCR also intended to place a children’s protection officer in Pristina shortly after our visit. This had not happened by the time of the completion of this report.

64. UNHCRs duty to provide international protection clearly obliges the office to refrain from promotion of return home by refugees where circumstances have not changed or where instability and insecurity continue. See Goodwin-Gill The Refugee in International Law OUP 1996. The same duty should by analogy apply to the internally displaced. Goodwin-Gill suggests (at 277) that the minimum conditions of safe return should include a transparent process based on credible information which involves States, UNHCR and the agent of the interest of the international community and a representative element from among the refugees or displaced themselves.


66. The report itself recognises that there will have been further damage, even during the week between the end of the survey and the publication of the report. It notes that villages which at the time of the survey were undamaged may no longer be so.


68. This had led, in particular, to poor hygiene, sanitation and water which the Survey notes as having given rise to an increase in intestinal infections amongst the 0-5yrs age group since 1990.

69. Details of water and sanitation used in this report were obtained from Oxfam in Kosovo.

70. The US State Department has noted that the FRY ‘maintains an embargo on the commercial supply of wheat, flour, oil, sugar, milk and detergent in Kosovo’. Kosovo Briefing #30, p.16.

71. The lack of staff is due to a number of causes: difficulty in obtaining adequate funding for the programme; the time lag between the realisation that Kosovo constituted a complex emergency and funding being made available; and the difficulty, for many agencies, for instance, the World Food Programme, of obtaining visas for international staff.

72. UNICEF has expressed concern that infant formula is being distributed without any monitoring or diagnosis, although it accepts that infant formula is needed for those below 6 months when breast feeding is not being carried out. A further concern relates to the limited distribution of High Protein Biscuits by one or two agencies, which also requires milk.

73. During the Unit’s visit, only Medecin Sans Frontieres (MSF) had any baby-food to deliver. Children able to eat solids existed on the same diet as adult, one consisting mainly of bread.

74. CAD are distributing high protein biscuits

75. Due to the constant movement of people, WFP distributed military-like ration packs which could be easily transported if recipients were obliged to flee.

76. Kosovo Briefing #30 p.15.

77. Both of these organisations run mobile clinics and the Centre for the Protection of Women and Children runs a clinic for women and children in Pristina.

78. The health stations are still regarded by the UN agencies as part of the state health system.


80. There is thought to have been a fall in the rate of birth registration since 1989 due to general mistrust of the Serbian state.

81. Ibid. p.57.


83. There are a number of reasons for the high infant and under-5 mortality rates, once of which is poverty. The dismissal of large numbers of ethnic Albanians from employment since 1989 and the low employment rate means that many families have ceased to be covered by health insurance. The cost of giving birth in a state hospital was approximately 270 dinars one year ago, a sum beyond many families. However, while the Unit was in Kosovo, the government has announced that the state system would accept patients with immediate medical needs even if they had no health insurance

85. Kinderberg, a German NGO working in Kosovo, estimates that approximately 30% of births are home births. There is evidence that improvised maternity services have been set up in some field areas. Kinderberg found such a unit in Svrca. A midwife was based there from 29 July 1998. By 10th August she had delivered 17 babies. In another village, a midwife reported 90 live births in 30 days. There was little in the way of medical equipment before the conflict started in February 1998 and it is likely that improvised maternity services provided by local NGOs are under-resourced and under-equipped.

86. Drugs have been provided through donor funding as well as by the government, but general access to medication for IDPs is low. Humanitarian agencies have noted a problem in the importation of drugs into Kosovo as well as access to areas of conflict during times of fighting.

87. Drugs have been provided through donor funding as well as by the government, but general access to medication for IDPs is low. Humanitarian agencies have noted a problem in the importation of drugs into Kosovo as well as access to areas of conflict during times of fighting.

88. Information obtained from the Centre for Protection of Women and Children. In order to register a birth, the parents must present a certificate to indicate that the child has received a BCG vaccination, usually given within the first week of life. The breakdown of the health system, and the reduction in the number of babies born in hospitals means that few new born babies will now receive this vaccination. UNICEF have planned an immunisation programmes, working with the State. It is highly unlikely that IDPs will have children’s immunisation record cards with them, and thus UNICEF intend to offer vaccines to all children. UNICEF’s policy is that it will not supply vaccines to hospitals if the country has a) the capacity to procure the vaccines or b) the capacity to manufacture the vaccines. Although the government does have the ability to procure sufficient vaccines for children, UNICEF has decided to assist in the procurement of MMR vaccine.

89. Only the USA and Somalia have not, as yet, ratified the Convention.

90. The 1990 World Summit for Children in New York, attended by more than 70 heads of State recognised that humanitarian law is inadequate to protect children and urged the acceptance and observation of the Convention on the Rights of the Child, in particular, it urged that the "1990s should see rapidly growing acceptance of the idea of special protection for children in war".

91. Article 10(2)

92. Article 13(2)

93. Article 14(3)

94. Article 15(2)

95. See UN Doc. CRC/C/SR.90 (1994).


98. Where children were in large extended families this problem was not so obvious, as the older children in the family were also available to help with the small children. However, where the family was made up primarily of small children, the lack of stimulation was very evident.

99. The Italian Consortium for Solidarity were one of the few agencies taking a holistic approach to children’s needs, extending beyond the provision of basic aid.

100. This paper does not deal with the issue of unaccompanied children. The Unit were informed by the ICRC that unaccompanied children were a great rarity, and that children had remained with their families. There is some evidence, however, that children have been separated from their families but are cared for by relatives or neighbouring families. There was no evidence that children were left to manage on their own. This is an issue that will be followed up during the Unit’s next visit to Kosovo.

101. At the time of the Unit’s visit, OXFAM were proposing the development of a number of such Centres at which women
would be offered the chance to undertake small-scale economic activity, such as the making of bed-linen and knitting while the small children played at the centre. UNICEF was also proposing psycho-social programmes, the smile-keepers initiative which included aspects of play for children.

102. Education is highly politicised in Kosovo. The ethnic Albanian population were given 50% of the government school buildings, for 90% of the child population, after the parallel education system was established at the beginning of the 1990s. The school buildings were already in poor condition as a result of little investment over the decade. The ethnic Albanian community funds all aspects of their education system apart from the provision of buildings.

103. The UNICEF Emergency Handbook 1997 recognises the importance of education for children and requires UNICEF staff to make special efforts to advocate for and support the establishment of schools for displaced children.

104. Many girls from rural villages would expect to perform domestic chores and help look after the children. Although, at home, they would not have faced such social isolation.

105. There is a danger that boys of this age will join the KLA if left with no form of occupation. The UN Convention on the Rights of the Child and Addition Protocol II art 4.3.c does not permit children under the age of 15 to participate either directly or indirectly in an armed conflict. The Optional Protocol to the UN Convention on the Rights of the Child seeks to raise the age of participation to 18.

106. The Officer co-chairs (with UNICEF) a fortnightly meeting with NGOs to share what each NGO is doing, and inform them of UNHCR’s and UNICEF’s programmes. Another community staff officer has been funded by Norwegian Church Aid and will deal with women’s and children’s issues.

107. Since the visit of the Unit, UNHCR has appointed two community officers with responsibility for co-ordinating children’s programmes. Co-ordination meetings are now held fortnightly, co-chaired by UNICEF and UNHCR.

108. UNICEF in their Emergency Handbook on Internally Displace Persons recommends the use of a time-line in developing programmatic responses to internal displacement. For analytical purposes, displacement crises should be viewed in four stages: pre-emergency prevention and preparedness; the onset of the emergency; the on-going crisis/early rehabilitation phase and recovery and post-emergency. Priority actions in each of these phases are described in detail in ‘Children and Women in Emergencies: Strategic Priorities and Operational Concerns for UNICEF’. E/ICEF/1997/7/UNICEF.