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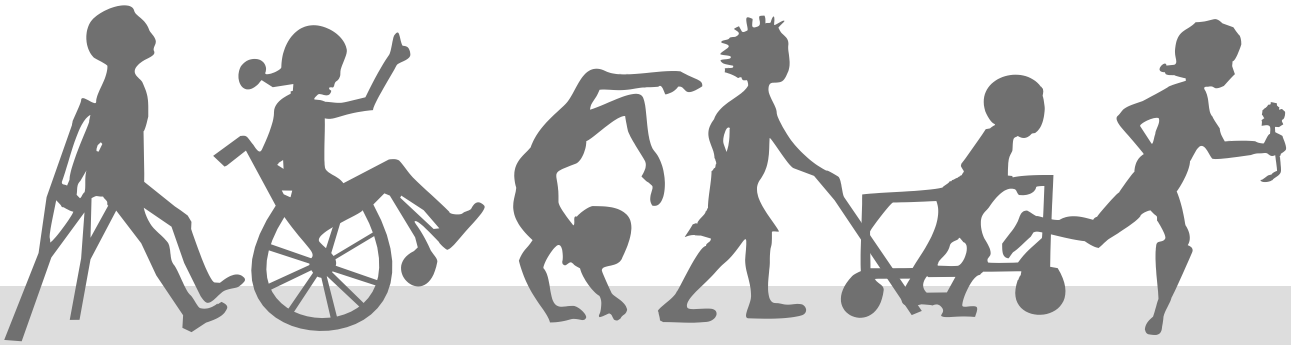

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Liebe Leserinnen und Leser!

Das Thema dieser und der nächsten Ausgabe hatte um die Jahreswende im Zuge der täglichen Berichterstattung aus dem Gazastreifen auch im Bewusstsein der Öffentlichkeit bedrückende Aktualität erhalten. Die Welt war schockiert über das Elend, das dieser Krieg über die Menschen im Gazastreifen und in Israel gebracht hat.

Im Gegensatz zu aktuellen Ereignissen, die über Massenmedien in die Wahrnehmung der breiten Öffentlichkeit gelangen, finden weitere Kriege und bewaffnete Konflikte, die in vielen Ländern der Welt stattfanden, wenig Beachtung. Über 90 Prozent der Kriege nach 1945 fanden in Regionen der Dritten und ehemaligen Zweiten Welt statt. Daher ist dieses Thema für die Menschen in vielen Entwicklungsländern von hoher Relevanz, betrifft es sie und ihre Lebensumstände doch sehr direkt. Dieses spiegelt sich auch in dem großen Interesse wider, das dem Thema dieser Ausgabe von Seiten der Autoren und Autorinnen entgegen gebracht wurde. Die hohe Anzahl der eingegangenen Beiträge hat uns dazu veranlasst, dem Thema Krieg und Behinderung zwei Ausgaben zu widmen und damit den Rechten, Bedürfnissen und Problemen von Menschen mit Behinderung nach Kriegs- und Konfliktsituationen entsprechend Raum zu geben.

Wenig ist zu dieser Thematik bis heute bekannt, obwohl die Zahl der von kriegerischen Auseinandersetzungen betroffenen Menschen weltweit in die Millionen geht und der Zusammenhang zwischen Krieg, bewaffneten Konflikten und Behinderung evident ist: Nicht nur sind Konflikte direkte und indirekte Ursache von Behinderung für große Bevölkerungsgruppen, Menschen mit Behinderung selbst gehören in solchen Ausnahmesituationen auch zu den am meisten vulnerablen Gruppen. Die *Zeit danach* ist für alle Betroffenen eine schwierige Phase des Neuanfangs und Wiederaufbaus, insbesondere für Menschen mit Behinderung sind die Herausforderungen schwer zu bewältigen. Viele Fragen ergeben sich – nach der Sicherung des Lebensunterhaltes, der rechtlichen Situation und Kompensationsansprüchen, dem Leben mit den oftmals traumatischen Erinnerungen und der gesellschaftlichen Einstellung gegenüber Zivilisten mit Behinderung – Fragen, die bisher nicht umfassend beantwortet werden können.

Mit der vorliegenden Ausgabe der Zeitschrift Behinderung und Dritte Welt haben wir es uns zum Ziel gesetzt, erste Antworten zu formulieren. Einen Überblick über die Situation von Menschen mit Behinderung in Nachkriegs- und Nachkonfliktsituationen im Allgemeinen sowie die Arbeit der Weltbank auf diesem Sektor bietet der Artikel von *Pia Rockhold* und *Laura McDonald*. Der Artikel von *Nerina Cevra* beschäftigt sich mit der rechtlichen Situation von Opfern kriegerischer Auseinandersetzungen insbesondere in Übergangssituationen. *Wanda Munoz* fasst in ihrem Beitrag die Erfahrungen zusammen, die von Hilfsorganisationen in der konkreten Unterstützung von Opfern gemacht worden sind. Über die Möglichkeiten und Vorteile von *Community Based Rehabilitation* (CBR) in der Phase des Wiederaufbaus berichten *Peat Malcolm* und *Djenana Jalovcic* am Beispiel einer Fallstudie auf dem Balkan.

Passend zum Thema finden Sie unter der Rubrik Literatur eine Rezension zum letztjährig erschienenen Bericht der *Women's Commission for Refugee Women and Children Disabilities Among Refugees and Conflict-Affected Persons* von *Christin Lidzba.*

Unabhängig vom Schwerpunktthema beleuchtet *Jill Hanass-Hancock* die Position der südafrikanischen Regierung zum HIV/Aids-Problem und die Rolle der Selbstvertretungsorganisationen von Menschen mit Behinderung in diesem Feld.

In der nächsten Ausgabe erwartet sie dann eine eher regionale Perspektive auf das Thema *Menschen mit Behinderung in Nachkriegs- und Nachkonfliktssituationen*. Mit Beiträgen aus verschiedenen Kontinenten werden wir versuchen, der Vielfältigkeit und Spezifika gerecht zu werden.

In eigener Sache: Zum Abschluss möchten wir es nicht versäumen, uns von Adrian Kniel zu verabschieden, der die Redaktionsgruppe verlässt, da er sich in den verdienten Ruhestand begeben hat. Adrian Kniel gehörte der Redaktionsgruppe vierzehn Jahre an und hat mit seiner Fachkompetenz und Erfahrung einen wesentlichen Beitrag zur Qualität der Zeitschrift beigetragen. Dafür möchten wir uns herzlich bei ihm bedanken! Die Mitarbeit von Harald Kolmar ruht bis auf weiteres. Auch bei ihm möchten wir uns für die fachkompetente und angenehme Mitarbeit in der Redaktionsgruppe herzlich bedanken. Die Redaktionsgruppe wird sich sehr freuen, wenn es ihm möglich ist, zu gegebener Zeit wieder in das Redaktionsteam zurück zu kehren.

Es wird Ihnen nicht entgangen sein, dass Sie die Ausgabe 3/2008 nicht erhalten haben und nun schon die 1/2009 in Händen halten. Wie in der letzten Ausgabe berichtet, hat der Rückzug der Bundesvereinigung Lebenshilfe ein tiefes Loch in der Finanzierung der Zeitschrift hinterlassen. Diese Lücke konnte im vergangenen Jahr nicht aufgefangen werden, so dass die Redaktionsgruppe beschlossen hatte, nur zwei Ausgaben zu erstellen. Die Redaktionsgruppe bemüht sich weiterhin um die Sicherstellung der finanziellen Basis der Zeitschrift. Dazu werden einige Änderungen erforderlich werden. Wir bitten Sie daher, das beigelegte Informationsblatt zu beachten und hoffen auf Ihre Unterstützung.

Wir wünschen Ihnen nun eine interessante Lektüre!

Ihr Redaktionsteam

The Hidden Issue in International Development Aid: Health and Disability in Conflict-Affected Settings in Sub-Saharan Africa

Pia Rockhold & Laura McDonald

This article describes the impact of conflict on health with focus on the large number of people living with disability due to conflict. It outlines some special issues in selected vulnerable groups and highlights the need for improved information on health and disability in conflict affected settings. Finally it describes efforts by the World Bank to increase awareness and strengthen knowledge of how to effectively include people with disability into a more coordinated, innovative and inclusive approach to reconstruction and development, hereby creating a platform for a new more equitable and inclusive society and sustainable peace.

Introduction

There are currently an estimated 600 million people or more with disabilities worldwide, with 400 million living in developing countries and more than 150 million being children. A large body of research emphasizes that disability is found disproportionately among the poor with disability causing poverty and vice versa. People with disabilities are "among the most stigmatized, poorest and least educated of all the world's citizens." While the estimated prevalence of disability put forth by the *World Health Organisation* (WHO) is 10 percent, this figure is likely to be much higher particularly in conflict-affected settings.

It is estimated that the "total population affected by conflicts, instability and transition" in Africa alone numbers 550 million from 33 countries. In addition to massive displacement of the population, Africa also contains the largest proportion of landmines, "of the 110 million…scattered in 70 countries (worldwide), about 45 million are buried in 11 countries in Africa." Causes of disability are both direct and indirect and far-reaching. This article describes conflict as a cause of disability and its implications for individuals with disabilities. It is largely based on a recent series entitled *The Hidden Landscape of Disability* and other publications by the authors.

The objectives are to provide information, elucidate key pathways, and contribute to the present conceptualizations around health and disability particularly in conflict-affected settings in *Sub-Saharan Africa* (SSA) while providing a brief overview of some ongoing activities aimed to address the current needs and putting forth some suggestions for future action. Our aim is to increase awareness of the need for more and better information on health and disability in conflict-affected settings and to contribute to the development of more appropriate responses to the special health and development needs in conflict-affected countries.

Conflict & Disability

The impact of conflict on health and well-being in the short- and long-term has been focus of limited, but noteworthy, attention. The consequences of conflict on population health are widely documented in terms of morbidity and mortality, but in most cases they are difficult to quantify. War affects health both directly and indirectly. Directly, individuals are wounded by landmines or *exploded remnants of war* (ERW), active combat, small arms, forced amputations, *sexual and gender-based violence* (SGBV), forced military recruitment, and other violent acts, harming their physical, sensory and mental health. Indirectly, conflict results in increased vulnerability to *sexually transmitted diseases* (STDs) including HIV/AIDS, and other communicable and non-communicable diseases due to increased violence, insecurity and stress, with large demographic movements, increased susceptibility of the population and poor access to basic needs such as food, water, shelter and energy. Conflict affects health through the damage and widespread destruction of key systems and services.

The mental health impact of conflict on present and future generations is significant and widely acknowledged. The prevalence of *post-traumatic stress disorder* (PTSD) and depression among conflict-affected populations is alarmingly high. A high lifetime prevalence of mood and anxiety disorders, including PTSD has been found in a number of conflict-affected populations in different regions. Traumatic events give rise to mental disorders far beyond what would have been expected based on already known environmental and genetic risk factors.

Poor mental health has a serious negative

impact on social and economic development for individuals and entire societies. Further, "… there is compelling evidence that in developing countries mental disorders are amongst the most important causes of sickness, disability, and in certain age groups, premature mortality." The impact of negative mental health outcomes in terms of dysfunction and reduced productivity is likely significant as it has been noted that "depressed persons typically exhibit a marked decrease in their ability to work, to parent and to engage in community life." Studies in various settings and cultures have found that poor mental health is associated with reduced functioning, a fact which is included in its formal diagnosis. Psychosocial and mental health problems are among the most common reasons for disability.

Conflict not only affects combatants and ex-combatants, but entire populations of women, children and youth. Conflicts inflict serious harm on the physical and social environment, damaging agriculture and undermining access to water, food, firewood, housing and sanitation. They result in the destruction of infrastructure, roads and communication and undermine the macro- and micro-economy, nutrition, trade and livelihoods while severely damaging health and education systems. Conflicts incite mass population movements both internally and across borders. Temporary camps for internally displaced persons (IDP) and/or refugees are often characterized by high rates of morbidity and mortality as a result of poor sanitation, shifts in endemic features, overcrowding, reduced access to safe drinking water, and high rates of malnutrition.

Conflict exacerbates the physical, mental and socio-economic vulnerability of people with disabilities putting them at even higher risk of negative health outcomes and exclusion. People with disabilities are often more vulnerable to sexual assault. In conflict-affected settings, attitudes towards people with disabilities may worsen as poverty increases and they might be less likely to cope or seen as more of a burden. Children and others with temporary or chronic impairments or disabilities have greater difficulties escaping during attacks, and as such, may be caught in conflict.

Stigmatization is often a key determinant of disability and it can be so extreme that, "people become disabled less by their impairments than by the negative attitudes of society which prevent them from developing their potential and from fully participating in society." People with disabilities and their families are more likely to live in lower quality housing and be exposed to a riskier working environment. Stigma and exclusion often persist in conflict's aftermath where people with disabilities have severely reduced access to employment, schooling, health and other services. Those who become disabled during conflict often lose old livelihoods and rarely have new opportunities for work. People with disabilities are also largely excluded from key social networks important for their livelihoods and well-being. Such stigma can have a serious impact on the quality of life of individuals with disabilities and their families.

Most emergency and development aid to countries affected by conflict focuses on rapid rehabilitation and reconstruction of the physical and social infrastructure often overlooking opportunities for innovation and development. The need for short and long-term rehabilitation of the individual and general population's mental, sensory and physical health is rarely addressed systemically. Rehabilitation and reintegration of ex-combatants are often addressed through separate project activities, but rarely included in the overall development plans for the country. While ex-combatants often receive attention following conflict, specialized assistance to support other groups in society is often lacking. Recognition of disability as a highly prevalent short- and long-term outcome of conflict is often absent. There has been a failure to recognise the needs of people with disabilities as they have recently been outlined in the United Nations *Convention on the Rights of People with Disabilities* (CRPD).

Specific Groups in Need of Consideration

Ex-combatants (veterans of war)

The global number of ex-combatants (soldiers returning from combat or veterans living with disability) is largely unknown. During the early 1990s war between Ethiopia and Eritrea, alone the number of ex-combatants known to have a war related disability reached between 18,000 and 45,000.[1] While there are few prevalence studies of disability amongst ex-combatants, a study of ex-combatants in Burundi[2] highlights the various needs of ex-combatants and the long-term toll of conflict and disability. In this study, approximately 19 percent of the ex-combatants were disabled, and a large number of those ex-combatants who had been fitted with prosthesis immediately after the conflict were no longer able to use these artificial limbs, due to lack of access to rehabilitation services enabling them to have them maintained and replaced as required (about every fifth year).

Ex-combatants have a high prevalence of injury, disability and mental health problems in particular *post-traumatic stress disorder* (PTSD)[3]. They are more likely to embark on substance use and other risk-taking behaviors. Following conflict, ex-combatants face the challenge of reintegration into society, which requires adoption of prior – or new – livelihoods and new modes of interaction with communities.[4] Former child soldiers, given their age (developmental stage, and powerlessness to defend themselves) are extremely vulnerable and the prevalence of HIV is often high in (ex)-combatants.[5]

Most available research reports high rates of health problems and injuries amongst ex-combatants but provide limited information on the general population. Government and international development agencies often spend a substantial amount of resources to reintegrate and resettle ex-combatants into society. Efforts are needed to ensure that individuals with various types of disability are considered and that efforts are sustainable. Ex-combatants often have better access to resources and health care than the remainder of the population and presently we have more information on ex-combatants than on the civilian population. It is possible that ex-combatants may be less vulnerable than members of the civilian population.

Women & Girls

Women and girls account for a large proportion of the civilian population, who are particularly vulnerable and adversely affected by conflict both physically and mentally. Women and girls are particularly vulnerable to SGBV, reproductive health problems, STDs and HIV/AIDS, and psychological distress due to increased domestic violence and SGBV. All of these factors can and often do lead to disability. Boys and men, however, also experience SGBV. This is an issue, which has been seriously under-reported and needs to be further explored.

Within a number of countries in SSA, female genital mutilation[6] is practiced. In conflict-affected settings, such traditions continue to be practiced; yet with limited sanitation and health care available, girls' physical health is even further jeopardized. It was noted that "500 female genital mutilations were carried out in a single night on young girls newly displaced to a camp near Freetown (Sierra Leone)."[7] *Obstetric fistula* – a widespread public health problem worldwide – is a particular concern in SSA and in conflict-affected countries within the region.[8]

SGBV is employed to "subvert community bonds and thus the perceived enemy, and furthermore as a tool of 'ethnic cleansing.'" At every stage of conflict, women and girls are particularly vulnerable to SGBV, during daily life in the community, escape, flight and settlement in transitory camps.[9] The incidence of SGBV among females associated with *fighting forces* is high. In Liberia, 75 % of females coming forward to be disarmed and demobilized reported that they had been sexually assaulted.[10] Forced conscription is also characterized by high incidence of SGBV. In Sudan, girls as young as eight are being raped and used as sex slaves in Darfur.[11]

In times of peace, women with disabilities are especially vulnerable to SGBV. They are more likely to experience sexual assault and "are more likely to experience a longer duration of abuse than women without physical disabilities."[12] One study found that 13 percent of women with physical disabilities described experiencing physical or sexual abuse in the past year.[13] It is likely that this number may be higher in conflict-affected settings.

Children & Youth

During the last decade an estimated 10 million children became "psychologically traumatized" and an additional four to five million were left with a disability, 12 million became homeless, and one million orphaned or separated from their parents.[14] [15] Children and youth are involved in conflict as victims and/or perpetrators. The impact of conflict on children and youth is substantial now – and for the future where these youth are to be: "tomorrow's workers, entrepreneurs, parents, active citizens, and… leaders."[16] Africa's youth are at special disadvantage as many live in countries embroiled in conflict.[17]

Orphans and vulnerable children[18] are especially vulnerable to disability. Often, they are forced to turn to the streets as they lack education and livelihoods and have no access to basic needs and services. They are at increased risk of abuse and more likely to adopt risk taking behaviours to survive, such as substance abuse and prostitution.[19] [20] The war in Rwanda in 1994 left nearly 100,000 children orphaned.[21] It is estimated that by 2010 the number of orphaned children in 26 countries in Africa will double with "68 % of these being due to AIDS."[22] It is estimated that 30 percent of street children live with a disability.[23]

The mental health impact of conflict on children and youth is severe whereby the "disruption of the relationship between children and their physical and social environment severely affects their psychological well-being and de-

velopment. In cases of protracted conflicts, distressing experiences and chronic secondary stress factors increase the risk of trauma."[24] Unaccompanied children "probably suffered even greater emotional and mental distress.[25]

Conflict-affected children and youth are at greater risk of disability and low socio-economic status due to poor health and limited or no education. Missed opportunities to acquire skills, good health habits, and the desire to engage in the community and society can be extremely costly to remedy.[26] The Sub-Saharan *continent* has been referred to as the "epicentre of the child soldier phenomenon."[27] When these children and youth "return to their communities, they bring with them new health problems, many of which were previously much less prevalent such as psycho-social trauma, war related injuries, problems of nutrition and even loss of livelihoods."[28] Demobilized child soldiers are often seriously sick and malnourished with higher prevalence of STDs and disabling war related injuries.[29]

Children and youth with disabilities are often less likely to survive, as they tend to have greater difficulties or be unable to flee during attacks and often are more vulnerable to lack of food, water and medical care.[30] [31] They have limited access to education, and health education (e.g. safe sex practices). They are at elevated risk of violence and abuse and lack access to legal protection and medical care (e.g., if HIV positive).[32] "While the basic needs of children and youth with disabilities are the same as those of other children and youth, it becomes more difficult to ensure these needs [are met] in conflict affected situations and children and youth with disabilities become even more vulnerable."[33]

The World Bank's Approach

As one of the leaders in global development involved in humanitarian emergency relief and long-term reconstruction and development, the World Bank can provide and strengthen comprehensive solutions in conflict-affected environments. Through the work of the *World Bank's Disability & Development* (D&D) Team, significant steps have been taken to raise disability as a priority issue to be mainstreamed into all the work of the World Bank. The Bank has taken the lead in supporting a worldwide collaboration named the *Global Partnership for Disability and Development* (GPDD). GPDD is an important initiative in accelerating the inclusion of people with disabilities and their families into mainstream development.

The D&D team has focused its work on knowledge-management and -sharing and operational support in the areas of: inclusive health research; disability data collection; disability and poverty; disability in conflict- and disaster-affected situations; and rehabilitation. The D&D team has broadened the focus of international emergency and development aid to ensure more attention to key issues, which jeopardize health and well-being in conflict-affected settings. It has aimed to enhance international awareness of the urgent need to strengthen mental and physical rehabilitation as an integrated part of already ongoing emergency and development assistance. Such an approach is essential for inclusion of people with functional limitations and disabilities into society.

To date significant investment has focused on *research and collaboration* on efforts in conflict-affected settings. The Bank and its partners have, amongst others, supported research for three forthcoming papers on disability in conflict-affected countries in SSA, a global study on medical rehabilitation in a selected number of countries, most of which have been affected by conflict and overall strengthening of the Bank's work in the area of mental health. All of these provide a foundation for more emphasis on the importance of increased attention on disability in these settings and a knowledge base for action.

One of the major objectives of the D&D Team has been to provide the knowledge base and technical assistance to ensure that individuals with disabilities and their families are included from early on throughout *project development and implementation*. This has been facilitated through the development of operational guidance tools and technical assistance on numerous projects in conflict- and disaster-affected areas and institutional awareness-raising activities. Since the establishment of the D&D Team, the number of Bank supported projects including disability has increased substantially. The institutional awareness of the importance of inclusive development has increased within the Bank and among its partners.

One of the Bank's most notable activities on disability in conflict-affected settings to date has been its support of ex-combatants through the *Multi-Country Demobilization & Reintegration Programme* (MDRP). Beginning in 2002, supported by the World Bank and 13 donor countries, the MDRP has aimed to support the physical, mental and social rehabilitation and reintegration of ex-combatants in the Great Lakes Region in Central Africa. The largest pro-

gramme of its kind in the world, MDRP currently targets an estimated 450,000 ex-combatants in seven countries. MDRP activities, supported by governments and a large number of organisations, have played a central role in the rehabilitation and reintegration of disabled ex-combatants.

Civilian populations in today's conflicts are directly targeted during conflict and often experience severe human rights abuses, violence and injury yet they may be unable to access or to afford basic health care and rehabilitation, the latter of which is often characterized by short term emergency support with focus on the immediate needs of ex-combatants. The Bank is increasingly aware of this problem and the need to strengthen support provided to countries in the transition from emergency to development. The Bank has, in collaboration with its partners, strengthened its work in many of these so-called Fragile States. The Bank also continues to focus attention on people with disabilities, with a particular emphasis on gender and vulnerable groups such as children and youth. In addition to contributing to the research base on their needs, the Bank has made concrete efforts to integrate children and youth with disabilities into society in the aftermath of conflict. For example, the Bank has emphasized the importance of innovative approaches to ensure inclusion of children with disabilities into schools through strengthening of rehabilitation and increased focus on the need for universally accessible reconstruction and designs ensuring access for all.

The *serious and often long-term mental health* consequences of violence, is an area of increasing importance in much of the Bank's activities. In addition to developing its technical capacity in this area, the Bank has incorporated concrete mental health activities into operations in Burundi, through an *Early Childhood Development* (ECD) programme, and in Sierra Leone through the training of mental health workers, and identification and provision of psychiatric support to vulnerable groups. The Bank has also aimed to influence upstream policy activity by supporting *Project 1 Billion*. This international effort resulted in the development of a Global Mental Health Action Plan based on cooperation and buy-in from health officials from more than 30 conflict-affected countries worldwide.[34] Most recently, the Bank has aimed to strengthen its network on these issues by establishing a psychosocial and mental health and well-being listserv.[35]

Recent emphasis of the Bank's work has been an increasing focus on injury and disability as a cause and consequence of SGBV. The Bank has established the Conflict, Crime and Violence Team in the Social Development Department. The team aims to increase the knowledge base of the causes and consequences of various types of violence and identify areas of possible intervention to prevent violence and remedy its impact. The Bank has also emphasized the rampancy of SGBV and its importance as a development issue. A recent workshop held at Bank headquarters, with wide internal and external attendance emphasized the serious impact on health and well-being of SGBV in conflict-affected settings and provided information on effective responses.

Finally, the Bank has taken steps to strengthen rehabilitation as an integrated part of international development aid, amongst others through increased research and strengthening of the knowledge base in this important area and cooperation with the *World Health Organisation* (WHO) on the upcoming *Global Report on Disability and Rehabilitation*. The Bank is working to strengthen Health Systems and exploring the effectiveness of *community based rehabilitation* (CBR) in conflict-affected settings. Research on CBR in conflict-affected settings led by the Bank has found that it can play an important role in conflict prevention, reconstruction and preparedness.[36]

The Way Forward

To increase awareness and ensure that emergency, recovery and development assistance becomes more effective at addressing health, disability and development in conflict-affected settings it is important to continue the present work, while strengthening the focus on Fragile States and other countries in transition from so-called post-conflict towards more sustainable development, a phase where the coordination, integration and continuous support of emergency aid partners and donors is an issue in need of much more work. It will be essential to strengthen the inclusion of, not only ex-combatants, but also children, youth, adults, males and females with disabilities, hereby ensuring a more effective and inclusive approach to reconstruction and development.

Strengthen Research and Networks

Despite the fact that we presently have some knowledge of the fact that conflict causes disability and significantly impacts the lives of people living with disabilities ("with war we expect death, injury and long-term disability"[37]) there is limited data on disability in conflict-affected

settings.[38] Disability-related research is generally afforded lower priority than most other areas and population-based data are rare, especially in conflict-affected settings.[39] Most literature and data focuses on the adult population (especially the ex-combatants), largely excluding the often-large cohorts of children and youth in conflict-affected settings.[40] Reliable data representative of the entire population is rarely available and the full *effects of war* are, as a result, often less visible. This is likely to bias need assessments and priority setting.

Governments and development partners often miss important opportunities for "re-design for peace" during reconstruction and fail to respond effectively to the real needs of the communities. Collaborative efforts in undertaking more comprehensive needs assessments and to jointly identify and enhance coordination in the planning, implementation, monitoring and evaluation of the most effective interventions both in the short and long-term are important steps towards strengthening of the effectiveness of the present response to field-level realities in conflict affected settings. The Bank and its partners need to strengthen the global knowledge base on the *real needs;* effective interventions; reliable indicators and tools improved needs assessments, monitoring, and evaluation in conflict-affected settings.

Emphasize Holistic Rehabilitation[41]

Existing programmes for individuals with injuries, functional limitations and disabilities are often rudimentary in nature, if at all existing, and unable to meet the needs of those surviving landmine injuries, gunshot wounds, violent amputations, injuries and SGBV. While some projects address physical rehabilitation and recovery, especially during the emergency relief and early recovery phase, psycho-social and mental aspects are often largely forgotten and there is rarely any plan for integration of any of these services into the more long-term development plans. A shift in the present short-term vertical approach to rehabilitation towards a more holistic approach with focus on broader human needs and long-term recovery; would enhance effectiveness; and promote sustainable peace through healing of conflict-affected populations. *Community Based Rehabilitation* (CBR) as a support to facility-based rehabilitation can play a key role in addressing the wide variety of physical, psychological, social and economic needs of people with temporary or long-term disabilities. CBR is instrumental in empowering people with disabilities and facilitating their integration into society in the short- and long-term. Such efforts should be included within a national (human) rehabilitation system in a wide variety of sectors and from the earliest phase. They should also ensure sustainability and flexibility as these are imperative to responding to injuries and needs that will exist long after the conflict ends. In order to ensure the effectiveness in rehabilitation and overall sustainability of CBR, human resource capacity building in areas of physical, sensory and psychosocial human rehabilitation and care should be a priority.

Ensure an Inclusive Approach

Post-conflict recovery and reconstruction provides an important opportunity to emphasize and strengthen social cohesion and resilience to conflict. The inclusion of all partners into the policy, strategy, planning and management processes will facilitate the development of a more inclusive and equitable society, less prone to conflict. Such an approach to recovery is an important component of sustainable peace building. Efforts should focus on health needs directly but also on supporting and promoting health and well-being through other means such as employment and livelihoods interventions capitalizing on what exists in the communities. For example, labour-intensive infrastructure reconstruction can improve psychosocial and mental health, enhance livelihoods and inject cash into de-capitalized post-conflict communities. Efforts, such as these, should be supported and strengthened at the local, national and international level.

The inclusion of people with disabilities into all activities in society plays an important role in the reduction of stigmatization, one of the main factors disabling people with impairments. The CRPD, a landmark achievement, provides a solid framework for the way forward – one that promotes and ensures a more inclusive approach to emergency, recovery and development – and a more inclusive society – one that can play an important role in building a bridge to sustainable peace and development.

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***Zusammenfassung**: Der Artikel beschreibt die gesundheitlichen Auswirkungen von Konfliktsituationen auf die große Zahl der von Konflikten betroffenen Menschen mit Behinderungen. Er umreißt einige besondere Themen in Bezug auf ausgewählte verwundbare Gruppen und hebt den Bedarf für eine verbesserte Informationslage zu Gesundheit und Behinderung in Konfliktsituationen hervor. Schließlich beschreibt der Artikel die Bemühungen der Weltbank bei der Förderung des öffentlichen Bewusstseins und der Wissensbildung hinsichtlich der effektiven Einbeziehung von Menschen mit Behinderung durch einen koordinierteren, innovativen und inklusiven Ansatz zum Wiederaufbau und zur Entwicklung; hierdurch soll eine Plattform geschaffen werden, die zu einer gerechteren und inklusiven Gesellschaft und zu nachhaltigem Frieden beiträgt.*

***Résumé**: Cet article décrit l'impact des conflits sur la santé et se concentre sur le grand nombre de personnes en situation de handicap résultant des conflits. Il souligne certaines situations particulières de groupes vulnérables particulier et insiste sur le besoin d'une information spécifique sur la santé et le handicap dans les contextes de conflit. Enfin il décrit les efforts de la Banque Mondiale pour renforcer la diffusion de l'information sur comment inclure efficacement les personnes en situation de handicap dans une approche de reconstruction et développement plus coordonnée, innovatrice et inclusive, créant ainsi une plateforme pour une société nouvelle plus équitable et inclusive et pour une paix durable.*

***Resumen**: El artículo describe el impacto de conflictos en el área de salud, enfocando el gran número de personas que viven con discapacidad por causa de conflictos. Se esbozan algunas cuestiones específicas de los grupos vulnerables y subraya que se necesita informaciones mejores sobre salud y discapacidad en estas áreas afectadas. Finalmente se describen los esfuerzos del Banco Mundial para integrar personas con discapacidad en un enfoque de reconstrucción y desarrollo más coordinado, inovativo e inclusivo.*

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Connecting the Dots: Victim Assistance and Transitional Justice

Nerina Cevra

"If victim's rights become established legally, expectations of participants alter in circumstances of future victimization." (Richard Falk)

Transitional justice measures are a necessary feature in today's conflict-affected countries. As an effort to move the country away from conflict and into a more peaceful state, these measures must go beyond the individual, judicially mandated reparations schemes. In other words, effective justice mechanism for a country coming out of a conflict (i.e. in transition) must have a public, collective dimension to it. None of this is to come at the expense of judicial measures designed to remedy particular individuals or particular harms they suffered. A novel concept in the disarmament treaties, Victim Assistance offers a conceptual framework for transitional measures that can help bring justice to the victims, as well as ignite the revitalization processes necessary to move the country toward greater stability with more productive citizenry. Its comprehensive, survivor-centred approach can support mechanisms for individual justice as part of the broader framework for transitional justice.

Introduction

Today, people around the world are victimized in the course of armed conflict and armed violence. Countries coming out of conflict face tremendous challenges. This becomes clear when we consider that almost half of the countries in transition from conflict to peace fall back into violence within 10 years from the cessation of hostilities.[1] With civilians comprising more than 80 % of victims of conflict, efforts at rebuilding the country's most precious resource – its people, must be the priority for any transitional measures to be effective and/or sustainable.

Following the cessation of hostilities, and with relative absence of conflict, countries begin to look at ways to put the chaos of the war to rest, and transition their country into a more stable future. Transitional justice measures encompass efforts that the countries take to respond to systematic or widespread violations of human rights, including mechanisms seeking recognition of the victims and promotion of possibilities for peace, reconciliation and democracy.[2] These transitional efforts can be directed at individual victims through provision of reparations, or at individual perpetrators

through criminal prosecutions. Collective efforts are also part of transitional justice mechanisms, including truth commissions, security system reform, and memorialization efforts.[3]

The concept of transitional justice has developed out of recognition that the post-conflict efforts at ensuring that victims receive justice they deserve and can reclaim their lives must be accompanied with broader efforts at rebuilding of communities and the reform of the dysfunctional system that led to the conflict. In countries coming out of conflict, or in the state of perpetual conflict, measures that aim at bringing justice must be more than a means to bringing remedies to the individual injured. They must also be designed in a way to further the process of the country's transition from conflict into a more peaceful state.

Victims Justice in International Law

When large groups of people and communities are victimized and their rights abused through armed violence, injuries and suffering they endure represent the most extreme offenses against human life and human dignity. Even though it is impossible to fully remedy their suffering, a framework exists in international law that unequivocally recognises the right of victims to a remedy for violations of human rights law and humanitarian law.[4]

Under customary international law, states were considered the only subjects of international law. Consequently, when harm was inflicted against their nationals, the injuries were considered injuries against their state of nationality. In turn, states were the only party able to bring a reparations claim for harm inflicted upon their nationals. If they decided to not pursue the claim, individuals on their own had no right to claim remedies for harms they incurred. Moreover, states were in complete impunity with regard to treatment of their own nationals, as the principle of state sovereignty, another core principle of international law, prevents outside interference into the domestic affairs of a sovereign domain of the state.

It was the birth of the human rights discourse and the development of the *International Human Rights Law* (IHRL) that shifted the attention of the international legal system to the *individual*, recognizing individuals as rights-holders and subjects of international legal order. As such, they possess the right to remedy, just like states do. *Universal Declaration of Human Rights*, adopted in 1948, codified this right in Article 8, which states that individuals "have the right to an effective remedy by the competent national tribunals for acts violating the fundamental human rights granted him by the constitution or by the law."[5]

Efficacy of the IHRL to prevent (or remedy for that matter) human rights abuses aside, the developments in the human rights field since the World War II have undeniably contributed to the shift in the way international legal system is perceived. International mechanisms, such as the *International Criminal Court* or regional, such as the *European Court of Human Rights* have been developed as fora for victims to bring their claims to justice. The United States has good examples of national mechanisms, which were developed to ensure that individuals suffering human rights abuses receive justice they deserve. Laws like the *Alien Tort Claims Act* and the *Torture Victim Prevention Act* (28 U.S.C. §1350) have been adopted to allow victims of human rights violations, in particular torture, to present claims in the US civil courts, regardless of their, or their torturer's country of origin.[6]

Victims Justice as Transitional Justice

Transitional justice measures designed to bring justice to *particular* individuals for *particular* wrongs they suffered are likely to be inadequate on their own, and sometimes even counter-productive, to the aims of a broader framework of transitional justice measures countrywide. Traditional case-by-case approach to remedies can actually harm the reform process by disaggregating victims because of unequal access to courts, especially by those most marginalized, whether in times of peace or conflict.

It is undeniable that the *rights-based approach* changed the state-dominated international legal order, by emphasizing the *individual* as a key stakeholder.[7] Individuals are injured and victimized in the conflict and they deserve justice. Countries coming out of a conflict must address issues of justice as one of the priority issues immediately following cessation of armed violence. Failure to address this issue is likely to lead to rekindling of animosities and armed violence as an alternative way to obtain justice and settle grievances.

But, it is also true that there is no armed conflict where *only* individuals are injured. The social fabric in the country is broken, governing system is likely to be oppressive and dysfunctional, and entire communities are victimized by violence. In fact, in a recent survey of people in Northern Uganda, 99% of respondents considered themselves to be a victim of conflict.[8]

Moreover, there is a direct connection between ensuring justice for the individual in the sense of individual reparations, and a broader scheme of reparative justice on the country level. In countries coming out of an armed conflict, the judicial system is likely to be non-functioning or corrupt, and in turn no formal avenue for redress is likely to be available to the victims. Without a functioning legal system for provision of remedies to victims, often in the form of reparations, justice is likely to be elusive. As an avenue for fair and appropriate redress for injuries inflicted, such measures must also be complemented by broader efforts to reconstruct/reform the broken system of governance.

This is not to say that judicial/legal remedies are not desirable or necessary. On the contrary, they are an essential component of a comprehensive package of measures intended to help transition the country from a conflict-ridden to a more peaceful society. In transitional periods however, measures that seek justice should also seek to contribute to the reconstitution or the constitution of a new political community. As such, it is necessary to view measures of transitional justice also as part of a political project.[9] This approach requires looking into and reshaping the political community and recreating relationships between the state and its people, alongside providing reparations for victims.

There exists in the arena of weapons treaties an example of how this complementary relationship may be achieved. A conceptual framework that aims at furthering interests of peace *and* justice simultaneously – the framework of *Victim Assistance*.

Victim Assistance – International Legal Framework

The concept of *Victim Assistance* was born in 1997 with the adoption of the *Mine Ban Treaty* (MBT).[10] Survivors struggled to gain their rightful place at the negotiating table, and when they did, they made history. As part of the *International Coalition to Ban Landmines*, survivors were co-recipients of the 1997 Nobel Peace Prize for their efforts in banning landmines.

Article 6.3 of the MBT asks states in a position to do so to provide assistance to victims of mines. After implementation efforts began, it became clear that the lack of clarity in the text became a justification for non-compliance with the treaty's obligations. In addition, the text was part of the Article on *International Cooperation*, and many times states excused their non-performance by referring to lack of international cooperation. In the following years, the efforts of the ICBL and other civil society actors advanced the concept of *Victim Assistance* towards a more comprehensive, inclusive, rights-based framework that is used (with various degrees of success) to guide states' efforts in implementing their obligations under the treaty.

As part of that process, it was the recognition that mine victims were part of a larger group of people with disabilities in the society that brought the individual back into the forefront – now victims were persons with disabilities, and these persons have human rights. The rights-based approach to *Victim Assistance* was codified in the *Convention on the Rights of Persons with Disabilities* (CRPD), which entered into force in May 2008. The CRPD brought assistance to victims of mines into the human rights framework, which emphasizes the primary responsibility of the individual's state of residence for ensuring access to equal opportunities for enjoyment of human rights.

Most recently, this approach has been solidified in international law with the adoption of the *Convention on Cluster Munitions* (CCM), setting a new international standard for addressing issues related to assistance to victims of a weapon. A specific Article setting a *legal obligation* to provide assistance also elaborates on measures that must be taken to ensure that those victimized by cluster bombs receive the needed attention and support in order to reclaim their lives in dignity and their rights.[11] In line with that, Article 5 of the CCM states:

> "1. Each High Contracting Party with respect to victims of cluster munition in territories under its jurisdiction or control shall, in accordance with applicable international humanitarian and human rights law, ensure the provision of adequate age- and gender-sensitive assistance, including medical care, rehabilitation and psychological support, as well as provide for their social and economic inclusion. Each High Contracting Party shall make every effort to collect reliable relevant data with respect to cluster munition victims."[12]

Without delving into the area of specific, individual right to reparations, the concept of *Victim Assistance* nonetheless represents a conceptual framework that can help frame and design transitional justice measures in a way that will help remedy the harm done to the victims, both as individuals, as well as members of communities victimized by cluster bombs (albeit *not* in terms of judicial, individually-directed awards of reparations).[13]

This framework of *Victim Assistance* is particularly relevant for countries in transition. It emphasizes supporting the reintegration and recovery of those most victimized in a comprehensive, rights-based approach. There is an implicit recognition that those most victimized are the ones most likely to return to violence as an alternative to continued exclusion. At the same time, there is also recognition that those who are scarred by conflict are best suited to change what is wrong with it. It articulates institutional/collective measures required to ensure that issues facing victims are incorporated into the existing state mechanisms. Article 5 of the CCM therefore obligates states to incorporate *Victim Assistance* activities "within the existing national disability, development and human rights frameworks and mechanisms, while respecting the specific role and contribution of relevant actors."[14]

Victim Assistance in Transitional Societies

The concept of *Victim Assistance* in the context of a country's transition from conflict to peace offers a mechanism for bringing justice to the victims and at the same time restructuring relationships and governing mechanisms to further the goals of the transitional measures more broadly. This framework gives a beneficial, forward-looking character to programmes of transitional justice. As a set of measures focusing on the recovery of individuals, the rebuilding of communities and the reform of societies victimized by conflict, the concept of *Victim Assistance* can be a useful tool for designing transitional programmes with survivors/victims of conflict as key stakeholders and active participants in determining the course of the future of their country.

The developments in the human rights framework, namely, the entry into force of the *Convention on the Rights of Persons with Disabilities* – influenced the development of the *Victim Assistance* framework. The CRPD represents a paradigm shift – from viewing persons with disabilities as in need of charity and cure, to recognizing them as *individuals*, who face barriers in the society that are preventing them from accessing their human rights. This shift reflects an understanding that in a society, individuals do not live in a vacuum, but in an environment with which they interact, and which in turn influences the degree to which they can access opportunities to enjoy their human rights.

Viewing human rights as an issue of an *enabling environment* represents the recognition by the state that the injustice done to the victims is not only in the act of victimization, but also in the state's own failure to create an environment where the citizens are able to access their human rights equally and are not victimized. In this sense, victims in fact are also a sub-group, of a broader group of persons who are prevented from accessing their rights by obstacles erected in the society because the needs of that particular group were not taken into account.

One of the weaknesses of transitional measures traditionally is that they include an all-encompassing list of measures to be undertaken, without regard for specific contextualization needed to account for individual country situations. *Victim Assistance*, as articulated in the CCM, gives greater guidance to states on how to implement the framework domestically. It articulates specific areas that are considered priorities for victims – namely, health and rehabilitation as well as social and economic inclusion – as key to successful recovery and reintegration into communities. This specificity, while unusual in treaty language, in fact helps prioritize areas that are particularly relevant, not only in the context of assisting the victims, but also in the broader context of transitional measures.

Victim Assistance seeks to mainstream issues related to assistance to the victims into existing governmental mechanisms, while maintaining the specific emphasis on the particularly vulnerable circumstances in which victims live. This approach is particularly beneficial as it ensures that within the institutional arrangements and mechanisms, the particular needs of victims are always considered as a priority on the government's agenda. At the same time, it ensures that measures to implement *Victim Assistance* are aligned with the broader political and social scheme, for example, to increase protection and promotion of the rights of persons with disabilities.

Another way that *Victim Assistance* can enhance the way that transitional measures are designed is by requiring states to "[c]losely consult with and actively involve cluster munition victims and their representative organisations."[15] It thereby ensures that the key stakeholders – the *victims* themselves, are at the table taking part in decision-making processes affecting their lives. In turn, programmes developed are likely to be more appropriate as it is the survivors that are best suited to determine what measures will work best to help them reclaim their lives and (re)build their communities. This element of *Victim Assistance* is likely the most important contribution to the effective-

ness of the transitional justice measures.

Inclusion of victims in all processes related to transitional justice (beginning with peace negotiations) can contribute to the catharsis victims need to begin recovering from their trauma. It can represent a sign of a new "social contract" being developed in their country, in which the dignity and the interests of survivors are adequately addressed. Thus, it supports transitional justice measures by helping reform the governing structures, and relationships between the state and the individual through reconfiguration of the composition of the decision-making mechanisms of the state.

Conclusion

The concept of *Victim Assistance* changes the way victims and survivors of conflict are viewed in the international humanitarian law framework, by bringing the *individual person/victim* into the forefront as an indispensable, necessary stakeholder, with the equal right to participate in all decision-making processes affecting his/her life.

As the last decade shows, concerted efforts by the survivors and their allies can make history and change the way things were done in the international legal arena, even in the context of disarmament. However, implementation that is key to achieving concrete change on the ground is spotty and ineffective. This is partly due to the novelty of the concept of *Victim Assistance*. Partly, however, it is due to the inherent limitations of international law – lack of enforcement power. How the latter can be addressed is beyond the scope of this article, but a topic worth exploring.

The novelty of the concept should hardly be sufficient to dismiss it. Even with shortcomings, it is clear that the international legal framework can be a tool for changing the way post-conflict transitional justice measures are designed. Therefore, it is important to seek universalization of the *rights-based approach* articulated in the *Victim Assistance framework*. There are numerous avenues for achieving this, including through permeating all conflict-related instruments, national, regional or international to ensure creation of a new norm that is survivor-centric, grounded in the rights-based framework of *Victim Assistance*.

The power of this conceptual framework is that it focuses on mobilizing those marginalized and victimized by the violence to take an active role and participate meaningfully in all decision-making processes affecting their lives. The resilience of survivors and their motivation to make sure that future is different than the past they experienced, makes them the best soldiers for peace. Countries in transition from conflict to peace seek just what the *Victim Assistance framework* offers – a change in norms, a change in the way the society is structured as a whole, and especially a change in the relationship among the citizens and with the authorities.

Notes

1 Department for International Development, Preventing Conflict 2007
2 International Center for Transitional Justice. 2008
3 Id.
4 *Universal Declaration of Human Rights*, International *Covenant on Civil and Political Rights*, *International Covenant on the Economic, Social and Cultural Rights, Convention Against Torture, Convention on Elimination of All Forms of Discrimination Against Women*, etc., and regional instruments as well, European *Convention on Human Rights*, *Inter-American Human Rights Convention*, as well as most prominently, the *International Criminal Court and the Rome Statute* that created it.
5 *Universal Declaration of Human Rights* 1948. Article 8.
6 Alien Tort Claims Act (28 U.S.C. §1350); Torture Victim Prevention Act (28 U.S.C. §1350).
7 This approach is founded in the International Human Rights Law framework.
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9 De Greiff 454
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***Zusammenfassung**: Die Schaffung von Übergangsgesetzen sind ein notwendiger Bestandteil in heutigen, von Konflikten betroffenen Ländern. Im Zuge der Bemühungen um einen friedlicheren Staat und in der Abkehr von der jeweiligen Konfliktkonstellation, müssen die Maßnahmen über individuelle, gerichtlich beauftragte Entschädigungsprogramme hinausgehen. Mit anderen Worten; wirksame Rechtsmechanismen für Länder in Übergangssituationen benötigen eine öffentliche und kollektive Dimension. Dies ist nicht ohne die Aufwendung von Kosten für Rechtsmaßnahmen zu haben, die dafür geschaffen wurden, besondere und individuelle Schäden zu beheben. Als ein neuartiges Konzept in Abrüstungsverträgen, bietet die Opferhilfe einen konzeptuellen Rahmen für Übergangsregelungen, die dabei helfen können, sowohl Gerechtigkeit für die Opfer zu bringen als auch die notwendigen Erneuerungsprozesse zu entfachen, die nötig sind, damit die betroffenen Länder zu größerer Stabilität und mehr produktiver Bürgerschaft geführt werden. Dieser umfassende, Opfer-zentrierte Ansatz kann Mechanismen für individuelle Gerechtigkeit fördern, als Teil eines breiteren Politikrahmens für Übergangregelungen.*

***Résumé**: Les mesures transitoires de justice sont un outil nécessaire dans les pays affectés aujourd'hui par des conflits. En tant qu'effort pour sortir ces pays des situations de conflit et favoriser un état de paix, ces mesures doivent aller au-delà des mesures de réparation judiciaire individuelles. En d'autres mots, des mécanismes de justice efficaces pour des pays sortant de conflits (donc en transition) doivent comporter une dimension publique, collective. Cela ne doit bien sûr pas porter préjudice aux mesures judiciaires de réparation en faveur des particuliers qui ont subi des dommages personnels. L'assistance aux victimes, concept innovateur dans les récents traités de désarmement, offre un cadre conceptuel pour des mesures de transition qui peuvent aider à rendre justice aux victimes, mais aussi activer les processus de revitalisation nécessaires pour orienter un pays vers une plus grande stabilité et une citoyenneté plus productive. Son approche globale et centrée sur les survivants peut soutenir les mécanismes de justice individuelle en tant que contribution au cadre plus large de la justice de transition.*

***Resumen**: Las medidas transicionales de justicia tienen gran importancia en países afectados por conflictos. En los esfuerzos para un estado más pacífico, estas medidas tienen que superar programas judiciales de reparaciones individuales. En otras palabras: mecanismos judiciales efectivos para países en situaciones transicionales necesitan asimismo la dimensión pública y colectiva, y eso contiene gastos operativos para medidas que fueron reservados para reparaciones individuales. Un nuevo concepto en contratos de desarme ofrece la asistencia de víctimas con sus dos objetivos: lograr justicia para las víctimas y estimular procesos de revitalización que son necesarios para mejorar la estabilidad del país y la ciudadanía productiva.*

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Victim Assistance: Building Lessons Learned into International Humanitarian Law

Wanda Muñoz

Victim assistance is one of the strongest areas of the recently adopted Convention on Cluster Munitions. This paper discusses how States and civil society worked together to ensure this Convention integrated the lessons learned in the field through the implementation of victim assistance within the Mine Ban Convention context.

The Mine Ban Convention: A Cornerstone for Victim Assistance

Since 1992, civil society throughout the world has been campaigning against antipersonnel mines as part of the *International Campaign to Ban Landmines* (ICBL)[1], founded by *Handicap International* and five other non-governmental organisations[2]. This world-wide campaign and the commitment of leader States led to the adoption of the *Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction*, commonly known as the *Mine Ban Convention*, which was signed by 122 countries on December 1997. Following this extraordinary success, the *International Campaign to Ban Landmines* and its then coordinator, Jody Williams, obtained the Nobel Peace Prize. Today, 156 are Party to the *Mine Ban Convention* and it has become an international norm widely accepted by the international community.

The *Mine Ban Convention* was also a historic achievement in that it was the first arms control convention to include an obligation for State Parties to provide assistance to the victims of the banned weapon. Indeed, the *Mine Ban Convention* requires all States Parties in a position to do so to provide assistance for the care, rehabilitation, and socio-economic inclusion of mine victims (*Mine Ban Convention* 1997). The presence of practitioners working in affected countries and that of actual survivors of mine accidents in the international negotiations greatly contributed to this achievement. Certainly, it was difficult for States to argue against the banning of mines and the provisions on victim assistance when practitioners having witnessed the ravages they cause and survivors who had actually lost their limbs to antipersonnel mines were there to discuss the matter themselves.

The *Landmine Monitor*, an initiative of the ICBL to monitor the implementation of the *Mine Ban Convention*, calculates that there are at least 473,000 mine survivors around the world; this number is likely an underestimate as many casualties are not recorded by the data collection mechanisms in affected countries (ICBL 2007: 1).

Lessons Learned on Victim Assistance: A Practitioners' Perspective

Organisations working in affected countries have been exchanging expertise and lessons learned for many years now. Let's look at two examples.

A Regional Approach – The Bangkok Workshop

In 2001, three years after the entry into force of the *Mine Ban Convention*, *Handicap International* engaged in a regional process to improve victim assistance implementation in Cambodia, Laos, Thailand and Vietnam. The objectives of the process were to raise awareness on the needs of victims and to assist their countries in the development of national plans of action. These objectives were met by holding national workshops gathering civil society including mine survivors, technical advisors, policy makers and donors. A regional workshop was then organised in Bang-

Marcelina, a mine survivor from Angola
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kok. The main recommendations identified through this process were (*Handicap International* 2003):

- Identify the needs of mine victims in the areas of trauma care, physical and psychological rehabilitation and socio-economic inclusion,
- Develop processes and strategies to meet those needs,
- Document the resources required to implement victim assistance strategies,
- Suggest legal frameworks to support the inclusion of victims,
- Develop national implementation plans to implement specific activities,
- Integrate victim assistance within broader disability and public health contexts,
- Facilitate the participation of more persons with disabilities.

The follow up of these recommendations was taken over by the participants from each country. Today, although many challenges remain, Thailand is working towards the implementation of its *Master Plan on Mine Victim Assistance* (ICBL 2007: 676). Cambodia has initiated an inter-ministerial process to develop a comprehensive plan of action (*Standing Committee on Victim Assistance of the Mine Ban Convention* SCVA 2007: 29). In Laos, victim assistance is included in the National Strategic Plan, which aims to respond to the needs of survivors through all national and local public health initiatives; as for Vietnam, it has a *National Coordinating Council on Disability* with 14 members from relevant ministries and the civil society that conduct advocacy and dissemination on information about disability (ICBL 2007: 888, 1030).

A Comparative Approach – The Paris Workshop

In 2004, *Handicap International* decided to invite practitioners with experience working in mine-affected countries in Asia, Africa, Eastern Europe and Central America to review assistance programmes for war wounded and other persons with disabilities.

Participants agreed that the *Mine Ban Convention* had resulted in an improvement to assistance to persons wounded by war. International awareness on the rights of mine survivors deepened the understanding of the needs of persons with disabilities living in low-income countries and strengthened support for programmes to address these needs.

More specifically, the main lessons learned were (*Handicap International* 2004):

- Medical care, especially surgery, remains surprisingly weak in a significant number of countries. It should be addressed from a long term development perspective.
- Livelihoods are paramount. According to reports of mine victims and professionals working with them around the world, economic inclusion is their primary unmet need.
- Strategic planning matters. A coherent long-term strategic planning at the local, national and international level is necessary to guarantee sustainability for rehabilitation programmes.
- Linkages matter. The growth of health delivery systems, economic inclusion and access to all services for persons with disabilities will only stem from collaborative linkages among all stakeholders.

In the *First Review Conference of the Mine Ban Convention*, held in Nairobi in 2004, many of the recommendations above and others by civil society were adopted and compiled in the document know as the Nairobi Action Plan, which details specific actions that States committed to take to move forward on victim assistance.

Overview of Victim Assistance Today

Victim assistance continues to be one of the main challenges for the implementation of the *Mine Ban Convention*. Twenty six countries have been identified as those with the largest number of survivors. Yet, out of the twenty four that the *Landmine Monitor* examined with particular attention in 2007 (Jordan and Iraq were added to this list after its publication), only 3 % of the total objectives that these countries set for themselves for mid-2007 were fully achieved; only Albania presented rigorous reports on its plans and progress (ICBL 2007: 55).

Sustainability is another concern. *Victim assistance* programmes are often carried out without being integrated in national development, disability and human rights frameworks. This, in spite of the fact that linking assistance to victims to other long-term initiatives is necessary to achieve sustainability and an efficient use of limited financial and human resources.

In 2007, a key development occurred: the adoption of the *Convention on the Rights of Persons with Disabilities*. This Convention provides the most comprehensive framework for the respect and enforcement of the human rights of all persons with disabilities. It became a key advocacy tool for victim assistance: indeed, if States affected by mines took steps to comply with the *Convention on the Rights of Persons with Disabilities*, these would effectively contribute to the implementation of their victim assis-

tance obligations under the *Mine Ban Convention*.

The Convention on Cluster Munitions: an Opportunity to Build Lessons Learned into International Law

In 2003, a group of international organisations, including *Handicap International*, decided to launch a campaign to ban cluster munitions, and founded the *Cluster Munition Coalition*. Cluster munitions are weapons made up of a canister containing between a dozen and hundreds submunitions (bomblets). They spread their contents over an area that can be as large as several hundred hectares, indiscriminately killing and maiming civilians during the attacks and many years later, through their unexploded remnants. According to *Circle of Impact: the Fatal Footprint of Cluster Munitions*, a report by *Handicap International*, 98 % of recorded casualties are civilians; 27 % are children and 67 % of casualties are killed or injured in the course of livelihood activities (*Handicap International* 2007a: 136).

In 2007, a few months after Israel used cluster munitions against Lebanon in 2006, a group of countries met in Norway and launched a process to conclude a legally binding instrument to prohibit cluster munitions, and to secure adequate provision of care and rehabilitation to survivors and clearance of contaminated areas. This would become known as the *Oslo process*[3].

Aiming to step up victim assistance obligations in this Convention, *Handicap International* invited a group of practitioners in affected countries to have an electronic discussion on the matter. This was followed by an international workshop in Paris. Our goal was to answer the following question: from a practitioners' perspective, what should an international convention say on victim assistance to facilitate an effective impact in the lives of the victims? In our view, it was fundamental to build on lessons learned through ten years of implementation of the *Mine Ban Convention*, and on the standards set by the *Convention on the Rights of Persons with Disabilities*. Survivors and practitioners from the civil society and international organisations from countries such as Afghanistan, Cambodia, Iraq, Lebanon, Sudan, Tajikistan and Uganda participated in this process.

Our main recommendations were (*Handicap International* 2007b: 4f):

- *Victim assistance* should be recognised as a core obligation for State Parties and addressed in a stand-alone article. The Convention should include principles such as the full and effective participation of survivors and equality between men and women; it should establishing linkages between victim assistance and development programmes and policies
- It should be explicitly recognised that the term *victim* refers to those injured or killed, their families and affected communities
- *Victim assistance* elements include data collection, medical care, physical rehabilitation, psychological support, social and economic inclusion, and the establishment, enforcement and implementation of relevant laws and policies
- Measures should be in place to ensure women and children have full access to assistance
- No discrimination should be made in any manner against cluster munition victims, or between them and persons with disabilities
- Each State should develop a victim assistance plan of action and undertake resource mobilization for its effective implementation
- The international community should strongly support these efforts including through technical advice and financial and material support
- States should monitor and report publicly on their plans and progress on victim assistance

These recommendations were presented in the *Austria conference on Cluster Munitions* in 2007.

Soraj, cluster munition survivor from Afghanistan, and other campaigners of the *Cluster Munition Coalition* demonstrate during the international negotiations to ban cluster munitions. Ireland, May 2008

Soraj, cluster munition survivor from Afghanistan, and other campaigners of the Cluster Munition Coalition demonstrate during the international negotiations to ban cluster munitions. Ireland, May 2008
© Photo by the Cluster Munition Coalition

Ensuring Civil Society Recommendations made their Way into the Text of the Convention on Cluster Munitions

Throughout the Oslo process, victims of cluster munitions played a key role in ensuring participants were aware of the problems being faced day by day in the communities affected by cluster munitions. They participated in a variety of awareness raising and advocacy activities.

A key issue for civil society was that a lot of importance was given to victim assistance by affected and donor countries, such as Cambodia, Laos, Lebanon and Norway and Austria. But there was also a lot of support from countries that, although not affected, were particularly sensitive to this matter because of their work on the *Convention on the Rights of Persons with Disabilities*. This was the case of the majority of Latin American countries, who took a leading role throughout negotiations.

Thanks to our joint efforts, the *Convention on Cluster Munitions* adopted by 107 in Dublin last May includes the following groundbreaking provisions:

- Recognises that victims include those injured or killed and affected families and communities
- Addresses victim assistance in an operative article
- Links *victim assistance* to international humanitarian and human rights law
- Mentions the main elements of *victim assistance*: medical care, physical rehabilitation, psychological support, social and economic inclusion, data collection, and laws and policies
- Lists implementation measures: creation of plans of action with budgets and timeframes; resource mobilization; establishment of national focal points
- Cites key human rights principles such as non discrimination, participation and inclusion
- Ensures States have the obligation to provide detailed reports on the status of *victim assistance implementation*.

Including *victim assistance* in international conventions banning specific weapons is fundamental to remind countries that they have an obligation to ensure that victims disabled by these weapons enjoy all human rights, receiving all the support they may require in different areas of their life for as long as necessary.

Conclusion

As we celebrate this breakthrough in international humanitarian law, we realise that we need to continue our work as civil society to ensure rapid ratification and entry into force of the Convention. It remains only an interesting document until it has an actual impact on the lives of victims. This is why the civil society continues its advocacy and monitoring work.

Jesús Martínez, a mine survivor from El Salvador, addressed the State Parties to the *Mine Ban Convention* at an international meeting in June 2008: "We would like to invite you to go beyond speeches that present the thousand marvels in providing victim assistance, when actually conditions haven't sufficiently changed for persons with disabilities... We want to know how many accessible buses you have... how many persons with disabilities joined in the workforce... how many new rehabilitation and orthopedic centers were established, how many of them in rural areas..."[4]

The civil society needs to keep working to ensure that States are held accountable to their international obligations and commitments – only in this way will these achieve their objectives in ensuring an effective and sustainable change in the lives of victims of conflict.

Notes

1 For further information, visit the website of the *International Campaign to Ban Landmines*: www.icbl.org.

2 *Handicap International*, *Mines Advisory Group*, *Human Rights Watch*, *medico international*, *Physicians for Human Rights and Vietnam Veterans of America Foundation*

3 For further information, visit the website of the *Cluster Munition Coalition*: www.stopclusterbombs.org.

4 Speech available at the following website: www.apminebanconvention.org/fileadmin/pdf/mbc/IWP/SC_june08/Speeches-VA/SCVA-StatusImplem-3June08-ICBL1-en.pdf.

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***Zusammenfassung**: Opferhilfe ist eines der wichtigsten Themen in der kürzlich angenommenen Streubomben-Konvention. Dieser Artikel beschreibt, wie Staaten und der Zivilgesellschaft zusammengearbeitet haben, um sicherzustellen, dass die Streubomben-Konvention die Erfahrungen aus der Praxis einbezieht, die im Rahmen der Opferhilfe der Ottawa- Antipersonenminen-Konvention in Erfahrung gebracht werden konnten.*

***Résumé**: L'assistance aux victimes est l'un des aspects les plus forts de la Convention d'interdiction des armes à sous munitions récemment adoptée. Cet article discute comment les Etats et la société civile ont travaillé ensemble pour s'assurer que cette convention intègre les leçons apprises au cours de la mise en œuvre sur le terrain de programmes d'assistance aux victimes dans le contexte de la convention d'interdiction des mines antipersonnelles.*

***Resumen**: La asistencia de víctimas es una de las áreas más importantes de la Convención sobre Municiones en Racimo, que fue recientemente adoptada. Este artículo discute como los estados y las sociedades civiles colaboraron para asegurar esta Convención y como integraron las lecciones aprendidas en este campo en la implementación de la asisténcia de víctimas.*

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Disability and Conflict: Disability Programme in the Balkans. A Case Study

Malcolm Peat & Djenana Jalovcic

This article describes *Community Based Rehabilitation* (CBR) programmes developed as a response to the increased needs of persons with disabilities during the conflict in the Balkans in the early 1990's. It underlines the importance of the development of CBR to ensure access and availability of services and their integration into the emergency aid and development programming. This article also documents the potential of CBR as a peace building strategy.

Introduction

Conflicts are considered as one of the preventable causes of disability, since the population of disabled people significantly grows as a direct result of armed conflict. The vulnerability of persons with disabilities during conflict is increased since they are often forgotten, neglected and left behind. There are a number of factors that make people with disabilities more vulnerable than their non-disabled peers in a disaster and conflict situations, and those include physical, attitudinal and political barriers as well as their social and economic vulnerability. In addition to that, the destruction of infrastructure and absence of safe ways to access the remaining facilities significantly limits health and rehabilitation services available to persons with disabilities (WHO 2008).

Community based rehabilitation (CBR) is defined as "a strategy within general community development for the rehabilitation, equalization of opportunities and social inclusion of all people with disabilities. CBR is implemented through the combined efforts of people with disabilities themselves, their families, organisations and communities, and the relevant governmental and non-governmental health, education, vocational, social and other services" (ILO, UNESCO and WHO 2004).

Within the health sector, CBR focuses on provision of decentralized services placed within the community which promote the participation of persons with disabilities and their families. It also ensures that disabled people's right to health and services is recognised, including equally accessible preventive, medical and rehabilitative services, and assistive devices. Since the 1978 *Alma Ata's Declaration on Health for All*, *World Health Organisation* promotes integration of CBR services within the *Primary Health Care* (PHC).

During the conflict in Bosnia and Herzegovina, CBR was chosen in as a community ap-

UN Convention on the Rights of Persons with Disabilities, 2006

Article 11

States Parties shall take, in accordance with their obligations under international law including humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.

Article 25

State parties recognise that persons with disabilities have the right to enjoyment of the highest attainable standard of health without discrimination on the basis of disability. State Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation.

Article 26

State Parties shall organize, strengthen and extend comprehensive habilitation and rehabilitations services and programmes, particularly in the areas of health, employment, education and social services…

Article 32

State Parties… will undertake appropriate and effective measures… such as… Ensuring that international cooperation, including international development programmes, is inclusive of and accessible to persons with disabilities.

proach to meet the needs of persons with disabilities since it offered access to services at a time when institutional health services were damaged and out of reach for the majority of the population. Make-shift health and rehabilitation posts were established in the communities by health professionals as a grass root response to the needs of clients who could not access hospitals due to shelling and sniping (ICACBR 1996). This article reviews the development of CBR services from the emergency response to the post-war reconstruction and development in Bosnia and Herzegovina.

Examples from 1990's provide illustration of the need for protection and safety of all, the need for accessible health and rehabilitation services as well as the need for inclusive emergency and development programmes. In 2006 these needs were recognised as basic human rights with the passage of the *UN Convention on Rights of Persons with Disabilities* (United Nations 2006).

The Balkans: Conflict in the 1990s

In the 1990s the Balkans was the scene of extreme violence, which Europe had not seen since the end of World War II with very tragic consequences. The wars in Croatia and Bosnia and Herzegovina followed the disintegration of the former Yugoslavia in the period from 1991-1995. This case history describes the introduction of community based rehabilitation during the conflict period and its development throughout the phase of post-conflict reconstruction and reform in two entities of Bosnia and Herzegovina, Federation of Bosnia and Herzegovina and Republic of Srpska. Given that each entity has developed CBR services in a different way, experiences are presented separately with final review and lessons learned presented for the whole country.

Community Based Rehabilitation in Bosnia and Herzegovina

In Bosnia and Herzegovina, rehabilitation for disabled persons in the pre-war period was focused on a medical, centralized institutional model. Disabled people were either institutionalized or lived at home isolated and dependent on their families. Few wheelchairs or disabled persons were visible in the Bosnian community before the war (Pecar 1996). Empowerment of disabled persons with inclusion in mainstream education programmes, entry to the work force, integration and participation, was not seen as appropriate or necessary since disabled persons were viewed as dependent on society to be fixed by the medical system and cared for by the State. Persons with disabilities were passive recipients of charity and medical services. Disabled people's organisations were fully dependent and governed by the State (Edmonds 2004).

The four years of war in Bosnia and Herzegovina destabilized the country, destroyed the basic infrastructure and caused many casualties and extraordinary internal and external migration. It broke down social networks and brought to a halt every economic activity. The health care system was severely damaged and destabilized with significant loss of personnel and destruction of physical facilities. Much of the loss in health and rehabilitation infrastructure can be attributed to both lack of maintenance and direct war damage. Most of the acute care services and long term rehabilitation facilities were either damaged or inaccessible and no longer served the needs of persons with disabilities. The whole country was also heavily mined posing immediate and long term risk for the population. The overwhelming numbers of persons disabled by the war had made rehabilitation a high priority. The reality was that rehabilitation services were extremely limited and the demands were overwhelming (ICACBR 1996, ICACBR 2000, ICACBR 2001).

The war affected the country's ability to manage health information systems and estimate the war-related deaths. The most frequently cited international sources estimate the number of war related deaths between 106,000 (Tabeau & Bijak 2005) to 200,000 (Bassiouni 1995). As in other conflicts of the 20th century, more than half of the people who lost their lives to conflict were civilians.

According to the local sources, the 1996 Federation of Bosnia and Herzegovina Institute of Public Health publication, Health and Social Consequences of the War, the total population of the Federation of Bosnia-Herzegovina has shrunk from 4,395,643 in March of 1992 to 2,920,000 after the war. Three and one half years of war has resulted in 157,000 dead or missing, 175,000 wounded, 1,370,000 million displaced persons within the boundaries of the Federation and 1,250,000 refugees in other countries. As of December 1995, 12,296 persons were registered as having major physical disabilities and estimates of persons requiring physical rehabilitation due to war injuries ranged from 40,000 to 70,000. It is estimated that more than 50,000 children had been wounded, half of them seriously (Institute *of Public Health in FBiH* 1996).

Introduction of CBR in the Federation of Bosnia and Herzegovina

The development of CBR in the Balkans was part of the international assistance during the period of conflict and post conflict reform and reconstruction. In 1993, Queen's University *International Centre for the Advancement of Community Based Rehabilitation* (ICACBR), Canada with support from the Canadian Government, in collaboration with *World Health Organisation* and local rehabilitation professionals and volunteers established eight CBR Centres in the most vulnerable communities. This project built on the grassroots responses to the crisis situation as the crippling impact of the war galvanized the communities to find creative ways to survive and deal with the increasing needs of people disabled by the war.

Doctors, therapists, nurses and volunteers in Sarajevo established rehabilitation services in local shelters, empty shops, apartment basements, or other vacated buildings in their communities. They sought out members of the broader community to assist with day to day operations of these make-shift facilities. As there was little water or electricity, traditional rehabilitation technology was not part of the treatment process. These facilities provided the best possible geographical coverage locally, as lack of transportation and constant shelling and sniping limited the mobility of citizens.

These programmes of community rehabilitation were very much in need of support. They did not have the equipment and supplies nor did they have the experience in community practice in order to provide comprehensive services. The rehabilitation professionals found themselves in a difficult situation as their skills and experience were based on institutional care strategies, in which technology played a central role in the care of the client. The other challenge they faced was the sheer volume of clients seeking care and their inability to offer much more than clinical assessment and basic treatment. The stress and frustrations of the professionals and community were extremely high. This was a challenging time.

When initiated in 1993, the ICACBR project provided clinical education and provision of portable equipment appropriate to a community and conflict environment. The project was focused on the active management of physical disabilities which promoted functional independence, multidisciplinary approach, and increased participation of disabled people and their families in rehabilitation. It also promoted provision of services at home including environmental adjustments to enable persons to live at home. This project implemented at eight locations, demonstrated the applicability and value of community approach and its potential for reaching a large population of disabled people and facilitating their inclusion into the community under difficult circumstances (Edmonds 2004).

Post-war Reconstruction and CBR

At the end of the war, the Government of the Federation of Bosnia and Herzegovina made a strategic decision and chose community based rehabilitation as a strategy for the sectoral development and war victims' rehabilitation deciding not to return to the pre-war model of institutionally based rehabilitation. Through a collaborative and collective effort, the Government of Federation of Bosnia and Herzegovina, local professionals, the *World Bank* and its donors, and ICACBR introduced, designed and developed a CBR programme built on their experience of CBR during the war. The ultimate goal was to implement a more responsive, sustainable and empowering initiative which facilitated the reintegration of disabled people into economically productive and social lives in their communities by restoring and improving the quality and scope of rehabilitation services delivered as part of the health care system (World Bank 1996).

The *World Bank* provided $30 million USD for this project which had four main components: (1) a network of 60 CBR centres (30 for physical rehabilitation and 30 for mental health), (2) essential orthopedic and mental health services in community and tertiary care hospitals, (3) the establishment of regional community based prosthetics and orthotics centres, and (4) a project implementation unit to oversee coordination. The Ministry of Health of Federation of Bosnia and Herzegovina was responsible for the operations, policy and legislative framework for implementation of CBR. International support was provided in coordination, reconstruction of CBR centres and hospitals, provision of equipment and human resources development for CBR (Edmonds 2004).

The CBR component of the *War Victims Rehabilitation Project* was supported by the *World Bank* and the Canadian Government for a total of $12 million USD. Queen's University (ICACBR) was involved in the provision of the technical assistance for capacity building of personnel working in CBR centres for physical rehabilitation. Main focus of Queen's University project was on human resources development

for CBR service providers, courses in CBR and Occupational Therapy at the School of Physiotherapy, the University of Sarajevo, and development of supportive policies. One of the main characteristics of the project was participation of persons with disabilities in the project decision making process (Edmonds 2004).

As part of this project, 38 CBR centres for physical rehabilitation have been established, out of which 30 centres were established by the *World Bank*, and eight centres were part of the previous ICACBR projects. A smaller number of community mental health centers were established as a separately administered project and are not described in this article. The majority of CBR centres are located at the primary health care centres, and all services are publicly funded as part of the basic PHC services. All locations are fully wheelchair accessible (ICACBR 1998, ICACBR 1999, ICACBR 2000).

Experiences and results of research conducted by the local professionals reveal that accessibility, availability, timeliness and the variety of services and client outcomes have improved, compared to the rehabilitation services before the war. Services are provided by multidisciplinary teams, increasing communication and collaboration between rehabilitation, vocational and social services as well as collaboration with centers for mental health (Pecar 2007).

Within the CBR network, special attention was paid to the population of land mine survivors. At later phases of the CBR network development in FBiH, Queen's University (ICACBR) supported strengthening the capacity of CBR centres to address the needs of this population by facilitating establishment of peer support groups and linkages with the CBR system. This component further increased direct involvement and participation of persons with disabilities in CBR.

CBR Development in the Republic of Srpska

The war had similar consequences in the Republic of Srpska. A report of *Community Based Rehabilitation* Centres by the SFOR Cimic Task Force states that there were 100,000 wounded, out of which 50,000 were severely wounded including 350 to 400 persons with paraplegia, 800-900 persons with peripheral nerve injury, 25,000 people with amputations and 800 persons with brain injuries (SFOR Cimic Task Force 1998).

The increase in the number of physically, psychologically and socially traumatized persons placed great demands on families and their communities. Persons with disabilities were no longer institutionalized and their presence in the community created challenges related to negative attitudes towards them. They were visible evidence of the war. Recovery and reintegration would not be resolved with a return to the institutional model.

Following the establishment of CBR within the Federation of Bosnia and Herzegovina during the conflict, CBR was introduced in the other BiH entity, Republic of Srpska in the late 1990's. CBR was included into the strategic plan for reform and reconstruction of health system in Republic of Srpska which was approved in 1997. After a completion of two pilot projects when five CBR centres were opened, the further expansion of CBR started in 2002 through the implementation of the project funded by the Japanese and Canadian governments. Seventeen CBR centres were established with the support provided by the Japanese government for reconstruction and civil works. The contribution of the *Canadian Agency for International Development* (CIDA) was in human resources development implemented by Queen's University ICACBR.

The project was designed and implemented in an on-going consultation with all key stakeholders including representatives of the *Ministry of Health and Social Welfare* of Republic of Srpska, management of primary health care centres where the CBR centres were located, rehabilitation teams, users of services and representatives of non-governmental organisations (Latinovic, Tomic and Stevanovic-Papic 2007). Queen's University ICACBR provided education for CBR multidisciplinary teams including strengthening both clinical and management skills. Excellent collaboration with the *Ministry of Health and Social Welfare* was established, creating and enabling policy environment for sustainable development of CBR. CBR services are included as part of the services provided within the PHC and fully funded by the Health Insurance Funds. A total of 23 CBR centres have been established and fully functional. The buildings meet the accessibility standards as well as Ministry's standards for CBR facilities. All CBR centres have been fully accredited.

As part of Queen's University (ICACBR) support for landmine survivors and strengthening the capacity of CBR centres to support this population, peer support groups were established in Republic of Srpska. In addition to increasing participation of persons with disabilities and participation in CBR development, this complementary initiative facilitated exchange of CBR experiences between the two entities.

Current Situation in Bosnia and Herzegovina

Presently there are 61 CBR centres for physical rehabilitation in Bosnia and Herzegovina which are integrated into the primary health care systems and fully funded by health insurance funds. Although the initial development of CBR was supported by the international agencies, CBR is now owned, funded, governed and managed by local stakeholders.

In the evaluation of CBR in BiH, Edmonds (2004) stated that CBR improved access to services by locating the centres within the communities, by removing architectural barriers and by including CBR services within the publicly funded package of PHC services. It is estimated that in 2006, CBR services were provided to over 135,000 clients (Pecar 2007).

It is also reported that the quality of services was improved by enhanced providers' knowledge of multidisciplinary approach, strategies of education and communication with clients, disability rights and importance of disabled persons' participation in decision making related to rehabilitation process (Edmonds 2004).

During the post war years in both entities of Bosnia and Herzegovina, CBR facilitated the reintegration of war victims into economically productive and social lives in their communities. In BiH, it proved to be an appropriate strategy to reduce the economic and social burden of physical and psychosocial disabilities through cost-effective, targeted rehabilitation services. Local stakeholders identified areas of future improvement, including participation of persons with disabilities, collaboration with other sectors, and documentation and evaluation of CBR services.

Lessons Learned

Presently there are 61 CBR centres for physical rehabilitation in Bosnia and Herzegovina which are integrated into the primary health care systems and fully funded by health insurance funds. Although the initial development of CBR was supported by the international agencies, CBR is now owned, funded, governed and managed by local stakeholders.

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Lessons Learned

Lessons learned from Bosnia and Herzegovina are presented within the framework of the *UN Convention on Rights of Persons with Disabilities* with specific focus on right to protection and safety, health, habilitation and rehabilitation, and inclusion into international cooperation programmes.

1. CBR proved to be an effective strategy in the period of conflict and in the time of post-conflict reconstruction in BiH. It addressed an important right of persons with disabilities, right to the protection and safety during the armed conflict.
2. The needs of the disabled people must be addressed during the conflict period and not left until post-war reconstruction commences. CBR allows for services to be provided under difficult circumstances as it relies on material and human resources available locally.
3. Because of the medical and rehabilitation needs of disabled people in the armed conflicts, CBR in conflict situations tends to focus more on health aspects ensuring that right of persons with disabilities to health, habilitation and rehabilitation services is fulfilled. CBR network in BiH is incorporated within the PHC sector guaranteeing its sustainability within the health system.
4. International emergency aid and development programmes must support CBR development both as an emergency and development strategy. This addresses the right to inclusion into international cooperation programmes. The example from BiH demon-

strated that persons with disabilities were the focus of major initiatives both during emergency and post-war reconstruction and development phase.

5. CBR is effective as a peace-building strategy as was demonstrated where the personnel and governments in the FBiH and RS worked closely in the post-war period focusing on disability and overcoming dominant political differences. Donors should consider this particular feature of CBR programmes.
6. International agencies are often initiators of CBR programmes, as it was the case in BiH. In order to ensure sustainability, local stakeholders must participate in its design, implementation and evaluation. Participation of governments is essential for CBR sustainability.
7. International agencies initiating CBR programmes should consider the complex needs in conflict situations when designing programmes with their partners. Special attention should be paid to enhancement of services through local CBR capacity building, embracing a long term human resources development perspective, and creation of a policy and legislative framework which ensures long term sustainability.

Throughout the evolution of CBR, there were a number of instances where major decisions had to be made regarding the integration of CBR within the health system in a manner which would ensure sustainability. Among these were the decisions by the Ministries of Health in BiH to use CBR as war victims and post-conflict rehabilitation strategy, and major donors supporting CBR as opposed to conventional, institutional rehabilitation services. The recognition by health professionals that a community approach would have a significant impact on meeting heavy demands of disabled population was essential. The success of CBR was due in part to the strong support of the population of persons with disabilities, who saw within this strategy an opportunity to voice their opinions and participate in management and implementation. Finally, the decision by the government to integrate CBR within PHC was a major political step in providing CBR services within the PHC budget.

The challenges for the future are typical of many community based initiatives. One of the most important issues to be faced is continued support, participation and collaboration with community agencies and groups, particularly organisations of persons with disabilities. In a region where health human resources are a major concern, the continual recruitment of high level rehabilitation professionals is a priority. In this regard, the government is sensitive and is addressing the health human resources development as part of the current policy development process. The success of CBR is also determined by the public relations strategy and the continuing support of the general population in seeing CBR as an essential component in the provision of services for persons with disabilities and their families.

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Zusammenfassung*:Dieser Artikel diskutiert Programme der gemeindenahen Rehabilitation (CBR), die als Reaktion auf den gestiegenen Bedarf von Menschen mit Behinderungen während des Konflikts auf dem Balkan in den frühen 1990er Jahren entwickelt wurden. Er unterstreicht die Bedeutung der Entwicklung von CBR-Programmen für den Zugang und die Verfügbarkeit von Diensten und deren Integration in Nothilfe- und Entwicklungsprogramme. Dieser Artikel dokumentiert auch das Potenzial der CBR als friedensschaffende Strategie.*

Résumé*: Cet article décrit les programmes de réhabilitation à base communautaire (RBC) développés en réponse aux besoins croissants des personnes handicapées pendant le conflit dans les Balkans au début des années 90. Il souligne l'importance du développement de la RBC pour assurer l'accès et la disponibilité des services et leur intégration dans les programmes d'aide d'urgence et de développement. Cet article met également en évidence le potentiel de la RBC en tant que stratégie de renforcement de la paix.*

Resumen*: Este artículo describe los programas de la Rehabilitación en Base a la Comunidad (RBC) que fueron desarrollados para personas con discapacidad en el conflicto de los Balcanes en los años 90. Se subraya la importancia de establecer RBC para asegurar el acceso y la disponibilidad de los servicios y su integración en la ayuda de emergencia y en los programas de desarrollo. El artículo documenta además el potencial de RBC como estratégia para crear paz.*

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South Africa - a Pioneer in the Fight Against HIV/AIDS and Disability

Jill Hanass-Hancock

South Africa cannot usually claim to be a pioneer when it comes to HIV/AIDS and is, instead, internationally criticized for its slow and inadequate response to the epidemic (Natrass 2006 AIDS conference). The connection between HIV/AIDS and disability has, however, been recognized relatively early and after four years of work on this topic, South Africa has taken a leading role on the continent. This is most likely the result of a general "disability-friendly" policy framework that has been developed during the transformation process in the last decade. The following article will therefore look at this policy framework and the government's response to HIV/AIDS and disability.

The SA Government Approach to Disability

In South Africa, people with disabilities (PWD) played an important role during the struggle, which aimed at removing the apartheid regime from power. They either supported the struggle through the disability rights movement or were disabled while fighting the apartheid regime. The apartheid regime itself saw disability as a medical issue and ignored anything beyond the medical model. For instance 1981, the Year of the Disabled Person (IYDP) was not recognized by the South African government (DPSA 2001) nor were PWD included in decision making. As double marginalized PWD were part of the fight against oppression – against discrimination on the base of race and disability (DPSA 2001).

After the first democratic election, disability was given attention and major policy changes were initiated. The result was a paradigm shift. The shift in South Africa's approach to disability caused a move away from the medical or welfare model towards the social model (DPSA 2001). The goal, according to the national Office on the Status of Disabled Persons (OSDP), is "to integrate people with disabilities into the mainstream of society" (DPSA 2001). This change was not initiated without the input of PWD themselves, who have a voice in new South Africa. Disabled People South Africa (DPSA) negotiated right from the beginning with the new South African government for their right to speak for themselves, including the right of self-representation, integration and full participation and the delivery of disability specific services where needed (DPSA 2001). For this very reason, South African disability policies are very progressive.

Reviewing South Africa's legal framework, Hull writes that South Africa "developed a high profile, crosscutting approach to disability issues since the first democratic elections in 1994". As typical for the new South Africa, the disability movement was involved in the development of policy (Hull 2007). Hull further writes that the new South African Constitution "marked an important milestone for PWD in South Africa". The Constitution protects PWD from discrimination and a few legislations have been made since to include PWD in the mainstream setting (see below White Paper). In opposition to the previous NP government (National Party), PWD are now considered as active members of society.

As a key accomplishment, Hull mentions the development and acceptance of the 'The White Paper on an Integrated National Disability Strategy' (INDS) in 1997 (Hull 2007). This paper provides "the framework for integrating disability issues into all aspects of government functioning" (Howell et al. 2006), and is premised on the social model of disability. Another important paper focused on including children and youngsters with disabilities into the educational system. The white paper on inclusive education, which has been implemented since 1999, ensures - in theory - that every child can be integrated into their local school. The policy framework is very progressive, however practical implementation is very difficult, because expertise and resources are missing on lower levels. The political framework, however, still manages to provide very fruitful ground for inclusion.

Contextualizing HIV/AIDS in South Africa

AIDS has become one of the greatest killers in South Africa, and with this it has become a threat to economic development, as well as the educational and health systems. As HIV is still

not openly spoken about, the real prevalence rate is difficult to evaluate accurately. This is because different studies use diverse approaches, while gathering their data. The *Nelson Mandela* and the *South African National Survey*, that both use population based surveys, conclude for instance, that the national prevalence rate lies between 11 and 12% (HSRC 2002, 2005). The survey from the Department of Health, which uses antenatal data, reflects a prevalence rate of 29% nationwide (Department of Health 2000). While the one approach might estimate the prevalence rate to low, since it is based on voluntary testing, the other method might calculate the prevalence rate to high as the sample consists only of sexual active women, who obviously had unprotected sex.

To get around the methodological problems of prevalence rates, the Medical Research Council (MRC) has used the death registration system to show which diseases are the main burden to the country (Brandshaw et al. 2004). HIV/AIDS is amongst the four major diseases, that are described as a "quadruple burden" to the South African health system (see figure 1).

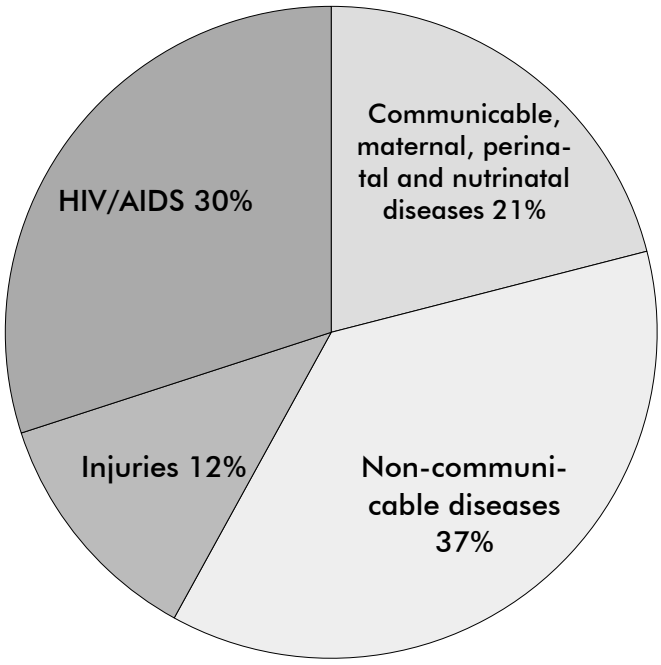


Figure 1: Estimated mortality rate by disease group in South Africa (BRANDSHAW et al. 2004)

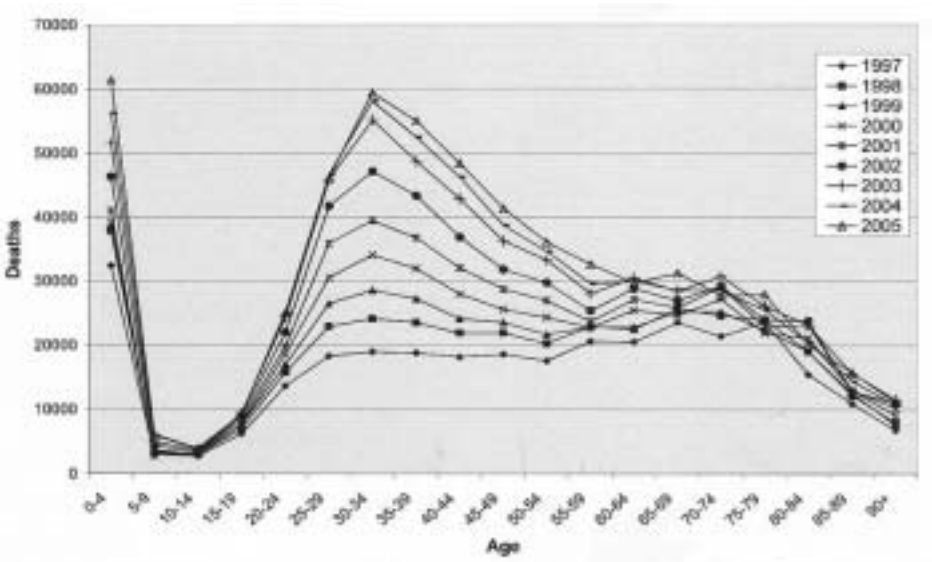


Figure 2: Mortality rate by age (STATSSA 2007)

The research results from the MRC demonstrate the high proportion of deaths due to HIV/AIDS. *Statistics South Africa* made another attempt to capture the extent of the epidemic through an analysis of age-specific death rates (see figure 2). The mortality profile should be quite accurate, because the death registration process has improved over the years and is estimated to be at about 90 % complete. Alarmingly, the mortality rate increases in the younger generation, the 25 to 40 year olds, who, in any population of the world, should have the lowest death rate. AIDS shows its impact here as it affects this part of the population, the group, that, under normal circumstances, should be the most productive one.

In the past years, the response to the epidemic has been slow and one-sided. The political discourse in South Africa seems to have given greater viability to the ameliorative approach, which fits much better in the African revival efforts, that have found its synonyms in the "African Renaissance" and a strong attempt to find "African solutions" in the fight against HIV/AIDS (Hanass-Hancock 2008). The nationalist/ameliorative paradigm takes aim at poverty, palliative care, traditional medicine and appropriate nutrition. On the contrary, a *mobilization/ biomedical* paradigm, as used by many scientists, emphasizes more on social mobilization, political leadership and Anti Retroviral Treatment (ART). In the fight against HIV/AIDS both approaches are important and the devastating extent of the epidemic requires that one follows a more holistic approach, while combining both strategies (Hanass-Hancock 2008). This, however, turns only slowly into reality.

The South African Approach to HIV/AIDS

The first national framework on HIV and AIDS was launched by the National AIDS Coordinating Committee of South Africa (NACOSA), the National AIDS Plan for South Africa, in 1994 (SANAC 2008). The NACOSA Plan covered the period from 1996 to 2001, and was replaced in February 2000 by the HIV/AIDS/STD Strategic Plan for South Africa (2000-2005). The National Strategic Plan (NSP) is a document, which is "designed to guide the country's response as a whole to the epidemic" (South African Government 2000). It outlines a multi-sectoral response to the challenges of HIV and AIDS in South Africa. The Department of Health is supervising its implementation (Hamilton et al. 2004). The current HIV and AIDS and STI Strategic Plan was only launched in 2007, even though the prior NSP had expired in 2005.

While HIV/AIDS manifested itself in the 1990s and at the beginning of the 21st century, the political response was rather "erratic and contradictory, often sowing seeds of doubt and misinformation rather than providing clear and straightforward information about HIV and the accompanying risks" (CADRE: Centre For Aids Development 2006). In the face of the pandemic, Hull criticizes the "little sense of an unified and open response to the epidemic at national level" with key players having different beliefs and approaches to HIV and AIDS rather than unifying their efforts to curb the epidemic. While civil society organizations were very clear in their stance on HIV and AIDS, the South African government was not. The period from 1994 to 2007 has been characterized by missed opportunities. Organizations like TAC openly challenge the government particular on issues related to access and treatment.

Sadly, South Africa at the time gave the impression that civil society (e.g. TAC) and government failed to combine their efforts, while fighting the epidemic, and lost crucial time. Most of all, the fact, that an entire year went by between the first NSP (2000-2005) and the introduction of the second NSP (2007-2011), documents the failures on some levels (South African Government 2000, 2007).

An effective response to the AIDS epidemic requires, as Hull concludes rightfully, "political will, working alongside civil society organizations" (Hull 2007). The system has to ensure, that people on all levels of society are targeted and have access to prevention, treatment and care. In recent years, this has happened on some levels, and here in particularly in the disability sector, which has been included as a sector in the National Strategic Plan. Disabled people themselves have taken over an active role in designing the strategic plan for the disability sector.

This new strategic plan is one of the first of its kind in Africa, that explicitly includes disability as a sector (see figure 3). In general it aims to "reduce the rate of new HIV infections by 50% by 2011" (South African Government 2007). Further more, it provides the framework in the attempt to "reduce the impact of HIV and AIDS on individuals, families, communities and society, by expanding access to appropriate treatment, care and support to 80% of all HIV positive people and their families by 2011" (ibid).

The National Strategic Plan divides the required interventions to attain the goals mentioned above into four key priority areas:
(1) prevention;
(2) treatment, care and support;
(3) research, monitoring and surveillance; and
(4) human rights and access to justice (South African Government 2007).

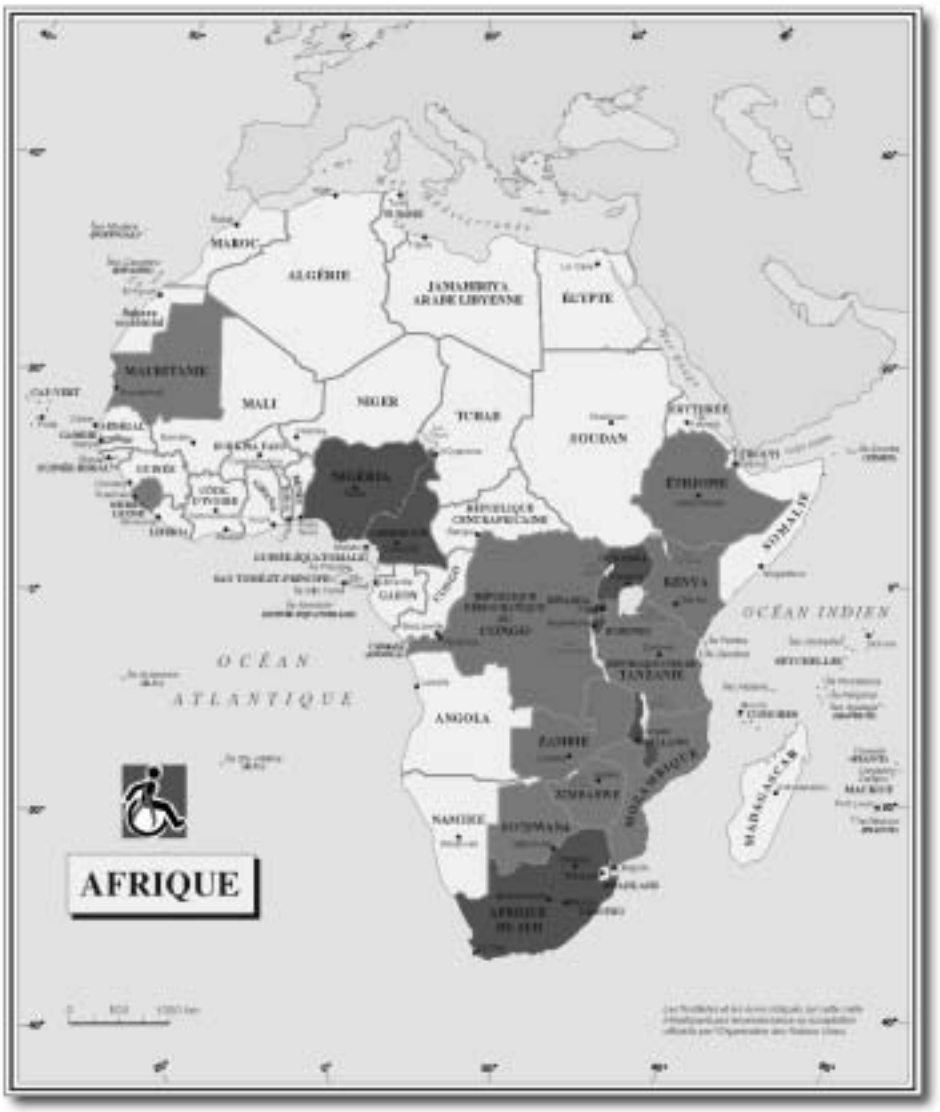
People already living with disabilities are mentioned in the current National Strategic Plan as a vulnerable group, requiring specific attention on a number of occasions (SANAC 2008).

Involvement of the Disability Sector in the South African National AIDS Council

As a sector, PWD have now taken an active role in the formation of the South African National AIDS Council (SANAC). SANAC requested civil society sectors to elect representatives (SANAC 2008). The disability sector held a summit in 2006 to elect a representative and Henrietta Bogopane-Zulu was elected (SANAC 2008). She is currently representing the disability sector at SANAC.

Structurally the disability sector works within three levels of SANAC. Following its report, SANAC has at present 18 sector committees, of which disability is one of them (SANAC 2008). The others are business, children, faith-based organizations, health professionals, health-related academic and research organizations, higher education, labor, law and human rights, men, non-governmental organizations and community-based organizations, organizations representing people living with HIV and AIDS, sports and entertainment, traditional healers, traditional leaders, women and youths (SANAC 2008).

The disability sector is also represented at



Countries who already include PWD in their National Strategic Plan

Countries contacted for relevant information regarding the National Strategic Plan who also work with the African Campaign on HIV/AIDS and disability

Figure 3: Map of countries which already, or are planning to, include people with disabilities in their National AIDS Strategic Plan (HULL 2007)

SANAC through individual people. Following the SANAC report, PWD are represented at the following levels:

The first level

a high-level structure with government, ministers and civil society (3 People).

The second level

(1) a Program Implementation Committee (1 Person),

(2) a Resource Mobilization Committee (RMC) (1 Person).

The third level

constituted by sector committees here Technical Task Teams (4 People)

(SANAC 2008).

As a result of this inclusion at such high levels, PWD were able to make their voices heard. This success would not have been possible without the 2006 meeting, organized by DPSA and the African Campaign on HIV/AIDS and disability in Durban. The meeting brought 3500 delegates together. The disability sector was probably represented through PWD themselves (SANAC 2008). One of the outcomes of this meeting was the initiation of research, which was conducted in 2007. This research informed the SANAC report, which was released in May 2008 (SANAC 2008). This report describes, in short, why PWD are a vulnerable group and what strategies and measures have to be taken to curb the epidemic within the disabled population. The report also provides a reader with disability specific solutions, which range from disability specific packaging of ARVs for the blind, to simplified sexual education and ARV treatment for people with intellectual disabilities. Following its own recommendations the report is available in Braille. This report is the first one of its kind and South Africa takes a pioneering position within the struggle against HIV/AIDS.

The Way Forward and Future Challenges

The progressive report needs practical implementation and political commitment, particularly in making resources available for the disability sector. In a promising initiative three full-service hospitals are planned to be built over the next year (Henrietta Bogopane-Zulu, launch of SANAC report Johannesburg, May 2008).

These pilot projects will hopefully become examples of good practice, so that services can be made available everywhere. In addition to this initiative, a fully accessible library has been planned in East London and will become a pilot concept for use elsewhere (Henrietta Bogopane-Zulu, launch of SANAC report Johannesburg, May 2008).

While these initiatives are very promising, little has been done in the area of sexual abuse. This is one of the key elements, that need to be addressed, because PWD are particularly vulnerable to become victims of sexual abuse and exploitation (Hanass-Hancock 2008: 240). The challenge here not only lies within a high incidence rate, but also within reporting abuse to the police, within the ability to stand a trial and the challenge of being taken seriously as a witness (Dickman et al. 2006: 116-133). Only very few initiatives support PWD during rape cases. The Cape Mental Health is one such rare initiative. In this project, specially trained psychologists assess people with intellectual disabilities to be able to say if and how a person can be used as a witness. In addition they work together with the police and the Court. Their work here has particular value in terms of education, as they prepare the Court and the victim for the unusual case (Dickman et. al. 2006). Unfortunately this initiative only exists in Cape Town Other provinces are lacking such facilities, most likely through an unfavored position regarding resource allocation. This needs to change if SANAC wants to follow through with its commitment to fighting HIV/AIDS within the disabled population. South Africa has taken some bold steps in the right direction, and must show the courage to continue and expand its inclusive and democratic policies, if the fight against AIDS and disability is to be won.

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***Zusammenfassung**: Südafrika hat eine der weltweit höchsten HIV-Prävalenzraten. Die Reaktion auf diese Epidemie erfolgte jedoch recht spät (Natrass, Aids-Konferenz 2006). Der Zusammenhang von HIV/AIDS und Behinderung wurde jedoch schon relativ früh erkannt (Dube 2008). Nach vier Jahren Arbeit an diesem Thema nimmt Südafrika diesbezüglich nun eine führende Rolle auf dem Kontinent ein. Ausgestattet mit einem historisch gewachsenen „behindertenfreundlichen" Politikrahmen, der während des südafrikanischen Transformationsprozesses entwickelt wurde, nahm Südafrika das Thema Behinderung in das nationale Strategiepapier auf; ein Schritt, der von einigen wenigen Ländern Afrikas erreicht wurde. In dem Artikel werden sowohl die historischen Schritte und politischen Rahmenbedingungen als auch die Maßnahmen der Regierung zur Bekämpfung von HIV/AIDS und Behinderung diskutiert.*

***Résumé**: L'Afrique du Sud a un des taux de prévalence du SIDA les plus élevés du monde et la réponse à cette épidémie est très en retard (Natrass, 2006 AIDS conference), par contre en ce qui concerne le lien entre le VIH/SIDA et le handicap, celui-ci a été identifié assez tôt (Dube 2008). Après quatre ans de travail sur ce sujet, l'Afrique du*

Sud a pris un rôle de leader sur le continent. Aidée par un cadre historiquement favorable aux personnes handicapées, qui a été développé pendant la phase de transition, l'Afrique du Sud a inclus le handicap dans son plan national stratégique, une étape conclue par bien peu de pays africains. Le présent article décrit les étapes historiques, le cadre politique ainsi que la réponse du gouvernement concernant le VIH/SIDA et le handicap.

***Resumen**: Sudáfrica tiene una de las prevalencias más altas de SIDA en el mundo y la respuesta a la epidemia llegó con retraso. Actualmente, el nuevo tema de la conección de SIDA y discapacidad fue reconocido relativamente temprano, y Sudáfrica ha tomado un rol que la lleva a la cabeza en el continente, integrando discapacidad en su plan de estrategia nacional, que es un paso que solamente algunos países en Africa lograron. Este artículo discute los pasos históricos, los marcos de política así como también la respuesta del gobierno frente al problema SIDA y discapacidad.*

Autorin: Dr.phil Jill Hanass-Hancock hat an der Humboldt-Universität zu Berlin studiert und arbeitete als Lehrerin und Entwicklungspsychologin. In ihrer Dissertation beschäftigte sie sich mit dem Thema HIV/Aids und Behinderung. Ihre Arbeits- und Forschungsschwerpunkte sind die Konzepte von Krankheit und Behinderung, Mainstreaming von Behinderung und Inklusion, Sexualerziehung und die soziokulturellen Aspekte von HIV/Aids. Seit Februar 2008 nimmt sie als Post-Doktorandin am HEARD-Programm der University of KwaZulu-Natal teil. Ihre aktuelle Studie untersucht sowohl die sexuellen Entscheidungsprozesse von Jugendlichen in KwaZulu-Natal als auch die kommunalen Maßnahmen bei der Bekämpfung der HIV/Aids-Epidemie.
Anschrift: Jill Hanass-Hancock (PhD), Post-Doc fellow, Heath Economics & HIV/AIDS Research Division (HEARD), University of KwaZulu-Natal, Westville Campus, J-Block, Level 4, Durban 4041, South Africa,
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Disability Regional Conference Resolution on the Millenniums Development Goals and the African Decade for People with Disabilities

A Disability Regional Conference in the context of the *Millennium Development Goals* (MDGs) with over 200 delegates from 24 African countries was held in Nairobi on 15-19 September, 2008. The conference was organised by the *Ecumenical Disability Advocates Network* (EDAN), the *Secretariat of the African Decade for Persons with Disabilities* (SADPD), *African Community Development Foundation* (ACDF) and the *UN Millennium Development Goals* Campaign Office for Africa. The conference organisers aimed to enhance the capacity of leaders from disability and development sectors on effective mainstreaming of disability in MDGs in African countries and to provide knowledge, increase competence and strengthen organisational advocacy strategies and networking skills.

The following conference resolutions are the selection of the outcomes, formulated and spoken by the delegates:

We resolve as delegates that we shall;

- Call on our Governments to move and support a motion during the UN General Assembly, calling for the establishment of a new UN Special Agency on Disability; to provide leadership, coordination, harmonisation and enhanced monitoring and reporting
- Engage our Governments to ensure that People with Disabilities are protected from adverse effects from rising costs and related vulnerabilities and participate and benefit from existing social protection schemes

We urge the UN through member states;

- To establish a Specialist Agency on Disability in the league of UNICEF and UNIFEM to provide leadership and global accountability on matters related to the disabled people.

We urge the AU and related bodies to;

- Set up a Disability Desk within all African regional bodies to monitor the implementation of both the convention and human rights violation of people with disabilities within the respective regions.
- Ensure political and social economic representation of people with disabilities in NEPAD and develop terms of reference for their participation.

We urge all governments to;

- Ratify, domesticate and implement the UN convention on the Rights of Persons with Disabilities (CRPD)
- Recognise DPOs as agents of change and therefore as partners in development planning and programmes

We call on development partners to;

- Prioritise disability as a tool for planning and analysis for development assistance and international cooperation in all their international cooperation and assistance (aid, debt relieve and trade)
- Include and consult people with disabilities and their respective organisations in planning, implementation, monitoring and reporting.

We resolve that as Disabled Peoples Organisations we shall;

- Participate in the Social Protection processes to ensure people with disabilities are included
- Advocate and lobby to be included in national poverty reduction strategies and other national development plans and initiatives.

Quelle: http://www.un.org/disabilities/default.asp?id=1432

Kurzmeldungen

Behindertenrechtskonvention tritt in Deutschland in Kraft

Nach der zweiten und dritten Lesung am 04. Dezember 2008 im Bundestag hat auch der Bundesrat am 19. Dezember 2008 der Ratifizierung der UN-Konvention über die Rechte von Menschen mit Behinderung einschließlich des Fakultativprotokolls ohne Vorbehalte zugestimmt. Damit ist das Ratifizierungsverfahren abgeschlossen und die Konvention wird in Deutschland am 26. März 2009 in Kraft treten.

Dies bedeutet nicht nur für die Menschen mit Behinderung in Deutschland einen Meilenstein hin zu einem selbstbestimmten Leben und der rechtlichen Grundlegung ihrer Teilhaberechte. Auch für den internationalen Bereich ist die UN-Konvention von großer Bedeutung, die in zwei Artikeln beschrieben werden. Artikel 11 nimmt Bezug auf humanitäre Notsituationen und beinhaltet eine gleichberechtigte Berücksichtigung von Menschen mit Behinderung bei humanitären Notsituationen. Artikel 32 bezieht sich auf die internationale Kooperation und legt fest, dass Maßnahmen der Entwicklungszusammenarbeit Menschen mit Behinderung berücksichtigen, also inklusiv gestaltet werden müssen. Zur Umsetzung von Artikel 32 hat das *Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung* (BMZ) bereits im Jahr 2007 eine Studie in Auftrag gegeben, die beschreiben soll, wie Menschen mit Behinderung zukünftig gleichberechtigt in der deutschen Entwicklungszusammenarbeit Berücksichtigung finden sollen. Die Ergebnisse der Studie werden für dieses Frühjahr erwartet.

Australien unterstützt die Belange behinderter Menschen im asiatisch-pazifischen Raum

Der parlamentarische Staatssekretär im australischen Entwicklungshilfeministerium, Bob McMullan, stellte am 29.09.2008 den Entwurf für eine neue Entwicklungsstrategie für Menschen mit Behinderung im asiatisch-pazifischen Raum vor. Zur Umsetzung der geplanten Aktivitäten sind für die nächsten 2 Jahre 45 Mio. US-Dollar vorgesehen. Das Strategiepapier mit dem Titel *Development for All: A Disability Strategy for the Australian Aid Program 2009–2014* steht auf der Webseite des Entwicklungshilfeministeriums zum Herunterladen bereit.

Bezug: www.ausaid.gov.au/keyaid/pdf/draft_disability_strategy_09to14.pdf.

Myanmar: Disabled people await post-cyclone aid

More than five months after Cyclone Nargis struck southern Myanmar, people with physical disabilities (PWDs) continue to await assistance. Little of the international relief targeting the 2.4 million people affected has filtered down to them.

Scores lost their homes, property and livelihoods to the storm, which left nearly 140,000 dead or missing.

Others lost their mobility devices - including, crutches, wheelchairs and prosthetic limbs - to flood waters. Many were also badly traumatised and have yet to receive the psycho-social support they need.

"Many people were affected by the cyclone and are now receiving assistance. Unfortunately very little has come to us," said Nay Lin Soe, who was stricken with polio as a youngster and can only walk with the aid of crutches.

Today he is one of 125 disabled people working together to help other PWDs in his community rebuild their lives and homes. They have a simple office within the Eden Centre for Disabled Children in Yangon, the former Burmese capital.

30,000 PWDs in Ayeyarwady Delta

Prior to Nargis, there were an estimated 30,000 PWDs living in Myanmar's badly affected Ayeyarwady Delta, including 5,000 children. In the wake of the disaster, health experts speculate that another 3,000-5,000 PWDs may have been added to their ranks.

"It is obvious that people with disabilities have been completely overlooked so far in all general and sectoral assessments," Thomas Calvot, disability and emergency adviser for Handicap International France, who spent three weeks in Myanmar, told IRIN.

The *Post Nargis Joint Assessment* (PONJA), considered by many as the blueprint for the humanitarian response to the area, makes only brief mention of PWDs, saying they should be included.

An assessment of the number of PWDs and the challenges ahead in terms of helping them has yet to be carried out.

Challenges

The cyclone-affected area was inaccessible at the best of times, with no concrete paths, houses built on stilts and areas largely surrounded by water. For PWDs things are obviously more difficult.

The psychosocial impact of the cyclone on PWDs, documented in the PONJA, is also significant, with some left apart or behind when their families or caretakers fled the storm. Some are experiencing difficulties recovering a sense of inclusion in their communities.

Others suffer from sensorial or mental impairments and are often not properly informed about what is happening around them.

Calvot would like to see more attention given to such groups: Their participation in interagency coordination mechanisms is nearly nonexistent.

Quelle: Humanitarian news and analysis service of the UN Office for the Coordination of Humanitarian Affairs (IRIN) http://www.irinnews.org/Report.aspx?ReportId=80853

Erfolg der Zivilgesellschaft in Oslo

In Anwesenheit von Vertreterinnen und Vertretern der Zivilgesellschaft, darunter *Handicap International*, unterzeichnete Außenminister Steinmeier – als einer von 48 anwesenden Ministern – am 3. Dezember 2008 in Oslo den Vertrag über ein Verbot von Streubomben. Über 100 Staaten waren vertreten, von denen jedoch noch nicht alle an den beiden Konferenztagen unterzeichneten. Einige Staaten haben angekündigt, ihre Unterschrift bei nächster Gelegenheit im Rahmen der UN-Versammlung in New York vorzunehmen.

Die ersten der 94 Unterzeichner waren neben dem Gastgeber Norwegen zwei besonders von Streubomben betroffene Länder: Laos und Libanon. Besonders erfreulich war, dass auch der Vertreter Afghanistans die offizielle Genehmigung erhielt, den Vertrag zu unterschreiben. Das ist ein wichtiges Signal, da Afghanistan zu den stärksten von Blindgängern verseuchten Ländern gehört; zudem steht die afghanische Regierung der US-amerikanischen nahe. Die USA selbst, genauso wie andere wichtige Anwender und Produzenten wie die Israel, Pakistan oder Russland fehlten in Oslo. Dennoch sind unter den ersten Vertragsstaaten einige, die in der Vergangenheit Streubomben massiv eingesetzt hatten, wie Großbritannien und die Niederlande, sowie wichtige bisherige Produzenten wie Frankreich und Deutschland. Bisher unterstützen 18 von 26 NATO-Staaten den Vertrag und bezeugen damit, dass Streubomben so grausam für die Zivilbevölkerung sind, dass sie ein für alle mal verschwinden müssen.

Rehabilitation International gründet globales Netzwerk von Frauen mit Behinderung

Im Rahmen des 21. Weltkongresses von *Rehabilitation International* im kanadischen Quebec (26. – 27.August 2008) fand der *Global Summit on the Rights of Women with Disabilities* statt: Über 50 Vertreterinnen aus 20 Ländern versammelten sich, um die Situation von Frauen mit Behinderung weltweit zu diskutieren und zu verstärkten Aktionen bezüglich der Durchsetzung ihrer Rechte aufzurufen. Die Teilnehmerinnen kamen aus unterschiedlichsten zivilgesellschaftlichen, akademischen, aber auch staatlichen und privatwirtschaftlichen Bereichen. Auf der Internetseite http://groups.yahoo.com/group/inwwd/ können sich Interessierte auf der Mailingliste des neu gegründeten *Internationalen Netzwerks von Frauen mit Behinderung* (INWWD) eintragen und zur globalen Netzwerkbildung beitragen. Für die Diskussionsgruppe von Männern mit Behinderung sei auf die folgende E-Mail Adresse verwiesen: mszporluk@disabilityrightsfund.org.

IDDC eröffnet neues Informationsportal zu den Millenniumsentwicklungszielen und Menschen mit Behinderung

Auf der Webseite www.includeeverybody.org finden sich spezielle Informationen zum Prozess der Umsetzung der Millenniumsentwicklungsziele.

Dem IDDC (Internationales Konsortium zu Behinderung und Entwicklung) gehören 20 Nichtregierungsorganisationen an, die sich im Bereich Behinderung und Entwicklungsarbeit in über 100 Länder engagieren.

Das IDDC setzt sich zum Ziel, durch Informationsarbeit zum Thema Inklusive Entwicklung, zu einer Inklusiven Entwicklung bei zu tragen und die Belange von Menschen mit Behinderung in Entwicklungspolitik und Entwicklungspraxis zur Anerkennung zu verhelfen.

Global Partnership for Disability and Development eröffnet neue Webseite

Die neue Webseite der Global Partnership for Disability and Development (GPDD) ist unter der Adresse www.gpdd-online.org abrufbar.

Unter der Adresse http://gpdd-online.org/mailinglist gibt es u.a. die Möglichkeit, sich kostenlos in die offene GPDD-Mailingliste einzutragen.

Disaster and Disability - Seminar in Pakistan für Gehörlose und Menschen mit Behinderung

Gehörlose und Menschen mit Behinderungen sind in besonders hohem Maße durch Naturkatastrophen und andere Not- und Krisensituationen gefährdet. Vom 20.07.-23.07.08 fand diesbezüglich in Pakistan ein Seminar mit dem Titel „Disaster and Disability" statt, auf dem Strategien und Empfehlungen diskutiert wurden, um Gehörlose und Menschen mit Behinderung in allen Phasen der Krisenbewältigung und Krisenprävention angemessen zu berücksichtigen. Die Organisation *Danishkadah* stellt einen Seminarbericht und Informationen zu den Referaten und Vorträgen auf ihrer Webseite zur Verfügung:
http://www.danishkadah.org.pk/activities/events/080720-DRR/program.html#speakers_introduction

Literatur & Medien

The Women's Commission for Refugee Women and Children

Disabilities Among Refugees & Conflict-Affected Populations

New York 2008

Rezension

In a first undertaking of this kind, the Women's Commission working mainly on issues regarding the marginal groups amongst refugee populations such as women, children and elderly people, sought to place refugees with disabilities higher on the international agenda.

Though around the world, an estimated 3.5 million displaced people live with disabilities in refugee camps and urban slum settlements, they remain amongst the most hidden, neglected and socially excluded of all displaced people today. Recognizing this, the Women's Commission for Refugee Women and Children, with the support of the United Nations High Commissioner for Refugees, undertook a six-month research project to assess the situation of those with disabilities among refugee and conflict-affected populations. Using field research in five countries, Ecuador, Jordan, Nepal, Thailand and Yemen, the Women's Commission mapped existing services for displaced persons with disabilities, identified gaps and good practices and made concrete recommendations on how to improve services, protection and participation for displaced persons with disabilities. Some Key Findings:

• Refugees & IDP's are excluded from or unable to access mainstream assistance programmes as a result of attitudinal, physical and social barriers and are forgotten in the establishment of specialized and targeted services.

• Refugees with disabilities and their families are more isolated following their displacement than they were in their home communities and their potential to contribute and participate is seldom recognised.

The key objective of the project was to gather initial empirical data and to produce a Resource Kit that would be of practical use to UN and INGO/NGO field staff working with displaced persons with disabilities: "Resource Kit for Fieldworkers: Disabilities Among Refugees and Conflict-Affected Populations" (The Women's Commission for Refugee Women and Children 2008). Download:
www.womenscommission.org/pdf/disab_res_kit.pdf

This unique resource kit is the companion to the abovementioned report. The kit provides practical ideas on how to improve services and protection for people with disabilities and enhance their inclusion and participation in community affairs. It is based on the findings of the five country field studies, as well global desk research into other refugee and IDP programmes and an analysis of existing international policies and practices relating to displaced persons with disabilities. As such, it compiles lessons learned and ideas for action. It is not intended as an authoritative guideline but should rather been seen as work in progress. It is presented as an initiative that the Women's Commission hopes will be built on and developed over time, with input from a broad range of humanitarian actors, CBOs, DPOs and displaced persons with disabilities themselves. References to relevant international guidelines are given after each section. Further the resource kit includes practical worksheets with:

• Operational guidelines including data collection, assessments and camp layout

• Access to mainstream services: checklists, refugee status determination

• Specialized services for people with disabilities, Protection, Inclusion & Community Participation

Overall the report and the resource kit complement each other well.

However both and the research undertaking itself point to big gaps in the commitment of organisations, when it comes to allocating resources within the field of disability. The authors recognise that their work was just sufficient to mark the beginning of gaining an understanding of the situation of displaced persons with disabilities. Due to underfunding and a very tight timeframe this research did not manage to achieve its full depth of understanding of for instance the large refugee populations on the African Continent. Experiences here were gained via desk-study and this is recognised a major constraint. Further one key weakness recognised was the lack of involvement of PWD in the planning of the research, the project itself and the development of the field guidelines. This particularly becomes evident in the fact that the team lacked a general understanding and information about specific protection risks faced by refugees with disabilities. These shortcomings have been recognised and they open doors and call for further in-depth work jointly with PWD's on taking this pioneering work a few steps further to have lasting change in the way Humanitarian Organisations work or overlook PWD's in their work. Because as the UN High Commissioner for Refugees Mr. Antonio Gutierrez clearly points out in his forward to the above discussed report: "…This research reveals that Refugees and IDP's with disabilities are more limited by our actions than by their own physical and mental abilities."

Rezensentin: Christin Lidzba

Bezug: www.womenscommission.org/pdf/disab_fulll_report.pdf

Enabling Education Network (EENET)/The Atlas Alliance

Young Voices: Young people's views of inclusive education

Oslo 2008

Das Netzwerk *Education Network* (EENET) hat eine Broschüre mit selbstgemachten Fotos und Zitaten von behinderten und nichtbehinderten Schülern in Uganda und Tansania herausgebracht. Die Schülerinnen und Schüler wurden befragt, was für sie eine inklusive Schule ausmacht. Als ein Resultat kam z.B. heraus, dass die Einstellung der Lehrer und die Ermutigung von Eltern wichtig sind, damit die Schüler sich integriert fühlen.

Die Broschüre *Young Voices: Young people's views of inclusive* education wurde gefördert von der norwegischen Or-

ganisation *The Atlas Allliance*.
Eine dazugehörige DVD sowie eine Version in Kisuaheli und Braille, können direkt bei EENET unter info@eenet.org.uk oder ingridlewis@eenet.org.uk angefordert werden.
Bezug: www.eenet.org.uk/downloads/Young%20Voices.pdf

National political Publishing House/Assocaition d'Amitié Franco-Vietnamienne (AAFV)
Agent orange in Vietnam, yesterday's crime, today's tragedy
Hanoi 2008
Dieses Buch über die Folgen und Hintergründe des „Agent-Orange"-Einsatzes in Vietnam erschien 2005 erstmals auf Französisch und liegt nun in einer englischen Übersetzung vor. Diese Ausgabe enthält auch aktuelle Informationen zum Kampf der Betroffenen Agent-Orange-Opfer um Anerkennung und Gerechtigkeit.
Bezug in Vietnam und bei der AAFV unter: www.aafv.org/spip.php?rubrique108

The Inter-Agency Standing Committee (IASC)
IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings
Geneva 2007
Das *Inter-Agency Standing Committee* (IASC) hat Leitlinien und Empfehlungen veröffentlicht, die Akteure der Humanitären Hilfe in jenen Aktivitäten unterstützen sollen, die insbesondere die Stärkung der psychosozialen Gesundheit der von akuten humanitären Notsituationen betroffenen Menschen zum Ziel haben.
Bezug: www.who.int/entity/hac/network/interagency/news/iasc_guidelines_mental_health_psychosocial_upd2008.pdf

Sahaya International/GRACE
The Deaf Peers' Education Manual
Nairobi 2007
A training manual, developed by the *Kenyan Peer Education Network*, with interactive-based activities for basic understanding of sexual health, HIV and AIDS. The purpose of this manual is to provide Deaf youth and adults, teachers, parents and guardians with a tool for addressing basic health awareness within an independent framework utilizing optimal communication. The activities are participatory/interactive, and are designed with/by Deaf Kenyans fluent in Sign Language (SL), and acknowledge the use of other SL variations within the various Deaf groups. This manual is distributed freely to the community to promote peer education on HIV-related issues. (Sahaya International/GRACE)
Bezug: www.sahaya.org/graphics/kenya_deaf_manual.pdf

Christoffel Blindenmission (CBM)
Sharing Expertise in Disability and Development
CBM has recently published a manual on including Persons with Disabilities in development projects as part of 'Mainstreaming Disability in Development Cooperation,' a project funded by the European Commission. The purpose of the manual is to give guidance and practical tools to EC operational staff to include a disability perspective in what is known as Project Cycle Management.
The manual aims to support the inclusion of the perspectives of Persons with Disabilities throughout the Project Management Cycle, from programming through to evaluation. It contains examples of projects which include the perspectives of Persons with Disabilities, many of which are financed by the EC in partnership with NGOs. The manual is accompanied by a web-based toolbox.
More information on the project *Make Development Inclusive* can be found online at www.make-development-inclusive.org.
Bezug: Make Development Inclusive Concepts and Guiding Principles www.cbm.org/en/general/downloads/19456/Make_Development_Inclusive_Concepts_and_Guiding_Principles.pdf
Make Development Inclusive A Practical Guide to PCM www.cbm.org/en/general/downloads/19456/Make_Development_Inclusive_A_Practical_Guide_PCM.pdf

VERANSTALTUNGEN

31.03. – 02.04.2009 Weltkonferenz „Bildung für nachhaltige Entwicklung“
(UNESCO/Bundesministerium für Bildung und Forschung)
Ort: World Conference Center, Bonn
Information: Bundesministerium für Bildung und Forschung (BMBF), www.bne-portal.de/coremedia/generator/unesco/de/Downloads/Hintergrundmaterial__international/Weltkonferenz_20Ziele.pdf

28.06. - 03.07.2009 Vorbereitungsseminar für die Teilnahme am weltwärts-Freiwilligendienst
in Essen
Information: Behinderung und Entwicklungszusammenarbeit e.V. (bezev), Wandastr. 9, 45136 Essen, Tel.: 0201/17 88 963, Fax: 0201/17 89 026, E-Mail: info@bezev.de, Internet: www.bezev.de

03.07. - 05.07.2009 Seminar: Leben unter Einem Regenbogen: Wie leben Menschen mit Behinderung in Afrika?
in Kooperation mit der Akademie Frankenwarte in Würzburg
Information: Behinderung und Entwicklungszusammenarbeit e.V. (bezev), Wandastr. 9, 45136 Essen, Tel.: 0201/17 88 963, Fax: 0201/17 89 026, E-Mail: info@bezev.de, Internet: www.bezev.de

04.08. - 07.08.2009 The 10th Asia Pacific Congress on Deafness (Bangkok, Thailand)
Information: www.apcd2009.org

05.08. - 12.08.2009 Seminar für weltwärts-RückkehrerInnen
Information: Behinderung und Entwicklungszusammenarbeit e.V. (bezev), Wandastr. 9, 45136 Essen, Tel.: 0201/17 88 963, Fax: 0201/17 89 026, E-Mail: info@bezev.de, Internet: www.bezev.de

15.08. - 17.08.2009 The 1st Symposium on African Sign Languages (SAfSL) (Cologne, Germany)
Information: www.uni-koeln.de/phil-fak/afrikanistik/wocal

11.09. - 13.09.2009 Behinderung in Asien, Afrika und Lateinamerika, was geht mich das jetzt noch an? Zukunft neu denken! Kreative Zukunftswerkstatt für weltwärts-RückkehrerInnen in Marburg
Information: Behinderung und Entwicklungszusammenarbeit e.V. (bezev), Wandastr. 9, 45136 Essen, Tel.: 0201/17 88 963, Fax: 0201/17 89 026, E-Mail: info@bezev.de, Internet: www.bezev.de

25.11.2009 Tagung: Globale Entwicklung und globales Engagement in der Förderschule - Haben wir nicht andere Probleme? (Arbeitstitel) in Bonn
Veranstalter: Behinderung und Entwicklungszusammenarbeit (bezev), Enablement, Handicap International und Kindernothilfe
Information: Behinderung und Entwicklungszusammenarbeit e.V. (bezev), Wandastr. 9, 45136 Essen, Tel.: 0201/17 88 963, Fax: 0201/17 89 026, E-Mail: info@bezev.de, Internet: www.bezev.de

25.11. - 27.11.2009 Bildungsmarkt: Bildung für Alle nachhaltig gestalten (Arbeitstitel) in Bonn
Veranstalter: Behinderung und Entwicklungszusammenarbeit (bezev), Enablement, Handicap International und Kindernothilfe
Information: Behinderung und Entwicklungszusammenarbeit e.V. (bezev), Wandastr. 9, 45136 Essen, Tel.: 0201/17 88 963, Fax: 0201/17 89 026, E-Mail: info@bezev.de, Internet: www.bezev.de

26.11. - 27.11.2009 Tagung: Inklusive Bildung: Der Weg, Bildung für Alle zu erreichen (Arbeitstitel) in Bonn
Veranstalter: Behinderung und Entwicklungszusammenarbeit (bezev), Enablement, Handicap International und Kindernothilfe
Information: Behinderung und Entwicklungszusammenarbeit e.V. (bezev), Wandastr. 9, 45136 Essen, Tel.: 0201/17 88 963, Fax: 0201/17 89 026, E-Mail: info@bezev.de, Internet: www.bezev.de

STELLENAUSSCHREIBUNG

Die Zeitschrift Behinderung und Dritte Welt - Journal for Disability and International Development - ist die Zeitschrift des Forums Behinderung und Internationale Entwicklung. Sie erscheint dreimal jährlich und wendet sich vor allem an deutschsprachige Interessierte im In- und Ausland. Ihr Anspruch ist einerseits, ein Medium für einen grenzüberschreitenden Informationsaustausch darzustellen und andererseits, die fachliche Diskussion zu pädagogischen, sozial- und entwicklungspolitischen sowie interkulturellen Fragen im Zusammenhang mit Behinderung in Entwicklungsländern weiter zu entwickeln.

Zum nächstmöglichen Zeitpunkt ist die Stelle der/des

Redaktionsassistentin/Redaktionsassistenten

neu zu besetzen.

Das Aufgabengebiet umfasst folgende Tätigkeiten:

- Recherche und Identifikation fachrelevanter und aktueller Meldungen/Nachrichten/ Veranstaltungen/Neuerscheinungen
- Lektorat/Überarbeitung der eingegangenen Schwerpunktbeiträge
- Endbearbeitung der Beiträge auf Deutsch und Englisch
- Erstellung einer Version für sehgeschädigte LeserInnen
- enge und verlässliche Zusammenarbeit mit der Schriftleitung in der termingerechten Fertigstellung der Ausgaben

Voraussetzungen:

- sicher in Wort und Schrift
- sehr gute Englischkenntnisse
- Interesse am Fachgebiet Behinderung und Entwicklungszusammenarbeit
- Teamfähigkeit
- Zuverlässigkeit und Verantwortungsbewusstsein
- PC-Anwendungskenntnisse
- gutes Zeitmanagement

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3/2009 Frauen mit Behinderung in der internationalen Frauenrechtsarbeit/-diskussion (verantwortlich: Christiane Noé/Susanne Wilm)
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	Ausgabe 2/2009	Ausgabe 3/2009	Ausgabe 1/2010
Hauptbeiträge	15. April 2009	15. Mai 2009	31. Juli 2009
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