Forbundsrep. Jugoslavien (Kosovo) (31) OVERVIEW 6/10-99

KOSOVO REPATRIATION INFORMATION PACKAGE

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The purpose of this Kosovo Repatriation Information Package is to provide a broad overview of the conditions and assistance available to returnees in Kosovo. As the situation on-the-ground in Kosovo remains volatile, the aim is purely to provide information which can serve as a general reference. If you require additional information or further details, please contact the respective sections or field offices. A list of useful contacts has been attached for this purpose.

Information in this package is presented in the following order:

- General Overview
- Return Reception Centres
- Food Distribution
- Shelter
- Health Care
- Community Services
- Security and Protection Concerns

GENERAL OVERVIEW

Following the adoption of UN Security Council Resolution 1244 and the subsequent presence of KFOR into Kosovo, thousands of Kosovar refugees affected by the Spring conflict began rapidly returning home. Refugee returns to Kosovo can be grouped into three 'phases': (i) Spontaneous returns; (ii) Organised returns from camps/host families in countries neighbouring Kosovo; and (iii) Organised returns from 3rd countries.

Kosovar refugee returns are now in the 'third' phase. With the diminishing number of spontaneous and organised returns from camps/host families from countries neighbouring Kosovo, returns from 3rd countries increased accordingly.

According to KFOR's advisory, all principal urban centres in the province and all major roads can be regarded as secure enough to allow organised transport of returning refugees. The UNHCR Kosovo operation covers seven areas of responsibility (AOR); field offices have been opened in each of these locations and provide reception facilities for returnees:

Djakovica/Gjakove
Gnjilane
Mitrovica
Pec/Peje
Pristina/Prishtina
Prizren
Urosevac/Ferizaj

. RETURN RECEPTION CENTRES

All returns to Kosovo should be destined to one of the seven field office locations where a reception facility is available. From these locations, the International Organisation for Migration (IOM) covers all secondary transport. Transit centres have been opened in all seven field office locations to provide temporary community shelter to those individuals who are unable to find immediate accommodation on their own. These centres are available for short stays (up to a maximum of three nights) and are not intended to provide a long-term shelter solution. For this reason, facilities and assistance are basic, and space is limited. These centres are also available to returnees arriving late and unable to proceed to their final destination due to the UN advisory against travel after dark in Kosovo.

2. FOOD DISTRIBUTION

Although subject to vary according to fluctuations in the pipeline, the basic ration should provide (per person per month):

- 12 Kg wheat flour
- 2 Kg of beans
- 1 Kg of rice
- 1 Kg of oil

In addition, the Supplementary Food Ration aims to provide:

- 0.5 Kg canned food
- 0.3 Kg sugar
- 0.2 Kg salt

Blanket food distribution will no longer be provided after 15 September 1999. Consequently, Kosovars returning from 3rd countries will not automatically qualify for this assistance. The following criteria will be used to ensure that the limited amount of food aid is available to the most vulnerable in Kosovo:

I. Families without shelter whose houses have been badly or totally destroyed (Category 5).

II. Internally displaced persons (IDPs) – people who are unable to return to their homes due to the emergency situation and are currently living with a host family or in a collective centre without access to food. Families hosting IDPs are also eligible.

III. Persons who are permanently unable to generate income and have no access to other financial support nor to food, such as elderly and handicapped.

IV. Social cases:

- single parent household with no access to income and to food
- families with more than three children, no income and no access to food
- families with less then 50 DM income per person per month and no access to food
- families with income generating potential presently unemployed and with

no access to food
- families with income between 50 and 80 DM per person per month and no access to food are entitled to half a ration.

The distribution of NFI includes:

- blanket (1 for 1)
- mattress (1 for 2)
- hygiene kit (per family on a monthly basis)
- package of sanitary napkins (per family on a monthly basis)
- plastic sheeting (1 for one family)
- jerry can (2 for one family)

UNHCR recommends the following criteria for NFI distribution:

I. 100% of displaced persons throughout the province;

II. Most vulnerable social cases (using former social case criteria):

- single female head of household
- families with disabled persons (mental or physically disabled)
- families with more than 5 children under the age of 7
- unaccompanied elderly persons or households with more elderly than non-elderly

NFI assistance should be provided based on needs, irrespective of ethnicity.

UNHCR and the World Food Programme (WFP) have agreements with the following implementing partners (IPs) for food distribution in Kosovo: Action Against Hunger (AAH), Children's Aid Direct (CAD), CARE, Catholic Relief Services (CRS), International Rescue Committee (IRC), Mercy Corps International (MCI), Norwegian Refugee Council (NRC) and Solidarites. These IPs coordinate distribution through secondary distribution agencies which have a comprehensive network throughout Kosovo (e.g. Mother Theresa Society (MTS) and the Orthodox Church). On registration with the secondary distribution agency, each family is provided with a ration card.

UNHCR and WFP, through ACTED, provide nutritional support to patients and residents of hospitals and social care institutions around Kosovo.

3. SHELTER

Families living in 3rd countries who already know that their houses have been totally destroyed and who have no opportunity to stay with relatives should be encouraged to remain where they are until next Spring when more extensive reconstruction programmes will begin.

Shelter "Kits"

Kit A: 16,000 sets of shelter materials for securing one covered/dry room per family. These kits enable families to make temporary repairs to damaged houses in UNHCR Shelter Categories 2, 3 and 4. ** Based on a planning assumption of six

** Shelter classification: category 1 undamaged; category 2 can be repaired and damage may include

persons per family, these kits are expected to assist 96,000 people. Similar covered/dry room packages are being provided by other donors and/or agencies, providing maximum coverage in the remaining weeks before the onset of winter.

The materials provided, including plastic sheeting for roofs and windows, wooden battens, nails and a limited set of tools, will allow homeowners to make partial repairs to damaged roofs as well as help them cover holes in exterior walls and windows.

Kit B: 3,200 enhanced sets of shelter materials for repairing roofs. Each Kit B will include wooden beams necessary for a complete roof frame covering approximately 100 m2. Moreover, 2,000 of these will include an extended warm room package with 1 window, internal door, insulation material, a variety of tools. The whole of Kit B will enable construction of a permanent, complete wooden roof frame for one house, and the accommodation of three guest/host families. Alternatively, one Kit B can provide for the construction of three temporary roofs. This number of kits is expected to assist 57,600 persons. Kit B, although providing permanent materials, will not allow for complete reconstruction and is primarily aimed at meeting immediate winter survival needs.

Temporary Community Shelter Accommodation

Families with completely destroyed houses (Category 5) and no host-family solution will need to be accommodated in temporary community shelters (as close as possible to their homes). The aim will be to provide families with basic shelter for the winter months, until reconstruction can begin in Spring.

4. HEALTH CARE

Pristina Referral Hospital

Refugees in 3rd countries being treated for illnesses or diseases which require intensive or complicated/sophisticated treatments should complete their treatment before returning to Kosovo. Individuals who are under medical treatment and wish to return must travel with their complete treatment.

The present conditions at the Pristina hospital (the referral hospital for all of Kosovo) are rather poor: there are no sophisticated drugs (new generation antibiotics, cytostatics, etc.), sanitation facilities are extremely limited, electricity is not always guaranteed (there is no "back up" generator), chemotherapy and radiotherapy are not available and food rations are monotonous.

Until the civil administration is in place, the Department for International Development (DFID), WFP and UNHCR are working together to support and provide for Pristina hospital. There are still many medical cases which cannot be dealt with in Pristina; these are presented to and reviewed by a committee which decides whether the case merits being evacuated to another country. The number who can evacuate remains very limited.

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broken windows, door locks and hinges, roof tiles, cut-off from electricity; category 3 can be repaired and damage may include light shelling or bullet impact on walls, partial fire damage and up to 30% roof damage; category 4 can be repaired and damage may include severe fire damage, floors which need replacing, destroyed windows and doors, and over 30% roof damage; category 5 cannot be repaired and is totally destroyed.

UNHCR and IOM request all offices responsible for organising the return of Kosovar refugees to provide sufficient information about extremely vulnerable individuals (EVIs) well in advance of their departure. For those individuals requiring hospitalisation, UNHCR and IOM require offices to wait until a room has been reserved in the respective hospital. Offices organising the return of EVIs are required to submit a request for hospital space, medical transport or special escort at least one week in advance of each departure. E-mail messages should be addressed to Dr. Andrea Capusan, IOM Medical Officer, **Error! Reference source not found.** and copied to UNHCR Repatriation Unit (teohf, eysterl and fukunaga). The same procedures apply for offices organising the return of unaccompanied minors or any EVIs travelling on their own. Sufficient information should be forwarded to UNHCR and IOM (e.g. name of person travelling, address in Kosovo, names of relatives living in Kosovo) so that a special escort can be provided and ample time is given for UNHCR and its IPs to contact family members.

Psychiatric Care

Conditions for psychiatric care in Kosovo are still inadequate. Care in a closed environment is not yet available. The psychiatric clinic at Pristina hospital is currently overwhelmed with patients and is not able to provide overnight accommodation. Outpatient care is all that is available at this time.

The Norwegian Refugee Council (NRC) took over the management of the Stimlje Mental Institute at the beginning of September and has made the following observations: Stimlje Mental Institute has insufficient staffing in general, especially medical professional personnel. This Institute was never a psychiatric hospital (i.e., never provided treatment for acute psychiatric patients), but was a social institution for mentally disabled and other vulnerable groups considered needing life-long care. The Stimlje Mental Institute is not yet able to receive new patients.

5. COMMUNITY SERVICES

The former social welfare system of Kosovo faces difficulties. The 25 Centres for Social Welfare that were responsible for social protection: child care/fostering/adoption, care of those unable to care for themselves (disabled, elderly etc.) have not been able to resume their previous functions effectively. The Homes for the Elderly (see Pristina AOR) and for the Stimlje Mental Institution have already been discussed. Three schools for children with disabilities – the Blind School in Pec/Peje, the schools for the hearing/impaired and the mentally challenged in Prizren – have not yet re-opened. Whilst UNMIK should take control of the social welfare sector, this has not been one of their top priorities and re-establishing a full functioning social care will need time.

Two forms of social protection are supported through UNHCR. The first is the front-line services to individuals or families with special difficulties. Adventist Development and Relief Agency (ADRA), ICMC (International Catholic Migration Commission) and IRC take responsibility for individual cases in all AORs. The second, the community outreach and community development component, to ensure there are adequate social and community support in all villages of Kosovo is progressing more slowly, but a consortium of donors will be able to fund this through the region.

The Kosovo Women's Initiative aims to help women and their families particularly in rural areas. Three umbrella agencies – OXFAM (Pristina, Gnjilane), Danish Refugee Council (DRC) (Pec/Peje, Mitrovica) and Malteser (Prizren, Djakovica, Urosevac)

work with local NGOs to develop and implement projects in the areas of immediate individual support, community and psycho-social support, skills training, livelihood, reproductive health and legal assistance. Additional projects in these areas and sectors are also funded through UNHCR.

Education

Enormous efforts by local authorities have ensured that schools opened by September 1 this year. School repairs are being funded by UNHCR (90 schools throughout Kosovo), UNICEF and other NGOs. All schools previously in use are being considered for repair, although some are completely destroyed and thus will not be rebuilt for the beginning of the academic year. In some areas catch-up schooling commenced in July (Djakovica), others in mid-August, while some will have catch-up classes in October and November.

Following an UNMIK decision, schooling for this academic year will follow that of last year. Albanian language schooling will follow the curriculum used in the parallel education system using texts first developed in Albania. A consortium of donors is funding the printing of these texts (which will be distributed free of charge). UNMIK reserves the right not to print any text found to be in any way inflammatory. Serbian language schooling will follow the Belgrade curriculum, although there are fears that enough teachers will not be identified to run classes effectively. Turkish language classes will also be conducted – all Turkish teachers have now returned. Roma children have not had separate curriculum or texts but have attended either Serb or Albanian language classes.

Children will not be penalised if they have not been able to complete the previous academic year.

UNICEF will be providing more than 50,000 desks and 100,000 chairs for students.

6. PROTECTION AND SECURITY CONCERNS

Despite the presence of KFOR, Kosovo remains fairly insecure primarily because of the lack of a functioning police force and the consequent demands made upon the military. The situation of persons from minority ethnic groups, particularly Roma and Serbs, is of great concern, many of these communities facing harassment, arson, looting, physical attack, abductions and murder. Targeting seems to be on the basis of ethnicity rather than any actual evidence of complicity in acts of oppression by the Belgrade regime, for example even the elderly and vulnerable from these communities are at risk. As a result, individuals or communities who consider themselves to have previously had good relations with their Albanian neighbours (including those Roma who see themselves as Albanian) may still be at risk.

Although there are various Serb-dominated enclaves heavily guarded by KFOR (e.g. Gracanica near Pristina, Gorazdevac near Pec/Peje) and municipalities where Serbs are in the majority (e.g. Leposavic), individuals living in such locations have little or no freedom of movement if they venture farther afield. Moreover, many of these enclaves are increasingly facing attack (e.g. shelling in the Gnjilane region). Clearly, therefore, UNHCR cannot promote nor facilitate minority returns. If individuals nevertheless insist on returning, detailed and up-to-date information should be obtained about their intended place of return from the relevant Field Office.

In some areas, Albanians will be returning to a position of minority and so they may also face security problems (please refer to the UNHCR/OSCE Assessments on the Situation of Minorities for important details regarding these areas). Such returns should not be promoted. However, if such individuals are determined to return, they should be counselled as to the risks involved.

The lack of a fully functioning civilian administration throughout Kosovo has major implications for returnees. At present there is no official system of documentation for births, deaths or marriages which could create practical and legal difficulties for individuals in the future. As an interim measure, UNHCR is issuing letters attesting to individuals being alive for the sole purpose of claiming pensions. No system for issuing travel documents has been established. We understand that UNMIK provide temporary documents on an ad hoc basis in exceptional cases – but the criteria employed is yet to be clarified. The whole issue of verifying the identity of individuals within Kosovo and their right to reside there has yet to be tackled.

The ability to enforce property rights is a key factor in the sustainability of returns. Unfortunately, no mechanism for the resolution of property disputes has been established yet, although a HABITAT mission is currently advising UNMIK on this question. Therefore, persons whose homes have been occupied in their absence or who have been forcibly evicted will have severe difficulties in reclaiming their property. Given the shelter shortage, this lack of a legal or administrative remedy is likely to affect a significant proportion of the population and be a source of insecurity as people take matters into their own hands. A related problem is the paucity of official records on property registration currently available. Enforcement of property rights is also complicated by the apparent need for reform of discriminatory aspects of the property law regime in place on 10 June 1999.

The re-establishment of law and order depends not only on adequate policing but also on the existence of an effective judicial system. At present emergency mobile courts are operating but their capacity is naturally limited. UNMIK hopes soon to establish Commissions to look into the structure of the judicial system and judicial appointments. Given the limited judicial process and the subsequent pressure on the few detention facilities, many persons arrested are released without.

DJAKOVICA/GJAKOVE AOR

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Municipalities: Decane, Djakovica/Gjakove and Orahovac/Rahovec

Decane and Djakovica/Gjakove municipalities are amongst the most heavily mined areas in Kosovo. A needs assessment has not been carried out in those towns declared "inaccessible" by mine clearing agencies. Although the most affected areas are along the border, many areas near more populated centres are not yet de-mined.

Decane, Djakovica/Gjakove and Orahovac/Rahovec were heavily targeted during the bombing due to their close vicinity to the border and the strong presence of the Kosovo Liberation Army (KLA): the level of destruction is therefore widespread and serious. According to the first shelter assessment, over 60% of the houses in Decane are Category 5, around 50% are Category 5 in Djakovica/Gjakove, and 75% are Category 3, 4 and 5 in Rahovec/Orahovac.

1. RETURN RECEPTION CENTRE

Organised returns are received at the bus station in Djakovica/Gjakove. IOM provides secondary transport to returnees on arrival while ICMC provides community services.

2. FOOD DISTRIBUTION

Food and NFIs in Djakovica/Gjakove municipality are distributed by Solidarites. Supplementary food is distributed by Caritas, Samaritan's Purse (SP), and several other smaller NGOs.

Food in Orahovac/Rahovec and Malishevo municipalities is distributed by CRS, Focus, and International Orthodox Christian Churches (IOCC) to Serb areas. MCI distributes in Decane.

3. SHELTER

Djakovica/Gjakove has one temporary community shelter which is completely full. A former brick factory, this temporary community shelter is managed by the Salvation Army and has a capacity of 285 persons. Services include activities for children, education, food assistance and medical care. The Salvation Army is trying to encourage families to return to their villages and find shelter there. Several families show the intention of remaining beyond winter and have therefore not invested in rebuilding what remains of their houses. The brick factory may be closed soon if the original owners decide to house the families of their former employees.

FO Djakovica/Gjakove is working together with NGOs to identify new temporary community shelters.

Locating temporary shelter (e.g. host families or abandoned property) has proven difficult despite assistance provided by the local interim civil administration. House burnings continue. Albanian Kosovar families occupying abandoned Serb

residences have received "house burning" threats.

Shelter kits are distributed on the basis of need.

4. HEALTH CARE

The Djakovica/Gjakove AOR has one hospital, several ambulantes (i.e. health posts with outpatient consultations from a General Practitioner). Only basic health care is available. Several agencies are working to upgrade the AORs health care facilities: Memisa, Medecins Sans Frontieres (MSF) Spain and Caritas Albania.

Decane has a health house managed by Intersos, the Japanese Red Cross and IRC.

Orahovac/Rahovec has a health house supported by Medecins du Monde (MDM), Die Johanniter and Hammer Forum.

5. COMMUNITY SERVICES

Malteser (within Kosovo Women's Initiative) is expected to cover the whole Djakovica/Gjakove AOR once fully operational.

ICMC provides assistance to EVIs. Their services include: identifying EVIs, supplying a limited number of NFIs, referring families to relevant agencies and providing follow-up care and attention. MSF Spain and Action by Churches Together (ACT), with KFOR assistance, are conducting mine awareness.

FO Djakovica/Gjakove reiterates the dangers of mines to those wishing to return to their homes of origin. This area is heavily destroyed and particularly those presently abroad should be clearly warned of the dangers beforehand.

GNJILANE AOR

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Municipalities: Gnjilane, Kamenica, Novo Berde, Vitina.

1. RETURN RECEPTION CENTRES

Gnjilane AORs reception centre is located at the bus station. UNHCR and IOM are both present at this location at the time of arrival. IOM provides secondary transport and IRC provides a temporary community shelter for those families who cannot reach their homes on the same day of travel, or whose houses have been completely damaged.

Upon arrival, many returnees are interviewed by UNHCR before proceeding to their final destination. The aim is to determine the level of information returnees already have about conditions in their villages (e.g. information about their family and property). Returnees receive information about assistance available from UNHCR and other organisations (e.g. MTS and IRC).

2. FOOD DISTRIBUTION

IRC oversees food and NFI distribution in Gnjilane AOR. MTS distributes to the Albanian community and the Orthodox Church distributes to the Serb community.

Upon arrival at the reception centre, returnees receive a Humanitarian Daily Ration (HDR) intended to meet immediate needs until families can access their local MTS branch for further supplies of food and NFI.

3. SHELTER

The temporary community shelter/transit centre is available for families who cannot immediately access shelter and has a capacity of 600 persons. Residency is limited to a few days only.

4. HEALTH CARE

International Medical Corps (IMC) is the most active partner for health care in this AOR. Together with KFOR assistance in some areas, IMC has a mobile clinic scheme with 18-20 mobile clinics (i.e. mobile ambulantes) per week (6 day cycle).

IMC has already rehabilitated several ambulantes in Gnjilane AOR. IMC aims to have a total of 20; already 13 are functional.

Gnjilane town has one hospital serving the four municipalities: Novo Brdo, Kamenica, Vitina and Gnjilane. The Finnish Red Cross (FRC) has agreed to assist with the management and administration of Gnjilane hospital. Health houses (i.e., big health centres with various medical specialists giving outpatient consultations) are now open in Vitina, Kamenica, and Gnjilane town. A physio-therapy clinic in Klokot town, Vitina municipality is partially operational. More serious medical cases are referred to Pristina hospital (please see also the discussion on health care in the General Overview).

5. COMMUNITY SERVICES

IRC has agreed to open a community services outreach centre on the Albanian side of Gnjilane town which will provide: information and counselling support for vulnerable cases (e.g. abused women) and women heads of household.

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Municipalities: Leposavic/Leposaviq, Mitrovica, Srbica/Skenderaj, Vucitrn/Vushtri, Zubin Potok and Zvecan.

Mitrovica remains a divided municipality. For the time being, UNHCR is not able to guarantee the safe return of Kosovar Albanians to the Serb-dominated northern sector of Mitrovica. Please refer to the UNHCR/OSCE Assessments on the Situation of Minorities for further details regarding this situation.

1. RETURN RECEPTION CENTRES

Returns to Mitrovica AOR are received at the transit centre managed by World Vision International (WVI). IOM and UNHCR provide secondary transport and ADRA is responsible for community services. The transit centre (capacity 400) is available to individuals who are without immediate shelter, until a longer-term solution is found. Emergency food aid and mattresses are distributed to those staying in the WVI centre. IMC makes daily visits to the centre to monitor the health of residents.

ADRA is responsible for monitoring and providing assistance to vulnerable individuals. They also provide all returns with general information on the conditions and assistance available in Mitrovica. UNHCR is present for each arrival to the transit centre.

2. FOOD DISTRIBUTION

NRC is responsible for food and NFI distribution in Mitrovica AOR. MTS distributes at the grassroots levels among the Kosovar Albanian community and YRC (Yugoslav Red Cross) among the Serb community. Other NGOs and KFOR have also distributed food and NFIs at the grassroots level on an ad hoc basis.

3. SHELTER

CARE, WVI and ACT are responsible for shelter in much of Mitrovica AOR. Triangle Generation Humanitaire (TGH) operates in Srbica/Skenderaj. Scottish Charities Kosovo Appeal (SCKA) and French Red Cross (FRC) are also active. Cabra, the only Albanian village in the Serb municipality of Zubin Potok, is covered by Peace Winds Japan (PWJ).

4. HEALTH CARE

The main hospital is located in the predominantly Serb area of Mitrovica town. Since July, Albanian medical staff and patients are accessing this hospital. An international team, under a UN flag, manages the hospital and KFOR provides a strong security presence. A special bus shuttle service has been organised to assist patients to and from the hospital.

MSF (Medecins Sans Frontieres) and IMC are the two main NGOs providing health care assistance in Mitrovica AOR. The mobile clinics currently in use will be replaced by more permanent structures before the winter. Pharmaciens Sans Frontieres (PSF) is responsible for the distribution of medication. National medical staff are

actively participating in these medical services.

5. COMMUNITY SERVICES

ADRA is the referral centre for community services in Mitrovica AOR. ADRA also monitors and provides assistance to vulnerable individuals.

DRC, Italian Consortium for Solidarity (ICS) and TGH are responsible for identifying and managing temporary community shelters in Mitrovica AOR.

Two local organisations, supported by Handicap International (HI), are working with women and handicap persons. They have already opened offices in the centre of the Mitrovica town.

Other NGOs working in community services are: US Agency for International Development (USAID), Associazione Amici dei Bambini (AiBi), Associazione Papa Giovanni XXIII (NPC), Kinderberg (KND), Finnish Red Cross (FRC), Emergency Corps of the Order of Malta (ECOM), SCKA, AFSC, TCB and WVI. Any information regarding the work of those organisations can be collected in ADRA's referral centre.

6. EDUCATION

UNICEF is working with different partners to prepare schools for the academic year. A joint commission, with representatives from the Serb and Albanian communities, has been set up to assess educational needs, especially in ethnically mixed zones. A bus shuttle will be provided to children travelling to schools in other municipalities.

7. WATER AND SANITATION

Together with KFOR support, a French company (General Des Eaux) is working on the water supply in Mitrovica town, Vucitrn and Skenderaj. Inadequate water supply in the latter two towns has called for a water trucking programme (organised by MSFB). Meanwhile, Oxfam, ACT and MSF are cleaning wells.

PEC/PEJE AOR

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Municipalities: Pec/Peje, Istok/Istog and Klina/Kline

1. RETURN RECEPTION CENTERS

The railway station, located in the city centre across from the bus station, is the main reception area. This location has ample space for large convoys but limited shelter in the event of rain. Secondary transport is organised by IOM. Posters have been placed around the bus station to indicate that the railway station is the main reception area for returnees.

At both locations, the agencies involved in the return process are:

- IOM: secondary transportation
- ICMC: assistance with EVIs
- People in Need Foundation (PINF): management of the transit centres
- San Felipe del Rio Foundation: assisting and supporting individuals in transit centres
- MSF: medical assistance
- KFOR: security and medical transport (ambulances)
- Local hospital: medical assistance
- MTS: food and NFI distribution

The UNHCR focal point for repatriation and one or two interpreters/drivers monitor the arrival of returns. The UNHCR Community Services Officer is present when EVIs are expected.

Prior to disembarking, returnees receive a leaflet explaining procedures at their final destination (registration, MTS distribution points for receiving food and NFI and assistance, organisations distributing tents and space availability in transit centres). The information focuses mainly on Pec/Peje town.

2. FOOD DISTRIBUTION

At the grassroots level, MCI and MTS are responsible for food distribution in Pec/Peje AOR. They have several distribution points in town and at least one in each village. Other organisations are distributing complementary food, fresh food and baby food.

3. SHELTER

There are three transit centres for temporary shelter in Pec/Peje town with a maximum capacity of 450 people. Managed by PINF, these facilities are often completely full and accommodate individuals with no immediate shelter (Category 5) and EVIs (e.g. elderly individuals). PWJ has agreed to take over the management of these temporary community shelters in the near future.

The San Felipe del Rio Foundation provides support to PINF and coordinates closely with Pec/Peje Field Office. Residents are provided with bedding, food,

medical assistance (two Czech doctors are available), psychosocial support and children's recreation. When EVIs are identified, the relevant partners for health care are notified. PINF provides transportation for people who decide to return to their villages. Some emergency shelter kits have been distributed to families requiring immediate assistance.

4. HEALTH CARE

Pec/Peje AOR has one hospital and two health houses. Pec/Peje hospital can provide dialysis for a limited number of individuals.

LVIA, an Italian NGO, provides medical transportation for individuals requiring regular medical treatment and for exceptional medical cases.

Pec/Peje hospital refers more serious medical cases to Pristina hospital, which also has very limited capacity (please see the General Overview for more details on Pristina hospital).

The NGOs working in health care include:

- MSF in Pec/Peje and Istok/Istog
- IMC in Klina/Kline.

MSF supports health houses in Pec/Peje and Istog/Istok and also provides medical assistance to minorities. IMC supports Kline/Klina health houses.

5. COMMUNITY SERVICES

ICS is a UNHCR implementing partner for community development in Pec/Peje AOR. Several other NGOs have also started programmes, which include Save the Children's initiative on "Safe Areas for Children" and DRC community centre.

Concern Worldwide will implement programmes for women and youths. IRC will support a women's programme,

ICMC provides assistance and follow-up services to EVIs.

PRISTINA AOR

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Municipalities include: Pristina, Podujevo, Obilic, Kosovo Polje/Fushe Kosove, Lipljan/Lipjan, Glogovac/Gllogoc.

1. RETURN RECEPTION CENTER

Pristina Bus Station

All organised returns are met at the Pristina bus station by UNHCR, IOM and ADRA. WVI is also present or on stand-by to receive families requiring overnight accommodation before proceeding to their final destination. This temporary community shelter/transit centre has also been used by families who discovered upon arrival that their homes have been destroyed. Stays are limited to a maximum of three nights.

IOM provides secondary transport as well as medical escorts for individuals requiring special assistance. ADRA also provides assistance and an escort to vulnerable individuals (e.g. unaccompanied elderly, unaccompanied minors, unaccompanied women with children, disabled individuals). ADRA also provides follow-up care and assistance.

Slatina Airport, Pristina

The same organisations are also present at Slatina Airport. IOM transports returnees to the seven major hubs in Kosovo (where UNHCR Field Offices are present); secondary transport is then provided from those locations.

IOM medical staff are present in many reception centres throughout Kosovo. KFOR Belgian ambulances are continually on standby at Slatina Airport.

2. FOOD DISTRIBUTION

AAH distributes food and NFI in urban Pristina, Podujevo and Gllogoc/Glogovac. CAD distributes in rural Pristina, Obilic, Fushe Kosove/Kosovo Polje and Lipjan.

3. SHELTER

FO Pristina is trying to identify an agency who can manage and maintain all temporary community shelters in the Pristina AOR.

Shelter kits are distributed by NGOs. FO Pristina coordinates closely with those NGOs who have received shelter kits from other donors. FO Pristina also coordinates closely with KFOR battalions assigned to this AOR; KFOR has reliable information on needs, especially in remote/isolated areas and has capacity to distribute to these areas.

4. HEALTH CARE

Pristina AOR has a health house/ambulante system with Serb and Albanian staff in certain locations. There are several NGOs operating mobile clinics: MDM Spain,

MDM France and IMC operate in Pristina AOR. They manage ambulantes in different locations.

Home for the Elderly

The Home for the Elderly in Pristina has a capacity limited to 250 persons and there are presently 200 residents. HelpAge will continue to provide this Home with direct support until the civil administration has assumed responsibility for the social welfare system.

Please see also the discussion on health care in the General Overview.

5. COMMUNITY SERVICES

ADRA runs a referral system for returnees. They operate a service in the CIMIC centre (information and outreach centre managed by KFOR and NGOs), which is open to Kosovar Albanians and minorities. ADRA refers specific cases to UNHCR and NGOs for shelter, food and NFI, etc.

ICS also runs temporary community shelters in other parts of Pristina AOR, and has a particular focus on EVIs.

WVI provides temporary community shelter to returnees who are unable to find immediate accommodation. Availability is limited to a maximum of three nights.

PRIZREN AOR

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Municipalities: Prizren, Suva Reka, Strpce and Gora.

1. RETURN RECEPTION CENTRE

Organised returns are received at the Prizren Sports Centre. Although UNHCR initially handled the entire return process, IOM has taken over the process of receiving returnees and arranging onward transport.

Implementing Partners present at the Sports Centre include:

- ICMC: for vulnerable cases
- MSF: for urgent cases when required.
- WVI: providing addition transport support (e.g. trucks for personal belongings)
- AFOR/ KFOR: initially provided transport and escorts for returnees travelling on to locations within Prizren AOR
- CRS: distributing emergency food and NFI
- Local Red Cross volunteers: assistance with loading/unloading and transport

Whenever possible, returnees receive information about their villages; although there have been many accounts of families ignoring advice that their final destination may not be safe (e.g. not yet demined). Returnees also receive information regarding the location of distribution centres and shelter materials.

2. FOOD DISTRIBUTION

Food and NFI distribution is implemented by CRS. Secondary distribution is partially implemented by MTS and designated community leaders/groups in areas where MTS cannot adequately perform the task.

3. SHELTER

To date the following temporary facilities exist in Prizren AOR: 11 collective centres hosting mainly Albanian IDPs and an emergency, temporary community shelter at the Sports Centre.

A total of 14 humanitarian organisations, including KFOR, are working together on temporary shelter activities in Prizren AOR. Shelter material is provided by the principal donors, UNHCR, OFDA, European Community Humanitarian Office (ECHO) in addition to individual agencies funded by private sources.

4. HEALTH CARE

Prizren hospital is the central point of reference in this AOR. One NGO was selected to take over the management of the hospital in the interim phase with the support of KFOR and local entities. There are currently 11 agencies, including KFOR, involved in health activities. As a result of the coordination led by UNHCR and the World Health Organisation (WHO), the agencies carried out a complete review of health facilities in the outlying villages. A total of 22 ambulantes were identified to

constitute the future structure, with a view to improving the quality of services. Two agencies are already working on the physical rehabilitation of these structures. PSF is providing and coordinating the supply of drugs.

Several agencies, including MSF and HAMMER-Forum are running mobile clinics in villages which cannot access these other facilities. Procedures for medevac are in place under the management of IOM.

NGOs working in the field provide adequate information to the population. Representatives from local medical structures also participate in coordination meetings.

5. COMMUNITY SERVICES

ICMC is UNHCR's implementing partner for these activities and provides assistance and follow-up for vulnerable cases. In addition, a total of seven registered NGOs in this AOR are also active in this field. Special attention is directed towards minority groups and adequate assistance is provided by NGOs active in food and NFI distribution.

Malteser (within Kosovo Women's Initiative) is expected to cover the whole Prizren AOR once fully operational.

6. ADDITIONAL INFORMATION

Water/Sanitation: Two NGOs - MSF and IRC are actively involved in well cleaning and rehabilitation of water systems in villages.

UNMIK has initiated a programme funded by UNDP to clean the river flowing through Prizren.

GTZ has provided substantial support in the form of trucks, containers to the local department responsible for garbage collection in the Prizren town. KFOR is also very active in the water/sanitation sectors, through their engineering battalion which provides technical and financial assistance.

UROSEVAC/FERIZAJ AOR

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Municipalities: Urosevac/Ferizaj, Kacanik/Kacaniku and Stimjle.

1. RETURN RECEPTION CENTRES

IOM has organised a reception centre in a controlled area of a former pipe factory, off the main road entrance to Urosevac/Ferizaj. Returnees are given a basic arrival assistance package that includes water and food items such as biscuits and jam, provided by NGOs (e.g. MCI and USAID). IOM staff coordinate with UNHCR to ensure that there is always a presence at the reception centre to assist and provide information to persons returning from 3rd countries through IOM.

IOM and ADRA are both present at the reception centre. Many returnees are met by family members who receive news of their arrival in advance. IOM and ADRA provide secondary transportation to those individuals in need.

UNHCR Urosevac/Ferizaj receives regular updates from UNHCR offices in Skopje and Pristina, on incoming returns. This information may alert UNHCR to vulnerable cases needing special assistance. As UNHCR's implementing partner, ADRA helps in assisting such persons.

2. FOOD DISTRIBUTION

CARE International is UNHCR's implementing partner responsible for food and NFI distribution in the Urosevac/Ferizaj AOR. CARE works through various local partners, such as the MTS in Urosevac/Ferizaj and a network of village leaders in Kacanik, to distribute food throughout the villages. Other NGOs, such as Jeta and El Hilal, periodically provide supplementary food which UNHCR asks be coordinated through the system already put in place by CARE. The supplementary food supplies are usually reserved for the most vulnerable beneficiaries.

3. SHELTER

Temporary community shelters/transit centres

UNHCR has identified one building in Urosevac/Ferizaj which may be used as a temporary community centre for those returnees in immediate need. The centre, maintained by ADRA, has been pre-positioned with emergency food and water, as well as mattresses.

Emergency needs

ADRA has established a referral centre where people, including minorities, may receive assistance on an individual basis. Food assistance, as well as mattresses and blankets is available for this purpose.

Temporary community shelter for the winter

UNHCR is working together on this with ADRA. Additional centres are being

identified in Kacanik and Stimjle. These centres will be reserved only for those families where no other housing solution is available for the winter.

Shelter programme

Agencies operating in the shelter sector include CARE in Urosevac/Ferizaj and in western Kacanik, MPDL in eastern Kacanik, ARC and WVI in Stimjle. Shelter kits are beginning to trickle slowly into Kosovo, and delays expected include donor country processing, border customs, and the shortage of plastic sheeting. UNHCR Urosevac/Ferizaj has developed a plan for all agencies working in the AOR to coordinate materials. The plan will ensure that shelter kits received by agencies are shared, and reach the most vulnerable populations and villages first.

4. HEALTH CARE

There is a small hospital in Urosevac/Ferizaj which provides in patient care (including prenatal care). Emergency cases are often referred to Pristina hospital. Ambulantes in Kacanik and Stimjle provide limited out patient care only to the towns and surrounding villages. IMC is responsible for health care in the Urosevac/Ferizaj AOR including capacity building. They have an information centre in Urosevac/Ferizaj. Mobile clinics also operate in a very limited capacity in the AOR. In general, health care services in the Urosevac/Ferizaj AOR are extremely limited, particularly in mountainous villages.

5. COMMUNITY SERVICES

ADRA coordinates with UNHCR's community services officer, as the implementing partner for community services in the Urosevac/Ferizaj AOR. In addition to the activities listed above (see reception centres and shelter), ADRA provides information to the population regarding food/non-food and shelter distribution points, land mine danger in the villages, and general information on population figures and where people are returning to. ADRA receives an average of 2,300 persons per week. ADRA's objective is to ensure EVIs have access to basic services in temporary community shelters, homes and other specialist care facilities, and to facilitate psycho-social programmes through recreational activities in schools and sports centres.

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