KOSOVO: Programme from October 1998 to 2002. Honorary Country Directors Prof David Southall and Dr John Bridson

Local programme directors: Dr Lynne Jones, Dr Dialeta Nela, Shkumbin Dauti, Meggie Szczesny, Jeton Begiri, Alban Rrustemi, Valbon Ajazaj

Funding was provided by DFID and Lions Clubs International.

This programme had 3 phases:

Phase 1. Rural clinics before NATO air strikes October 98 to March 99

Displacement of the civilian population of Kosovo was undermining the already tenuous situation for healthcare in the region; especially in the ethnic Albanian population who had lived apart from state systems since 1992 in what was known as the 'Alternative System'. Healthcare services were provided at a low level since that time by the Medical Branch of the Mother Teresa Society (MB-MTS), a local NGO which was recognized by the official Institute of Public Health (IPH) for their work covering many parts of the territory.

The Mother Teresa health system was not able to provide adequate coverage for the community, especially in the situation of Internally Displaced Persons (IDPs) terrorised by local paramilitary gangs moving outside of host communities and onto hillsides. General health levels were falling: IDPs in accommodation shared with host families with inadequate housing, water and sanitation provision were the lucky groups; many tens of thousands were living exposed to the weather without proper food, water or sanitation.

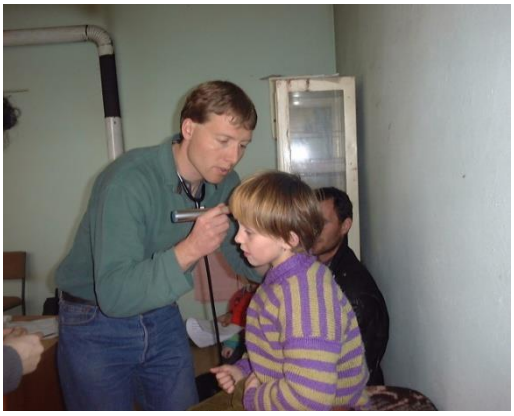
In 2001 a United Nations court found that there had been a "a systematic campaign of terror, including murders, rapes, arsons and severe maltreatments" during this time.

Injured child in rural area of Kosovo

Graves of murdered family members

In collaboration with the International Rescue Committee, MCAI provided emergency medical care for 100-140 patients per day in each of two clinics in central Kosovo, to address a worsening humanitarian disaster. Two UK paediatricians (Drs Mark Twite and Timothy Chen) worked with local doctors and nurses to provide healthcare from rural clinics and also in the hospitals in Pristina and Peya, until the bombing campaign began in March 1999. A Child and Adolescent Psychiatrist Doctor Lynne Jones also worked to assist families who had been very badly traumatised by terrorist attacks on their villages.

Dr Lynne Jones with family under siege



Dr Mark Twite in a rural clinic

Dr Tim Chen examining a child in his clinic

In addition to drugs, birthing kits were provided for pregnant women and girls. Families were provided with health record and advice booklets written in Albanian.

In response to an urgent request from the Foreign Office, this project ended on 23rd March 1999 and the medical team evacuated days before NATO bombing started.

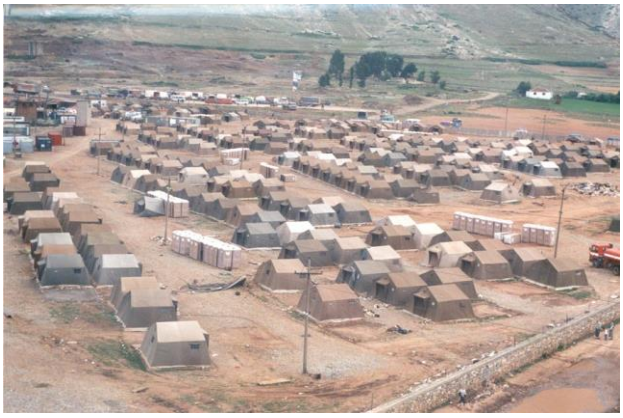
Phase 2. Healthcare during the Kosovo Refugee Crisis April 2009-June 2009

The continuing air strikes and increasingly brutal offensive against the ethnic Albanian population in Kosovo resulted in large numbers of people fleeing their homes. By April 2009 it was estimated that 250,000 Kosovar Albanians had crossed into the northern region of Albania. The result was large numbers of people living out in the open without adequate shelter, clean water, sanitation or medical care.

MCAI in partnership with IRC were in a unique position to address these needs. The organisational infrastructure was already in place with some MCAI and IRC staff situated temporarily in Skopje, Macedonia, nearby to neighbouring Albania. MCAI already had established a field office in Tirane as part of its Albanian programme and had excellent relationships with the Ministry of Health, Albania as well as the Organisation for Security and Cooperation in Europe (OSCE).

Waiting to cross border with Albania

Border crossing



Refugee camp

Children by MCAI vehicle

MCAI doctor Dr Lynne Jones undertook a field assessment in north Albania in conjunction with the MCAI field officer (Meggie Szczesny), local logistician (Shkumbin Dauti) and OSCE and subsequently began working in a refugee camp as a family doctor. Lynne was subsequently joined by 2 other MCAI paediatricians (Dr Theresa Curtin and Dr Leena Mewasingh) and Nurse Rachel Saul. Work extended to Kukes hospital paediatric and neonatal units.

Theresa and children in camp

Leena and older child in the camp

Families arriving from Kosovo

Phase 3 Renewal of healthcare work in Kosovo as war ended

This work comprised two different but integrated activities, 1. paediatric and neonatal healthcare and 2. the setting up of a child and adolescent mental healthcare system.

1. Paediatric and neonatal medical work

Upon re-entering Kosovo in June 1999, MCAI immediately sent 3 children's doctors to work alongside the local doctors and nurses in Prishtina hospital, providing medical education, establishing 3 mother and baby units in the neonatal wards, providing care for abandoned babies and introducing paediatric and neonatal life support courses and a palliative care programme. In addition to Dr Leena Mewasingh, an expert in neonatal care from Boston, Dr Nick Guerina, joined the team on arrival back in Kosovo. Subsequently other paediatricians and nurses (Dr Vicky Rowell, Dr Mike Maguire, Dr Doug Johnston, Dr Sue Nicholson and nurse Angela O'Higgins) from the UK joined this project working in Kosovo until 2002.

These medical programmes were headed by a senior local doctor Dr Dialeta Nela.

The neonatal unit in Prishtina Hospital was very busy covering around 12,000 births per year. There were major problems with electricity and water supplies, hospital acquired infection, intravenous fluid overload, umbilical infection, hypoglycaemia and separation of mothers and babies with little attention to breast feeding.

A joint conference with The Albanian Paediatric association was organised. Dr Drita Telabu, Kosovan paediatrician, was provided with an Ashok Nathwani Fellowship to work in a paediatric respiratory unit in London.

Advanced Paediatric and Neonatal Life Support courses were undertaken and the manuals translated into the local language.

A biomedical engineer from Albania was brought in to help repair and service medical equipment.

a) Mother and baby units

Mothers were helped to provide more hands on care for their premature babies by the development of two Mother and Baby Units.

Here space was created so that mothers remained at all times with their baby (unlike the existing situation where all babies were kept together and separated from their mothers for most of the time) and lots of support was given for breast feeding and infection prevention.

b) Abandoned babies project

In Kosovo the system for looking after abandoned babies was rudimentary. The pregnancy of an unmarried girl was regarded as a disgrace, not only for the girl herself but also for the whole family. Young girls concealed their pregnancies, as do young girls in most countries, but with a lack of social service financial support many children were abandoned, hopefully, at the hospital, but sometimes left to be found by local residents or the police. Additionally, Kosovo had a young population, 65% under the age of 30 years with high unemployment and levels of poverty. This factor allied to lack of governmental funding for families, meant that even married women were sometimes desperate and left a maternity unit without their child due to poverty levels. Some of the children would never be available for adoption. These were the children of mothers who would wish to care for their child but due to their own illness or disability were currently unable to do so. These women were reluctant to sign away any opportunity of being re-united with their child in the future.

As in most countries, when a baby was abandoned they were taken for medical checks to the neonatal facilities of the nearest hospital. This is where the child would be likely to remain as the fostering system in Kosovo was barely functioning.

In 2009, there were 43 abandoned babies in the University Hospital, Prishtina. In one week 6 newborn infants joined the group. There were a further 23 babies in regional hospitals. Only 6 children had been adopted in the previous year. There was no budget in the hospitals for the babies' care. There were not enough carers and not enough food. As a result babies languished in the hospitals.

Most abandoned children were spending nearly 24 hours of the day lying on their back, waiting for the next feed to come. For some children, the cots were too small and therefore dangerous. Some of the babies were sufficiently mobile to pull themselves to the edge, with the danger of falling out. The abandoned children spent a long time crying, trying hard to find their hands to put into hungry mouths, sucking vigorously to get some relief. When milk arrived, they gulped it down very quickly with no time to allow the swallowed air to come back up. They often had hiccups following food, or lost the bottle out of their mouths. Many of the older babies showed withdrawal, finding defences to adjust to an environment that lacked consistency of care giving, stimulation, satisfying emotional and social needs. The older abandoned children had no language, did not spend time playing, but walked or crawled about aimlessly. When they were taken outside, some children became frightened by the sun, the open space, and the unknown. One girl cried in a highly distressed state, another child went into a blank, switched off state, sucking her fingers.

The feeding routine happened every three hours, no matter how hungry the children were. As there was no staff to feed the children in their arms, the babies were given a bottle of milk which was propped up in the cot. Often there was a lot of crying, with the younger children still trying to get the world to react to them. Bottles were lost out of their mouths with the eagerness to drink quickly. The food given to each child was so small they were frequently very hungry. For example, breakfast consisted only of a small plate of milk with bread soaked in it. Given these problems MCAI provided high quality baby milk, fruit juices, vegetables, fresh fruit and meat for the children resulting in less hunger and weight gain.

MCAI decorated and renovated 3 rooms for the care of these abandoned children with play areas for the older children. MCAI also developed a vacated space in the maternity Unit into an area where new mothers who might be threatening to abandon their babies could be cared for together with their baby. In this way, mothers and extended family were hopefully more likely to attach to their babies.

MCAI in order to meet short term need provided essential baby-care materials and sufficient food for the babies who ranged in age from 2 weeks to 14 months. The original cribs, while suitable for the new-born infant, were not suitable or even dangerous for an active baby over the age of 6 months. Provision of suitable cots, both for sleeping and to provide some visual stimulation were an essential component of improving the physical environment of the babies. MCAI also purchased when required antibiotics and regular vitamin supplements.

In the longer term it was MCAI's intention was to develop, with the other NGOs, an improved system which would ensure that the babies, once their medical checks had been completed, would be

placed in a small home or with foster parents until adoptive parents could be found. A programme to sensitise the community over adoption was undertaken with some success.

A play and stimulation programme was developed. Using the resources of Dr Lynne Jones and the Child Psychiatry Team, nurses, teachers and interested volunteers were trained to recognise the deficits in physical and emotional development and in strategies to remove and reduce further those problems.

In addition, MCAI staff worked with the International Federation of the Red Cross and Red Crescent to train local and international volunteers to carry out a similar programme for the babies in the other 2 hospital units.

Each volunteer carer looked after no more than 4 babies, for 3 hour periods, at least twice a week. The children had an identified play area. The babies responded well to this approach, recognising their carer and showing pleasure in meeting that person. They also demonstrated improved physical development with babies learning to sit, crawl and stand over a period of 3 weeks.

c) The Child Friendly Healthcare Initiative. This programme (see our website for more details) was introduced into the main hospital in Prishtina. In addition an expert in palliative care, Dr David Moorsom, introduced the use of morphine for pain control. Until this time paracetamol was the only drug available.

2. Child and Adolescent Psychiatry Service (please see a published medical paper on this under resources in an another part of this website)

MCAI created a child and adolescent mental health service (CAMHS) with funds from The Bureau for Population Refugees and Migration of the US State Department. Prior to this, a child psychiatry service did not exist in Kosovo.

The programme was led by Dr Lynne Jones with support from Dr Elizabeth Cormack, Dr Kathy Brooks and resulted in the training of two child psychiatrists for long-term work in Kosovo: Dr Mimoza Shahini and Dr Aferdita Uka.