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Liebe Leserinnen und Leser!

Der Tsunami, der am 26. Dezember 2004 die Welt erschütterte, wird als ein verheerendes Seebeben in die Geschichte eingehen. Wenngleich dieses Ereignis keine vom Menschen verursachte Naturkatastrophe darstellt, so erleben wir doch seit einigen Jahren eine starke Zunahme von Naturkatastophen, deren Ursachen hausgemacht sind. Neu an dieser Entwicklung ist, dass nicht mehr nur die so genannten Entwicklungsländer davon betroffen sind, sondern sich die Katastrophen auch vermehrt in den Industrienationen ereignen.

Dieses vermehrte Auftreten von Katastrophensituationen hat – vor allem in der Folge des Tsunamis – dazu geführt, dass die Berücksichtigung von Menschen mit Behinderung in solchen humanitären Notsituationen zu einem Thema geworden ist. Auch wenn sich der Fokus im vergangenen Jahr stark auf Naturkatastrophen gerichtet hat, so dürfen die humanitären Notsituationen nicht vergessen werden, die durch Kriege, kriegerische Auseinandersetzungen, Flucht und Vertreibung verursacht werden.

Katastrophen wirken sich in zweifacher Hinsicht auf Behinderung aus: sie treffen einerseits Menschen mit Behinderung besonders stark, da diese zu den verletzlichsten Bevölkerungsgruppen gehören und führen andererseits zu einer Vielzahl neuer Beeinträchtigungen und Behinderungen. In Regionen, wo bereits vor der Katastrophe ein Mangel an Rehabilitationsmöglichkeiten existierte, wirkt sich dies für die Betroffenen besonders gravierend aus.

Erfahrungsberichte zeigen, dass Menschen mit Behinderung in humanitären Notsituationen besonders gefährdet sind, die Krankheits- und Sterberate bei diesen besonders hoch ist. Folgende Faktoren tragen dazu bei:

- Menschen mit Behinderung sind zu wenig in der Planung und in Systemen der Katastrophenbewältigung berücksichtigt und werden deshalb häufig nicht registriert. Dies hat zur Folge, dass sie nicht die ihnen zustehenden grundlegenden Dinge wie Nahrung, Wasser, Kleidung, erhalten. Notwendige Dinge, die sie aufgrund ihrer Behinderung bräuchten, erhalten sie ebensowenig.
- Hinzu kommt, dass viele von ihnen nicht wissen, dass ein Verteilungssystem überhaupt existiert, da sie nicht in der Lage sind, die entsprechenden Versammlungen zu besuchen oder die Informationen über Radio nicht hören können. In vielen Fällen sind auch keine Vorkehrungen getroffen worden, dass Menschen mit Behinderung mit den notwendigen Informationen erreicht werden.
- Viele Menschen mit Behinderung verlieren während der Notsituation ihre Hilfsmittel, wie z.B. Rollstühle, Orthesen, Hörgerate, Brillen, etc.
- Aufgrund der fehlenden Barrierefreiheit haben Menschen mit Behinderung größere Schwierigkeiten, Angebote zur Befriedigung der grundlegenden Bedürfnisse wahrzunehmen, sei es Zugang zu Nahrung, Wasser, Unterkunft, Latrinen und gesundheitlichen Dienstleistungen.
- Rehabilitationseinrichtungen können zerstört und das Personal sowie die Angehörigen getötet oder verletzt sein, so dass dies unter Umständen lebensbedrohliche Auswirkungen haben kann, zumindest aber den eigenen Aktionsradius stark beschränken und evtl. eigene Aktivitäten völlig einschränken kann.
- Menschen mit Behinderung werden von ihren Familien versteckt.
- Innerhalb von Vertriebenen- und Flüchtlingsgruppen werden Menschen mit Behinderung häufig verlassen und zurück gelassen.
- Emotionaler Stress und psychische Folgeerscheinungen, häufig verursacht durch das Trauma der Katastrophensituation, können den Zugang zu Hilfsmaßnahmen verhindern
- Menschen mit Behinderung und ihre Familien betrachten sich nicht als fähig, an angebotenen Programmen teilzunehmen.

Die Erfahrungen, insbesondere nach dem Tsunami haben gezeigt, dass es noch nicht selbstverständlich ist, die Berücksichtigung von Menschen mit Behinderung in humanitären Notsituationen sicher zu stellen; auch wenn in diesem Fall sogar ausreichende finanzielle Mittel zur Verfügung standen. Man kann konstatieren, dass das Bewusstsein zur Einbeziehung behinderter Menschen in den letzten Jahren gewachsen ist. Dennoch fehlt es an der konsequenten Umsetzung. Sie beginnt mit der Vorbereitungsphase der Katastrophenbewältigung, setzt sich fort bei Maßnahmen in der akuten Notsituation und endet bei der Planung des Wiederaufbaus, der im Sinne eines *Design for All* so gestaltet werden kann, dass die Infrastruktur für Menschen mit und ohne Behinderung zugänglich wird. Die Handbücher und Leitlinien existieren, das Know-How ist vorhanden. Nun kommt es darauf an, diese Ressourcen, die im Wesentlichen in der Arbeit von Organisationen entstanden sind, die mit Menschen mit Behinderung arbeiten, zu nutzen und in die Arbeit und Praxis von humanitären *Mainstream-Organisationen* einfließen zu lassen.

Zu den hier aufgeworfenen Fragen werden Sie im vorliegenden Heft verschiedene Artikel und Beiträge finden. Im ersten Beitrag stellen Maria Kett, Sue Stubbs und Rebecca Yeo Ergebnisse ihrer Untersuchung hinsichtlich der Berücksichtigung von Menschen mit Behinderung in humanitären Notsituationen vor. Auch wenn sich diese Untersuchung auf die vom Tsunami betroffenen Gebiete (hauptsächlich Sri Lanka und Indien, Indonesien) erstreckt, sind die Ergebnisse doch auch über dieses Ereignis hinaus aussagekräftig. In weiteren Beiträgen wird konkret aufgezeigt, wie Menschen mit Behinderung in solchen Situationen berücksichtigt werden können. Detaillierte Informationen und Leitlinien, die bereits erarbeitet worden sind, werden hier vorgestellt. Am Beispiel von sierra leonischen Flüchtlingen in Guinea zeigt *Nicolas Heeren* in seinem Artikel auf, wie durch eine Zusammenarbeit von *Mainstream*- und behindertenspezifischen Organisationen eine angemessene Versorgung von Menschen mit Behinderung in Flüchtlingslagern gelingen kann. *Peter Schmitz* stellt die Arbeit einer humanitären Mainstream-Organisation hinsichtlich der Berücksichtigung von Menschen mit Behinderung vor. Im abschließenden Artikel zu diesem Schwerpunkt beschäftigt sich *Dean Brooks* mit den Mindeststandards für Erziehung in Katastrophen- und Krisensituationen sowie der Wiederaufbauphase im Hinblick auf die Inklusion von Kindern mit Behinderung.

Abschließend möchten wir Ihnen in eigener Sache mitteilen, dass die Redaktionsgruppe erfreulicherweise wieder Verstärkung erfahren hat. Mit *Andrea Eberl* freuen wir uns über eine erfahrene österreichische Kollegin, die nun für das Internationale Komitee des Roten Kreuzes in Pakistan tätig ist. Mit *Doris Gräber* aus Berlin verstärken wir nun tatsächlich den Generationenwechsel in der Redaktionsgruppe. Sie ist jahrelanges aktives Mitglied der studentischen Arbeitsgruppe *Rehabilitation in der Entwicklungszusammenarbeit* (ReZaG) an der Humboldt-Universität zu Berlin, die seit ihrem Bestehen überaus erfolgreich arbeitet. Außerdem möchten wir *Dominic Dinh* herzlich begrüßen, der von Thorsten Lichtblau die Redaktionsassistenz übernommen hat. An dieser Stelle sei auch *Amund Schmidt* noch herzlich begrüßt, der bereits seit der letzten Ausgabe für die Gestaltung der Zeitschrift zuständig ist. Sie sehen, es bewegt sich was!

Wir hoffen, Ihnen mit der vorliegenden Ausgabe wieder interessante und neue Informationen zukommen zu lassen und wünschen Ihnen eine anregende und interessante Lektüre!

Ihre Redaktionsgruppe

Disability in Conflict and Emergency Situations: Focus on Tsunami-affected Areas[1]

Maria Kett / Sue Stubbs / Rebecca Yeo
Shivaram Deshpande / Victor Cordeiro

Research by the *International Disability and Development Consortium* (IDDC) examined the extent and manner in which disabled people are included in the response to emergency situations, looking particularly at response to the tsunami in Sri Lanka, India with some input from Indonesia. Several member organisations of the Consortium contributed to the work, which was funded by *Disability Knowledge and Research* (www.disabilitykar.net). The aim of the research was to promote the inclusion of disability, both through the methodology and through dissemination of the research results. This article will focus on some of the findings from Sri Lanka. The reader is referred to the full research report for more complete analysis of findings.

Background

On 26th December 2004, a tsunami in the Indian Ocean hit coastal regions of South Asia and East Africa from Thailand to Somalia. Hundreds of thousands of people were killed, with homes, livelihoods and infrastructure destroyed. The scale of the public response around the world was unprecedented. For once emergency response organisations were not dealing with insufficient resources.

It is often said that disabled people would be included in development work if only there were sufficient funds. The fallacy of this excuse has been exposed by the research finding that such large levels of funding for the tsunami response did not lead to widespread inclusion of disabled peoples needs.

Context

The tsunami was not typical of disasters in many ways. Unprecedented levels of funding and media interest resulted in over-funding in some areas, competition between funders and pressure to show results visible to the donating public. The southern coastal road in Sri Lanka which is easily media accessible was lined with different coloured tents, flags and people wearing matching t-shirts of the respective funding agency. The eastern coastal road, which was much worse affected but also less accessible to the media, was lined only with UN tarpaulins.

Unlike many disaster situations, in the tsunami it seems that more people died than were injured. It is thought that those who were injured were swept away and drowned. There does not therefore seem to be a large increase in numbers of disabled people. However, as usual statistical evidence on numbers of disabled people affected is vague and unreliable. Many testimonies from disabled people describe losing families, homes, livelihoods as well as vital mobility aids, medicines and support structures.

In Sri Lanka and Indonesia, the pre-existing conflict situations exacerbated the impact of the tsunami. In Sri Lanka, the Tamil area of the north was already suffering from many years of conflict damage. Yet the priority for new funding seemed to be directed towards the less badly affected Sinhalese south. This perceived inequality in relief work further weakened the already fragile peace agreement.

It was found that several agencies have adopted some form of guidance regarding the need to include disabled people and many have changed the language used. It was rare however, that this change in rhetoric is reflected in practice. Researchers found little questioning of any real challenge to existing power relations from either the disability sector or the wider NGO sector. Instead many claimed political neutrality. The result is that the reconstruction agenda appears to be heavily dominated by big business interests.

After the tsunami most NGOs in the region shifted their priorities to providing emergency relief. Many organisations have policies or stated commitments to including disabled people, but usually this meant referring them to 'specialist' organisations, or including them as part of a 'vulnerable group' for receiving relief, and sometimes aids and equipment. There was also much evidence that policies had not translated into practice on the ground; OXFAM has published a training manual: *Disability, Equality and Human Rights* and yet was building latrines in Sri Lanka several feet off the ground with no ramps. Researchers found many examples of inclusive guidelines and manuals which were not put into practice.

Disability specialist INGOs are involved in a wide range of activities including general relief and accessible reconstruction, providing emergency medical and rehabilitation facilities, psychosocial counselling, and funding and collaborating with local DPOs. They are also very involved in promoting accessible reconstruction networks (of which there are two).

The Sri Lankan government taskforce on reconstruc-

tion, TAFREN has been the source of much criticism and civil society campaigning. The taskforce is composed entirely of business leaders, many with no previous experience of emergency contexts. Critics say it is being used to push through the needs of big business at the expense of the needs of ordinary affected people. There has been considerable focus on plans for large-scale tourist development requiring the displacement of fishing communities. Many similarities have been found between the TAFREN agenda and the unpopular and previously rejected World Bank's Poverty Reduction Strategy Paper.

Discussion and Analysis

Language and Understanding, Policy and Practice

There has been a noticeable change in language used by development agencies in recent years. All disability and international development organisations consulted during this research make some mention of commitment to the *social model* in their promotional materials. However, there appears to be widespread confusion as to what this means. The biggest danger is that agency staff (including disability agencies) may be convinced that they are implementing the *social model*, or *inclusion* – without realising that they have misunderstood, as so much is invested in maintaining a strong focus on impairments rather than disabling barriers.

Language such as *crippled by polio*, *crawling in the dirt*, and the implication that rehabilitation is the saviour, is found on websites of agencies claiming to operate within the *social model*. Several agencies claim to work inclusively and yet refer anything to do with disability to a *specialist* organisation. Local organisations tend to have fewer policies regarding disability inclusion, but in the small sample involved in this research the staff were receptive and open to inclusion issues.

This research highlighted the need to question the nature of *vulnerability*. In maintaining the notion of vulnerability, are we (the international community) in fact justifying our own actions and interventions? This is not to deny that some sectors of society need more assistance than others, but would addressing issues of rights and equality be a more effective way of tackling *vulnerability*?

Consultation, Participation and Representation

The terms *participation* and *consultation* are widely used in the international development sector, however the inherent power issues are rarely acknowledged. The power, status and financial backing of international organisations mean that under-funded local organisations often 'agree' to participate in an agenda which at core is not their own. Moreover, unless local NGOs have a proven track record it is often difficult for them to be considered as a serious partnership option by the lead agencies. This does not auger well for relatively inexperienced DPOs. This is not to deny that smaller agencies will often willingly use available opportunities to grow, develop and make influential connections.

Representation is another key issue. The majority of lobbying work for accessible reconstruction is being led by international organisations not by the disability movement. If aid agencies are lobbied by non-disabled Europeans this contact can itself be misinterpreted as consultation with local disabled people. This could perpetuate power differences, if non-disabled people are perceived as speaking on behalf of disabled people it can reinforce the idea that disabled people are incapable of speaking for themselves.

The Sri Lanka coalition of disability organisations, the *Disability Organisations Joint Front* (DOJF) is dominated by highly educated, English speaking men, living in Colombo, who became disabled later in life. These people relate well to the staff of international organisations and government; however it could be questioned whether they represent the needs of poor, rurally based disabled people affected by conflict or the tsunami. Indeed is a poor disabled person affected by the tsunami automatically a representative of others living in this situation, or does representation depend more on being receptive to others views, and specifically being asked to represent them? Debates about representation are not new, there are no simple answers, but the complexity needs to be understood otherwise many people will remain invisible. As researchers in India discovered:

> "The need for coordination is of course true in relation to ensuring that the whole disabled community is included, but this is extremely challenging for under-resourced, small-scale DPOs and disability NGOs in an emergency response situation, and feedback from disabled people in these situations indicates lack of coordination and information sharing, resulting in increased isolation and neglect of particularly vulnerable groups such as those with intellectual impairment, disabled women, and children."

The participants (including the disabled people) in this research cannot represent all disabled people. There are inevitably differences in opinions and needs based on personalities, gender, age, ethnic, class, and geographical differences.

Inclusion in whose agenda?
The Politics of Inclusion

The agenda in which disabled people are to be included rarely seems to be questioned. The *World Bank* makes great efforts to be seen to be working more inclusively. However, in Sri Lanka, community organisations are demonstrating against the impact that the *World Bank* and other IFIs are having on the reconstruction agenda. The *World Bank* agenda, similar to many of the multilateral and bilateral development agencies is based on the promotion of *economic growth* as the answer to world poverty. This goal leads to success being measured in terms of *productivity*. Disabled people may be included in this agenda but the vast majority will never be considered fully successful if this is this goal. It is therefore a striking anomaly that whilst many community organisations are demonstrating against the *World Bank* agenda, the disability sector refer to the change of *World Bank* rhetoric to mention disability inclusion, as if this were progress.

The huge levels of funding and opportunity for creating a fully inclusive and accessible environment have already been mentioned. But there are conflicting agendas: Herman Kumara, head of the *National Fisheries Solidarity Movement* in Negombo, refers to the reconstruction in Sri Lanka as "a plan of action amidst the tsunami crisis to hand over the sea and the coast to foreign corporations and tourism, with military assistance from the US Marines" (Klein 2005). The leaders of the tourist sector of TAFREN were keen to establish a dialogue on making the reconstruction of the tourist infrastructure accessible. Whilst fishing communities and their allies[2] are demonstrating against this potential destruction of their livelihoods and construction of a “paradise for tourism and big business” (TAFREN 2005a), the *Access for All campaign* has been working with TAFREN to push for physical accessibility in the rebuilding of the hotels. If the new tourist infrastructure were to become the first totally physically accessible tourist paradise, what then? How many disabled Sri Lankan’s will have financial access to these facilities? Over 90 per cent of disabled Sri Lankan’s have an income of less than $2 a day (Ministry of Social Welfare 2003). Furthermore, how many from among the poorest communities will have lost their livelihoods in the process? The danger is that unless physical access is combined with ensuring financial and social accessibility, then it becomes at best meaningless and at worst gives credibility to policies that are deeply destructive to the wider population.

Those lobbying for disability access may focus so exclusively on disability, at the expense of working with others in similar positions of marginalisation and exclusion, that they are unable to see the bigger picture. B. Venkatesh, a disabled activist in India has noted:

> “I find I am in a cocoon with similar beings – disabled people and the professionals who work with them. I say ‘cocoon’ because… we insulate ourselves from the outside world. We think, plan and implement campaign issues on disability and nothing else. We are so insulated that we do not see that issues like structural adjustment, liberalisation, global warming etc have grave implications for us. We live in a world of our own….We form, at best, 10 per cent of the world’s population. Much of our problem is from the other 90 per cent. We need them more than they need us…. Our strength is in our numbers: 10 per cent is too small for us to be of any consequence as a vote bank, especially because we are not organised in countries like (*India)*. The more we become visible and actively engaged in mainstream development issues the greater is the chance of disability getting on to the agenda of development strategy. Another major reason for such active engagement is to protect our environment and to protect the interest of poor people including poor disabled people” (Venkatesh 2004).

Many aid workers, locals and expatriates, claim to be apolitical in their work. This may be in order to maintain good relations with government, and because of limitations of ‘charitable status’ in some countries. But neutrality is impossible and lack of assessment of the political context can reduce the humanitarian impact. Furthermore, the above example shows how the rhetoric of disability access could be used to give credibility to an agenda that is destructive to the poor community as a whole, including disabled people.

Mental Health and Psychosocial issues

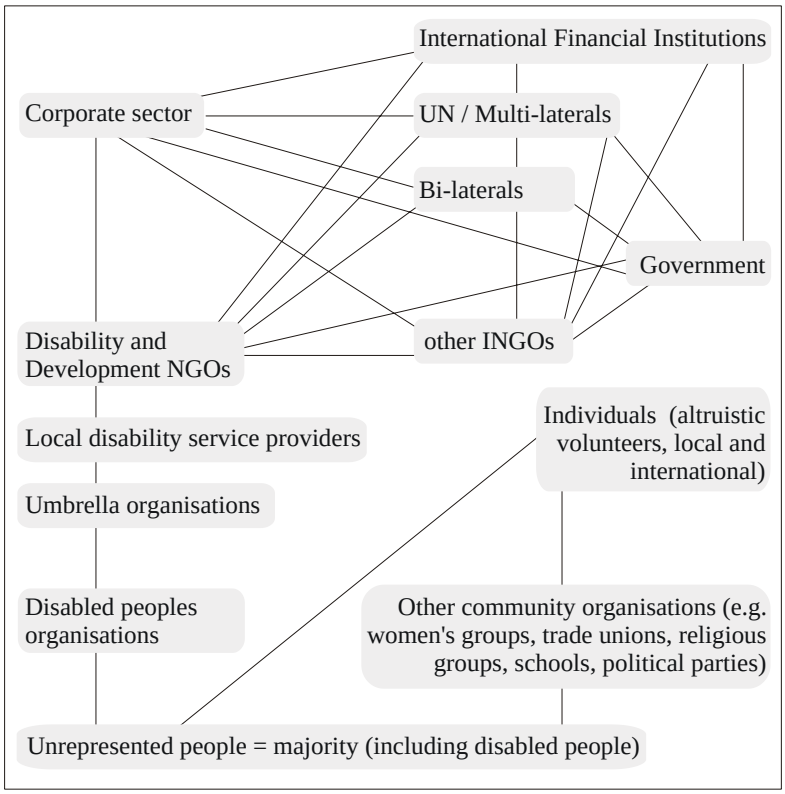
Sri Lanka has one of the highest rates of suicide in the world; possible contributing factors include conflict, unemployment and poverty.[3] Since the tsunami, rates of suicide and of mental illness have become even higher. It is only since the tsunami that ‘psychosocial support’ has become an issue of widespread

concern among NGOs. According to the Consortium of Humanitarian Agencies (CHA), there are currently 45 registered organisations offering psychosocial support compared to 35 offering more general health support. Mental health issues are severely stigmatised, therefore many health professionals differentiate between psychosocial programmes and mental health.

Discrimination on the basis of mental illness is rife. In one hospital visited, a man with a fractured femur was denied treatment due to his 'mental illness'. The man had a supportive family, and was able to look after himself. However, his consultant felt that to stop his medication to undertake an operation was not feasible. The man was provided with a wheelchair and dismissed.

One psychiatrist interviewed felt that the tsunami may be a catalyst for the Ministry of Health to improve mental health services. This has included increasing the number of trained psychiatrists and teaching field healthcare workers to identify people who are especially vulnerable. One of the biggest challenges is to prevent the relapse of people with previous mental health problems; these people were overlooked prior to the tsunami, and are likely to be forgotten in the reconstruction phase too.

Networking and Collaboration



Vertical Dominance

Evidence from this research suggests the focus of the disability sector is upwards towards those seen as having financial and decision-making power (see chart above). This seems particularly true among those lobbying for accessible reconstruction after the tsunami. There seems to be little horizontal networking with other people affected by the tsunami but marginalized for reasons other than impairment.

Funding does not create Inclusion

Many of the issues that arose in this research are similar in other contexts. The aspect of the tsunami that is unique is the unprecedented level of funding available. Despite this, a fully accessible/inclusive environment for the whole community is not being created. This exposes the fallacy that disabled people would be included if sufficient resources were available. In Sri Lanka, a government agent reported that when funding reaches local aid workers it is allocated to specific budget lines with no consideration of disabled people's needs. Therefore, he claimed, if any extra money is spent on making accessible shelters and sanitation systems it would result in fewer being constructed. If this is the case then it suggests that the focus of lobbying needs to be at policy making rather than implementation level.

Several international organisations argue that the disability movement has weak capacity, and if the lobbying work were to be postponed until disabled people's organisations are able to take this on independently it will be too late; the buildings will be constructed without consideration of access. However, the result may be to postpone the urgent need for funding and capacity building of the disability movement.

Many international organisations spoke of their current concern about public image. The unprecedented levels of public funding means evidence is needed to prove that the money has been effectively used; otherwise future fundraising may become even harder. On the south coast, where the media readily go, the roads are lined with brightly coloured tents and the flag of the respective donor country. On the east coast, which was far more severely affected, but where the media rarely reach, people sleep under UN tarpaulins. Until disability becomes an issue of widespread public concern it is unlikely to be prioritised where public relations are crucial.

Many people from the bigger international agencies spoke of the novel problem of having so much

money they do not know how to spend it. Smaller INGOs that may not have directly received public donations are being offered funding from the larger organisations. However, there appears to be more reluctance to fund local organisations including DPOs directly.

Training Manuals and Guidelines

There are now several manuals and guidelines that promote the inclusion of disability in emergencies. The most widely used is probably the *Sphere handbook*. It is aimed at "improving the effectiveness and accountability of humanitarian assistance". Much work was done to revise the 2004 edition, incorporating the inclusion of disabled people as a cross-cutting issue:[4]

> "In order to maximise the coping strategies of those affected by disasters, it is important to acknowledge the differing vulnerabilities, needs and capacities of affected groups. Specific factors, such as gender, age, disability and HIV/AIDS status, affect vulnerability and shape people's ability to cope and survive in a disaster context. In particular, women, children, older people and people living with HIV/AIDS (PLWH/A) may suffer specific disadvantages in coping with a disaster and may face physical, cultural and social barriers in accessing the services and support to which they are entitled. Frequently ethnic origin, religious or political affiliation, or displacement may put certain people at risk who otherwise would not be considered vulnerable." (Sphere 2004: 45)

Whilst this is an improvement on previous editions, *Sphere* has been criticised for its quantitative approach, and "standardising" what are more socially embedded issues such as disability.

There are numerous other manuals, guidelines and policies on including disabled people, for example those by ITDG, SHIA, Oxfam manuals and the EU Guidance Notes. The Sri Lankan government has guidelines on architectural accessibility, as yet unratified. The researchers found very little evidence that these resources were widely known about let alone used.

Other organisations offer a kind of 'tool kit' approach to inclusion, for example focusing on C*ommunity Based Rehabilitation* (CBR), such as that published by *Mobility International* (Heinicke-Motsch and Sygall 2004). Some explore specific issues, such as the needs of children with disabilities, models of therapy, treatment and education, and how some of these have been applied where resources are scarce (Zinkin and Mcconachie 1995). *HelpAge International* (HAI) has prepared guidelines on including older people in emergency relief; many of these issues are similar for disabled people (HelpAge 2000/2001). However, it is debatable whether equipping someone with the 'tools' to implement a disability-inclusive programme is the same as giving disabled people *equal rights*.

Conclusions

Overall, this work was pioneering in attempting to apply *emancipatory research* principles to a large scale disaster situation. It was hampered by the limited time scale, combined with the constraints of conducting *participatory research* in an emergency situation. Key recommendations are as follows:

Recommendations:

1. *Social Model*: More training and support is needed on the *social model*/disability rights and how it relates to data collection, research, programme planning, implementation and evaluation at field level for local agencies, including DPOs, and international agency field staff. The disability movement could then provide training for international organisations in what the *social model* means in practice.
2. *Inclusion in Policy and Practice.* More research, guidelines and training are needed to explore and overcome barriers to implementing full inclusion, and to investigate the impact of changes in language and rhetoric.
3. *Resource Materials*. Many different manuals and resources exist for emergency work: some include disability more than others. Research is needed on who is using what, or not, and why and why not? Training and awareness raising are needed at all levels to ensure manuals are known about and used.
4. *Engagement with Development issues*. The links between disability issues, general development issues, and other issues of discrimination and exclusion need to be explored and alliances made. For example, the effect of water privatisation on disabled people needs to be examined and links made with others working on these issues. This will create a more powerful and coherent force for lobbying and more genuinely inclusive work. This requires the disability movement and aid agencies to consciously recognise and engage with the political issues.
5. *Effective alliances*. The disability movement need to make clear decisions regarding where to prioritise attention and who to make alliances with. It

should not take minor changes in rhetoric as indicators of meaningful change in itself. Similarly being invited to participate should not in itself be taken as an indicator of inclusion.

6. *Lobbying*. There is a need to examine the effect on local DPOs and NGOs when INGOs lead lobbying work. More exploration is needed on how local organisations could be strengthened quickly in order to respond to an emergency. Long term funding and training is needed to build the capacity of DPOs in lobbying and campaigning work.
7. *DPO representation*. The extent that DPOs represent disabled people who are affected by an emergency needs to be investigated, and also how representation could be increased.
8. *Programme linked research*. Maybe very tsunami specific – but many people complained of the numbers of people coming to ask questions, without giving practical assistance. Important to link research to action/funding/programmes and to be aware of power issues. People are likely to say what they think funders/those with power want to hear, particularly if there is a possibility of funding.
9. *Needs Assessments*. More analysis of who undertakes needs assessments, in consultation with whom and how decisions over allocation of resources are made. DPOs should be involved in the planning and conducting of needs assessments.
10. *Finance*: More work is needed on what proportion of finance and resources have gone to DPOs and local organisations, and a comparison done with situations when there is less funding available. Funding and capacity building support is needed for the disability movement to ensure that it is able to speak on its own behalf.
11. *Development fashion and mental health*. Agencies need to respond carefully to the current fashion for *psychosocial* interventions, and to be aware of the on-going stigma and exclusion experienced by people with mental illness.
12. *Collaboration and Networking*. More efforts need to be made by all stakeholders to encourage *horizontal alliances*, and grass roots consultation systems
13. *Diversity*: More research is needed taking account of the *diversity* of the disabled community, and consulting disabled people of different *ages*, *gender*, *ethnicity*, *class*, and *types of impairment*.

Notes

1. This paper focuses on the key discussion points emerging from research undertaken in the first half of 2005. The full report is available at: http://www.disabilitykar.net/docs/thematic_conflict.doc. For further information or any comments please contact: co-ordinator@iddc.org.
2. Demonstrations 24 Feb 2005. The *Alliance for the Protection of National Resources and Human Rights* comprises about 200 people's organisations representing farmers, fisher people, plantation workers, trade unions, women's organisations, human rights organisations, intellectuals, clergy and others. For further details see www.geocities.com/monlarslk.
3. At least 50 per cent of suicide cases in Sri Lanka are already known to psychiatric services – Interview, President of Sri Lankan *Royal College of Psychiatrists* February 2005.
4. However, this edition is not yet available in a number of languages. Given that disability was not mentioned in the earlier edition, this is a serious omission (Nick Heeren, HI, personal communication).

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***Zusammenfassung**: In ihrer Studie untersuchte das 'International Disability and Development Consortium' (IDDC), inwieweit und auf welche Weise behinderte Menschen in das Katastrophenmanagement einbezogen werden. Hauptsächlich wurden die Reaktionen auf den Tsunami in Sri Lanka und Indien untersucht, mit Hinzunahme einiger Daten aus Indonesien. Mehrere Mitgliedsorganisationen des IDDC trugen zu der Studie bei, die von 'Disability Knowledge and Research' (www.disabilitykar.net) finanziert wurde. Sowohl durch ihre verwendete Methodik, als auch durch die Veröffentlichung der Forschungsergebnisse, hatte diese Studie die Förderung der Inklusion von Menschen mit Behinderung zum Ziel. Der Artikel stellt hauptsächlich einige der Ergebnisse aus Sri Lanka vor. Für eine ausführliche Analyse der Ergebnisse seien die Leser an den vollständigen Forschungsbericht verwiesen.*

***Résumé:** Une recherche du International Disability and Development Consortium a examiné l'ampleur et les moyens avec lesquels les personnes handicapées sont prises en compte dans les situations d'urgence, considérant en particulier l'aide après le Tsunami au Sri Lanka, en Inde et quelques situations en Indonésie. Plusieurs organisations membres du Consortium ont contribué à ce travail, qui était financé par le Disability Knowledge and Research (www.disabilitykar.net). Le but de la recherche était de promouvoir l'inclusion du handicap autant par la méthodologie que par la diffusion des résultats. L'article se concentre sur certains des résultats du Sri Lanka. Pour une analyse plus complète des résultats, les lecteurs sont conviés à se référer au rapport complet.*

***Resumen**: Las investigaciones del "International Disability and Development Consortium" examinaron la extensión y la manera en que las personas con discapacidad están incluidas en las actividades que responden a situaciones de*

emergencia, especialmente a las del Tsunami en Sri Lanka e India, con apoyo de Indonesia. La meta de la investigación fue la promoción de la inclusión de la discapacidad. Este artículo se concentra en los resultados de Sri Lanka.

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Towards a Disability-Inclusive Emergency Response: Saving Lives and Livelihoods for Development

Valerie Scherrer/Kabir Faizul/Rashidul Islam/ Sahakanoush Maloyan/Nick Heeren

This article, based on the extensive experience of *Handicap International* (HI) in the field of emergency actions, describes why taking into account disability at an early stage of a crisis (or even better in a disaster preparedness phase) can prevent complications, diminish the number of disabled victims and so safe lives and livelihoods. It also gives some ideas to improve practice[1].

HI was born in the refugee-camps of the Khmers on the Thai-Cambodian border in 1982. Since then, HI has worked in many crisis-situations, some man-made, other of natural origin[2]. Some of them have become quite *calm* now (Mozambique, even Angola) and HI now elaborates *development*-programmes there. Others have remained *hot spots* on the geopolitical map, becoming chronic crises. And others again have been *forgotten* (i.e. refugee camps on the Thai-Lao border). There is the difficult work done by our psychological teams on the intense trauma of the victims in Rwanda and Sierra Leone. HI's latest experience is in the earthquakes in Gujarat/India, Bam/Iran and recently the Tsunami in Sri Lanka and Indonesia and currently Kashmir/Pakistan.

Disability and emergency: a story

Perhaps this story from Meulaboh, Aceh Province, Indonesia, explains better why *Handicap International* believes that disability in emergency situation is an essential and complex issue to be addressed.

Ahmad[3] is a young man with a physical disability and lives in an internally displaced people's (IDP) camp in Meulaboh. During the tsunami he has suffered an injury to his back when bricks and rubble had fallen. This appears to be an incomplete spinal lesion/ spinal cord compression. He had been lying in bed for months immobile since the accident, when HI's Outreach team finally found him. He was extremely weak and malnourished and completely dependent on caregivers for all activities notably for feeding and moving.

The family reported that Ahmad had been recommended for surgery in Medan but due to lack of financial resources they were unable to take him there. Further medical investigation and X-rays completed in Meulaboh identified severe scoliosis of the spine present prior to tsunami. However the family said that Ahmad had no disability prior to the tsunami and participated in all activities independently.

The family had rent a house in Meulaboh that had been destroyed during tsunami. With no ownership of land, and living very close to the beach and lost all their resources when the tsunami hit, they lived in the IDP camp waiting for re-allocation of land and support to build a new home. The family had no livelihood activities except for the mother cooking for people in the camp.

Handicap International's Outreach team focused on three key areas: the *medical*, the *social* and the *economic*. Ahmad needed to access medical services to improve his general physical health and to have full medical assessment from an orthopaedic specialist to look at the potential of spinal surgery. The provision of a wheelchair to increase mobility allowing him to leave the tent and access the camp facilities and community and enable a beginning of *social inclusion*. The wheelchair would also assist the family when caring for Ahmad despite environmental barriers in the IDP camp limiting accessibility. Beyond the medical and the mobility, it was necessary to find support to address the housing situation so that Ahmad and family could move out of the camp into accessible housing sooner rather than later. Finally, the Team looked at livelihood support (through access to microcredit) for the family to allow them to increase their source of income and generally improve the economic viability of the family thus reducing dependency on local and international organisations.

In November 2005, the family continued to live in the IDP camp. However they have been prioritized for allocation of land and housing in early 2006 by an INGO project. Ahmad is generally stronger after nutritional supplements but is still weak. Medical assessment has identified that spinal surgery is not viable with Ahmad being too vulnerable. He thus remains dependent on his family. However he spends time outside of the tent in the camp and visits the beach and the village in his wheelchair. The family has been identified as being extremely vulnerable and is receiving financial support from an international NGO for livelihood.

The blind are those who see

Disability is more often not an integral part of emergency situations, and yet it is not taken into account by most of the players in the rush during an emergency, natural or human-made. "There are no disabled people, we didn't see them", is what we hear too often when discussing with the various local and international NGOs and public actors involved. And yet we know that among the poor a much larger part of the population is living in a disabling situation compared to the overall population. The *World Bank* goes as far as 15 to 20%. It is therefore not surprising that in a study of HI in Bangladesh, during the 2004 floods, found that 60% of the people with disabilities were overlooked in the emergency response.

Helping a person with disability, to go faster; do not forget to bring the assistive devices.

If we agree that the poor will undergo a stronger impact of a disaster than the more affluent part of the society, it is obvious from these few figures that not taking into account disability during emergency responses, and so during emergency preparation, is continuing and even reinforcing the exclusion process, people with disabilities are already submitted to.

And yet, people with disabilities should enjoy the same rights like anybody else. Disability results from a temporary or permanent impairment (physical, mental, sensory, etc), and is further impacted by environmental, societal, or cultural barriers[4]. While emergency situations pose new challenges for all individuals, people with disabilities (PWDs) are particularly vulnerable as many times they find it especially difficult to cope when their environment and support system is dramatically altered.

The following list highlights some factors that may make a PWD more vulnerable during an emergency situation:

- PWDs *tend to be invisible* in emergency registration systems.
- *Lack of awareness* is one of the major factors for PWDs not to comprehend disaster and its consequences.
- PWDs are *often excluded* from disaster response efforts and particularly affected by changes in terrain resulting from disaster.
- Because of *inadequate physical accessibility*, or *loss or lack of mobility aids or appropriate assistance*, PWDs are often deprived from rescue and evacuation services, relief access, safe location/ adequate shelter, water and sanitation and other relief services.
- *Emotional distress* and *trauma* caused by a crisis situation often has long-term consequences on people with disabilities.
- *Misinterpretation of the situation* and *communication difficulties* (What happened? What do I do? Where is my family? etc.) make PWDs more vulnerable in disaster situations.

Addressing the special need of people with disabilities

Some PWDs have special needs that must be addressed in addition to the usual needs of all individuals. For example, it might be difficult for people with physical impairments to keep themselves warm due to lack of movement and poor circulation. This situation demands the need for warm clothing, blankets or firewood. In addition, people with mobility difficulties may also need assistance evacuating an unsafe situation, accessing relief shelters and using latrines. Physical assistance, assistive devices, or installation of ramps may be necessary to ensure these individuals are not disadvantaged or trapped in a dangerous situation.

People with visual or hearing impairments are unlikely to notice warning signals and quick evacuation routes during a disaster situation. Subsequently there should be a separate alarm system along with personnel support to move them to a safer place. Some PWDs may find it difficult to understand and appropriately react to instructions; for these individuals, it is important to provide relevant information in a manner which they can understand such as using simple language or pictures, or speaking very slowly and clearly.

Disability is a Cross-cutting Issue

Disability is not simply a health concern, it is a *cross-sectoral issue* including social welfare, education, health, employment, income generation, accessibility issues relating to transport, infrastructure and built environment, and access to water and sanitation.

The needs of PWDs need to be considered *before*, *during*, and *after* times of emergency and interventions for PWDs need to be *comprehensive*, including

prevention, rehabilitation and inclusion (and ultimately integration into mainstream programming). All interventions should be implemented using an approach recognising that all members of a community should enjoy the same rights. Consideration should be taken however, that specific needs of PWDs might need to be met for these individuals to access their rights. An individual should ideally not be identified by their disability; programs should focus on PWDs' *ability* and *potential* to *participate* in society.

PWDs are equal members of the community and as such, they should participate in community-based activities in order to ensure that their needs are met. Their participation (or the organisations representing PWDs, the DPOs or *Disabled People Organisations*) in planning of disaster management and risk reduction activities throughout the decision-making process will ensure an equitable and effective programme.

In addition, it has been shown that considering specific needs of PWD will benefit the entire population and improve the situation of other *vulnerable groups* such as the *elderly, children, pregnant women, women-headed households* and the *extremely poor*.

A double track approach

A *double track approach* addressing both general development actors (mainstreaming approach and ensuring a large impact) and specific activities through specific actors (responding to special needs of PWDs) is therefore the most appropriate.

As we can see from this representation, different actors might be involved in different dimensions of the work, therefore inter-actor coordination, but also, and specifically, knowledge-exchange resulting in cross-fertilisation in terms of methodologies and know-how, should be envisaged even before any emergency situation occurs. Disaster-preparedness is therefore a major element in order to control impact on vulnerable groups and particularly PWDs.

Awareness and Training

Not all organizations can focus on disability issues to the same extent; every organization has to choose its level of involvement and accordingly obtain the appropriate education / training / skilled personnel. Options for different organizations are outlined below:

- Mainstreaming disability within the organisation ensure that disability is included as a *cross cutting issue in all activities/projects*. This can be done on both the organisation's level and in the communities where it's working:
  - Awareness building of staff, volunteers, and managers towards disability through exposure is the first step in understanding difficulties encountered by PWDs (e.g. contact DPOs, visit organizations already involved in disability). Ideally all staff should feel *disability confident*[5] and not fear or ignore PWDs and disability issues.
  - Training and awareness campaign for community level disaster management committees and community volunteers on disability issues.
- Basic training for grassroots level staff on identification of PWDs and their specific needs, knowledge about referral resources, and inclusion of disability issues in disaster management planning.
- Medium rehabilitation training for NGO staff and volunteers to build capacity to identify, refer and provide primary rehabilitation therapy to PWDs. For example, in Bangladesh, the local NGO Centre for Disability in Development offers training to "ordinary" community development workers to become a *Community Disability and Handicap Resource Person* (CHDRP).
- Recruitment of professional staff specialized in disability (e.g. physiotherapist, occupational therapist, Braille teacher, psychologist, etc).

Disability inclusive approach to Disaster Management	
Disaster Management/Risk Reduction Phases: • Preparedness • Immediate Response/Recovery • Mitigation/Rehabilitation • Development	Addressing Specific/Special Needs of PWDs • Medical treatment/therapy/ medications • Assistive/mobility aids • Infrastructure/relief accessibility • Community attitudes towards PWDs
Actors involved: • *Government agencies* • *Local development organisations* • *International development organisations* • *DPOs* • *Generalist relief agencies*	Actors involved: • *Specific government agencies* • *Specific NGOs and INGOs* • *DPOs* • *Specific relief agencies*
Inter-actor coordination, knowledge-exchange and cross-fertilisation	

Contingency Planning

Contingency plans are usually prepared by stakeholders involved in disaster management to ensure rapid and accurate response to any emergency situation. It is important when preparing a *contingency plan* to consider disability as a *crosscutting issue* (similar to *gender*), and to account for the special needs of PWDs in the plan.

Risk and Resource Mapping

During disaster preparedness, a risk assessment is imperative to identify potential areas vulnerable to damage during disaster situations such as floods or earthquakes. By involving PWDs in risk mapping, they can help determine possible barriers they may face should any of these risks become reality during an emergency situation. For example, a person who has difficulty walking or seeing may not be able to negotiate over rubble to reach the relief shelter following an earthquake.

In addition to risk mapping, when resource mapping is carried out, resources specific to PWDs should also be identified. These may include: accessible drinking water and sanitation sources, accessible shelters, volunteers to provide physical support, rehabilitation centres, healthcare/hospital services for injured persons, special schools or schools that include children with disabilities, etc.

- *Address the specific needs of PWDs during risk and resource mapping.*
- *Prepare the resource inventory taking into consideration three areas of disability: physical, sensory and intellectual.*

Identification / Registration

When developing a database of community members during the preparedness phase, it is necessary to identify and register PWDs to ensure their basic needs during a disaster.

For identification and registration of PWDs during preparedness activities, a special tool is helpful to classify them and to identify their specific needs. Asking simple questions about living activities will help to identify the person's difficulties such as:

Can the person take care of daily needs ?

- *how can she/he eat ?*
- *how can she/he dress ?*
- *how the person can communicate/understand ?*
- *does the person has difficulty in moving ?*
- *does the person use assistive device ?*
- *does the person need specific medicine ?*
- *etc...*

Using transfer technique – three person transfer

Early Warning

Early warning provides a very important link between preparedness measures and response action, which in turn reduces the risk of exposure and injury of community members. A comprehensive early warning system is very important in any community, however, even more so in a community with PWDs as they are frequently overlooked in disaster situations. An early warning system is effective only if all community members are reached by it. Therefore, include PWDs when designing warning signals/signs so they can help ensure methods used will be appropriate to meet their needs.

- *Develop early warning systems in a disabled-friendly manner using multi-modal warning means (visual signs or signals, auditory alarms, peer support, community support, etc.).*

Search, Rescue and Evacuation

During immediate search, rescue and evacuation measures following disaster, it may be necessary to employ special techniques or procedures to safely and quickly evacuate PWDs. For this reason, PWDs or representatives from *disabled people's organizations* (DPOs) should be included in disaster management committees to help identify the specific needs of the disabled person in a participatory manner.

For every disaster it is necessary that:

- PWDs should have been identified in advance during preparedness, if they have not been, try to identify them immediately.
- Emergency search and rescue personnel should have knowledge on how to adapt search and rescue techniques to find and move persons having different types of disabilities. For example, a person having difficulty sitting without support may need a belt to tie them into an evacuation boat so they

do not fall over the edge.
- Notably sensorial disabled persons or persons with a mental disorder will need specific attention from the rescue teams.

Security in Camps and Shelters

PWDs and other vulnerable groups are often more susceptible to physical, sexual and emotional abuse when staying in shelters or camps due to their reduced ability to protect themselves or understand the situation. For this reason, it is necessary to orient relief staff and volunteers on ways to minimize risk of these abuses.

- Try to reunite PWDs with their caregivers or relatives during their stay in the shelter.
- If caregivers/family are not available, try to ensure there are adequate numbers of volunteers/staff in camps or shelters.
- Promote interactive discussions with PWDs to decrease tension and stress of the overall situation.
- Initiate different stimulation exercises to help PWDs express and combat their fears through dialogue.

In addition, some PWDs may be at greater risk of injuring themselves due to difficulty seeing, moving or hearing. To help prevent undue injury or prevent new disabilities:

- Fence the shelter compound or areas that are unsafe (open manholes, piles of rubble, etc) to prevent accidental injury.
- Ensure sufficient lighting in shelter areas so obstacles can be easily visualized.
- Install handrails where there are stairs, or install ramps.

Shelter

During the preparedness phase, a participatory process, including PWDs, should be used to plan for possible shelter or camp locations in the event of disaster. All locations including existing social institutions such as schools or city corporation garages that may be used as shelter sites should be made accessible to all community members using the universal standard design of accessibility (such as building ramps, installing handrails, modifying water and sanitation sources and making other modifications). It has been shown that in community-based and managed shelters or camps, disaster-affected individuals (including PWDs) feel more comfortable and take ownership over the site.

Food Security

Maintenance of adequate nutritional status is a critical determinant of survival in a disaster. In particular, some PWDs are more susceptible to malnutrition in emergency situations due to difficulty accessing rations, difficulty eating rations, insufficient food quantities or poor reserve energy/pre-disaster general health. For example, a severely physically disabled person may not have enough reserve energy to sustain him or herself during periods of poor nutrition.

Water and Sanitation

Providing sufficient water and sanitation facilities will not, on its own, ensure their optimal use. All individuals including PWDs should be informed about when and where the water sources and sanitation facilities are available in shelters or camps and should be provided with information on prevention of water and sanitation related diseases. In addition, to ensure PWDs have equal access to water and sanitation facilities, additional measures may be required. For example, tube wells, hand pumps and water carrying containers should be designed or adapted for access to water quickly and easily and temporary toilets in camps and shelters need to be accessible to all. If PWDs are denied equal access to water sources or latrines due to discrimination, it may be necessary to monitor access or form separate queues. It may also be necessary for someone to be available to assist those individuals whose disability severely restricts them from accessing water sources or sanitation facilities, even with modifications. PWDs can also be involved in design, building and maintenance of these temporary facilities.

Latrines

Latrines should be designed, built and located such that they are easily accessible and can be used by anyone, including children, the elderly, pregnant women and PWDs. The following features should be considered:

Accessible toilet with slope to platform, large door, and handrail along with space inside to accomodate wheelchair

- Latrines and doors may need to be wider and without raised ledges if the individual uses a wheelchair.
- Handrails, potties (over toilet chairs) or western toilets with varying seat heights may be necessary for individuals who have difficulty squatting or for children.
- A clear access-way from the house is needed (i.e. even walking surface, wide path for wheelchairs, a handrail or other marker for someone who is blind, etc).

Water Sources

When constructing or repairing water sources, keep in mind that they should be easily accessible for PWDs. Water sources should be built as close to the house as possible, and a clear access-way from the house should be ensured. The ground surrounding of the water source should be cleaned up regularly to avoid falling/slipping; adequate drainage around the water source will also help minimize risk of falling on wet and slippery surfaces. If the individual using the water source has difficulty climbing, a ramp may be needed to access a tube well raised on a platform. Hand pumps and water carrying containers may also need to be modified for individuals who have difficulty using the standard design.

Health Services

A disaster poses significant health risks for all community members. During disaster, stress and possible injury may create disability in previously health individuals. For people with existing disabilities, without prompt attention towards securing medication, assistive devices or personal care assistance, their existing disabilities may worsen, even to a critical stage. For example, an individual unable to move due to severe physical disability requires regular changes in position to prevent the development of sores.

Housing

Having an adequate house to live in is a key determinant of one's ability to maintain or establish livelihood activities. Simple modifications to make houses disability-friendly during reconstruction will ensure houses are accessible to all, and should be considered not only for houses where a person with disability resides, but for all houses, in a preventative manner. Housing reconstruction should also take into account access to the house; for example, wide and smooth pathways connecting to major roads may be useful for individuals using low trolleys or wheelchairs. If possible, it may be useful to relocate PWDs closer to schools, markets or other frequently used venues to improve accessibility.


Accessible house with proper door size

Obviously, the reconstruction of public buildings (municipalities, schools, health centres, community centres, etc.) should all be accessible for people with disabilities. Many legislations impose this, but during reconstruction, because of the urgency, these laws are sometimes "forgotten".

Disability Services

Disability services should include prevention of disability, rehabilitation for PWDs, and inclusion of PWDs in community activities in all sectors as disability is a *cross-cutting multi-sector issue* (health, education, training, employment, habitat…).

Prevention

Many things including injury, malnutrition or poor pre- and antenatal care can cause disability. Simple measures can be taken by organizations to prevent disability from occurring and can be as basic as education related to injury prevention, adequate nutrition, and prevention of infection and disease.

Rehabilitation

Rehabilitation is a broad concept that includes any activities that improve the autonomy and independence of PWDs to help them actively participate in society. Some examples of key rehabilitation services include:

- Physiotherapy to improve the ability of a person with physical disability to move (exercise, positioning, strengthening, etc).
- Occupational Therapy to help a PWD learn new ways to complete daily activities (dressing, eating, toileting, etc).
- Vocational training to help a PWD learn a trade.
- Enrolment in special schools with staff trained specifically to work with people having different kinds of disabilities.
- Training on how to read Braille (visually-impaired or blind individuals) or communicate using sign language or lip reading (hearing-impaired or deaf individuals).

If the individual was receiving certain rehabilitation

One person transfer: This transfer is for person(s) who can put weight on their legs but are not able to move without some help.

services before the disaster, it is important to continue these services as soon as possible after the disaster to ensure the persons' progress does not deteriorate. In many cases, it takes weeks or months to improve, but only days to deteriorate. While in some cases, specially trained professional staff are needed to work with certain PWDs, in other cases, primary rehabilitation activities can be carried out by staff of community organizations following basic training or by local disability resource persons. The role of these community-based workers is to train the individual and his/her family to be able to carry out rehabilitation activities (such as basic exercises to increase movement of a stiff limb or prevent a limb that does not move very much from becoming tight and developing a deformity), provide regular follow-up, and refer PWDs to appropriate resources in the community for specialized care (e.g. physiotherapy or orthopedic surgeon) or other services (vocational training, schools, etc).

Assistive devices such as walking aids (crutches, walking sticks, walking frames), wheelchairs, low trolleys, artificial limbs, hearing aids or glasses may also need to be prescribed for some PWDs. Following basic training, community workers can prescribe these devices and ensure the PWD is able to use them appropriately.

Inclusion

Inclusion means integrating PWDs into the society through specific or mainstream community programming. PWDs have the same rights as all other community members to participate in social, educational and economic activities, and every attempt should be made to ensure they enjoy access to these services and activities. This may include:

- Vocational training programs and assistance finding employment.
- Inclusion into mainstream schools (sometimes basic training may be needed for school teachers on how to work with disabled children in the classroom).
- Acceptance into micro-credit schemes.

While one should avoid creating for instance specific micro-credit schemes for PWD and use existing mainstream credit instead, it has been shown that specific accompaniment of economic initiatives of PWDs is necessary.

Long-term development processes

It has been shown that disaster services should not be implemented without consideration for long-term sustainability and development programming. In every phase of disaster management, long-term impact should be considered. Disability related issues should be incorporate throughout the relief and development process.

When refugees or IDPs[6] are living in temporary, or in the case of chronic crisis, permanent camps, the interaction between the *camp-population* (in an *emergency* situation) and the surrounding area where the local population lives in a *development* situation, the question around the *Emergency – Rehabilitation – Development continuum* as discussed by Husson and Pirotte[7] has to be taken into account. Current discussion around *Linking Relief, Rehabilitation and Development* (LLRD) translates the same principles.

A simple linear representation (the three phases simply being the follow-up of one another) would do injustice to the complexity of the reality on the ground and the variety of international and local actor active simultaneously. Indeed, a more appropriate representation would be to identify different zones that may find themselves in different situations (emergency, development, etc.) and in each zone different actors or stakeholders who may act and interact.

If we agree on the paradigm that local action is work of local actors, then -even in disturbed situations like an emergency- the interaction between actors will take place. In other words, stakeholders will exist or start to act and might indeed use their respective potentials and alliances in favour or against existing or intended activities. The *actor analysis*, which helps render explicit open and hidden strategies, can be helpful in these situations.

One of the basic problems is that emergency and development actors can differ on essential dimensions of their work because their perspective is often so completely different (notably on concepts such as time, participatory approaches, ultimate sustainability, etc.). As observed inter-actor interaction takes place all the time and wherever possible. In other words, if interaction is to take place, actors need to discuss and

adapt their activities.

Therefore, the emergency INGO cannot, in these kind of situation, apply the abstract approach of "only looking at the refugee/IDP problem". At least a more *global analysis* should be carried out and if possible integrated action should be implemented.

Psychology and emergency

Psychic trauma is systematically part of the challenges encountered in crisis situation, be the man-made (Rwanda, Sierra Leone) or nature-made (tsunami, earthquakes). Different levels of attention can be identified:

- PWDs need special help, i.e. because of sensorial deficiencies disabling them to make sense of the situation. While persons with a mental disorder will have even more trouble putting things in perspective.
- Non-disabled people too have probably gone through considerable trauma and will need support from psychologists or psychosocial workers.
- Often forgotten is the potential trauma professional, and specifically volunteer, aid-workers can go through. This can be the case when especially large numbers of victims or particularly brutal situations (i.e. dismembering) or difficult pathologies are encountered. But also when newly disabled people do not have the coping systems to live with their new handicap. Aid-workers or professional health workers can meet with care-refusal behaviour (disability negation) from the person with a disability, thus challenging the very moral basis of the professional's work. Backstopping (psychological) mechanisms for these aid-workers should be put in place if such risk exist.

Conclusion

If crisis and disasters can bring a lot of hardship which needs to be responded to, it can also be an *opportunity* to go for further development in the community for indeed we should never forget that *before* and *after* the crisis, the local population and its actors existed already, putting in place with more or less success various development strategies.

The inclusion of disability into disaster management is – beyond the emergency actors involvement – leverage for creating the interest from every stakeholder in the development process.

Thus, *disability-inclusive disaster management* can be considered as the continuum of, and in some cases the starting point towards, further sustainable development for Persons with Disabilities in their community.

The inclusive and cross cutting approach described above, will help to generate changes in the mentality and behaviour of all members of a community so that PWDs and disability issues will be taken into account systematically and not remain an exception in society. Indeed it will become progressively a natural reflex at all levels: *community, regional, national and international.*

Indeed, that is the materialisation of the fundamental right of each person with disabilities to reach equal and full participation in society.

Notes

1. The authors were inspired and have taken important concepts from the *Handicap International* Bangladesh manual "How to include disability issues in disaster management" (Dhaka, 2005) which was written by the emergency response team in Dhaka and supervised by Blandine Le Bourgeois and Valerie Scherrer.
2. Although often human decisions can impact negatively the effects of a natural disaster. I.e. the poverty-driven rural-urban migration patterns settling in flood-prone near the river areas of towns during Mitch.
3. Not the person's real name
4. This is particularly well conceptualised in the "Production of Disability Process" developed by the University of Laval in Canada. HI uses this conceptual approach which identifies both individual and environmental factors in the *disabling process* and through these factors the levers on which action can take place.
5. This refers to a term used by the ILO and a UK-based training organisation enabling organisation (and companies) to become more aware and action-confident on disability issues.
6. IDP = Internally Displaced Persons
7. in "Entre urgence et développement", Karthala, Paris, 1997

Weitere Informationen zu inklusiver Notfallhilfe und Katastrophenbewältigung können im Internet auf der Seite der Zeitschrift unter http://www.uni-kassel.de/ZBeh3Welt abgerufen werden. Dort finden Sie praktische Tipps, Empfehlungen und Leitlinien sowie eine kurze Literaturliste zum Thema.

***Zusammenfassung**: Der Artikel beschreibt auf der Grundlage der weitreichenden Erfahrung von Handicap International (HI) im Bereich der Notfallhilfe, warum die Berücksichtigung von Menschen mit Behinderung schon in einem frühen Stadium einer Notsituation (oder besser noch schon in der Vorbereitungsphase der Katastrophenbewältigung) Komplikationen vorbeugen, die Anzahl der behinderten Opfer verringern und somit Leben und Lebensgrundlagen Vie-*

ler bewahren kann. Der Artikel gibt auch einige hilfreiche praktische Anregungen.

***Résumé**: Cet article, basé sur les riches expériences de Handicap International dans le domaine de l'aide d'urgence, décrit pourquoi la prise en compte des handicaps au plus tôt dans une situation de crise (ou mieux dans une phase de préparation aux catastrophes) peut prévenir des complications, diminuer le nombre de victimes handicapées et ainsi sauver des vies et des existences. Il donne aussi des idées pour améliorer la pratique.*

***Resumen**: Basado en una experiencia extensa de Handicap International (HI) en el campo de acciones de emergencia, este artículo describe porqué hay que tomar en cuenta la discapacidad en una etapa temprana de crisis. Eso puede prevenir complicaciones, disminuir el número de víctimas discapacitadas, y así, salvar vidas. También se presentan algunas ideas para mejorar la práctica.*

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Kabir Faizul stammt aus Bangladesch und arbeitet seit 2004 als Projektmanager im Bereich des Katastrophenmanagements bei Handicap International Bangladesch. Er arbeitet besonders im Bereich der Katastrophenhilfe und –linderung sowie im Bereich der Vorbereitungsphase der Katastrophenbewältigung, in denen Behinderung als ein Querschnittsthema behandelt wird.
Rashidul Islam stammt aus Bangladesch und ist Ergotherapeut. Seit 2004 ist er verantwortlich für das Thema Behinderung bei Handicap International Bangladesch, nachdem er zehn Jahre lang in einem Rehabilitationszentrum für Gelähmte gearbeitet hat. Er stellt die Berücksichtigung des Themas Behinderung in jedem durch das Programm entwickelten Projekt sicher.

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Inclusion of People With Disabilities in Emergency Situations[1]

The case of the Sierraleonean refugee-camps on the Guinea border

Nick Heeren

In this article, the author looks at a *Handicap International's* project towards people with disabilities in a civil war situation. Hundreds of thousands of Sierraleonean refugees amassed at the end of the nineties in refugee-camps in neighbouring Guinea. Many of them became victims of outrageous atrocities, notably the maiming of innocent civilians, men, women and children, by cutting off hands or lower-arms. *Handicap International* developed a double track approach which is elaborated in various domains (rehabilitation, health, education, vocational training, habitat, micro-credit, etc.) moving towards main-streaming disability in emergency response.

Emergencies and People with Disabilities

Handicap International (HI) is working both in development and in emergency situations. The latter can be natural disasters (earthquakes, tsunamis, hurricanes) or man-made (war, conflict, ethnical cleansing, etc.). In the framework of this article we will not go into human influence on the impact of certain natural disasters, i.e. the case of *Mitch* where the rural-urban migration patterns which made poor migrants settle on *free* land, often not fit for construction and prone to flooding, increased the human toll of the mud floods after *Mitch*.

This article will concentrate on a man-made[2] disaster, the civil war which torn apart Sierra Leone at the end of the nineties. War often creates disabilities, it has done so in the *First and Second World War*, and it keeps doing so in many conflicts around the world. What can be added to this bleak picture is the fact that arms such as anti-personal mines (used since the wars in Indochina) *produce* new people with disabilities among civilians, even after peace has been signed. This is the case in many countries (Mozambique, Kosovo, Afghanistan, Angola, Bosnia, Macedonia, Sri Lanka... The list is tragically long). These victims are often children who play with mines and unexploded cluster bombs, but also adults going to the water-pump, working their fields and then stepping on a small mine...

Finally, tragic conflicts like the one in Sierra Leone have created special groups of people with disabilities of those who were brutally mutilated by the rebel forces and whose physical and psychological trauma is very deep indeed.

War and emergency situations can thus produce many more people with disabilities. *Handicap International* has been trying to chance this situation since its creation in the Khmer refugee camps in 1982 where it provided services for people who were maimed by passing through mine-fields.

Handicap International's experience in this area could be interesting for others. Indeed the experience in the camps of Sierraleoneans refugees on the Guinea border and in other crisis or emergency situation shows that defending the PWD's situation in i.e. refugee camps can be achieved through two types of approaches:

- *A direct approach*, with and for immediate relieve of suffering of persons with disabilities (specific services);
- *An indirect approach* through all the other many players involved in emergency situation (HCR, authorities, INGOs, local NGOs…), what one could call *mainstreaming disability in emergency response*.

This article puts forward some of the lessons[3] learned from working in this complex context in the refugee camps of Sierraleoneans at the end of the nineties and the beginning of 2000 on the Guinea border in West Africa

The Sierra Leone / Guinea context

Refugees arrived by hundreds of thousands from inside Sierra Leone in various waves. Many had gone through atrocious circumstances, notably the ill-famous *short sleeve* and *long sleeve* mutilations in which hands or arms were cut off with machetes by drugged and drunken rebels. These mutilations were inflicted, not only on captured soldiers, but also on civilians, be they women, children, elderly persons and even babies.

Although figures have been exaggerated, which as such poses an ethical question on the need to *worsen the picture* in order to obtain financial support for refu-

gees, the suffering and trauma these persons went through is beyond belief.

The Guinean authorities and the UNHCR, already experienced by the influx of refugees from Liberia in the early nineties, settled the overall majority of 350,000 refugees in a few big, but mainly a large number of smaller camps[4]. These proved to be fairly permanent settlings as the conflict in Sierra Leone entered into what we should call *sustained instability.* International aid therefore took the form of help in semi-permanent housing (mud block houses), wells, food distribution, schools and vocational training centers, access to micro-credit, etc. destined to refugees only[5].

Ethnically speaking, many of the people *across the border* were of the same cultural background. Language and culture were not really a problem. But this very similarity made the *refugee-specificness* of the international aid difficult to comprehend for the local population.

Indeed, what was identified as a problem[6], and amplified the complexity of emergency and development situations existing next to each other, was the difference in the objective living situation of the refugees (with *in fine* access to housing, water, food, education, training and micro-credit[7]) and the local Guinean population which did not benefit from international aid and certainly lacked all these services. That did not stop the local population, nor the refugees, to develop subtle strategies to benefit from the aid-flow, and thus, in a way, *redistribute the wealth*.

However, that is not the topic of this article, although interesting as such and indeed part of HI's worries as a player in both the refugee camps and the Guinean society.

HI methods and action with PWDs: Inclusion of disability issues in mainstream emergency work

As mentioned, HI developed two strategies in this complicated context. Direct action in favour of PWDs especially in our specific domain of rehabilitation and appliances. But also indirect action through the existing players in the camps.

Indeed many organizations, be they NGOs or UN, local or international, work in refugee camps and emergency situations. Our question was, should HI be another of those many players, fundraising among a similar public, with yet another specific target group? Or could we and should we find newer and more efficient solutions, defending PWDs interest but much more through an *inclusive approach*?

The answer, once we had thought the problem through, was clear. Inclusion-based strategies can be implemented, even in emergency situations, let's call it *inclusion of disability issues in mainstream emergency work.*

Sierra Leone –
maimed youngsters receive a below-elbow prosthesis

Also, from a multi-player perspective, much more dynamics are being developed by involving many players in the disability issue, especially as HI itself was not seen as a *competitor*, as we didn't implement any concrete activities, except those directly linked to our technical sector, not provided by any other player.

What is interesting to know, when HI stopped its activities and set-up its program in Sierra Leone once the refugees went home, is that all our local staff had found a job in the various organizations with whom we had worked and which continued to work in other emergency contexts. The sustainability of the on-the-job-training we've given our staff will thus be used to continue to defend PWDs interests.

Here are some examples from our practice:

Physical rehabilitation of mutilated refugees and PWDs *(direct approach)*

HI worked directly with the target group of refugees through setting up physical rehabilitation services for both those who suffered from the terrible mutilations inflicted on them by the rebel forces, and those, whose disability was caused by disease or malnutrition, in order not to create discrimination. 352 persons benefited from HI's services, of whom half were *direct* victims of acts of war.

For physical rehabilitation, this included close co-operation with the *National Orthopedic Central Workshop* (NOC) of the Guinean Ministry of Health in the capital Conakry, ensuring that Sierraleonean refugees had access to these services. Upgrading of the premises and the equipment and training of the local staff were identified as needs, and responded to by HI, ultimately beneficial to both the PWDs in the Guinean

population and the refugees. Specific research on appropriate appliances was necessary, as mutilation was often followed by bad amputation.

Transport from the camps to the capital (distances over 10 hours by 4WD vehicle) were guaranteed by HI as part of the refugee program and the special circumstances. This would under normal circumstances be an issue of debate linked to the sustainability of such a transport service and thus the economic access of PWDs to rehabilitation services. In Guinea, the local transport system is rather correctly developed, and one could hope for a fairly even access to the NOC in the capital in the future.

Capacity building for PWD organizations in the refugee camps *(direct approach)*

Supporting 14 associations of PWDs in refugee camps, through capacity building, small grants, distribution of appliances or wheel chairs, etc. was another direct activity with the beneficiaries. Interestingly many PWDs whose situation of disability dated from before the war[8], had been able to flee from their villages. One can but admire their willfulness and the solidarity of their families. However, the PWD population amounted to only 1.5% of the total camp population, indicating, in the light of WHO's classical 10% approach, that many, many people with disabilities had been left behind or had died in the Sierra Leone conflict.

1191 persons with disabilities were organized in 14 *Associations of Disabled People*[9] or ADPs. This approach shows that even in the difficult circumstances of refugee camps, self-organization of PWDs is possible and necessary in order to become a player and weigh in, in the complex field of players involved in an emergency work.

A number of these PWDs had been organized in DPOs in Sierra Leone before. HI could build on the existing experiences, but had to face also the existing subtle strategies of DPO leaders to use the funds to their personal aims. It would be naive to think that power struggle and personal rather than collective interests did not occur in the difficult settings of refugee camps and self-organizations.

Another part of the ADPs was less spontaneous in origin and they seemed to respond basically to the offer of HI to work with PWDs. In emergency situations, and sometimes in a development context, what one could call, *supply-side driven* processes, rather than *demand driven*, can lead to the creation of less sustainable responses. In this case, HI's strategy envisaged ADPs, accepting that more important investment in accompaniment was no doubt necessary.

What should also be mentioned was a certain degree of difficulty of integration of mutilated PWDs in the associations of PWDs whose disability was not a result of an act of war. Indeed the very recentness of the disabling trauma (and the extreme violence often associated to that experience) made mutilated persons into a specific category. HI tried to work on this acceptance aspect with the ADPs, and if some successes were made, it wasn't easy.

But in the end, many PWDs found their interests in the ADPs, as they said during the interviews: *I'm not alone anymore. We're now a community. We're more respected. I've more courage as a PWD. We've received walking aids.*… Indeed attitude and behaviour of other people (family and other members of the community, but also local authorities) changed because of the group's very existence.

Psychosocial support to traumatized refugees/ PWDs *(direct approach)*

The mutilated refugee population, but also abused women and children who witnessed mutilation of their parents or family members, had suffered great psychological trauma during their flight to the safer border areas. HI set up counseling sessions in the camps. These were individual at first, in small groups later on, and based on HI's experience in Rwanda (psychological *explicitation* for traumatized children through drawings) and Algeria. Training of 20 local counseling staff was also part of the HI psycho-social activities.

These activities proved difficult but absolutely necessary. Later they continued in Sierra Leone, once the Sierra Leone program opened through a more organized approach in phase with the Ministry of Social Services (i.e. training of future social workers on psycho-social issues).

HI's advocacy and UNHCR's EVI logic *(direct approach)*

In the Guinea/Sierraleonean context, HI was able to work with the UNHCR on ID cards for *Extremely Vulnerable Individuals*, or EVI. These cards were destined to PWDs too and give right, in theory, to prioritized treatment. I.e. faster distribution of food aid.

Indeed, for many PWDs the EVI card is an essential issue (38% of the persons interviewed mentioned this as their priority). In practice it was a hard uphill struggle for HI to defend rights of PWDs or other vulnerable groups (one-parent families, pregnant women, the elderly, etc.) and obtain the EVI cards. Much time and energy was consumed by this activity. But ongoing working relations with the HCR helped obtain the necessary.

In one case, it was the ADP, supported by HI, that made the HCR see this group as interlocutor for EVI card distribution.

However, convincing distribution agencies to actually use the EVI cards for prioritized distribution remained extremely difficult. Food distributing agencies preferred the straightforward alphabetical order of surnames, thus obliging PWDs to wait for hours for their turn in the sun…

Social integration and disability awareness building in the camps *(direct approach)*

It's not because PWDs are in a refugee camp, that prejudice and traditional believes stop to exist. HI stimulated the DPOs in the camps to organize *awareness building activities*, for example theatre plays, traditional dances, by people with disabilities on a regular basis with awareness messages in local language and traditional *proverbs*. 155 PWDs have been involved in these activities in the different camps where HI was working.

Education: inclusion of children with disabilities and special classes *(indirect approach)*

The IRC, *International Rescue Committee*, was responsible for education in the camps managing many schools for a total of 80,000 pupils with 2,000 teachers. Rather than set-up our own special schooling system, HI's objective was to include as many children with disabilities or non-disabled children whose parents are disabled into the educational system run by the IRC.

The inclusive education issue was largely raised by HI, and it proved possible to include 344 children with disabilities in the IRC schools. It was even possible to set up a special class for 12 mute-deaf children inside the school compound in one of the camps. However, one objective which remained to improve was the school-going rate for girls with disabilities (half the rate for boys).

In one case, the *Association of Disabled People* in a camp asked for literary classes for its adult members. There too, HI tried to make a local NGO (VWG, *Vulnerable Refugees Working Group*) respond to this important demand.

Vocational training *(indirect approach)*

With the German GTZ and their PROFOR program, responsible for vocational training in the camps, HI was able to include 7 PWDs youth in their training programs that amounted to 5% of the total intake, which is much more than the actual percentage of PWDs among the camp population (1.5%).

Once training finished, these youth will try to start or get employed in small businesses (carpentry, metal work) which will obviously not be easy, but at least they have the technical skills necessary. And in case of return to Sierra Leone, those skills are not lost.

Small credit and small businesses *(indirect approach)*

Rather than setting-up a specific credit scheme for PWDs only, HI opted for an *inclusive approach*, starting with awareness building among existing micro-credit NGOs active in the refugee camps (a.o. ARC, *American Refugee Committee*). Thus small credit for *Income Generating Activities* (IGA) of groups of PWDs in the camps including the necessary training was made possible.

In one or two specific cases, notably long term (10 years[10]) PWD refugees settled in towns rather than camps and so having no access to the micro-credit NGOs specifically working in the camps, HI decided to set up a special credit service. But this remained an exception to the rule.

238 persons with disabilities benefited from grants and loans to set up businesses as varied as blacksmithing, bread making, tie dye, tailoring, carpentry, petty trading, soap making for the markets in the camps and also for the local Guinean markets.

However, when analyzing the results, the fact that PWDs had to compete with all other refugees in business, or with the local population[11] when it concerned out-of-camp sales, it appeared that the results were not as ideal as one might wish for. In actual fact, the success depends a lot on the objective one gives to income generating activities: *Income* (but for whom, the trainees, the trainer, the ADP?), *Training* or *Social Integration*. Depending on each objective, results vary.

In terms of income, the most interesting approach was to generate income for the *Association of Disabled People*. Sums were important (the equivalent of 45 kilograms of rice per month) and could be used, if rules are transparent, to help individual cases objectively needing help (i.e. pay the school fees of a child with disabilities). This also strengthened the economic sustainability of the ADP.

Analysis of the activities in terms of individual income showed only a limited impact, as margins are too small to really be significant.

In terms of *Training*, gains were made. But especially in terms of *Social Integration*, the IGAs for PWDs permitted to view people with disabilities as active productive and economic members of the camp community. Here impact was very positive.

Health *(indirect approach)*

With the *Guinean Red Cross*, which had a post in each camp and which was responsible for the intake of all refugees, collaboration was strong in order to have early detection of mutilated or persons with disabilities. Special medical assistance to PWDs in the camps was possible, thanks to this cooperation. Nevertheless, HI put in place a direct monitoring system for EVIs and PWDs.

Habitat and accessibility *(indirect approach)*

With the NGOs responsible for the (adobe) housing of the refugees in the camps, HI discussed and proposed accessibility issues for persons with disabilities. Indeed for those having tri-cycles, dooropenings and access-ramps had to be included in the design. The DPO agents also carried out regular visits to help improve the housing situation for PWDs through defending their situation with the responsible NGOs.

Conclusion

HI inclusive approach in the refugee camps was evaluated in 2000. If certain aspects could certainly be improved, the overall impression remains one of an original and efficient approach. Rather than to do it all themselves, except the specific technical rehabilitation field, the HI approach is inclusive: one of networking, lobbying and putting actives forces, be they private or public, together to improve the perspective for all, including people with disabilities.

Notes

1. This paper was earlier published in a slightly different version "Building an Inclusive Development Community", HEINICKE-MOTSCH K. (ed.), Mobility International USA, Eugene (OR), USA, 2004.
2. Contrary to common practice, I will not make this term gender-neutral…
3. The author evaluated the HI project in July 2000 when attached to the CIEDEL Development Studies Institute. See also the report "How di bodi?". Evaluation/Appui-conseil, Volet réadaptation, projet de réfugiés sierraléonais handicapés et victimes de violence, Ciedel, Lyon, 2000.
4. HI worked in 14 camps, and planned to increase to 18 camps out of a number more than 30 camps. The choice for *smaller* camps by the UNHCR and the Guinean authorities seems to have been an intelligent one from a feasibility perspective.
5. The UNHCR mandate is very clear on this point. The funds given to them by governments can only be used in favor of refugees and not for the local population (even though suffering from the influx of refugees, i.e. through massive deforestation).
6. Op cit. "How di bodi…" (note 4).
7. Obviously the trauma many refugees went through cannot be compared to the situation of the local Guinean population.
8. Polio victims, blind persons, disabilities caused by complications at birth, etc.
9. Association of Disabled People, was the name chosen by the PWD members themselves for their DPO.
10. This is in Macenta town, where refugees from the fighting in Liberia, which stared in the early 90's, are settled.
11. The local population does not benefit from the specific support services for refugees and is often in a disadvantaged position compared to the refugees (i.e. a sewing machine paid for by the local tailor, while a refugee might have one free). The intermixing (local and refugee) of the outlet-markets creates in fact an unfair situation.

Zusammenfassung*: In diesem Artikel beschreibt der Autor ein Projekt von Handicap International, das sich mit Menschen mit Behinderung in einer Bürgerkriegssituation befasst. Hunderttausende von sierra-leonischen Flüchtlingen sammelten sich Ende der 90er Jahre in Flüchtlingslagern im benachbarten Guinea. Viele von ihnen wurden Opfer abscheulicher Gräueltaten, erwähnt seien besonders die Verstümmelungen unschuldiger Zivilisten, Männer, Frauen und Kinder durch Abtrennung von Händen oder Unterarmen. Handicap International entwickelte eine zweifach wirkende Herangehensweise, die sich auf verschiedenste Bereiche erstreckt (Rehabilitation, Gesundheit, Erziehung, Ausbildung, Lebensraum, Mikrokredite, usw.), und die auf die Einbeziehung von Menschen mit Behinderung in der Katastrophenbewältigung abzielt.*

Résumé: *Dans cet article, l'auteur analyse un projet en faveur des personnes handicapées en contexte de guerre civile. Des centaines de milliers de réfugiés sierra léonais furent massés à la fin des années quatre-vingt-dix dans les camps dans la Guinée voisine. Beaucoup d'entre eux furent victimes des atrocités, surtout les mutilation frappant des civils innocents, hommes, femmes et enfants, par amputation des mains ou des avants bras. Handicap International a développé une double approche élaborée dans différents domaines (réadaptation, santé, éducation, formation professionnelle, habitat, micro-crédit, etc.) pour atteindre ce que l'on peut appeler le "mainstreaming du handicap dans l'aide d'urgence."*

Resumen*: El autor enfoca proyectos de Handicap International que se dedican a personas discapacitadas en situaci-*

ones de guerra civil. Al final de los años noventa, cienmil refugiados de Sierra Leone fueron concentrados en campos de refugiados en Guinea, el país vecino, y muchos de ellos fueron víctimas inocentes que perdieron brazos y manos. Frente a esta situación, Handicap International desarrolló un amplio programa para incluir persons discapacitadas en las actividades en situaciones de emergencia.

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Menschen mit Behinderung in Notsituationen - Beispiele zur Integration eines Querschnittsthemas der humanitären Hilfe in die Arbeit von Malteser International

Peter Schmitz

In Krisen- und Katastrophensituationen sind die Betroffenen häufig auf externe Hilfe angewiesen, um ihr Überleben zu sichern. Menschen mit Behinderung sind in solchen Situationen besonders verletzlich und laufen aus verschiedenen Gründen Gefahr, von humanitärer Hilfe ausgeschlossen zu werden. Im vorliegenden Artikel wird beschrieben, wie sich das Bewusstsein für die Bedürfnisse besonders verletzlicher Gruppen in Notsituationen gewandelt hat und welchen Beitrag die *Sphere-Standards* der humanitären Hilfe dazu geleistet haben. Anhand von zwei praktischen Beispielen wird aufgezeigt, wie Malteser International dieses Querschnittsthema der humanitären Hilfe in seine Arbeit mit Katastrophenopfern integriert und wie es gelingen kann, Menschen mit Behinderung die Form von Hilfe zukommen zu lassen, die sie brauchen.

Humanitäre Hilfe wird in der Regel verstanden als Reaktion auf Krisen- und Katastrophensituationen mit dem Ziel, die Betroffenen zu unterstützen, Leben zu retten und Leiden zu vermindern. Generell wird dabei zwischen Naturkatastrophen und menschlich verursachten Krisensituationen, so genannten *man-made disasters* unterschieden. Treffen Charakteristika beider Katastrophenformen zusammen, spricht man von einer komplexen humanitären Notsituation (*complex humanitarian emergencies*).

Ein Naturphänomen wird erst dadurch zu einer Katastrophe, dass Menschen und ihr Hab und Gut zu Schaden kommen. Das Seebeben im indischen Ozean im Dezember 2004 beispielsweise löste eine Flutwelle aus, die die dicht besiedelten Küstengebiete von elf Ländern und Inseln überrollte und dadurch katastrophale Auswirkungen hatte.

Die Auswirkungen sind massive Zerstörungen von Gebäuden, Wohnhäusern, Brücken und Verkehrswegen, der Zusammenbruch der Versorgung und das vielfältige menschliche Leid der obdachlos gewordenen Menschen durch Verletzungen, Krankheiten und Todesfälle.

Verwundbare Gruppen in Notsituationen

Menschen mit Behinderungen sind genauso und häufig sogar noch stärker von den Auswirkungen betroffenen. Behinderte Menschen sind nicht immer auf den ersten Blick identifizierbar und verschwinden in einer Masse von Betroffenen, ohne dass ihr besonderer Hilfsbedarf erkannt und die Hilfe entsprechend angepasst wird. Mangelnde Vorbereitung auf mögliche Notsituationen und Ungeübtheit der behinderten Menschen selber im Umgang mit Ausnahmesituationen tragen dazu bei, dass sie häufig von Humanitärer Hilfe ausgeschlossen bleiben, da sie ihre Bedürfnisse nicht artikulieren können und besondere Unterstützung von ihnen nicht eingefordert wird. Dies ist besonders gravierend in gesellschaftlichen Kontexten, in denen Menschen mit Behinderung auch außerhalb von Katastrophensituationen marginalisiert werden. Die körperliche Einschränkung, mit der viele Menschen mit Behinderung leben müssen, erschwert oder versperrt ihnen häufig in Notsituationen den Zugang zu Rettungs- und Evakuierungsmöglichkeiten, zu angemessener Unterbringung, der Versorgung mit Lebensmitteln und Wasser, zur Benutzung von sanitären Anlagen und zu anderen Hilfsangeboten. Unverständnis für die Situation, mangelnde Informationen und Kommunikationsschwierigkeiten sind weiterhin Probleme, durch die sich ihre Verwundbarkeit noch steigert.

In der akuten Krisenreaktion hat eine möglichst flächendeckende, pauschale Sicherung der Grundbedürfnisse der Bevölkerung oberste Priorität, um die Anzahl der Opfer der Katastrophe zu minimieren. In der Vergangenheit führte diese Prioritätensetzung dazu, dass Minderheiten mit besonderen Bedürfnissen nicht ausreichend berücksichtigt wurden, da angenommen wurde, man könne sich in der akuten Katastrophenhilfe nicht um die besonderen Bedürfnisse dieser Minderheiten kümmern. Heutzutage gehört es zu den Grundregeln der humanitären Hilfe, denjenigen Bevölkerungsgruppen, die am

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Die Patienten der mobilen Orthopädistation erhalten dringend benötigte Hilfsmittel

anfälligsten und verletzlichsten sind, besondere Aufmerksamkeit zu schenken – auch wenn es Minderheiten in der betroffenen Bevölkerung sind. Als besonders anfällige und gefährdete Gruppen gelten bereits seit langem Kinder, Schwangere und stillende Mütter, alte Menschen, Kranke und Verletzte. In den letzten Jahren hat sich mehr und mehr die Erkenntnis durchgesetzt, dass auch chronisch Kranke und Menschen mit psychischen oder psychiatrischen Krankheitsbildern im Rahmen von international anerkannten Standards und Richtlinien in diese Kategorie eingestuft werden müssen. Eindeutig gefordert wird auch die Berücksichtigung von Menschen mit Behinderungen und deren besondere Bedürfnisse in die Planung und Durchführung der humanitären Hilfe. Diese Forderung ist in den *Sphere-Standards* bereits aufgegriffen worden und wird als Empfehlung an Hilfsorganisationen explizit formuliert.

Was ist *Sphere*?

Den Anstoß für das *Sphere*-Projekt gab die humanitäre Krisenreaktion, die den Ereignissen des Genozids in Ruanda 1994 folgte. Über eine Million Menschen war damals über die Westgrenze des Landes nach Zaire geflohen und lebte in riesigen Flüchtlingslagern. Die Hilfsorganisationen, die die Versorgung der Flüchtlinge übernommen hatten, waren vielfach mit der Situation überfordert. Wie die Ergebnisse einer internationalen Untersuchungskommission im Nachhinein belegten, war die Zahl der vermeidbaren Todesfälle in den Lagern extrem hoch und die Kritik an unprofessioneller und unqualifizierter Hilfe wuchs. Viele Initiativen wurden daraufhin von internationalen Organisationen ins Leben gerufen, die darauf abzielten, Qualität und Zuverlässigkeit der humanitären Hilfe zu verbessern. Die Besonderheit des *Sphere*-Projektes, das 1997 offiziell gestartet wurde, war von Anfang an die große Anzahl der unterstützenden Organisationen, die bei über 200 lag. Basierend auf jahrzehntelanger Erfahrung auf dem Gebiet der humanitären Hilfe entstand ein Handbuch, das helfen soll, Qualität und Zuverlässigkeit der Organisationen zu stärken und ihre Arbeit transparenter, effektiver und effizienter zu gestalten. Grundprinzipien der humanitären Hilfe sind, dass die Hilfe sich an der Not und den Bedürfnissen der Betroffenen orientiert, die Betroffenen ein Recht darauf haben, dass sie bedingungslos Unterstützung erwarten können, die es ihnen ermöglicht, auch unter Krisen- und Katastrophenbedingungen ein menschenwürdiges Leben zu führen. Was dazu notwendig ist, welche Mindestanforderungen an die Versorgung, aber auch an Sicherheit und Schutz vor Verfolgung gewährleistet sein muss, ist im *Sphere*-Handbuch als anerkannter Standard definiert und erklärt. Es gibt allgemeine Standards und sektorale Standards in den Bereichen Wasserversorgung und Hygiene, Ernährung und Lebensmittelversorgung, Unterbringung und Lagerplanung sowie Gesundheitsversorgung. Diese Standards werden praktisch erläutert und angereichert mit Kennzahlen und Erklärungen, die die praktische Anwendbarkeit sichern. Dies gilt sowohl für die Projektplanung als auch für die Evaluierung der geleisteten Hilfe. Dem Buch vorangestellt ist zunächst die *Humanitarian Charter*, eine selbstverpflichtende Leitlinie für die Organisationen, die sich zusammensetzt aus Elementen des internationalen Rechts, verschiedener Menschenrechtsabkommen und der Genfer Konventionen. Außerdem enthält das einführende Kapitel in der Neuauflage des Buches von 2004 einen Abschnitt über Querschnittsthemen in der humanitären Hilfe. In diesem werden unter anderem Menschen mit Behinderung als besonders verwundbare Gruppe eingestuft, deren Bedürfnissen in Notsituation spezielle Aufmerksamkeit zu widmen ist.

Die Aufnahme dieses Themas in das *Sphere*-Handbuch ist insofern positiv hervorzuheben, da sich die Standards inzwischen zu einer international anerkannten Referenzgröße entwickelt haben, die fest in die

Ausbildung und die tägliche Arbeit von humanitären Helfern eingebunden ist. Darüber hinaus hilft *Sphere*, das Bewusstsein für die Problematik zu stärken und gibt Anregungen für die Katastrophenvorbeugung und die Vorbereitung auf Krisen und Katastrophen.

Die Prothesen werden individuell für die Patienten angepasst

Menschen mit Behinderung sollten in jeder Phase der humanitären Hilfe mitberücksichtigt werden. Eine frühe Bewusstseinsbildung und die Berücksichtigung der besonderen Bedürfnisse von Menschen mit Behinderungen in der Vorbeugung können ihre Anfälligkeit mindern und die Selbsthilfe-Kapazität fördern.

Die *Sphere*-Standards dienen den Hilfsorganisationen auf eine praktische Weise bei der Situationsanalyse, um bei der Planung und Umsetzung von Hilfsmaßnahmen auch die besonders zu berücksichtigen Gruppen in der Bevölkerung einzubeziehen. Projektbeispiele aus verschiedenen Ländern zeigen, dass dieser Ansatz in der Not- und Wiederaufbauhilfe funktionieren kann, wenn über die Einhaltung der Standards hinaus Querschnittsthemen wie Behinderung in die Projektplanung mit aufgenommen werden.

Mobile orthopädische Hilfe für Tsunami-Opfer in Thailand

Naturkatastrophen wie der Tsunami am zweiten Weihnachtstag 2004 haben weitreichende Auswirkungen auf die Gesundheit der Betroffenen. Das sowohl während des konkreten Ereignisses in Form von Verletzungen als auch in der nachfolgenden Zeit beispielsweise durch den Mangel an medizinischer Versorgung und adäquater Behandlung von Verletzten, fehlenden Zugangs zu frischem Trinkwasser und anderen Versorgungsgütern.

Im Süden Thailands wurden die Provinzen Krabi, Phang Nga, Tanong und Phuket durch die Flutwelle besonders hart getroffen. Mehr als 5.000 Menschen verloren ihr Leben, schätzungsweise 8.500 weitere erlitten Verletzungen. Die gestiegene Zahl der Amputation von Gliedmaßen war eine Folge von zum Teil schwersten Verletzungen durch vom Wasser mitgespülten Gegenständen. Schon vor dem Tsunami gab es in den ländlichen Regionen einen unzureichend abgedeckten Bedarf an orthopädischen Hilfsmitteln, insbesondere Prothesen. Der Tsunami verstärkte diesen Bedarf um ein Vielfaches und die Einbeziehung derjenigen, die zusätzlich zu den traumatisierenden Erlebnissen mit den Konsequenzen einer dauerhaften Behinderung fertig werden müssen, in die Planung und Durchführung der Nothilfe schien unerlässlich.

Malteser International konzentriert sich in seinen Projekten generell auf die besonders verletzlichen Gruppen innerhalb einer Bevölkerung. Zudem wird vor allem auf die bereits vorhandenen zivilgesellschaftlichen Strukturen innerhalb eines Landes zurückgegriffen und die Projekte werden in enger Zusammenarbeit mit lokalen Organisationen durchgeführt. Das hat in vielerlei Hinsicht Vorteile: Die betroffene Bevölkerung wird nicht als *passiver Hilfeempfänger* behandelt, sondern als Partner mit wesentlich ausgeprägteren Kenntnissen der lokalen Bedürfnisse, der gesellschaftlichen Umgebung und der Kultur. Von Anfang an werden Projekte in der Verantwortlichkeit der Bevölkerung verankert, um sie einerseits möglichst bedarfgerecht zu gestalten, aber auch um ihre Langfristigkeit zu gewährleisten und ihr Potenzial für die zivilgesellschaftliche Entwicklung und Katastrophenvorsorge zu erhöhen.

Als lokaler Partner für ein Projekt, das Menschen mit physischer Behinderung Aufmerksamkeit und Hilfe schenkt, bot sich die Stiftung der Prinzessin Maha Chakri Sirindhorn an. Sie wurde 1979 gegründet und hat durch die Etablierung des *Sirindhorn National Medical Rehabilitation Centre* einen maßgeblichen Anteil an einem gewachsenen Streben nach Integration von

Menschen mit Behinderung in Thailand. Die Idee der mobilen orthopädischen Werkstatt ist denkbar einfach: Ausgerüstet mit Fachkräften und orthopädischem Material, vor allem Prothesen, werden die Menschen auch in abgelegenen Dörfern erreicht. Neben der materiellen Hilfe durch die zur Verfügung gestellten Prothesen kommt ihnen eine regelmäßige medizinische Nachsorge zu, die ihnen hilft, ihren veränderten Lebensalltag zu gestalten.

Dass es bei der Integration von behinderten Menschen in Nothilfemaßnahmen für internationale Organisationen ausgesprochen sinnvoll ist, auf lokale Strukturen aufzubauen, die sich bereits vor der Katastrophe mit der Problematik auseinandergesetzt haben und die die Betroffenen kennen, zeigen auch zwei Projektbeispiele aus Sri Lanka.

Menschen mit Behinderung in Hilfsprojekten in Sri Lanka

Die Organisation ESCAT (*Equality-Based Community Support and Training*) stellte nach dem Tsunami einen enormen Bedarf an materieller aber auch an pädagogischer und psychologischer Unterstützung für betroffene Familien im Distrikt Galle fest. Viele der betroffenen Familien hatten während der Flutwelle Angehörige verloren. Die meisten lebten in Übergangslagern, weil das Meer ihre Häuser und ihren gesamten Besitz fortgespült hatte. Im Mittelpunkt der Projektplanung standen insbesondere Kinder, für die die Wiederherstellung eines geregelten Alltags die Grundvoraussetzung war, um die erlittenen Schrecken zu bewältigen und ihre Schulausbildung fortzusetzen. ESCAT verfolgte einen integrierten Ansatz der Hilfe, der die nötige Aufmerksamkeit für besonders verletzliche Gruppen von Anfang an sehr selbstverständlich in die Projektidee und -umsetzung miteinbezog. Mit finanzieller Unterstützung durch Malteser International entstand ein Betreuungszentrum, in dem den Kindern Hausaufgabenhilfe, warme Mahlzeiten und ein geschützter Raum für Spiele und Unterstützung bei der schrittweisen Überwindung von Traumata angeboten werden konnte. Auch die gezielte Schulung der ESCAT-Pädagoginnen hat Malteser International mit Fachkräften unterstützt.

Für die Eltern wurden Gruppenstrukturen etabliert, die es ihnen ermöglichen, Probleme zu artikulieren und Erfahrungen auszutauschen. Die baulichen Maßnahmen für die Einrichtung des Betreuungszentrums wurden sorgfältig auf die Bedürfnisse körperlich behinderter Menschen abgestimmt, um sicherzustellen, dass die Angebote für alle betroffenen Familien und Kinder gleichermaßen zugänglich sind. Die zusätzliche Aufmerksamkeit, die den Kindern während der gezielten Betreuung in den Nachmittagsstunden zukommt, erlaubt es auch, Lernschwächen oder andere Einschränkungen zu erkennen und gegebenenfalls auszugleichen. Der langfristig positive Effekt einer solchen Einrichtung ist immens und außerdem ein gutes Beispiel dafür, wie der Übergang von einer Katastrophensituation mit entsprechend kurzfristigen Hilfsangeboten hin zu einer dauerhaften Förderung lokaler Kapazitäten gelingen kann.

Im *Sambodhi Home,* das ebenfalls im Distrikt Galle liegt, lebten vor dem Tsunami über 110 Menschen mit körperlichen und geistigen Behinderungen zusammen, 48 von ihnen kamen durch die Flutwelle um. Für viele von ihnen ist das Heim zu einem neuen zu Hause geworden, obwohl sie mit entsprechender Hilfe vielleicht auch in der Lage wären, ein eigenständiges Leben zu führen. Auch diese Tatsache ist ein Hinweis darauf, dass die Integration von Menschen mit Behinderung in die Gesellschaft von Entwicklungsländern ein

Behindertengerechte Neuausstattung und Renovierung des Sambodhi

besonderes Augenmerk auch außerhalb von Krisensituationen erfordert. Der hauptsächlich durch die Flutwelle entstandene akute Schaden an den Gebäuden des Heimes machte das Leben für die Bewohner nahezu unerträglich. Die dadurch bedingte räumliche Enge machte die Renovierungsarbeiten an dem Gebäude zur obersten Priorität, um ihnen wieder ein würdevolles Leben zu ermöglichen. *Malteser International* finanzierte ein neues Dach und eine stabile Außenmauer sowie Malerarbeiten im Außen- und Innenbereich. Die deutsche Organisation *Die kleinen Patienten e.V.* betreute die Maßnahmen sowie die behindertengerechte Ausstattung und Gestaltung der Innenräume. Der persönliche Einsatz von Mitarbeitern der beiden Hilfsorganisationen hat außerdem dazu beigetragen, dass der Lebensalltag der behinderten Menschen durch Ausflüge und Anregungen von außen bereichert werden konnte. Als positiver Nebeneffekt war zu beobachten,

dass die Bewohner des Heimes der Not gehorchend in die Planung und Überwachung der Hilfsmaßnahmen einbezogen waren und dadurch in ihrer Selbstbestimmung gestärkt wurden.

Ziel von *Malteser International* ist nicht allein, wie auch das Beispiel des *Sambodhi Homes* verdeutlicht, den Zustand vor der Katastrophe wiederherzustellen, sondern - wenn eben möglich - eine Verbesserung der Lebensumstände der Menschen durch nachhaltige Hilfsmaßnahmen zu erreichen. Dies kommt besonders Menschen zu gute, die aufgrund von körperlicher oder geistiger Behinderung täglich mit unvorstellbaren Schwierigkeiten zu kämpfen haben.

***Summary**: In crisis and disaster situations the persons affected often need external aid to ensure their survival. In these situations people with disabilities are especially vulnerable and run the risk of being excluded from humanitarian aid. In the present article it is described how the awareness of the needs of specially vulnerable groups in emergency situations has changed and what contribution was made by the Sphere-Standards of humanitarian aid to achieve this change of awareness. By means of two practical examples it is pointed out how Malteser International integrates this cross-cutting issue into his humanitarian aid and how it could succeed to provide people with disabilities the support they need.*

***Résumé:** Dans les situations de crise ou de catastrophe, les victimes sont souvent dépendantes de l'aide extérieure pour leur survie. Les personnes handicapées sont particulièrement vulnérables dans ces situations et courent le risque d'être exclues de l'aide humanitaire.*
Dans le présent article il est décrit comment la prise de conscience des besoins des personnes particulièrement vulnérables dans les situations d'urgence a évolué et quel rôle ont joué les standards Sphere pour l'aide humanitaire. A l'aide de deux exemples pratiques l'on montre comment Malteser International intègre ce thème transversal de l'aide humanitaire dans son travail avec les victimes de catastrophes et comment il est possible d'apporter aux personnes handicapées l'aide appropriée à leurs besoins.

***Resumen**: El artículo describe como se ha cambiado la conciencia sobre las necesidades que tienen grupos muy vulnerables en situaciones de emergencia, así como también la influencia que tienen los estandard Sphere en este proceso. A través de dos ejemplos prácticos se enseña como Malteser International integra este tema de la ayuda humanitaria en su trabajo con las víctimas de catástrofes y como se puede lograr entregar a las personas con dicapacidad la ayuda que ellas necesitan.*

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The Minimum Standards and Inclusion of Children with Disabilities

Dean Brooks

The *Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction (*MSEE) emphasize the inclusion of children with disabilities throughout all of the standards developed. The Standards - in addition to other resources and references - are suggested to assist practitioners in the design, development and implementation of emergency education programs that integrate the special education needs of all children.

Emergency education programs focus on providing a safe space where all children (including those children with disabilities) may continue education whether by informal or formal means even in the midst of crisis or emergencies. The *Inter-Agency Network for Education in Emergencies*, comprised of multiple international agencies concerned with, and who advocate for, the right of education *for all children in all settings*, states the following about the importance of providing emergency education programs as soon as possible after the onset of emergencies, disaster, etc.:

> Education in emergencies, chronic crises and early reconstruction efforts can be both life-sustaining and life-saving. It sustains life by offering structure, stability and hope for the future during a time of crisis, particularly for children and adolescents. It also helps to heal bad experiences, build skills and support conflict resolution and peace building. Education in emergencies can save lives by protecting against exploitation and harm and by disseminating key survival messages, such as for landmine safety or HIV/AIDS prevention.[1]

Awareness is integral to ensuring the inclusion of children with disabilities, which is so often ignored and overlooked. Lack of awareness and the focus of attention on large-scale emergency response may also contribute to oversight when it comes to addressing the individual needs of children with disabilities, due to the fact that visibility for vulnerable groups may not be so clearly evident at the onset of an emergency. This article provides an overview of resources available for practitioners in their design and implementation of emergency education interventions, as well as, personal examples from experiences in the field.

Clearly, addressing the needs of disabled children is integral to emergency education responses. For example, issues raised in discussions with the *International Rescue Committee* (a strong advocate for children's programs) brought up the fact that the recent earthquake in Pakistan resulted in many children injured and left with physical disabilities. Clearly, as emergency education programs begin, practitioners must take into account these children and ensure that the rights of all children are included in the design and implementation of programs. Emergency education interventions provide the opportunity to raise awareness; and, by reflecting immediately on inclusion principles those implementing will better be able to serve the needs of these children (whether by accessing resources on construction design that is inclusive or acquiring teacher training materials that provide the resources needed for teachers and parents who may need guidance and support for working with children who have recently been disabled due to the disaster).

In December 2004, the *Inter-agency Network for Education in Emergencies* launched the *Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction* (MSEE), the result of a comprehensive global consultation process. The MSEE present the issue of assisting children with disabilities as a cross-cutting concern to be integrated throughout all aspects of emergency education response.[2] To emphasize the importance of every child being provided with access to education the MSEE utilizes terms such as *inclusion, all children*, and *special educational needs* throughout its manual. *Education for All*, the *Convention on the Rights of the Child*, international human rights instruments/laws form the foundation of the MSEE and the manual clearly states that education for all children, including the most vulnerable is a basic right. Following are several key statements issued by MSEE that clarify the importance of ensuring that emergency education response addresses the education needs of children with disabilities:

> MSEE states the following as an indicator for emergency education response: "Education response strategies prioritise the safety and well-being of all children and youth, including those who are vulnerable or have special education needs."[3]
>
> MSEE further states in its introduction to standards related to access and the learning environment that: "Education providers must assess the particular needs of vulnerable groups with special needs, such as the disabled, adolescent

girls, *children associated with fighting forces* (CAFF), abducted children, teenage mothers, etc., to ensure that they benefit from education opportunities. Educational interventions should focus not only on providing formal and non-formal educational services, but also on addressing the obstacles, such as discrimination, school fees and language barriers, that exclude certain groups.[4]

In regards to curricula, again, MSEE address the issue of disability when talking about *Access and the Learning Environment* by providing the following guideline: "Diversity should be considered in the design and implementation of educational activities at all stages of an emergency, in particular the inclusion of diverse learners, inclusion of teachers-facilitators from diverse backgrounds and promotion of tolerance and respect. Aspects to consider in encouraging diversity may include, among others, gender, culture, nationality, ethnicity, religion, learning capacity, learners with special education needs, and multi-level and multi-age instruction[5]."

The MSEE have proven to be a valuable tool when it comes to advocacy and support for programs that include all children. Recently, in Aceh, Indonesia the *International Rescue Committee*, utilized the MSEE handbook as an important tool in the development and implementation of emergency education and child protection programs. The MSEE handbook includes an initial emergency education assessment tool that was utilized and adapted to guide the assessments that IRC undertook; in addition, the manual was consulted when the need arose to design a structural assessment tool to assess the safety of school buildings soon after the earthquake. In February and March 2005 assessments were further conducted on the state of children with disabilities which led to the provision of emergency support (i.e. food, clothing, school supplies) to children who were attending schools for disabled children. In addition, having the MSEE as a reference and resource proved invaluable in the design of programs and advocating in coordination meetings that the needs of children with disabilities not be overlooked.

Often-times, when working in emergency settings there is the need for resources and information to inform and guide implementation. Due to the need to respond quickly during an emergency there is little time for research and the collection of background data on disabilities. The INEE web-site provides valuable information when first beginning to research what resources are available. The following list of resources builds on the information gleaned from INEE and has been compiled to assist practitioners as they seek to implement responses that factor in practices that are inclusive and all-encompassing:

RESOURCES

Information on Standards:

- Embracing Diversity: Toolkit for Creating Inclusive, Learning-Friendly Environments by UNESCO: http://portal.unesco.org/education/en/ev.php-URL_ID=36444&URL_DO=DO_TOPIC&URL_SECTION=201.html
- Inter-Agency Network for Education in Emergencies, Good Practice Guide: Inclusive Education for Children at Risk: http://www.ineesite.org/inclusion/disabled.asp
- Inter-Agency Network for Education in Emergencies (INEE), Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction (MSEE): http://www.ineesite.org:standards/MSEE_report.pdf
- Sphere Project, Humanitarian Charter and Minimum Standards in Disaster Response: http://www.sphereproject.org/
- U.S. Agency for International Development Policy on Standards for Accessibility for the Disabled in USAID-Financed Construction: http://www.usaid.gov/about/disability/financed_construction.html
- UNHCR Guidelines on Assisting Disabled Refugees; Education and Special Needs: http://www.hreoc.gov.au/human_rights/children_detention/background/education.html#spe

Reference Material and Documentation:

- Action for the Rights of Children, Manual on Critical Issues and Disability (pdf). October 2002: http://www.savethechildren.net/arc/files/main.html
- Children and Young People with Specific Learning Disabilities (pdf) by Carol Crealock and Doreen Kronick: http://unesdoc.unesco.org/images/0009/000963/096357e.pdf
- Disabled Village Children: A Guide for Health Workers, Rehabilitation Workers and Families. By David Werner. (1987) ISBN: 0942364066. English and Spanish versions (*El niño campesino deshabilitado*) available: http://www.dinf.ne.jp/doc/english/global/david/dwe002/dwe00201.htm
- Helping Children Who Are Blind: Family and community support for children with vision problems. By Sandy Niemann and Namita Jacob. (2000) ISBN: 0942364341. Available in Spanish

(*Ayudar a los niños ciegos*). Orders can be placed directly with the publisher at the following website address: http://www.hesperian.org/buy_books.htm#blind

- Helping Children Who Are Deaf. By Sandy Neimann, Devorah Greenstein and Darlena David. (2004) English ed. ISBN 0-942364-44-9. Orders can be placed directly with the publisher at the following website address: http://www.hesperian.org/buy_books.htm#deaf
- Nothing About Us Without You: Developing Innovative Technologies For, By and With Disabled Persons. By David Werner. Available online: http://www.dinf.ne.jp/doc/english/global/david/dwe001/dwe00101.htm
- UNHCR Guidelines on Assisting Disabled Refuges. To obtain copies contact UNHCR, Case Postale 2500, CH-1211, Geneva Depot 2, Switzerland.
- UNICEF. Education Update, Volume 2, Issue 4, October 1999, Children with Disabilities. http://www.unicef.org/girlseducation/files/vol2disabileng.pdf

Organizations:

- *Action on Disability and Development* (ADD): http://www.add.org.uk/
- *Disabled Peoples' International* (DPI): http://v1.dpi.org/lang-en/
- *The Finnish Association of the Deaf*: http://www.k1-deaf.fi/page.asp?_item_id=2308
- *Free Wheelchair Mission*: www.freewheelchairmission.org
- *Handicap International*: http://www.handicap-international.org/english/
- *Helen Keller International*: http://www.hki.org/index.html
- *Institute of Child Health, Great Ormond Street Hospital for Children,* NHS Trust; *source for online resources on disability and development*: http://www.ich.ucl.ac.uk/library/disability.htm
- *International Disability Alliance*: http://www.internationaldisabilityalliance.org/
- *Mobility International USA*: http://www.miusa.org/

The above resources, which complement the MSEE, make it clear that inclusion is both a right and should be a key aspect of all programming related to emergency education. This list of resources available is by no means exhaustive. But these tools provide a foundation for practitioners as both reference and guidelines in ensuring effective emergency education response - which includes children with disabilities. Clearly, building awareness is one of the first steps when advocating for the rights and educational needs of all children.

Since entering the field of *Emergency Education* approximately 6 years ago, the author has felt it important to take an individual look at the needs of all children when it comes to programming. Advocacy and looking for ways to integrate the unique educational needs for children with disabilities into current programs has been the approach undertaken to highlight the importance of inclusion. Furthermore, the launch of the *Minimum Standards for Education in Emergencies* (MSEE) provided a much needed framework for both advocacy and program design in this area. The following examples, taken from field experience are shared as a means to promote further collaboration, spark ideas and to raise dialogue for improved response and interventions:

- In Guinea, West Africa, where the *International Rescue Committee*, provides oversight to the Refugee Education Program, schools were constructed in 2000 and 2001. In several settings accessibility options were included in the structures (i.e. ramps for wheelchairs and the widening of classroom doors). Building the ramps turned out to be integral to opening up discussions with community members and school personnel on the importance of including all children, as well as, the right of education for all children. In addition, the *International Rescue Committee* collaborated extensively with *Handicap International* and supported a classroom of children who were deaf that held their classes on one of the school campuses in the camp. Regular meetings were held with the teacher of this class which focused on improving teaching methodology and ideas for improving the educational delivery provided to children with hearing loss. At a later date the program implemented a system-wide *Classroom Assistant Project* which involved working with more than 500 women and training them to assist in the classroom while also providing them with opportunities to complete their education and be trained as classroom teachers. One woman applied for this post with a physical disability and at first the reaction by school officials was denying her application due to the disability. Through awareness-raising and advocacy she was eventually offered employment. In addition, she went on to complete her high school degree and within the next year became a classroom teacher – resulting in a powerful *role model* for those in her community and the children with which she was entrusted to teach.
- In 2004, the *International Rescue Committee* de-

veloped a comprehensive *Child Protection Program* in North Darfur, Sudan, which looked at both *Emergency Education* and *Child Protection programming*. Social work was an important component of this program. Social workers would visit children in the camps and liaise with the community on appropriate and sustainable responses. On numerous occasions, through the follow-up of social workers and regular visits they were able to assist children to enroll and register to attend schools – initially this was not accessible due to a lack of awareness and the perception that disabled children could not attend school. Through thoughtful dialogue these social workers were able to explain the nature of the disability and advocate that the child be allowed to attend school. In some instances, parents were unaware that their child could attend the local school and problem-solving involved simply meeting with the parents and school authorities to find a solution.

- After the tsunami, the *International Rescue Committee* responded to the emergency in Aceh, Indonesia, and established both *Child Protection* and *Emergency Education programs*. The model of looking at the individual needs of children in areas where the agency worked was integral to seeing that children with disabilities were included in programming. On several occasions children with physical disabilities were provided with wheelchairs. This involved simple logistical considerations that a large international organization could facilitate with ease. In addition, raising awareness with the Child Protection staff on principles of inclusion and the MSEE, led to the assessment of three institutions for children with disabilities in the province which were greatly affected by the tsunami (one institution, in particular, was completely destroyed, while the other two lost both students and teachers). Through these assessments the *International Rescue Committee* was able to provide the schools with emergency schools supplies and what was needed to equip their workshops and dormitories to better provide care for the children. Further follow-up led to the design of programs that focused on inclusion principles (i.e. staff would meet with the teachers and students and look for opportunities to integrate activities such as sports and recreation with neighboring public and private schools). In addition, in July of 2005, the *International Rescue Committee* organized a teacher training project in collaboration with the University of Pennsylvania, Syiah Kuala University and IAIN Islamic University where *Special Education Theory and Methodology* was included in the comprehensive coursework. 100 teachers traveled from all districts in Aceh to the city of Banda Aceh for an intensive 3-week course, and, at the conclusion, they were tasked with sharing and implementing this understanding with colleagues upon their return to their respective districts.
- At the moment, the *Norwegian Refugee Council* is working in Northern Uganda and providing teacher training to more than 1000 teachers in areas affected by the current conflict. The *Education Program* is also focused on the construction of schools and the implementation of school farming projects at this time. In addition, the *Norwegian Refugee Council* has incorporated inclusive architectural designs in their construction of schools and water/ sanitation facilities. Most recently, in a teacher training workshop facilitated to improve literacy teaching methodology, participants were introduced to the *Ugandan Sign Language Alphabet* and encouraged to use this literacy tool with all of their students. There was a great deal of interest in this idea and all teachers asked for further information and hand-outs that they could use when they returned to their classrooms.

Clearly, the MSEE provides professionals working in the field of *Emergency Education* with clear policies and guidelines that will assist in the advocacy role that characterizes this work. Awareness raising and collaboration are crucial elements to achieving great strides in including children with disabilities in both emergencies and all settings. The MSEE provides a much needed scaffold and tool in reaching the point where all children are provided with the opportunity to receive an education.

Notes

1. http://www.ineesite.org/standards/msee.asp
2. The *Minimum Standards* were developed through a global consultation coordinated by the *Inter-Agency Network for Education in Emergencies* (INEE). For further information: www.ineesite.org.
3. *Minimum Standards for Education in Emergencies, Chronic Crisis and Early Reconstruction*. Page 24. www.ineesite.org.
4. *Minimum Standards for Education in Emergencies, Chronic Crisis and Early Reconstruction*. Page 40. www.ineesite.org.
5. *Minimum Standards for Education in Emergencies, Chronic Crisis and Early Reconstruction.* Page 58. www.ineesite.org.

***Zusammenfassung**: Die 'Minimalen Standards für Bildung in komplexen Notsituationen, langanhaltenden Krisen und der frühen Wiederaufbauphase' (MSEE) betonen in allen erarbeiteten Anforderungen die Inklusion von Kindern mit Behinderung. Zusammen mit anderen Ressourcen und Verweisen können diese Standards Fachleuten beim Design, der Entwicklung und der Umsetzung von Bildungsprogrammen behilflich sein, die auch die sonderpädagogischen Bedürfnisse aller Kinder berücksichtigen.*

***Résumé**: Les standards minimum pour l'éducation dans l'urgence, les crises chroniques et la reconstruction précoce (MSEE) mettent en exergue l'inclusion des enfants handicapés à travers tous les standards développés. Les standards – en plus d'autres ressources et références – sont sensés assister les praticiens dans la conception, le développement et la mise en œuvre de programmes d'éducation d'urgence qui intègrent les besoins particuliers de tous les enfants.*

***Resumen**: Los estandard mínimos para la educación en emergéncias, crisis crónicas y reconstrucciones tempranas (MSEE) subrayan la importáncia de la inclusión de niños con dicapacidad. Los estandard – juntos con otros recursos – asisten a la gente de práctica en diseñar, desarrollar e implementar programas de la educación de emergéncia que incluyen las necesidades especiales de todos los niños.*

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"Global Partnership for Disability and Development" (GPDD)

Auf dem Weg zu starker Beteiligung von Menschen mit Behinderungen in der globalen Entwicklungszusammenarbeit

Entstehung

Im Dezember 2002 entstand in Washington während informeller Diskussionen am Rande der Veranstaltungen der Weltbank zum „Internationalen Tag von Menschen mit Behinderungen", der zehn Jahre zuvor von den Vereinten Nationen ins Leben gerufen worden war, die Idee einer weltweiten partnerschaftlichen Allianz zur nachhaltigen Vertretung von Interessen behinderter Menschen in und ihrer direkten Beteiligung an Prozessen der Entwicklungszusammenarbeit.

Das in Gang gekommene Gespräch wurde bei späteren Treffen in Helsinki, Durban, Rom und Washington fortgesetzt und die Idee einer Allianz gewann Gestalt.

Während einer Weltbank-Konferenz in Washington im Dezember 2004 kam es zur Gründung der *„Global Partnership for Disability and Development"* (GPDD). Unter den Eingeladenen waren Regierungsvertreter, nationale und internationale Nichtregierungsorganisationen aus Geber- und Empfängerstaaten, darunter Behindertenorganisationen und -verbände, UN-Institutionen sowie weitere Akteure. Mit Andreas Pruisken und Francois de Keersmaeker waren auch *Christoffel-Blindenmission* und *Handicap International* als Mitglieder der VENRO-AG „Behindertenarbeit in Entwicklungsländern" vertreten.

Ziele

Um die Millennium-Entwicklungsziele der Vereinten Nationen zur Bekämpfung der Armut zu erreichen, ist es unabdingbar, Menschen mit Behinderungen (weltweit etwa 600 Millionen), die in den Entwicklungsländern meist keine Chancen auf Bildung und Arbeit haben und auch in westlichen Ländern Ausgrenzung und Diskriminierung erfahren, an Entwicklungspolitik und Entwicklungszusammenarbeit teilhaben zu lassen. Ihre Belange sollen in nationalen und internationalen Programmen zur Armutsbekämpfung gezielt aufgegriffen und dadurch eine Verbesserung ihrer Situation erreicht werden. Wenn für Menschen mit Behinderungen keine entwicklungspolitischen und wirtschaftlichen Erfolge erzielt würden, wäre das Millennium-Entwicklungsziel zur Armutsbekämpfung zum Scheitern verurteilt.

Die weltweite Zusammenarbeit entwicklungspolitischer Entscheidungsträger in der GPDD ist ein vielversprechender Weg, um das Thema Behinderung als Querschnittsthema mit Nachdruck künftig in allen Bereichen der Entwicklungszusammenarbeit besser berücksichtigen zu können.

Das *Gesamtziel* der GPDD ist es, die soziale und wirtschaftliche Benachteiligung und damit zusammenhängende Armut besonders von Menschen mit Behinderungen und ihrer Familien in Ländern der *Dritten Welt* mit vereinten Kräften zu bekämpfen durch Bildung von Bewusstsein und Verständnis für ihre Situation, durch Stärkung von Kooperation und die Förderung einer Entwicklungspolitik und -zusammenarbeit, die die besonders Benachteiligten einschließt und beteiligt und nicht außen vor lässt.

Die *Absichten* der GDPP wurden in fünf Grundsätzen festgeschrieben:

- Nutzen vorhandener administrativer Strukturen
- *Parallelismus* (nebeneinander arbeiten) und *Pooling* (Ressourcen zusammenführen, Interessen vereinen) praktizieren
- Bildung einer starken Plattform für die Stimme behinderter Menschen
- Global denken, lokal handeln
- Menschenrechtserklärungen und -konventionen ergänzen

Die *Aufgaben*, die sich daraus ergeben und die das GPDD-Arbeitsprogramm bestimmen, sind:

Daten über Behinderung zusammenstellen, wirtschaftliche Forschung zu Behinderung und Armut; Entwicklungspolitik; Kapazitätsbildung unterschiedlicher Art, einschließlich Entwicklung von Expertise in der Ökonomie von Behinderung an Universitäten und Instituten in Entwicklungsländern; und Pilotprojekten mit ausländischer Unterstützung.

Das Arbeitsprogramm kann eine Beurteilung von bestehenden Netzwerken beinhalten und eine Bedarfsanalyse, die Bedürfnisse und Erwartungen der Partner an GPDD identifiziert.

Weiterhin wird erwogen, unterschiedliche institutionelle Ansätze, um Menschen mit Behinderungen in Leitlinien und Programmen der Entwicklungszusammenarbeit einzubeziehen, zu beurteilen und zu analysieren. Was erweist sich dabei als zielführend und was nicht? In der Beurteilung und Bewertung der Effektivität unterschiedlicher Ansätze wird die Möglichkeit erhöht, besonders effektive Ansätze zu wiederholen und weniger effektive zu verändern.

Struktur

Die Allianz ist informell, sie beruht nicht auf einer juristischen Definition. Es geht hier einzig um die Vernetzung verschiedenster Beteiligter und ihrer Kenntnisse und Erfahrungen. Absichten und Ziele vereinen die Akteure.

In regelmäßigen Abständen werden Zusammenkünfte der Allianzpartner stattfinden. Auf den Treffen werden die Aktions-Programme ausgearbeitet, das heißt, es wird diskutiert und festgelegt, welche Allianzpartner welche Aufgabe übernehmen und durchführen. Dabei übernehmen die verschiedenen Mitglieder die Aufgabenbereiche, in denen sie aufgrund ihres Status und ihrer Zielsetzungen besonderes Expertenwissen haben und ihren Einfluss erfolgreich geltend machen können.

Die Teilnahme an der Allianz ist freiwillig, es gibt keine Mitgliedsbeiträge oder andere finanzielle Verpflichtungen.

Die Weltbank steht einer Stiftung (TFDD, *Trust Fund for Disability and Development*) vor, deren Gelder in nötige Prozesse zur Funktion der Allianz fließen, z.B. werden die Akteure aus sogenannten Entwicklungsländern, deren Teilnahme an der Allianz ohne finanzielle Hilfe fraglich wäre, mit den nötigen Mitteln ausgestattet. Auch eigene Forschungs- oder Informationsprojekte der Allianz werden mit dem Fonds teilfinanziert.

Private, international tätige Unternehmen sollen eingeladen werden, sich auch für die Belange von Menschen mit Behinderungen in der Entwicklungspolitik zu engagieren.

Fünf Status-Möglichkeiten

Fünf Status-Möglichkeiten der Mitarbeit haben sich herausgebildet: als Partner, Mitglieder, Berater, in der Task Force und in thematischen Arbeitsgruppen.

Partner sind Organisationen, die sich das Gesamtziel der GPDD auf die Fahnen geschrieben haben und eine Zusammenarbeit innerhalb der Allianz wünschen. Sie beteiligen sich am Austausch von Informationen, nehmen Anteil an den Diskussionen und fördern die Zielsetzung.

Aktiver als die Partnerorganisationen bringen sich die *Mitgliedsorganisationen* ein. Mitglieder zeichnen sich aus durch Engagement in Bereich inklusiver Entwicklungszusammenarbeit, deren Umsetzung und die konkrete Beteilung von Menschen mit Behinderungen innerhalb der Organisationen und ihrer Programme. Sie leisten herausragende Lobbyarbeit oder stellen Ressourcen zur Verfügung. Sie werden von der Task Force zu Mitgliedern ernannt.

Berater (Senior Advisors) sind Persönlichkeiten, die mit ihrem Expertenwissen zum Prozess der inklusiven Entwicklungszusammenarbeit beitragen, sie werden in Abstimmung mit den Mitgliedsorganisationen von der *Task Force* berufen.

Die *Task Force* selbst ist das Koordinationsteam für die *Global Partnership for Disability and Development* und setzt sich zusammen aus derzeit 13 Vertretern – darunter Handicap International und CBM - der verschiedenen Organisationskategorien, die ihr Interesse am Entstehungsprozess einer weltweiten Allianz und ihrer Arbeit für und mit behinderten Menschen ausgedrückt haben. Die *Task Force*-Mitglieder, die monatliche Telefonkonferenzen und ein jährliches Planungstreffen abhalten, werden im zwei-Jahres-Rhythmus aus den Reihen der Mitglieder und von diesen gewählt. Sie sollten mit Behinderten- und Themen der Entwicklungspolitik und -zuammenarbeit vertraut sein und bereit, Zeit und Engagement für die Sache zu investieren.

Die derzeit bestehenden Arbeitsgruppen, die sich aus Mitgliedern der *Task Force* zusammensetzen und deren Themen in der *Task Force* erarbeitet wurden, behandeln die Themen *Inclusive Education, Katastrophen-, Nothilfe- und Programme zu Konfliktbewältigung, Armutsbekämpfung und Behinderung* und *Planung und Organisation*.

Erste Ergebnisse:

- Erarbeitung des Arbeitsprogramms von GPDD.
- Aufbau der Website „disability and poverty reduction“, http://www.stakes.fi/sfa/disabilityandpoverty, die zur Referenzseite zum Thema Behinderung und Armutsbekämpfung entwickelt werden soll. Alle Interessierten sind eingeladen, hierzu Beiträge und Anregungen zu geben.
- Lobbying für die Einbeziehung von Menschen mit Behinderungen beim Wiederaufbau nach dem Tsunami.

Derzeitige Möglichkeiten des Engagements

- Beteiligung an der Mailgroup von GPDD www.join-gpdd@lists.worldbank.org. Die Mailgroup dient als eine Art globaler Marktplatz zum Austausch und zur Vernetzung aktueller Informationen zum Thema Behinderung und Entwicklung.
- Teilnahme an der Allianz-Konferenz von GPDD 2007 (Ort und Datum stehen dabei noch nicht fest)

Aktuelle Entwicklungen zu GPDD können auf der Website der Weltbank: www.worldbank.org unter GPDD verfolgt werden, wo auch die Protokolle der Telefonkonferenzen und der jährlichen Treffen der *Task Force* eingesehen werden können.

Andreas Pruisken

Impressions from the *Seminar on Disability in (Post-)Emergency Situations*

The *Seminar on Disability in (Post-)Emergency Situations* held on the 24th February 2006 in Amersfoort (Netherlands) by the *Dutch Coalition on Disability and Development* (DCDD) and *Enablement through Research and Development* was an ideal forum for professional exchange and experience sharing focussing on disability issues in different stages of emergency situations.

Six soundly elaborated presentations having been given by representatives from respective institutions who extensively worked and conducted research in the field of emergency response with special attention to disability. It was stated that persons with disabilities are prone to a *double vulnerability* in the face of a natural or man-made emergency situation. One could even further differentiate and speak of multiple vulnerabilities with regard to environmental, economic, physical, social, educative, cultural and institutional conditions in steadily changing communities. With regard to intervention strategies it was emphasised that local coping strategies have to be respected, no dependency should be created, victimization is to be avoided and that the participation of local (disabled) people and their organisations is crucial for appropriate interventions.

As far as *Community Based Rehabilitation* (CBR) is concerned it was stressed that there is no *blueprint* for CBR but that it has to be applied as a *human-rights* and *cross-sectoral approach* adapted to specific contexts. When it comes to focussing on the community it has to be considered that communities have to be rebuilt and re-organized in post-crisis situations.

Acute lack of research and evaluation in the field of disability, especially in emergency situations has been repeatedly highlighted, and in that respect there is a substantial need of not only gathering disability statistics but particularly qualitative and narrative research in order to more effectively capture the needs and potentials of people with disabilities. This also includes the necessity of longitudinal data to understand the actual (post-emergency) situation while considering previous conditions, support structures etc.

It was concluded that people with disabilities affected by emergency situations have to be integrated into all rehabilitation processes considering individually required accessible physical and medical services as well as comprehensive livelihood restoration efforts. It is furthermore necessary to have legal frameworks and coordinating mechanisms for reinforcing accessible reconstruction and inducing an inclusive approach in the sense of linking relief, rehabilitation and development.

Christiane Noe

NEWS

EU commissioner for development Louis Michel acknowledges need to proactively include disability in development cooperation policy

On Thursday 19th of January 2006 the *European Parliament* adopted a resolution on disability and development. The parliament made clear that they wanted the commission to do more on the neglect of people with disabilities in development cooperation activities. During the debate in Strasburg, Louis Michel replied that this request had not fallen in deaf ears. He promised to implement the parliamentary resolution and to systematically address the issue of disability in his forthcoming visits to partner countries.

The parliamentarian resolution was adopted at the end of a debate without further amendments. In the resolution the parliament requests the EU, amongst others, to develop a detailed action plan to implement its *Guidance Note on Disability and Development*; to ensure there are appropriate resources allocated for disability-specific actions; to actively participate in WHO supported campaigns aimed at tackling preventable impairments; to include a disability component in the fields of education, health, employment, infrastructure and poverty reduction programmes; to insure that people with disabilities are consulted in policy development.

UN-Konvention Menschenrechtskonvention geht in entscheidende Phase - Durchbruch zu Internationaler Kooperation erreicht

Nach der letzten Sitzung des Ad hoc-Komitees, die vom 16.1. bis 3.2.2006 in New York stattgefunden hat, geht die Erarbeitung der *UN-Konvention zur Förderung und zum Schutz der Rechte und Würde von Menschen mit Behinderung* in ihre entscheidende Phase. Nach einer weiteren Sitzung des Ad hoc-Komitees, die im August diesen Jahres stattfinden soll, wird erwartet, die letzten strittigen Fragen ausräumen zu können, so dass der erarbeitete Konventionstext im Jahre 2007 der UN-Vollversammlung zur Verabschiedung vorgelegt werden kann.

Als großer Fortschritt des letzten Treffens des Ad hoc-Komitees kann gewertet werden, dass es gelungen ist, die Internationale Kooperation signifikant in der Konvention zu verankern. Diese wird nicht nur in der Präambel erwähnt, sondern erhält auch einen eigenen Artikel. Darin heißt es, dass sichergestellt werden soll, dass Maßnahmen der Entwicklungszusammenarbeit Menschen mit Behinderung inklusiv mit berücksichtigen und für diese zugänglich sein müssen. Die Verabschiedung und Ratifizierung der Konvention wird für die Berücksichtigung von Menschen mit Behinderung in der Entwicklungszusammenarbeit einen Meilenstein darstellen, da damit ihr Recht auf Inklusion menschenrechtlich garantiert wird. Dies wird bedeuten, dass die nationalen Gesetzgebungen und Leitlinien im Hinblick auf eine inklusive Entwicklungszusammenarbeit in allen Bereichen modifiziert werden müssen. Gleichzeitig ist in der Konvention die Verpflichtung der südlichen Länder enthalten, Menschen mit Behinderung gleichberechtigt in ihren Entwicklungsbemühungen zu berücksichtigen.

Dass die Verhandlungen über die Aufnahme der Internationalen Kooperation in den Konventionstext nun zu einem erfolgreichen Abschluss geführt werden konnten, ist vor allem den Einsatz zahlreicher internationaler Nichtregierungsorganisationen sowie Organisationen von Menschen mit Behinderung zu verdanken.
Informationen zum Stand der UN-Konvention sind zu finden unter: http://www.un.org/esa/socdev/enable/

People's Health Movement mit Alternativem Weltgesundheitsbericht

July 17-22, 2005, Quito (dpa) - Krankheiten und menschliches Leiden in weiten Teilen der Welt sind keine naturgegebenen Übel, sondern Folgen einer ungerechten Weltordnung und einer falschen Gesundheitspolitik. Das ist die Kernaussage des ersten Alternativen Weltgesundheitsberichts, mit dem sich Delegierte der Alternativen Weltgesundheitsversammlung in Ecuador befassten. Um die fortschreitende Zweiteilung der Welt in gutversorgte Reiche und vernachlässigte Arme umzukehren, bedürfe es eines „neuen globalen Gesundheitspaktes“, steht in dem 360 Seiten starken Bericht.

An der zweiten Alternativen Weltgesundheitsversammlung nahmen noch bis Freitag 850 ausländische und 600 einheimische Delegierte in der ecuadorianischen Stadt Cuenca teil. In dem weltweiten Netzwerk *People's Health Movement* haben sich regierungsunabhängige Organisationen zusammengeschlossen, die der Globalisierung in ihrer derzeitigen Form und der zunehmenden Kommerzialisierung des Gesundheitswesens ablehnend gegenüberstehen.

Obwohl es auf der Welt genügend Lebensmittel für alle Menschen gebe und auch die Wissenschaft enorme Fortschritte erzielt habe, sei das Ziel *Gesundheit für alle* in weiter Ferne, beklagt der Bericht, der im Internet bereits veröffentlicht wurde. Jährlich stürben 18 Millionen Menschen, darunter 10 Millionen Kinder unter 5 Jahren, an heilbaren Krankheiten. Die Untersuchung habe es sich zur Aufgabe gemacht, die Gründe für diesen *Skandal* und Strategien für eine positive Entwicklung aufzuzeigen.

Armut infolge der Teilung der Welt in reich und arm, eine als unfair bezeichnete Globalisierung, fortschreitende Militarisierung und Kriege sowie Umweltzerstörung, Klimawandel und eine verfehlte Politik von Behörden und Gesundheitsorganisationen seien die Hauptgründe für Krankheiten und Hunger. Die reichen Länder treffe eine schwere Mitschuld an den Zuständen, die von ungerechten Handels-

beziehungen und unzureichender Hilfe geprägt sei. Gegen diese Missstände müssten die sozialen Kräfte weltweit gestärkt werden, schreiben die Autoren.

Das *People's Health Movement* wurde im Dezember 2000 von 1600 Vertretern aus 93 Ländern in Bangladesch gegründet. Die Bewegung kämpft nach eigenen Angaben gegen Krankheiten und krankmachende Verhältnisse. Sie beruft sich auf die *Erklärung von Alma Ata*, in der die Weltgesundheitsorganisation (WHO) 1978 die Basisgesundheitspflege weltweit zum Kern von Gesundheitspolitik machen wollte, mit dem Ziel *Gesundheit für Alle bis zum Jahr 2000*.
Quelle: www.krankenkassen.de (20.7.2005)
Weitere Informationen: www.phmovement.org

Übersichtsmatrix des AKLHÜ zu Fachkräften in der EZ

Welche Organisationen in Deutschland suchen in welchen Arbeitsbereichen Fach- und Führungskräfte für Auslandstätigkeiten in der Entwicklungszusammenarbeit? Zur besseren Orientierung und als erste Übersicht hat der AK LHÜ für alle interessierten Personen eine 2-seitige Übersicht *Fachkräfte für die Entwicklungszusammenarbeit* erstellt, in der ein Großteil der in Deutschland ansässigen Organisationen, nach Tätigkeitsfeldern und Einsatzbereichen erfasst wurden. Die Tätigkeitsfelder sind in zehn beruflichen Einsatzkategorien unterteilt und bieten eine übersichtliche Darstellung der Trägerlandschaft in Deutschland und der fachlichen Schwerpunkte.
Bezug: http://www.entwicklungsdienst.de/fix/publik/pdf/EZA_taetigkeitsfelder_matrix2005_final.pdf
Quelle: Arbeitskreis Lernen und Helfen in Übersee e.V.

Fußball ohne Grenzen. Faires Spiel – Fairer Handel. Unterrichtsmaterialien und didaktische Ideen für die Förderschule und den Inklusiven Unterricht

Das Projekt *Fußball ohne Grenzen. Faires Spiel – Fairer Handel* richtet sich an Schülerinnen und Schüler, die im Sekundarbereich 1 an Förderschulen sowie im inklusiven/integrativen Unterricht in NRW unterrichtet werden. Wichtige Elemente des Projektes sind ein Lehrerhandbuch (mit CD-Rom), Lehrerfortbildungen sowie ein Ideenwettbewerb der Schulen, in denen Kinder und Jugendliche mit Behinderung unterrichtet werden. Mit diesem Projekt im Rahmen der UN-Dekade *Bildung für nachhaltige Entwicklung* soll Globales Lernen auch für Kinder mit Behinderung möglich gemacht werden.

Die Thematik fair gehandelter Fußbälle steht dabei im Zentrum, weil in diesem Jahr nicht nur die FIFA-WM stattfinden wird, sondern im Anschluss daran auch die Fußball-Weltmeisterschaft der Menschen mit Behinderung.
Weitere Informationen: Behinderung und Entwicklungszusammenarbeit e.V. (bezev), Wintgenstr. 63, 45239 Essen, Tel.: 0201/40 87 745, Fax: 0201/40 87 748, Email: info@bezev.de, www.fussball-ohne-grenzen.org

Boom-City – Eine Welt im Kleinen Wirtschaft in einer globalen Welt

Das Projekt *Boom-City – Eine Welt im Kleinen* ist ein interkulturelles Medien- und Bildungsprojekt für Kinder mit und ohne Behinderungen und findet vom 11. Oktober-18. November 2006 in München-Moosach statt. Es hat zum Ziel, Kindern spielerisch Zusammenhänge der Weltwirtschaft und Globalisierung zu vermitteln. Sie entwickeln Solidarität und bauen Empathie mit Kindern in ärmeren Ländern auf, die die Konsequenzen des Welthandels auf andere Weise erfahren, und entwickeln und erproben nachhaltige Lebensstile im Rahmen ihrer eigenen Handlungsmöglichkeiten. Es gibt ein offenes Nachmittagsprogramm für Grund- und Förderschulen mit spannenden Aktionen rund um Handel, Globalisierung, Finanzmärkte, Fairen Handel, Geld und Gerechtigkeit sowie vielen Exkursionen zu Wirtschafts- und Handelszentren.
Weitere Informationen: Kathrin Meister, Spielhaus boomerang, Pelkovenstr. 128, 80992 München-Moosach, Tel.: 089-1404668 (Veranstalter: Spielhaus boomerang/AG Buhlstraße e.V. & Ökoprojekt – MobilSpiel e.V.).
http://www.mobilspiel.de/Oekoprojekt/kids.html

Neuer Masterstudiengang: „Health & Society: International Gender Studies Berlin“

Das englischsprachige Studienangebot (seit Oktober 2005) richtet sich weltweit an Frauen und Männer in gesundheitsbezogenen Berufsfeldern. Das Konzept ist multidisziplinär, interkulturell und geschlechtssensitiv. Ziel des Masterstudienganges ist es, die Studierenden zu Expertinnen und Experten in der Analyse gesundheitlicher Problemlagen und in der Entwicklung, Implementierung und Evaluation bedarfsorientierter Ansätze der gesundheitlichen Versorgung auszubilden. Themen des Studienprogramms sind u.a. Global Health, Lebensbedingungen von Frauen und Männern in unterschiedlichen Gesellschaften, Krankheiten und gesundheitliche Risiken, reproduktive Gesundheit, Gesundheitsdienste und –systeme sowie die Vermittlung von berufsbezogenen Schlüsselqualifikationen. Das Programm erstreckt sich über einen Zeitraum von 18 Monaten, ein international ausgerichtetes Praktikum ist integriert. Der Studienabschluss ist der Master of Science mit Diploma Supplement in Public Health (MSc). Die Zulassungsvoraussetzungen sind ein Hochschulabschluss (ab Bachelor), eine mindestens 2-jährige gesundheitsbezogene Berufserfahrung und gute Englischkenntnisse. Die Studiengebühren betragen insgesamt 9700 Euro.
Weitere Informationen: Tel.: 030-450-551005; E-mail: health-society@charite.de; Homepage:
http://www.charite.de/health-society

VERANSTALTUNGEN

21.04. - 24.04.2006 UTAIM –Tunis National Member in Inclusion International holds a conference about the challenges of Grown-up Population with Special Needs.
Information: www.utaim.org (Union Tunisienne D'aides Aux Insuffisants Mentaux), Dr Hisham Ben Nasr, contact@utaim.org , 5 Khemaiss Ternan Str. PO Box 234 Mont Flori Tunis., Tel +216 71 253191 Mobile +216 98 337346 Fax +21671 257829

04.05. - 06.05.2006 Conference: “What about Sex Education for Person with Special Needs?” (UTAIM Jerba Midoun)
Information: www.utaim.org (Union Tunisienne D'aides Aux Insuffisants Mentaux), Dr Mongi Ben Hammuda, Tel-Fax: +216 75 676164, Jerba Midoun Section Centre Elamy 4175 Tunis, utaim_elmay@yahoo.fr, Mobile :+216 98 42363

16.06. - 18.06.2006 Regenbogen-Seminar. Menschen mit Behinderung in der Einen Welt.
in Kooperation mit der Akademie Frankenwarte Würzburg
Information: Behinderung und Entwicklungszusammenarbeit e.V., Wintgenstr. 63, 45239 Essen, Tel.: 0201/40 87 745, Fax: 0201/40 87 748, E-Mail: info@bezev.de, Internet: www.bezev.de

14.07. - 16.07.2006 Entwicklungszusammenarbeit als soziale Aufgabe und praktische Erfahrung – Teil II. Seminar zur Vorbereitung von Arbeits-, Praktikums- und Studienaufenthalten in Afrika, Asien und Lateinamerika in Kooperation mit der Akademie Frankenwarte in Würzburg
Information: Behinderung und Entwicklungszusammenarbeit e.V.

06.10. - 07.10.2006 Final conference on Mainstreaming Mental Disability Policies.
Information: Mr. Gengoux Gomez: self-advocacy@inclusion-europe.org

27.10. - 29.10.2006 Seminar für RückkehrerInnen: Entwicklungszusammenarbeit als soziale Aufgabe und praktische Erfahrung – Teil III
in Kooperation mit der Akademie Frankenwarte in Würzburg
Information: Behinderung und Entwicklungszusammenarbeit e.V.

30.10 - 02.11.2006 The 2nd World Congress on Autism: "Autism Safari – Exploring New Territories" (Cape Town, South Africa). Veranstalter: World Autism Organisation and Autism South Africa in association with SBS Conferences.
Information: Jill Stacey, National Director, Autism South Africa, P.O. Box 84209, Greenside. 2034, Fax: +27 11 486 2619,
Internet: www.sbs.co.za/autism2006/Autism2006_2nd-call-3.pdf

07.11. - 10.11. 2006 Inclusion International World Congress (XIV). Building an Inclusive Future: a challenge for globalization (Acapulco, Mexico).
Information: Internet: www.inclusion-ia.org/

Literatur & Medien

Handicap International, Bangladesh
How to include disability issues in disaster management. Following floods 2004 in Bangladesh
Bangladesh 2005
Diese Publikation von Handicap International Bangladesch gibt viele praktische Tipps und hilfreiche Leitlinien für die Berücksichtigung von Menschen mit Behinderung und anderen besonders verwundbaren Bevölkerungsgruppen in allen Phasen und Ebenen einer Krisen- und Katastrophenbewältigung. Sie beruhen auf den Erfahrungen im Umgang mit den folgenreichen Auswirkungen der Überschwemmungen in Bangladesch im Jahr 2004, sind aber übertragbar auf Krisen- und Notfallhilfe im Allgemeinen. Besonders können die Belange behinderter Menschen in einem frühen Stadium einer Notsituation und besser noch in der Vorbereitungsphase der Katastrophenbewältigung Beachtung finden, in der Absicht, die folgenreichen Auswirkungen einer Katastrophe auf Menschen mit Behinderung möglichst gering zu halten.
Bezug: www.handicap-international.de/images/pdfs_multimedia/disability_dis_management.pdf

Christoffel-Blindenmission
Manual: "Promoting Universal Access to the Built Environment"
Christoffel-Blindenmission (CBM) recently published a manual on *Promoting Universal Access to the Built Environment*. The introductory part of the guidelines highlights the need for advocacy and awareness raising, the formulation of policies and legislations and the participation of people with disabilities in respect to promoting accessible strategies. The particularities in post-disaster situations are equally considered. The manual basically provides descriptive measures and standards for assistive devices, visual accessibility, vertical and horizontal accessibility and guiding systems for blind and visually impaired people. It also includes an accessibility checklist as a basic tool to assess architectural plans or existing buildings. As accessibility is understood an ongoing process that involves the continuous identification of barriers and opportunities to increase access for people with disabilities, the manual is meant to be constantly adapted and accomplished by good practice examples and local solutions fed back by users as well as implementing persons. The manual is available in PDF format and as a hard copy in a limited edition.
Bezug: Christiane.Noe@cbm-i.org, Christoffel-Blindenmission, Nibelungenstraße 124, 64625 Bensheim, Telefon: 0 62 51 - 131-0, communications@cbm-i.org

Sygal, Susan & Lewis, Cindy (Ed.)
Building Bridges: A Manual on Including People with Disabilities in International Exchange Programs
Mobility International USA/National Clearinghouse on Disability and Exchange 2006
ISBN: 1-880034-37-9
This comprehensive manual features practical suggestions and creative ideas for including, recruiting and accommodating people with disabilities in international exchange programs. Building Bridges also addresses cross-cultural issues and international service projects. Includes an extensive resource section.
Bezug: www.miusa.org/publications/books/bb_html

Marais, Hein
Buckling: The impact of AIDS in South Africa
University of Pretoria, 2005
ISBN: 0-620-35595-6
This new publication by Hein Marais, tackles the question in distinctive and critical-minded fashion – and arrives at disquieting and surprising conclusions. A detailed, multidisciplinary review of research evidence, this short book adopts a unique perspective which reveals more clearly the contingency and complexity of the epidemic's effects. It shows how conventional conceptions of AIDS impact (and programme responses) tend to reflect dominant ideological fixations – particularly the overriding emphasis on productive processes and economic growth, governance and security – and how the wellbeing of humans typically is refracted through those preoccupations. Many accounts of AIDS impact, Marais demonstrates, are misdirected. They ignore the distribution of risk and responsibility in society, and skirt the interplay of the epidemic with the dynamics that determine the distribution of power, resources and entitlements. As a result, they underplay the inordinate extent to which the epidemic's burdens are being deflected onto, and concentrated among the least-privileged sections of society – causing even harsher polarization and petrifying social arrangements. Commonplace understandings of the epidemic's impact and of the kinds of strategies that could contain and repair the damage, Buckling argues, must be revised.
Bezug: Johan Maritz, Centre for the Study of AIDS, University of Pretoria, Tel: +27 12 420 4410 / +27 83 580 9138, Fax: +27 12 420 4395, johan.maritz@up.ac.za, www.csa.za.org/filemanager/fileview/117/

Mitra, Sophie

Disability and Social Safety Nets in Developing Countries

Social Protection Discussion Paper Series (World Bank), 2005

This paper deals with how social safety nets may reach the poor with disabilities in developing countries. It presents a framework for analyzing the inclusion of disability in social safety nets. The paper first reviews evidence on the relation between disability and poverty, and discusses the roles that safety nets may play with regard to disability. Safety nets can reach persons with disabilities through inclusive mainstream programs as well as disability targeted programs. The advantages and challenges of disability targeting are then discussed. The paper proceeds to analyze different ways that can be used to include disability considerations in the implementation of mainstream safety nets through the reduction of physical, communication and social barriers surrounding such programs and through the careful design and evaluation of safety nets. The use of disability targeting versus or in combination with disability mainstreaming is then discussed.

Bezug: Social Protection Advisory Service, The World Bank, 1818, N.W., Washington, D.C. 20433 USA. Tel.: (202) 458-5267, Fax: (202) 614-0471, E-mail: socialprotection@worldbank.org, www-wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/2005/06/24/000012009_20050624134318/Rendered/PDF/327400rev.pdf

Stone, John H.

Culture and Disability. Providing Culturally Competent Services (Multicultural Aspects of Counseling)

CIRRIE, State University of New York, 2004

ISBN: 0761930841

One in ten persons living in the United States was born in another country, and in many areas this percentage is much higher. Minority groups are currently underrepresented in the rehabilitation professions; consequently many persons with disabilities are served by professionals from a culture that may be very different than their own. Seven chapters discuss the cultural perspectives of China, Jamaica, Korea, Haiti, Mexico, the Dominican Republic, and Vietnam, focusing on how disability is understood in these cultures. Each of these chapters includes a discussion of the history of immigration to the United States, the role of the family and the community in rehabilitation, as well as recommendations for service providers on working with persons from each culture. Culture and Disability is a unique and timely text for students and instructors in disability-related programs. It is also a vital resource for service providers who work in cross-cultural environments.

Bezug: www.sagepub.co.uk/book.aspx?pid=106455

Inclusion Europe

Accessibility Pack for meetings and conferences for people with intellectual disability

Inclusion Europe has produced an *Accessibility Pack for meetings and conferences*, in order to make these more accessible for people with intellectual disability. This pack contains 50 leaflets *Rules for meetings*, 50 set of accessibility cards (red, yellow and green), recommendations for speakers and recommendations for organisers. It exists in English, French, Spanish, Czech, Dutch and German.

Bezug: self-advocacy@inclusion-europe.org

Order-form: www.inclusion-europe.org/documents/access%20pack_order-form.doc

Price: 45 €

Save the Children UK

A Kindergarten Fit for All Children. Inclusive Programme in Pre-school Institutions in Kula and Novi Pazar. Final Report 2003-2004

Save the Children UK has been implementing projects aimed at children with disabilities in Serbia and Montenegro since September 1996. This report discusses project implementation, difficulties encountered, and suggestions for future work.

Bezug: Ms. Dusanka Gacic Bradic, Save the Children UK Serbia, Office, Ljutice Bogdana 20, 11000 Belgrade, Serbia and Montenegro, d.gacic@scfukbdg.org.yu

Global Health Watch 2005-2006

Global Health Watch 2005-2006 is a collaboration of public health experts, non-governmental organizations, community groups, health workers and academics. It presents a hard-hitting assessment of inequalities in health and health care - and is aimed at challenging the major institutions, such as the World Health Organization, that influence health. The Watch is divided into five thematic sections. This executive summary highlights some of the major points made in each of these sections, and supplements them with recommendations made in the accompanying advocacy document, Global Health Action.

Bezug: sales@zedbooks.net or +44 2078374014.

Link: www.ghwatch.org/2005report/ghw.pdf

STELLENAUSSCHREIBUNG

Die Christoffel-Blindenmission, ein internationales Hilfswerk für Menschen mit Behinderungen in Entwicklungsländern in Bensheim, sucht zum baldmöglichsten Termin die / den

Koordinator (w/m)

für ein von der EU finanziertes Projekt zur Einbeziehung von Menschen mit Behinderungen in die Europäische Entwicklungszusammenarbeit. Sie koordinieren für ein Konsortium von 12 europäischen NGO´s und DPO´s (Disabled People Organizations) ein Projekt zur Einbeziehung von Menschen mit Behinderungen in die Programme der Europäische Entwicklungszusammenarbeit und Europäischer Hilfswerke.

Ihre Aufgaben sind:

- Erarbeitung einer Bestandsaufnahme der deutschen und europäischen Positionen zur Einbeziehung von Menschen mit Behinderungen in der Entwicklungszusammenarbeit
- Erarbeitung von Materialien zur Einbeziehung von Menschen mit Behinderungen
- Organisation von nationalen und regionalen Workshops mit den Materialien und auf der Grundlage der Bestandsaufnahme
- Dokumentation der Ergebnisse der Workshops

Wir erwarten:

- Abgeschlossenes Hochschulstudium
- Erfahrungen in der Arbeit mit Menschen mit Behinderungen
- Kenntnisse von entwicklungspolitischen Zusammenhängen
- Hohe soziale Kompetenz
- Hervorragende englische Sprachkenntnisse
- wünschenswert sind Kenntnisse der französischen Sprache sowie Erfahrungen in Antragschreiben an die EU.

Die Tätigkeit beinhaltet Aufenthalte in Bonn, Berlin und Brüssel. Dienstsitz ist Bensheim, Deutschland. Die Aufgabe ist auf zwei Jahre begrenzt. Menschen mit Behinderungen werden bevorzugt berücksichtigt.

Die Vergütung erfolgt nach AVR/BAT.

Für Bewerbungen und Rückfragen können Sie sich gerne an Andreas Pruisken, Christoffel Blindenmission, 64625 Bensheim, Nibelungenstr. 124, andreas.pruisken@cbm-i.org, 06251- 131-155, wenden.

Netzwerk Menschen mit Behinderung in der Einen Welt

Menschen mit Behinderung in der Einen Welt ist ein Netzwerk von Organisationen und Einzelpersonen, die sich wissenschaftlich und/oder praktisch mit dem Thema Behinderung in der so genannten Dritten Welt auseinander setzen. Mitglieder des Netzwerks können sein: Organisationen der Entwicklungszusammenarbeit, Institutionen, Arbeitsstellen an Studienstätten, Arbeitskreise und Arbeitsgruppen, Fachkräfte aus dem entwicklungspolitischen sowie behinderungsspezifischen Kontext sowie an der Thematik interessierte Einzelpersonen. Das Netzwerk ist ein Kommunikationsforum, das die wissenschaftliche und praxisorientierte Auseinandersetzung zur Thematik fördern und unterstützen will. Dies wird umgesetzt durch die ihm angehörenden Mitglieder.
Das Netzwerk übernimmt die folgenden Aufgaben:

- Herausgabe der Zeitschrift Behinderung und Dritte Welt
- Durchführung gemeinsamer Veranstaltungen (z.B. Symposia)
- Koordinationsstelle für an der Thematik Interessierte
- Vermittlung von Kontakten
- Diskussionsforum zu relevanten Fragestellungen
- Zweimal im Jahr Netzwerktreffen in unterschiedlichen Regionen Deutschlands
- Vernetzung

Anschrift: Netzwerk Menschen mit Behinderung in der Einen Welt
c/o Behinderung und Entwicklungszusammenarbeit e.V.
Wintgenstr. 63, 45239 Essen
Tel.: 0201/40 87 745, Fax: 0201/40 87 748, Email: bezev@t-online.de
Internet: www.bezev.de

Schwerpunktthemen kommender Ausgaben der Zeitschrift Behinderung und Dritte Welt

2 / 2006 Wege zur Einkommensförderung für Menschen mit Behinderung in Entwicklungsländern (verantwortlich: Adrian Kniel)
3 / 2006 Regionale Perspektiven der Behindertenarbeit – Arabische Welt (verantwortlich: Susanne Arbeiter/ Mirella Schwinge)
1 / 2007 Mitwirkungsmöglichkeiten von Selbstorganisationen (verantwortlich: Gabriele Weigt)

Interessierte Autorinnen und Autoren werden aufgefordert, nach vorheriger Rücksprache mit der Redaktion hierzu Beiträge einzureichen. Darüber hinaus sind Vorschläge für weitere Schwerpunktthemen willkommen.

Einsendeschluss für Beiträge

	Ausgabe 2/2006	Ausgabe 3/2006	Ausgabe 1/2007
Hauptbeiträge	15. Februar 2006	15. Juli 2006	15. November 2006
Kurzbeiträge	15. März 2006	15. August 2006	15. Dezember 2006

Liebe Leserinnen und Leser,
bitte informieren Sie uns über eine eventuelle Adressenänderung oder wenn Sie die Zeitschrift nicht mehr beziehen möchten. Geben Sie uns bitte ebenso Bescheid, falls Ihnen die Zeitschrift nicht zugestellt worden ist.

Zeitschrift Behinderung und Dritte Welt

Behinderung und Dritte Welt ist die Zeitschrift des Netzwerks Menschen mit Behinderung in der Einen Welt. Sie erscheint seit 1990 dreimal jährlich in einer Auflage von 850 Exemplaren und wendet sich v.a. an deutschsprachige Interessierte im In- und Ausland.

Vor allem dank der Unterstützung der Bundesvereinigung Lebenshilfe e.V., Kindernothilfe e.V. und Behinderung und Entwicklungszusammenarbeit e.V. erreicht sie viele WissenschaftlerInnen, Fachleute und sonstige Interessierte in allen Kontinenten.

Ihr Anspruch ist einerseits, ein Medium für einen grenzüberschreitenden Informationsaustausch zur Thematik darzustellen und andererseits, die fachliche Diskussion zu pädagogischen, sozial- und entwicklungspolitischen sowie interkulturellen Fragen im Zusammenhang mit Behinderung und Dritter Welt weiterzuentwickeln.

Die Redaktion und der sie unterstützende Fachbeirat sind insbesondere darum bemüht, Fachleute aus allen Teilen dieser Erde hierfür zu gewinnen und einzubinden. Publikationssprachen sind Deutsch und Englisch; Beiträge in Französisch, Spanisch oder Portugiesisch werden nach Möglichkeit übersetzt. Das Profil der Zeitschrift zeichnet sich durch jeweils ein Schwerpunktthema pro Ausgabe, eine über mehrere Hefte hinweglaufende Schwerpunktserie sowie einen Informationsteil aus.

Die Ausgaben der Zeitschrift Behinderung und Dritte Welt sind auch im Internet abrufbar unter:
www.uni-kassel.de/ZBeh3Welt

Die Zeitschrift Behinderung und Dritte Welt wird unterstützt durch:

Bundesvereinigung Lebenshilfe

Misereor

Kindernothilfe

Behinderung und Entwicklungszusammenarbeit e.V.