FINAL REPORT
(Internal MSF use only)

ASSISTANCE TO REFUGEES AND IDPs FROM KOSOVO
(Northern Albania, Montenegro)

6 June - 6 September 1998

Amsterdam, September 1998
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1 PROJECT DESCRIPTION

1.1 Context at the start of the programme

During the first days of June 1998 an influx of Kosovar people into Montenegro and Albania was reported as a consequence of increased fighting within Kosovo. When the MSF-Belgium team running a 'regular' programme in South Albania requested support, it was decided to do this as MSF Emergency Team, with MSF-Holland as the Back-up Section. Two teams were sent, one to Montenegro and the other to northern Albania, where the MSF staff in place continued to be involved. A third team was on stand-by to travel to Macedonia should the situation warrant it.

1.2 General objectives and target group

Overall objective
To improve the health status of the refugees/IDPs from Kosovo as well as the host population.

Specific objectives
1. To provide medical material and personnel to ensure refugee and local population have continued access to medical services.
2. To provide water and sanitation material to ensure appropriate sanitation facilities and safe drinking water supply.
3. To constantly monitor the heath and nutrition status of the refugee and host populations.
4. To provide sanitation advise and health information to the target population.
5. To identify ways of protecting available water sources from pollution.
6. To introduce a surveillance system in areas affected by the refugee influx, in order to give early warning of preventable and treatable communicable diseases.

Target group
- Population fleeing the war in Kosovo into Montenegro, Albania, Macedonia.
- Where needed also the residents of Montenegro, Albania, Macedonia.

1.3 Planned activities

- Set up a medical screening point at the border crossing near Tropoje (Albania).
- Install proper water and sanitation facilities in Tropoje town to be used by both refugees and local population.
- Establish a medical surveillance system, covering newly set-up and existing health facilities.
- Monitor the continued influx at other possible border crossings, e.g. Kukes.
1.4 Realised activities

- A Trigano tent was set up on the Albanian side in Padesh, close to the border. This tent served as a reception point for the refugees crossing the border on foot at Qafe Morina. As the crossing was mainly done at night, the refugees could stay in the tent to rest and receive basic care if required; they would continue their trip into Tropoje/Bajram Curri the next morning. The tent had the following: blankets, high protein biscuits, oral rehydration salts, a stretcher. The tent was removed mid-July as it was being increasingly used by armed UCK and the number of refugees did not warrant it anymore. Repeated attempts to explain MSF’s position in relation to neutrality failed and after discussion with UNHCR and the INGO community it was decided that the tent no long offer protection and could be conceivably a target. It was then removed.

- A household survey on health, water and sanitation was conducted in Tropoje District between 3 and 6 July together with OXFAM and assisted by UNHCR and the Albanian Encouragement Project. It was a random sample survey covering 107 households with 471 host family members and 961 refugees). The outcome showed that there was not a major disaster but that it was necessary to continue closely monitoring the situation. A full report is available.

- Epidemic surveillance system: MSF, in collaboration with WHO, helped to implement an early warning surveillance system. The reasoning behind the implementation was that it was felt that -due to exist inadequate reporting and an increased number in the population- the system would allow early intervention if needed. Assessment of the effectiveness of the system has yet to be carried out but early indicators showed resistance by local medical personnel.

- A general medical assessment of regional health facilities was carried out both in Albania and Montenegro as part of emergency preparedness. The reports can be found in chapters 3 and 4.

- Suture kits were donated to the hospital in Tirana, for wounded UCK, but only when it was urgently needed. It was made clear to the government that they had the capacity themselves to treat the wounded and that they should respond.

- Constant monitoring of population movements as part of context analysis.

- Active participation in coordination mechanisms.

1.5 Review/judgement of the programme

This project turned out differently than originally planned. Main contributing factor is that the outflow of Kosovar people into the neighbouring regions/countries slowed down to a trickle earlier than expected.; internal displacement within Kosovo, on the other hand, increased. It proved difficult to have accurate data on population movements. In Montenegro, where IDPs move into by their own vehicle or bus, registration is done by police check-point, whereby it is hard to make a distinction between IDPs and people going on holiday or who are on a visit to relatives or friends. IDPs could also voluntarily register with the Montenegrin Red Cross, which in some cases led to double registration.
On 19 July 'official' figures for Montenegro indicated a total of 19,405 IDPs (4,684 Plav; 3,017 Rozaje; 6,110 Ulcinj; 3,028 Podgorica); for Albania refugees were estimated at 12,000.

The big majority found refuge/shelter with host families; this varied from 15 to 35 people living in an apartment of 2 or 3 rooms. This kind of hospitality is part of the local culture. However, conditions are far from ideal, also if one takes into consideration that resident population is amongst the poorest of Europe. Because of this it was not necessary to rehabilitate public buildings to serve as collective centres as planned.

Constraints

• Security in northern Albania was a major constraint.
  ◊ This region is staging point for the UCK. During the period under review an increase in total number of UCK was seen (for example in the night of 17 July more than 1,000 crossed into Kosovo). In Tropoje they used schools as barracks; their wounded were transported here. Furthermore, refugees were at risk of Serb snipers when crossing as it is difficult to distinguish combatants from civilians at night.
  ◊ Organised crime also increased given opportunities caused by refugees and the large number of NGOs.
  ◊ Increased arm shipment and sales through Bajram Curri for use in Kosovo.
  ◊ As an example, MSF lost 2 cars in 6 weeks time. Other organisations also suffered considerable material losses.
• Lack of commitment or control by MoH. The surveillance system set up by WHO did not work well as hardly any data were returned. There was no management or coordination of distribution of medical relief supplies.
• Lack of reliable data on IDP and refugee numbers as well as general medical data.
• Small NGOs getting involved with treatment of UCK, thus jeopardising the security and neutrality of other NGOs.

1.6 Conclusions about achieving general objectives

Conclusions:
• In fact there was no medical emergency. Many of the problems, both in Albania and Montenegro, are chronic problems which require a more structural intervention.
• On the whole there was good acceptance of Kosovar population by the host populations, as well as enough local coping capacity given the relatively low number of IDPs and refugees. However, it is clear that it is a burden and if a big influx would occur, external aid is certainly warranted. In Montenegro a degree of compassion fatigue is evident both in the ministries and the local population. This is understandable considering that after 1994 the country was host to some 60,000 refugees, part of which remain. In addition, officials witness large amounts of aid directed towards Albania. Montenegro’s open door policy of welcoming those from Kosovo has not been rewarded with significant donations from abroad. It was
mentioned repeatedly that aid agencies come, assess, make promises and are not seen or heard of again

Recommendations:
- Both UN and NGOs should take a regional approach to the crisis, with Kosovo as the focal point.
- Assistance should be provided to both refugees/IDPs and the local population. In Montenegro assistance should also be provided to the Bosnian refugees and the Romany population.
- Any assistance given should be within the existing structures; no parallel systems should be created.
- Refugees should be allowed to move freely within Albania; they should not be restricted to the northern region.
- Before any large intervention can occur in the Tropoje district, there will have to be a serious attempt made by the Government of Albania to increase security threats in the form of banditry.
2.1  Regional approach

The roots of the crisis lie in Kosovo. The influx of displaced and refugees into Montenegro, Albania and -possibly- Macedonia are the result of the conflict in Kosovo. Therefore tackling the crisis in a regional approach with one, central coordination point in FR Yugoslavia (Belgrade or Montenegro) is recommended.

- Coordination: Having one coordination point for the region has the advantage of a common analysis and intervention strategy, incl. advocacy. The ET mission suffered from a lack of information about MSF activities in Kosovo and first hand information about the situation in Kosovo. An effort should be made to provide the MSF 'family' with regular information about the region, inclusing MSF activities.  
- Context analysis: It can be seen that the conflict efforts from both sides are fighting a conventional conflict strategy with clear demands. For this reason there is logic in the activities of both sides. With good context analysis MSF should be able to anticipate events within the region. This will require analysis from both external and internal monitors. With strong regional context analysis predictions of population movement can be made. This means that institutional memory about Albania and the region should not be lost.
- Letters of Intent: Given the Bosnia experience, donors seem to be a little reluctant to spend large amounts of money for EPrep. In discussions with UNHCR and ECHO in Tirana there was an indication that they would be prepared to sign letters of intent to pay for interventions if a certain situation would occur. This would mean stocks can be put on stand by in Europe and used for other missions if the need does not occur.

2.2  Monitoring

Due to the fluid nature of the situation in Kosovo, the ET sees the need to continue monitoring in Albania and Montenegro.

In Albania, MSF previously was part of a contingency plan. However, this plan seems to have been abandoned by UNHCR. Furthermore, MSF was involved in too many sub-committees during the last months. With the increased number of large NGO's and the limited human resources of MSF, monitoring should be restricted to medical related activities. It is recommended the MSF-B team in Albania continues fostering already established relationships and actively participates in inter-agency meetings co-ordinated by both UNHCR and UNDP at Tirana level.

- increases its contact with the MoH at a high level.

The health care that the IDPs receive in Montenegro is adequate and certainly equal to that available to the resident population. In many cases it is likely to be better available and of a higher standard than that found in Kosovo. Although the MoH has requested assistance, the ET has not identified shortfalls in care and there is no need for an MSF emergency intervention. Should the population of displaced from Kosovo
continue to increase unabated, the IDPs will likely have decreased services as the government will simply not be able to afford the standard of care and service which is presently available. While it is not justifiable to maintain an expat presence full time in Podgorica, it is recommended the MSF-B team in Kosovo:

- continues monitoring the delivery of health care to the potentially marginalized populations of Kosovo, including the Roma segment of that population. through bi-monthly visits to Podgorica, Plav and Rozaje.

2.3 In the event of an intervention

Due to the high level of insecurity and corruption in northern Albania, extreme caution should be taken not to repeat mistakes made in the past.

- Vehicles should be borrowed through the MoH, to whom MSF has donated 5 Land Cruisers in the past. Pressure should be applied to use these vehicles, thus making the authorities more responsible for retrieving them if they are stolen.
- New vehicles should not be brought into the country.
- The provision of drugs should be through the Central Pharmacy. By utilising the current infra-structure and not giving direct donations, MSF lowers the risk of becoming involved in areas that could put staff at risk. It also allows MSF to apply pressure to the system rather than an individual. Thus the system hopefully will apply pressure to the individual concerned in the region involved in corrupt activities.
- MSF must have a clear policy statement under which conditions it will work. This should include defining civilians and fighters.

2.4 Emergency preparedness

Previously discussion had revolved around the design of EPrep and contingency planning. It has become clear that available materials in Albania would be sufficient to meet the needs of an influx if replaced quickly. As one of the recommendations is to work through the MoH and infrastructure then response to an acute emergency should be done by means of established arrangements.
3 MONTENEGRO GENERAL MEDICAL SITUATION

3.1 Health structure

The current Minister of Health, Dr Miomir Mugosa, has assumed this post after the recent parliamentary elections. Dr Mugosa held this position in the past as well as that of Minister for Social Welfare. Inquiring as to the organogram on separate occasions, both the Minister and the Deputy Minister as well as the Director of the National Institute for Health Protection gave identical responses, namely that the health structure is a pyramid with the Minister at the top. In order of descending hierarchy, the Podgorica Clinical Hospital and the Public Institute for Health are at the same level. Next there are three specialist hospitals:
1. Rezovik in Niksic has respiratory specialities including TB.
2. Risen, has Ortho. Neuro and Urology specialities.
3. Kotor is the main psychiatric hospital of the republic.

At the municipal level there are eight general hospitals. There are 17 Domostravias (health centres) and finally there are an additional 190 small health/first aid/ambulance posts. All top levels, down to the domostravias, address curative, preventative and -to varying degrees- primary health care.

The government health service employs 6,500 people. Within Montenegro there is an 18,000 bed capacity of which approx. 70% is operational. The physician to population ratio is 1:580.

The government officials were vague when pressed for details on the lines of communication and the hierarchy within the health structure.

Ninety percent of health care is delivered through the socialised health care scheme. People contribute a modest amount if they have an income. If they are registered as unemployed this contribution is made for them by the government and they are included in the scheme.

The health care system in Kosovo has or had two streams. One served the Serbian population at the primary, secondary and tertiary levels. The second is supported by the parallel Albanian ethnic government and the international aid community. This second system is solely a primary health care structure. Should a referral be required the patient would then enter the mainstream health care system. These systems are supported by a government health care insurance scheme and theoretically the Montenegrin government could claim for those services rendered to the Kosovo IDPs from the Serb insurance schemes. However, the Ministry of Health admits there is little likelihood of recovering these funds.
3.2. **Pharmaceutical supply**

Montepharm is the state run company which purchases the pharmaceuticals used within the socialised health scheme. Mrs Cerevic, the director in charge of purchasing, was interviewed. Requesting specific details of the exact consumption and supply to all the health care outlets, Mrs Cerevic informed us that the orders were made and filled on a weekly basis, ordering occurring over the telephone. Orders were only documented by a code representing each drug; these coded records were in the computer but they were never printed and a printer was not available.

Eighty percent of medications are purchased from the local market and manufactured in Yugoslavia. The remaining 20% are acquired from abroad and requires foreign currency. This supply at present fulfils Yugoslavia’s essential drug list. Despite requesting a copy of this list, it was not made available to us.

Mrs Durovic is advisor to the Minister of Health. She reviews weekly requests from the health centres to Montepharm and grants permission to issue the request. Mrs Durovic was unable to provide records of weekly requests, but suggested Montepharm would have this information.

Speaking with health care professionals in smaller communities and the IDPs it is clear that some more sophisticated or lesser used drugs are simply not available from the state run pharmacies. These medications must be purchased from a private pharmacy by both IDPs and Montenegrins.

Dr Mugosa was forthright in discussions regarding the drug supply in Montenegro stating that the Republic was in debt to the Federal Government for 6 million Dinar for pharmaceuticals and in debt to private drug companies in Serbia for 45 million Dinar (1 USD=11 Dinar). Dr Mugosa indicated any and all donations of funds or medications would be welcomed.

Finally Dr Vujosevic, the director of the National Institute for Health Protection provided MSF with a document listing drugs which have been consumed by the IDP population in the past four months (annex I). This document was accompanied by a request for the vaccinations required for the IDP population (annex II) and needed laboratory diagnostic supplies (annex II).

It is worth noting that WHO provided the domostravias in Plav and Rozaje with an IDD medical kit designed to fulfil the needs for a population of 10,000 for three months. UNICEF is preparing to give to the domostravias in Ulcinj, Plav, and Rozaje medical kits for a similar sized population. The local UNICEF representative could not confirm the exact contents of these kits. CARITAS has just confirmed a drug donation worth 38,000 USD (specific contents to be forwarded to WHO Podgorica) to be followed with a donation of 30,000 USD to be used towards the purchase of drugs.

3.3 **Public health**
Not fully assessed. It is apparent that Montenegro’s immunisation program is well developed. (see below).

### 3.3.1 Morbidity (Top 6 diseases)

Morbidity data are restricted to communicable diseases in the first seven months of 1998. The most frequently reported diseases are:
1. Varicella
2. Acute entero-colitis
3. Scabies
4. Strep. throat
5. Morbilli
6. Salmonella

### 3.3.2 Mortality

The five leading causes of death for 1995 and 1996 were:
1. Diseases of the circulatory system.
2. Signs and symptoms undiagnosed.
3. Malignant neoplasm of respiratory tract.
4. Malignant neoplasm of digestive tract.
5. Trauma.

Comprehensive health indicators were not made available. Crude mortality and Infant mortality figures were given for the communities of Ulcinj, Plav and Rozaje.

<table>
<thead>
<tr>
<th>Town</th>
<th>Pop. ('71 census)</th>
<th>Crude mortality '96</th>
<th>Infant mortality '96</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ulcinj</td>
<td>24,217</td>
<td>6.9</td>
<td>9.9</td>
</tr>
<tr>
<td>Rozaje</td>
<td>22,976</td>
<td>4.0</td>
<td>19.8</td>
</tr>
<tr>
<td>Plav</td>
<td>19,305</td>
<td>5.5</td>
<td>7.3</td>
</tr>
</tbody>
</table>

### 3.4 Vaccination

Directors of the domostravias in Plav, Ulcinj and Rozaje consistently boast a vaccination success rate of between 90% and 98%. This figure is confirmed by the National Institute for Health Protection (NIHP). In a speech to health care workers, Dr Vujosevic, director for the NIHP, stated that 40% of the Kosovar IDPs do not have complete vaccination coverage. This was determined by serum assays. While coverage may not be optimal in Kosovo’s impoverished and divided society, it seems unlikely that Montenegro has performed a significant number of serological assays to back such a statement. The cost, time and logistics of such an exercise would be prohibitive.

The NIHP intends to vaccinate all people from Kosovo under the age of 18 years without records. They will be given the full series of vaccinations for Polio, MMR,
DPT, and BCG. The government views this as a top priority and will devote all required resources to achieve this goal. They express concern about accessing those IDPs that have not registered.

No border screening of children’s vaccination status occurs, but messages are broadcast on the radio requesting all newcomers to report to the domostravias for vaccinations. Many Kosovars told MSF that their children’s vaccination status is up to date, but that they were unable to bring their cards with them. Polio, DPT, are the vaccinations MSF has seen documented as having been received. Measles were not seen documented as having been received in a few vaccination cards inspected.

A list of vaccination stock required to serve the present Kosovo population is documented in annex II.

3.5 Infrastructure

Generally, facilities were modern and well maintained. Adequate support services were available. Back up generators were present in order to maintain cold chain electricity support if required. Each domostravia visited had a number of patient transport vehicles, in variable stages of road-worthiness. Laboratory hardware was present; however, the reagents were in short supply.

3.6 Accessibility to health care of local and IDP population

Local
As mentioned above, 90% of medical care is offered through the socialised medical scheme. Private clinics exist, but are only affordable to the privileged. A consultation with a physician in the capital costs approx. 20 DM, which limits access to health care in a society where clerks and labourers earn approx. 300 DM/month.

IDPs
Dr Mugosa -the Minister of Health- has stated that the IDPs from Kosovo will enjoy free medical care and medications to the same extent as resident Montenegrins. This has been confirmed by the Deputy Prime-Minister who has the portfolio for finance. Dr Mugosa, however, has approached the office of UNHCR and stated bluntly one of the international agencies must pay for medicines being consumed or other nations in Europe may have to assume the burden of receiving some of the Kosovar population. To receive free medical care from the government health points, the IDPs from Kosovo must be registered with the Commission for Refugees. Upon registration the IDPs receive documentation not only enable them to receive free health care, but also to act as a “ration card” to receive supplies from the Montenegrin Red Cross.

Weak points in the system have been identified as follows:
- An estimated 20% of IDPs do not register. These are generally the men who fear that they may be traced by Serbian or possibly UCK forces.
- On occasion the local Commission Offices run short of the cards. As many as 900 people in Rozaje were in Montenegro without this document.
- The Commission for Refugees has not adopted a standardised system to deal with those IDPs who arrive in Montenegro with no form of identification. Some offices grant a registration card if a registered IDP vouches for another person that he indeed comes from Kosovo. However in some cases the IDP lacking documents may be refused registration.

- The Roma or Gypsy community frequently lose their documents.

- The director of the domostravia in the community of Ulcinj unilaterally decided that people from Kosovo must pay for services. Subsequently, she has been replaced. In the meantime the Mother Teresa Association has initiated a plan to provide Ulcinj with an independent clinic for Kosovar IDPs.

- Many IDPs who have settled in rural areas some distance from domostravias insist they require a clinic in the village where they now reside. This is difficult to justify considering that the local population share the same limitations to access.

3.7 Specific health concerns related to IDPs

Specific morbidity of the IDPs has not been recorded independently from the resident population. Initially IDPs seek medical assistance for fatigue, respiratory tract infections and psychological stress. Once the population has been resident for a few weeks, morbidity is said to be the same as that of the resident population. Of concern to the public health authorities and MSF are the effects of crowding on the health of the IDP population. Water and sanitation facilities in Plav, Rozaje and Ulcinj are under an additional burden by the increase in population. The problem is one of inadequate and decaying infrastructure. An undetermined number of cases of hepatitis was reported in Plav by the UNHCR at the time of writing. WHO, in co-operation with the MoH, undertook a survey of the IDPs. This survey primarily focused on psycho-emotional aspects of health, but includes assessment of some chronic health problems. The results finalised by the end of August will be used to guide further interventions by the MoH and WHO. Presently WHO supports a Montenegrin Mental Health Outreach Program.

3.8 Emergency preparedness

- No plan is in place by any government or NGO in the event of a mass rapid influx of population from Kosovo.

- If an influx were to occur the burden would fall on the communities of Plav and Rozaje.

- No supplies have been stock piled, no further accommodation is available in the border regions of Plav or Rozaje.

- The secretary of the Montenegrin Red Cross said the potential exists to mobilise resources in the event of mass or rapid influx. When pressed for details if human resources had been identified, if medicines and tents were available and ready to be deployed, he was vague. I suspected it was beyond his pride to tell me that these resources didn't exist in the Red Crosses armament nor did a contingency plan.

- ICRC has no emergency preparedness plan. They had requested a health delegate but they will not arrive until early September. ICRC was also doubtful that the MRC had anything in reserve for an emergency nor a plan.
If an emergency intervention was required.

- There are no existing stocks in reserve for an influx.
- Plav is 35 kms from the Kosovo border, 60 kms from Pec.
- Rozaje is 20 kms from the Kosovo border, 45 kms from Pec.
- Plav has 24 physicians working out of the domostravia.
- Rozaje has 20 physicians working out of the domostravia.
- Interviewing the directors of the domostravias they suggest that Plav and Rozaje each have 10 physicians furthering their education in a residency program. These physicians could be recalled from their studies should an emergency evolve.
- Plav and Rozaje have in patient services only for women in labour (five beds).
- The physical space is available in the domostravias to shelter in-patients in significant numbers. Estimated 200.
- No surgical facilities exist in Plav or Rozaje, the closest facility being Berane (Ivangrad) 40 kms from Plav and Rozaje.
- Five ambulances based at both Plav and Rozaje.
- In Berane there is a 220 bed hospital with all the major services. There are 29 physicians, including 6 surgeons, working out of the Berane hospital.
- Berane is three hours (summer conditions) from Podgorica where advanced interventions are possible.

Suggested intervention for large influx including war injured:
First aid station (including IV fluids, haemaccel, dressing materials) at Plav and Rozaje, referral if necessary to Berane (further resuscitation, abdominal surgery, wound irrigation and closure), referral if necessary to Podgorica (orthopaedic and other surgery, complicated other cases).

Transport system should be planned for:
- border*to Plav and Rozaje health centres
- Plav and Rozaje to Berane
- border*to Berane hospital
- referral and transport of serious cases from Berane To Podgorica.
*Note-referring to the border it should be realised that access into Kosovo would be possible within the limits of security considerations. Therefore accessing population in need of transport need not be limited to the “border”.

3.9 Food

Food supply to the IDPs to date has been erratic. Despite this no evidence of malnutrition has been observed. Just delivered to Montenegro by the Government of Italy is:
600 MT of Rice, 300 MT of pasta, 100 MT of oil, 100 MT of sugar. These quantities are estimated to provide for the 30,000 IDPs, 20,000 refugees from Bosnia, and 12,000 social cases for a period of six months. In addition WFP is securing supplies of wheat flour. UNICEF and SCF will be providing some infant food.
3.10 Shelter

Shelter is undoubtedly one of the greatest concerns for the IDPs from Kosovo. The main communities where they are present are Plav, Rozaje, Ulcinj, and Podgorica. In Plav, Ulcinj, and Rozaje the IDPs account for between 25 to 35% of the total resident population. Thirty people in a household with ten people sleeping in one room is not uncommon. The vast majority of IDPs are accommodated in the homes of friends, relatives and often strangers. This is referred to as the 'host care' system. There are a few collective centres, the largest of which is in the government hotel in Plav accommodating 500 IDPs.

UNHCR is active in looking for public buildings which can be modified to house the IDPs. Swiss Disaster Relief has undertaken the renovation of some of these buildings. These three communities are the logical areas where the Kosovars want to settle as they are all “Albanian” communities. Plav and Rozaje are situated near the Kosovo border. At present the “boat is full” and limited numbers can continue to be accommodated in these communities. In the near future, if the slow influx of IDPs continues unabated, the government will need to resettle the new arrivals in different communities.
4 ALBANIA GENERAL MEDICAL SITUATION

4.1 Health structure

The health system in Albania changed in 1992, when the new democratic government took over. In the new structure the Ministry of Health and Environment Protection (MoH) is responsible for policy, planning, organisation, general management, implementation of programmes, supervision, quality control and human resources development for the whole country. Before 1992, all health services were owned by the state. Some of the changes which took place are: the privatisation of certain activities, such as pharmacies, dental care, the number of licensed private physicians and the establishment of a health insurance system. The following chart shows the coordination in the Albania health system.

Basic layout of the (Planned) Health Care System in Albania

<table>
<thead>
<tr>
<th>Parliament ------ The Judiciary</th>
<th>Government/ Ministry of Health Service Delivery</th>
<th>Public Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance Institute</td>
<td>NATION (UNIVERSITY HOSPITAL OF TIRANA), REGIONS HOSPITALS AND SPECIALISED POLYCLINICS, and DISTRICTS (including DISTRICT HOSPITALS AND PRIMARY CARE CENTRES and SURGERIES)</td>
<td>Institute For Public Health</td>
</tr>
</tbody>
</table>

Executive
Non executive

In Albania most of the physicians (GP’s and Specialists) and other professions remain employed by the MoH or by the Health Insurance Fund, although private practice is totally legal since 1994. Health services currently are based on 3 functional levels which are hierarchically linked to each other: Primary, Secondary and Tertiary Health Care.
LEVELS OF ADMINISTRATION AND CARE IN ALBANIA

<table>
<thead>
<tr>
<th>Level of Administration</th>
<th>Level of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nation/Republic</td>
<td>Tertiary Care</td>
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<tr>
<td>Research and Development Centres</td>
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<tr>
<td>Secondary Care</td>
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<td>Referral</td>
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<td>Primary Care</td>
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<td>Emergency</td>
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<tr>
<td>Patients flow</td>
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</tbody>
</table>

In each of the 15 major districts there is a Director of Public Health and depending from the Director of Hospitals (DH) and a Director of Primary Health Care (DPHC). The DH also covers health services such as the polyclinics, various laboratories, etc. The DPHC covers ambulatory care, hygiene and epidemiology services and their respective laboratories, state sanitary inspector, preventive dental care and health education.

In the 11 second level districts there is a director of Public Health which includes the service of Hospitals and the Service of Primary Health Care. In these districts all health services exist as in the above but to a lesser degree.

The districts of the second level are: Tropoja, Puka, Mirdita, Kavaja, Librazhdi, Gramsh, Erseka, Skrapari, Permeti, Tepelena, Saranda.

There are 51 hospitals in the country with a 10371 bed capacity; the approximate number of medical personnel is:

4759 Doctors
14318 Nurses and Midwives
213 Pharmacists
440 Dentists
1558 Laboratory Technicians

Note: For more information about particularities of the health system see ‘Health Care Reform In Albania’.
4.2 Pharmaceutical supply

There is a Central Pharmacy which purchases the drugs used in the health system. Districts make the request to the Central Pharmacy which supplies the different health structures in the districts on a monthly basis. There is a list of essential drugs specially to cover the primary and secondary health care level, for the tertiary health care level there are extra medication for specific diseases. The pharmaceutical supply is also in charge of the drugs donations for which there are official guidelines (Annex III).

4.3 Public health

Not fully assessed.

4.3.1 Morbidity (Top 4 diseases)

The diseases listed are those reported in the ‘Communicable Diseases Form’ developed for the districts where refugees were hosted. Unfortunately it was not possible to get specific data for the whole country.

1. Acute Lower Respiratory Diseases
2. Acute Upper Respiratory Diseases
3. Diarrhoeal diseases
4. Scabies.

4.3.2 Mortality

The following information shows the five most common causes of death:

<table>
<thead>
<tr>
<th>&lt; 5 years of age population</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Respiratory diseases</td>
<td>1. Circulatory system</td>
</tr>
<tr>
<td>2. Other</td>
<td>2. Respiratory diseases</td>
</tr>
<tr>
<td>3. Gastrointestinal diseases</td>
<td>3. Ill defined conditions</td>
</tr>
<tr>
<td>4. Infectious diseases</td>
<td>4. Neoplasms</td>
</tr>
<tr>
<td>5. Congenital disorders</td>
<td>5. External injuries and poisoning</td>
</tr>
</tbody>
</table>

4.4 Vaccination

The vaccination program apparently is good; however, we did not have access to specific data for confirmation of coverage. The Kosovar refugees were requested to go to the polyclinic for vaccination, especially those children that had not received DTP and Polio. It was confirmed that vaccines were provided to the Kosovar population free of charge. Through conversations with Kosovar refugees it became clear that most of the children <5 had received vaccinations, especially Polio and DTP. Measles
vaccination apparently was not given. Unfortunately none of the refugees had vaccination cards.

### 4.5 Infrastructure

In general, health facilities in the country are in good condition and adequate support services are available. In the northern districts, where refugees have been hosted, the infrastructure is also adequate as is shown in the following charts:

Bajram Curri

<table>
<thead>
<tr>
<th># structures</th>
<th>Hospital</th>
<th>Health Cent. PHCC</th>
<th>Ambulantas</th>
<th>Maternity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>19 doctors, 92 nurses, 11 lab technicians, around 50 non medical. (3 surgeons + 14 nurses + 1 anaesthetist)</td>
<td>1 doctor, 10 nurses</td>
<td>7 nurses</td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td>Surgery, Internal Med., Maternity, Laboratory, Neonatology, ORL, Paediatrics, Emergency, Intensive Care, Radiology, EPI, Pharmacy</td>
<td>IPD, Curative consult, Antenatal, EPI, Inj. room, Home Visiting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referrals</td>
<td>severe cases by helicopter to Tirana</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remarks</td>
<td>- There is a limited capacity for maintenance of equipment. (important to consider if equipment will be donated) - medication is provided in a ??? quantity. - until now refugees received treatment (drugs) free of charge. - Donation from England International Force 20/3/98</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Kukes

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Health Cent. PHCC (policlinic)</th>
<th>Ambulantas</th>
<th>Maternity</th>
</tr>
</thead>
<tbody>
<tr>
<td># structures</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Beds</td>
<td>200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>(30 doctors) 4 surg, 3 anaest, 6 gyn/obst, 3 patholo, 1 neurol, 4 pediat, 2 ophtalm, 3-2 pneumol, 2 infectol 5, otori-laring 2 pharmit, 105 ? 140? nurses, 15 lab-tech, 4 tech radio, 100 non medical staff. Blood Bank 1 hematologist, 2 nurses, 1 cleaner</td>
<td></td>
<td>(83 total) 5 gyn/obst, 2 ped/neo, 34 nurses, 42 non medical staff.</td>
</tr>
<tr>
<td>Services</td>
<td>Gynec/obstetrics, Paediatrics, Surgery, ENT, Oftalm, anaest orthopedic, gastro, Lab, X-ray. Emergencies: 2 Drs 24 hrs. Blood bank:</td>
<td>OPD, EPI, specialist cons. 2 hrs daily: (gynec/obstetrics, paediatrics, surgery, ENT, oftalm, orthopaedic, gastro, Lab, x ray, anaest.</td>
<td>gynaec/ obstetrics, neonatal, O.T. Lab, X-ray</td>
</tr>
<tr>
<td>Referrals</td>
<td>Severe cases to Tirana</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transport</td>
<td>3-4 ambulance functional, 3 non functional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remarks</td>
<td>(received assistance by now majority of the equipment is broken) hospital is also used as a teaching hospital.</td>
<td>-approx. 300 cosul. - med. equipment apparently good quant + function</td>
<td>situated 2km from hosp.</td>
</tr>
</tbody>
</table>

### 4.6 Accessibility both for local and refugee population

**Local**

Health services continue to be provided by the State although private practice is increasing. Reforms in the health system continue evolving slowly. Although drugs are supposed to be given free of charge this is not always the case; this could be due to lack of availability of some drugs and is more evident in the north. NGO’s have donated some drugs directly to hospitals and policlinics; therefore it is expected that drugs will be provide free of charge. For the in-patient services the treatment is free.

**Refugees**
The MoH has stated that Kosovar refugees will receive the same health care as the local population. In order to receive medical care, health personnel request that refugees show their registration card. According to the results of the survey in early July, the refugees need to buy the drugs prescribed after the consultation. Currently drugs should be available due to the donations given by different NGO's. WHO in Tirana is compiling this information.

4.7 Specific health concerns related to refugees

A format to report morbidity data including Kosovar refugees was developed. Although it was not very successful, some information was obtained as mentioned previously. A specific concern for health personnel (directors of hospitals and polyclinics) is the unavailability of drugs in case of a big influx of refugees and therefore a big demand on the health services.

4.8 Emergency preparedness

An ‘Emergency Contingency Plan’ and a ‘Humanitarian Assistance Needs Related to the Kosovo Crisis’ have been prepared (up-date May 98) by the members of the Inter-Agency Committee for Refugees Contingency Planning in the Area (NGO’s and UN bodies).

Possible scenarios were planned:
- Kosovars entering Albania from Kosovo.
- Kosovars transiting Macedonia en route to Albania.
- Kosovars transiting Albania for third countries.
- Macedonian Albanians entering/transiting Albania.

Due to the climatic and economic conditions in Northern Albania, and in view of the fact that most displacements are expected to remain within Kosovo, the expected influx of refugee population could be 20,000 in spring/autumn and 10,000 in winter.

Border crossing points:
- Kosovo
  - Morina (Kukes District) passable and open to traffic by asphalt road.
  - Qafe Prushit (Has District) passable but not open to traffic (Quarantine imposed by Serbia).
  - Qafe Morine (Tropoja District): dirt road not open to traffic. In Tropoja District, there are two additional border crossing points (Cerem-Dragobi & Qafe Gjonajt-Zherke). They are impassable to traffic but could be crossed by foot if Qafe Morine is blocked.

  From Montenegro
  Two crossing points which can be passed all year round at Stufi and Hoti.

  From Macedonia
Three all year crossing points at Billata, Prenjasi and Pogradeci with some other smaller crossing points in the summer months.

Objectives:
- To establish reception centres 10-15 km from the borders.
- Registration, medical screening and distribution of basic items at the centres.
- Accommodation with host families or accommodation centres. It is expected that 4,000 people could be accommodated in Kukes District; 3,000 in Tropoja District; 1,000 in Puka District.

The aim of this plan is to:
- Ensure protection and minimum standards of treatment for new arrivals (including freedom of movement, documentation, assurance of basic security and human rights).
- Cover basic needs of the refugee population (food, shelter, water, sanitation and health care).
- Minimise stress and suffering, taking into account the psycho-social and community aspirations of the refugee population through the early establishment of community services.
- When settling refugees in Albania, take into account the logistics, realities, political constrains and the impact a substantial influx may have on the host population.
- Respect family unity and community group unity (this is important when implementing settlements arrangements).

To be able to achieve the above objectives, the committee took into consideration the needs and assistance from the NGO’s has been requested. For more information, pls. refer to ‘Humanitarian Assistance Needs Related to the Kosovo Crisis’.

MSF has been requested to participate in: supplementary and therapeutic feeding programs, provision of health care, as well as water and environmental sanitation.

**Suggested intervention for large influx including war injured:**
First aid stations with IV fluids and dressing materials at the crossing point, and transport system for referrals from first aid station to closest hospital (Bajrran Curri or Kukes Hospital) and from District hospital to University hospital (Tirana) for serious cases.
5.1 NGO registration

UNHCR suggested that an NGO could become registered quite simply. A letter of intent of program activities and a letter of acceptance from the ministry involved must be sent to the Ministry of Interior through the Commission for Refugees. The procedure should be very "quick and easy".

In sharp contrast to the quick and easiness of the procedure described by UNHCR, I heard a different procedure was required from Judith Kent of Catholic Relief Services (CRS) in Belgrade. Judith is just now overseeing the registration of CRS in Montenegro. She states that they are essentially breaking new ground with this procedure and the legislation is somewhat complex not the least of which is because the Federation of Yugoslavia and the Republic of Montenegro has different laws. CRS has retained a lawyer to facilitate this procedure. The one used by CRS and DRC is Brano Ludovac at 069-015-720. Apparently the process involves becoming registered as "An Association of Foreign Citizens". This process seems designed for businesses. An agreement must be made beforehand with the appropriate ministry. The process requires documents including the "papers" of ten foreigners (they don't have to be in Montenegro !?!!). Judith is happy to share information with anyone who follows in our footsteps. It was also discussed that perhaps the lawyer could be retained for a group of NGO's. Judith's number in Belgrade is 011-361-0152. It was unclear how long she will be staying. I suspect that because a lawyer is involved the complexity of registration has increased in order to justify the lawyer's involvement.

The Mother Teresa Association is starting work in Ulcinj without being registered and is not looked upon approvingly by the Government.

If you are registered you must have a local bank account in Montenegro if you wish local purchases to be tax exempt.

5.2 Communication

House/office telephones are slow to arrange if your house/office doesn't have a line established already. Consider this if moving into a newly constructed site. The culture is very accustomed to the use of mobile telephones. The firm responsible for the mobile service is Promonte, although they do not actually sell the mobile phones. Coverage is in most populated areas, however at present not in Plav. Bottom of the line Ericson mobile - no guaranty (read black-market)=400DM; same phone with one year guarantee = 800 DM. Connection with Europe for data transfer via land lines is not rapid. Prefix 069 for Podgorica mobiles, 081 for Podgorica land lines, 011 for Belgrade land line. Dial 99 for international direct dial access (NOT 00). Local Internet provider is present in Podgorica.
United States information service has free internet and adjacent is a reasonably priced business with internet terminals.
Photocopy/fax service is available in city centre - Scapanovic.
- UNHCR will receive faxes for you.
- Media:
  - Newsweek, Economist, Time magazine available near Hotel Montenegro.
  - Belgrade Times is a weekly English language paper; look for it where you find Time etc.
  - VIP news (Belgrade) is an electronically or fax transmitted news magazine devoted to items of interest for the international community.
  - United States information service has government news items published from US Embassy Belgrade. It's a good source of info from their perspective.
  - English language programs are present on the television but not news (without satellite).

5.3 Accommodation

Two bedroom apartments furnished from 600-800DM/month. - Utilities extra.
It is somewhat difficult to find short term leases (one/two months).
Note many newly constructed apartments are coming close to completion in the area called Malo BRDO
See Contacts in annex.

5.4 Transport

ROAD
- Vehicle rental is difficult to arrange privately. One car rental agency exists, charging 120 DM/day for a good condition, 1995 diesel Volkswagen Vento. However the same car to purchase has been estimated to cost approx. 11,000 DM (do the math)
In the winter the communities of Plav and Rozaje require a vehicle adequate for moderate snow conditions.
  - Numerous trucking firms exist in Podgorica.
  - Some trucking just beginning from Sarajevo.

TRAIN
- A train exists, running from the Adriatic port of Bar, through Podgorica to Belgrade.
No train route direct to Pristina from Podgorica.

AIR
- Airport in Podgorica is under Federal Jurisdiction. It is of a size that can easily accommodate large air freight transport.
- JAT has twice weekly flights to Belgrade.
  Budapest, depart Wed 0730 return same day 1900
  Bari, Italy depart Tuesday 0800 return same day 2030
  Sarajevo depart Tuesday 1420 return same day 1600
  Athens only via Belgrade twice/week Tues. and Wed
SEA
- Bar is a large port servicing freighters and has a regular ferry service to Bari, Italy. From Bar to Bari, Italy a 7 hour trip, frequent service available, nearly daily.

5.5 Importation

Not fully researched. It is noteworthy that Montenegro has an independent customs collection procedure from that of the Federal Government. This is a huge point of contention between the two government bodies. Anticipate different regulations if materials are brought in to Belgrade as opposed to Podgorica/Bar.

5.6 Visas

Very difficult to obtain from within Podgorica. It is necessary to arrange visas in advance. Entry could be made to Montenegro perhaps via the land border with Bosnia. However, this should only be done in the event of an emergency, if absolutely necessary. The UNHCR, while trying to facilitate procurement of visas for NGO ex-pats, are being put in a difficult position when these ex-pats enter via Bosnia. It could be perceived by the government as collusion with NGO’s to circumvent the correct procedures.

5.7 Warehousing

CARE International have in Plav and a Rozaje warehouses of approx. 500 sq. meters that are available to be utilised by NGO’s. Within Podgorica contacts to secure a warehouse have not been made but it is unlikely to be a problem.

5.8 Other NGO’s (also see contacts in Annex IV)

- Care International: Have mobile clinic for Bosnian refugees, hope to start some mobile work for the IDPs of Kosovo and perhaps start clinics specifically for Kosovo IDPs.
- Catholic Relief Services: Will provide non-food assistance for approx. 8,000 in the form of blankets and fuel
- Danish Refugee Council: Micro credit programs and will begin social programs, implemented largely through a local NGO called Alter Modus.
- ICRC: Provide MRC with materials for distribution. Should be getting a health delegate in September.
- IFRC: No active programs, support relationship between MRC and ICRC.
- Montenegro Red Cross: Primary agency for distribution of food and non-food items.
- Mother Teresa Association: Starting health care clinic in Ulcinj for Kosovo IDPs.
- Premiere Urgence: Performing assessment.
- Save the Children: Distribution of hygienic materials and some baby food.
- Swiss Disaster Relief: Rehabilitation of buildings used as collective centres.
- UNHCR: Developing into role of co-ordinating NGO’s.
- UNICEF: Medication provision/Children’s clothing/ some food/providing education materials.
- WFP: Importation of wheat flour for distribution through MRC.
- WHO: In co-operation with the MoH performing a health needs assessment of IDPs major focus is on psychological problems. Results will be shared end of August 98. No resident health officer (he visits from Belgrade).
- World Vision: Presently performing assessment for non-food items; looks like they’re here for a while.

5.9 Staff

The availability of strong skilled English speaking staff is not overly abundant. NGOs and UN agencies often advertise in the local newspaper. Friends or acquaintances of the staff employed in the UNHCR is also a common route for finding staff. Depending on the nature of the intervention planned in Montenegro the use of an Albanian speaker may also be required. In this situation try the Albanian associations first, Tuzi for example.

The UN scale for a driver with some English language skills is $800 USD/month five day week. For a translator/assistant the rate is $900 USD/month five day week. MSF during their monitoring mission July-August 98 MSF paid 50% of this rate for a six day work week.

See Annex for a list of possible and past employees. Italian or German are often second languages.

5.10 Finance

Deutsch Marks and US dollars are openly traded in the city centre. At the time of writing the exchange was 1DM=6.5 Dinar , 1 US $= 11.2 Dinar, 1US $= 1.75 DM. The rate was consistent throughout the summer. The official rate is approx. 10% lower.

The banking system is slow and cumbersome. It has been advised not to leave the bulk of your foreign currency in the bank itself as those funds may not be readily available when required.

It is strongly advised to obtain a safety deposit box at the bank to store your funds. A bank account is required for an NGO to obtain tax breaks for local purchases. An account needs to be opened to receive international transfers. Reportedly most efficient route would be via a bank in Frankfurt.

Podgorica Bank: MONTENEGROBANKA AD PODGORICA / S.W.I.F.T. CODE: IBTI YU 22/
SUGGESTED ROUTE FROM GERMANY
AT COMMERZBANK AG FRANKFURT / S.W.I.F.T. CODE: COBA DE FF/
Mrs Ilic Jagoda at 081-242-922 local 367 is senior in the foreign currency department of the bank.
Payment of national staff, vehicle and apartment rental is generally done in USD or DM

5.11 Security

There seem to be no issues of threat to security in Montenegro. Economic violence in the form of home break and entry has been reported. No assaults nor political violence was ever referred to.
6 ALBANIA MISSION PRACTICALITIES

6.1 NGO registration

Currently the Government of Albania is going through major upheavals. For this reason it is difficult for MSF to register. The only possible way is to register as a local organisation which brings all the complications of opening another non-operational section, board of directors, etc. It is hoped that new legislation, which is overdue, to be passed in Parliament will allow foreign NGO’s to register. Until that time a lot of administration

6.2 Communication

- Telephones. Land line telephone communication is relatively easy from Tirana. The telephone system becomes less functional the further out you travel. In the northern region it is non-existent. The government does not have a problem with satellite communication devices so this is the easiest solution.
- Internet provider is present in Tirana and can be contacted from other towns. However the telephone line quality is unable to support high speed modems.
- HF. As MSF is not registered in the Albania, it is unable to obtain an operators licence for HF radio’s. However this is not policed in anyway and the government turns a blind eye to NGO use of HF radio’s. They can also be imported under the name of the MoH.
- VHF. This is the same as for HF.
- Photocopy services are easily available
- Media:
  Newspapers in English are available at the Tirana international hotel
  Magazines in English are also available
  T.V Euronews and National Geographic channel are the only two English channels.

6.3 Accommodation

HOTELS - Hotel are available in most places. They are low quality but more than adequate. There is an official price difference between foreigners and locals. In Tirana the prices are more expensive.

OFFICE & HOUSE - Most buildings were built during the communist times and are very basic. However they are perfectly functional. Persons seem quit happy to move out and either leave the furnished or leave it bear. It is not hard to find good reasonable office or housing space in down town Tirana.

6.4 Transport
Albania is in the unique position of being relatively easy to supply by road, air or sea. The time constraints are minimal due to access variety.

**ROAD**

Vehicle rental - The large majority of vehicles in Albania are Mercedes. These have either been stolen or a fraudulent insurance claim has been made. It is run by Italian organised crime gangs and are then shipped by ferry to Albania. This means the cheapest and most common vehicle to rent is a Mercedes. Four wheel drives are available but at a higher cost. Most rental is done by monthly contracts and comes with a driver. 

Trucks - Local trucks are available to rent in different sizes. It is advisable to hire the truck at the destination point and send it to the point of origin to reduce the possibility of Truck-Jacking.

Purchasing of vehicles in country - It is highly advisable to avoid buying any car locally. All cars should be treated as stolen.

**AIR**

- Tirana airport can accommodate large air freight transport
- Several air lines (Swissair, Air Italy, Albanian Airlines, Lufthansa and Austria Airways) fly from Western Europe to Albania 6 days a week.

**SEA**

- There are ferries that go from both Brindisi and Ancona.

6.5 **Importation**

MSF is currently not registered in Albania and therefore can not apply for a special duty waiver. The solution around this is to import under the MoH’s duty exemption number, however this means that all items are owned by the MoH and must be given to them at the conclusion of a project. This can limit the freedom to donate.

6.6 **Visas**

Most nationalities do not require a visa. However this should be checked before entry. Visa’s are easily obtainable in one day in Amsterdam.

6.7 **Warehousing**

Warehousing is available in varying sizes through out the country.

6.8 **Other NGO’s**
- ADRA: Assessment for future implementation of Mental Health activities.
- Albanian Encouragement Project
- Albanian Red Cross
- CAPA NAMUR: Assessment of health needs of Bajrraan Curri and Has.
- Caritas: Training for midwives and supply of maternity equipment to Maternity in the hospital and 4 health centres (Tropoja, Fierza, Pac, Margege or Drdgobi).
- Children’s AID: Rehabilitation of Health Centres (Fierza, Bujan, Tropoje and Lekbibaj), drug supply, and lab equipment.
- Humanitarian Cargo Carriers: Implementation -together with UNICEF- in Kukes and Puke of a program “Adopt a Health District”. The main contents of the program are: distribution of urgently needed drugs, consumable items and equipment for 16 PHCs.
- ICRC
- MDM: Donation of drugs to Bajrran Curri Hospital.
- MERLIN: Assessment and donation of laboratory equipment for some districts in the north. MERLIN is not present in Albania anymore.
- OXFAM: Water and sanitation. Not present in the north any more; continue in Tirana.
- UNHCR: Registration, protection of refugees and co-ordination of NGO’s.
- WFP
- WHO: Compilation of information of health activities and drugs donation from NGO’s in the north of Albania as well as working together with the Institute of Public Health on update national system for statistics.

6.9 Staff

It seems that a lot of students went to University through the communist system. A popular subject to study was languages. It is not difficult to find in the larger cities persons who can speak English, Italian, French and Greek. This makes finding staff easy. Pay scales should be in accordance with other NGO’s such as Oxfam.

6.10 Finance

- US dollars is openly and easily traded in the official and black market. The exchange rate at the time of leaving was USD1=150Lek
- Bank account’s can only be opened in personal names unless the organisation is registered. Foreign currency accounts are easily available.
- Most business transactions are done in cash. Large sum transaction can be carried out in USD.