



DISABILITY and CONFLICT



Report of an IDDC Seminar

May 29th - June 4th 2000

The International Disability and Development Consortium

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Preface and Acknowledgements

It was a humbling and challenging experience to help facilitate this seminar. I wish to thank profoundly all the participants and fellow facilitators for their generosity, patience and honest and energetic input into the seminar. It was also challenging to extract this report from the vast pile of notes resulting from the participatory process. I hope that some of their creativity and enthusiasm is evident on these pages. I would also like to thank the minute-takers, the Handicap International administration team, and Joanne Deverson for help in the editing of this report. Although it is now some time since the seminar took place, the key issues have not been resolved ; they are still relevant today. Therefore I hope that the contents provide some inspiration for people at different levels to raise awareness and influence development agencies and donors to take account of the needs of disabled people in conflict situations, and to fight to ensure that their rights are protected.

Sue Stubbs, January 2003. co-ordinator@iddc.org.uk

ACRONYMS

CBR	Community-Based Rehabilitation
CSO	Civil Society Organisation
DFID	Department for International Development (UK)
DP	Disabled Person
DPI	DPO International
DPO	Disabled Persons / Parents Organisation
EC	European Commission
EENET	Enabling Education Network
EU	European Union
FRY	Federal Republic of Yugoslavia
ICBL	International Campaign to Ban Landmines
ICRC	International Committee Red Cross / Crescent
IDP	Internally Displaced Persons
INGO	International Non-Government Organisation
IMF	International Monetary Fund
IWGDD	International Working Group on Disability and Development
MEP	Member of the European Parliament
MSF	Medecins Sans Frontieres
NGO	Non-Government Organisation
UN	United Nations
UNDP	UN Development Programme
UNESCO	UN Educational, Scientific and Cultural Organisation
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNRWA	UN Relief and Works Agency for Palestine Refugees in the Near East
WHO	World Health Organisation
WFD	World Federation of the Deaf
WFPU	World Federation of Psychiatric Users

Participants' Organisations

ADEMO	Association of DPO in Mozambique
AODP	Arab Organisation of DPO
APIMC	Association of the Parents of Children with Cerebral Palsy
CDAP	Comprehensive Disabled Afghan's Programme
CDPO	Cambodian DPO's Organisation
CNCR	Central National Committee for Rehabilitation
FACAPH	Central Africa Federation of the Organisations of Disabled
GUDP	General Union of Disabled Palestinians
HI	Handicap International
IDDC	International Disability and Development Consortium
NAD	Norwegian Association of Disabled
NARD	National Association for the Rights of DPO in Lebanon
SAFOD	Southern Africa Federation for the Disabled
SC	Save The Children
UPMRC	Union of Medical Relief Committees

UN International Year 2000: "Towards a Culture of Peace"

"The culture of peace is based on the principles established in the Charter of the United Nations and on respect for human rights, democracy and tolerance, the promotion of development, education for peace, the free flow of information and the wider participation of women as an integral approach to preventing violence and conflicts, and efforts aimed at the creation of conditions for peace and its consolidation."

(A/Res/52/13, 15 January 1998, para. 2)¹

¹ See <http://www.unesco.org/cpp/uk/declarations/2000.htm> for the UN Declaration on a Culture of Peace

Executive Summary

Background and Process

The International Disability and Development Consortium (IDDC) consists of 14 International Non-Governmental Organisations involved in disability and development. 'Disability and Conflict' has been identified as a key issue because; in conflict situations disability increases and disabled people become even more vulnerable. Conflict situations are increasing, yet the needs and rights of disabled people are either ignored or dealt with very inappropriately.

As this was the first every international seminar on this topic, the objectives were simply to a) learn from disabled people themselves and field workers in conflict situations, and b) to provide the basis for influencing global policy and practice. The tasks were to firstly, share good practice and secondly, identify challenges and problems. The methodology was participatory, based on several key principles: empowerment, human rights, and respect for cultural and other types of diversity. The structure involved a diverse facilitation team, daily monitoring and a participant-created agenda. There were 41 participants (including facilitators) from 20 countries in Africa, Asia, Middle East and Europe. Over a third were disabled persons.

Content

Participants wanted the seminar to increase collaboration, learning, be empowering and have practical outcomes. However, they feared confusion, isolation, impotence and being overwhelmed. These hopes and fears reflected many people's experiences within conflict situations. The key topics identified for discussion ranged from roles and responsibilities (of Disabled Peoples Organisations, and national and international players), issues such as needs assessment, evacuation and displacement, resource mobilisation, politics of aid and influencing donors, disability and poverty and infrastructure breakdown.

The Conflict Situation itself was described by participants as being very diverse. The various factors of instability, insecurity and breakdown were analysed and seen to result in abuses and vulnerability, but also opportunities for constructive and positive change. Participants came from situations of civil war, occupation, displacement and mined areas. They were in both short term and long-term conflict situations. Some experienced situations of 'fragile peace', pre-conflict, acute-conflict and post-conflict. All of these different contexts had some common, but some different implications for the situation of disabled people and their families.

The Roles of Different Actors were discussed in detail. Key actors were identified at all levels; communities, Civil Society Organisations (CSOs), DPO's Organisations (DPO), Non-Governmental Organisations (NGOs), International NGOs (INGOs), rehabilitation workers, governments, media, military, religious organisations, UN agencies and donors

such as the World bank, EU and bi-lateral agencies. Most discussion focused on the role of **Disabled Persons Organisations**. Participants acknowledged problems such as divisions amongst different groups (between war-disabled and existing disabled or, different impairment groups), poverty and illiteracy of disabled persons, lack of capacity in all areas including; lack of organisation, networking and collaboration with other agencies including government. Many examples of good practice were shared demonstrating how these problems had been overcome. These included; acting as an effective pressure group on the government, working with families and communities to raise awareness and promote the rights of disabled children (Mozambique), taking the lead in peace-making activities, creating large and effective networks, influencing policy and providing effective Community-based Rehabilitation (Palestine). Participants from the Federal Republic of Yugoslavia (FRY) described a successful programme carried out by parents during the acute conflict phase, enabled by the pre-conflict existence of a strong parent network.

Participants' experiences of the role of **governments** varied greatly. In Mozambique, the government actively encouraged the development of civil society, in other countries, governments were very threatened by civil society and in post-conflict situations would try to regain control. Intelligent tactics are needed to work with governments in a non-threatening way.

Three stages of conflict were identified as pre-conflict, acute-conflict and post-conflict situations. Participants felt that the **pre-conflict stage** is vital for preparation but is very difficult because people tend to be in denial about impending war, or feel that it is too pessimistic to plan for war. External observers are often more realistic and have a role and duty to help ensure plans are inclusive of disabled persons' needs at this stage. It was felt that concrete plans for evacuation, inclusive planning for basic needs provision and strong decentralised CBR were good strategies in a pre-conflict situation.

In the **acute-conflict** stage, it was acknowledged that the needs of disabled persons are in general completely ignored in evacuation and refugee situations. However, there were many examples of good practice shared by participants. 'Breakdown of the system can be positive – an opportunity for change!' Key lessons from Lebanon were; programme was consumer-led, a good needs assessment was conducted and the service was non-discriminatory. The programme was involved in packing and distributing aid, and supporting governments and NGOs in managing stocks and lists of refugees. Some spoke of exploiting political competition to benefit disabled persons. The issues of access to basic needs, safe places, family tracing and accessibility in refugee situations were highlighted.

In the **post-conflict** stage, it was acknowledged that this could just be a cease-fire, fragile peace, and another 'pre-conflict' stage. Characteristics of post-conflict stage included; a difficult relationship between government, and civil society and NGOs (e.g. separate infrastructures and resource competition), displacement and repatriation, discrimination between disability groups, extreme vulnerability of particular groups (e.g. learning disabled or disabled women), lack of services including essential rehabilitation and democratic processes (including the exclusion of disabled persons from elections). It was also acknowledged that the post conflict period is a time of opportunity and new thinking. Recommendations included the strengthening of NGOs and DPO, targetted lobbying,

focus on education and literacy programmes, disseminating information about rights and establishing good networks.

Once the above issues had been discussed, participants wanted to focus in more detail on a selected number of topics; Capacity Building of DPOs and NGOs, Rehabilitation issues including Community-Based Rehabilitation (CBR); Influencing Donors; Resource Mobilisation; and Disability and Poverty.

The **Capacity Building of DPO and NGOs** was seen as a crucial strategy in enabling disabled persons to access their rights in conflict situations. Capacity was seen as representation levels, financial and human resources, information and policy and participation in decision-making. Increasing the size and strength of DPOs needed to ensure that skilled people such as doctors and lawyers were also included (disabled or not). Peer education and training in management and fund-raising was seen to be important. The DPO is the key agency for providing information to the community (all key planners, organisers, leaders), and is the key agency for receiving proper information from the community about evacuation procedures etc. A key lesson seems to be that the most effective DPOs are the ones that are as **inclusive as possible**; including parents, non-disabled skilled persons, all impairment groups, war and congenitally disabled persons – a true cross-disability coalition. Deaf people, disabled women and those with severe learning difficulties should be particularly targeted for inclusion. A potential problem is that in the pre-conflict stage, DPOs often take the lead in building bridges, but in the post-conflict stage, many people have been made disabled by ‘the enemy’ and so ethnic divisions can overrule. **Funding systems and structures** were perceived as a major barrier to effective DPO work. The lack of linkage between DPO of Eastern and Western Europe and the channeling of finance only through INGOS were given as examples.

Rehabilitation services need to be considered in the pre-conflict stage and at the earliest possible stage of conflict. Many participants had experienced **CBR** as a very effective and positive strategy for many reasons; it utilises and mobilises community resources, de-centralisation offers self-sufficiency, for example, in curfew situations, CBR is empowering and creates advocates and focal points in the community and it raises social responsibility. CBR provides real support to disabled persons (Disabled Persons) and their organisations, and it includes children. In Palestine the CBR programme is implemented jointly by a coalition of 17 NGOs with strong links with DPOs and the General Union of Disabled Persons. It was highly effective even in the acute phase of conflict and in situations of ‘closure’ when areas were cut off from each other. ‘Family and neighbours are the best rescue team’.

The **Mobilisation of Resources** as a whole was seen as a key issue for DPO in conflict situations. These resources include human, financial and technical. Whether the actual resource levels were high or low in the conflict situation, the good case studies seemed to depend on how existing resources were mobilised, not on how many resources were there in the first place. Methods of mobilising **human resources** included; information dissemination, supporting voluntary initiatives, co-ordination, co-operation and networking, using databases and mapping, advocacy and targeted lobbying on common issues, capacity building and training, and supporting ‘heroes’.

Mobilising **financial resources** involved carrying out inclusive, accurate needs assessments, including disabled persons in vulnerable groups, lobbying at all levels, using 'diaspora', being accountable and efficient with funds and development of information on cost saving prevention and interventions.

The **Influencing of Donors** was perceived as a major priority by participants. Donors ranged from western governments, EU, World Bank, UN agencies, INGOs, private and religious foundations and the business sector. It was acknowledged that many donors were also customers and often their donor policies were linked to their own donor's priorities. It was felt that the goal of influencing donors was 'to include disability in a long-term manner, comprehensively, not just taking an emergency response'. This would involve a change of attitudes, policies and strategies. Participants gave examples from their own experience as to why donors were a problem; disability was not included in their policies or strategies in conflict situations, funds were sometimes not used, were insufficient, or used inappropriately. Funding tended to be only for short periods rather than long-term use. Disability was perceived as a separate charity issue, or just as a matter of technical aids and equipment. It was acknowledged that donors tend to want big projects linked to big legal institutions, they have their own agendas and want to influence NGOs. They demand guarantees, control, monitoring, accountability and transparency. Participants gave examples of ECHO funding that did not have a focus on disability and only gave 6 month funding. It was suggested that disability be included, that vulnerable groups should include disability, and that the funding period be extended to one year. It was felt that the World Bank ignored disability and was not interested in promoting equity. However, there are people in the Bank who want this to change and IDDC is working with the International Working Group on Disability and Development (IWGDD) to help the bank move forward. The UNHCR has papers and policies, but it was felt that these were not being implemented. Competition for funds was also highlighted as a key problem.

To begin to solve these problems, it was suggested that linkages between vulnerable groups should be encouraged (e.g. women and children). DPOs need to build their capacity and be informed themselves about the real needs, so that they can put pressure on donors. The media needs to be used to highlight issues. Good inclusive policies are starting to appear (e.g. the UK bi-lateral DFID (2000) has produced a good issues paper on 'Disability, Poverty and Development', which specifically mentions conflict). However, Governments need to be lobbied to act on these statements and implement their policies. It was felt that IDDC could play a key role in pulling together information about donor policy, strategy and practice, and to produce materials to inform both donors and those on the ground. It was felt that many donors focusing on 'development' rather than emergencies, made a false distinction. Development funding should include an emergency perspective, and emergency funding should have a development perspective.

Follow up to the Seminar: Participants had many ideas for the next steps. Information sharing and influencing was a key issue, as a main feature of the seminar was participants' isolation from useful knowledge about who was doing what, where,

and from potentially useful networks and resources. More work needs to be done to extract key messages from the seminar once the report is finished. Participants realised that tapping into different opportunities such as the UN year of the Culture of Peace, African Decade of Disabled People, and infiltrating existing networks was important. In short, all methods, all media, all possible resources should be utilised in spreading the word that disabled peoples's needs and rights need to be included in policies, strategies and implementation in relation to conflict situations. Many participants saw opportunities within their own organisations for influencing and improving what already existed. **IDDC** was seen as having a key role in follow-up through various publications, website, database and mailing lists, organising meetings for influencing, and promoting networking, including internet networking amongst IDDC members.

PART 1: Background and Process

1. Why choose this topic? Background to the Seminar

The International Disability and Development Consortium (IDDC) is a group of 14 international non-governmental organisations involved in disability and development. The consortium was developed in 1994 in order to promote collaboration between the agencies, particularly as many were working in the same countries. Initially the consortium met twice a year to share their experiences and to learn from each other in relation to policy and practice. Several key issues were identified as being of particular importance to members, these included Inclusive Education, Community-Based Rehabilitation (CBR), Human Rights and Disability and Conflict. A series of internal seminars were held during these meetings, in order that members could learn from each other. Early on, Disability and Conflict was identified as a key issue of interest for several IDDC members. Handicap International (HI) had particular experience in this field and organised a one-day seminar on this topic in October 1997 for IDDC members². From this one-day seminar, it became apparent that;

1. Conflict situations increase the vulnerability of existing disabled persons and their families. At the same time, conflict situations make more people disabled both directly (with injury through mines, bombs etc) and indirectly (breakdown of health and other infrastructures).
2. Policy and practice in relation to disability rights in the development co-operation sphere largely focused on peaceful or stable situations. For example, there have been numerous seminars, conferences and documentation on the topics of CBR and also Inclusive Education in a range of different cultures and contexts.
3. Large numbers of agencies and large amounts of resources are involved in responding to conflict, refugee and post-conflict situations. In IDDC's experience, these agencies and resources usually totally ignore the disability perspective, or have a very ad hoc response.
4. Conflict is occurring in increasing numbers of countries globally – it is not possible to dismiss it as an exceptional situation.
5. So far, there has been no opportunity for DPO themselves and field-workers to come together to pool their experience on what the problems and solutions might be in relation to disability and conflict.

In 1998, IDDC, together with Save the Children (SC) UK, organised a global seminar on Inclusive Education which was very participatory and successful.³ The seminar simply

² See IDDC, 1997, *Disability and Conflict – Report on seminar hosted by Handicap International* (Lyons: HI)

³ See IDDC, 1998, *Lessons from the South: Making a Difference. An IDDC Seminar on Inclusive Education, Agra, India, March 1-7 1998*. www.eenet.org.uk/documents/reports/agra/agra.shtml

brought together key field-level practitioners including disabled persons themselves, to share experience and learn from each other. Based on the success of this seminar, IDDC decided to organise a similar event on the topic of Disability and Conflict.

Objectives of the Seminar

In relation to Disability and Conflict:

1. **To learn from each other** – immediate objective
 2. **To influence global policy and practice** – long term objective
- By a) sharing examples of good practice and b) identifying key problems and challenges.

2. How did it happen? The Methodology

IDDC had had a very positive experience with the seminar on Inclusive Education in Agra, India in 1998. Based on this experience, IDDC felt confident that this approach could be repeated on the topic of Disability and Conflict. The key principles that informed this approach were:

1. **Key stakeholder involvement:** Acknowledging that the ‘key stakeholders’ (disabled people and their families) are the real experts and need to be directly involved in policy and practice development.
2. **Participatory learning based on practitioner knowledge:** Linked to the above, this approach is strongly rooted in the belief that on-the-ground practitioners, whether they are community workers, teachers, health workers or project co-ordinators, have within them the capacity to define their own problems and develop their own local solutions. Within the development context, the body of work known as ‘PRA’ (Participatory Rural Appraisal) embodies this approach.⁴
3. **Cultural and Context relevance:** Acknowledging that cultures and contexts differ greatly, and that people living in these different cultures and contexts need to be directly involved; it should not be assumed that strategies relevant in one culture and context will be appropriate in another.
4. **Highlighting good practice in economically poorer countries:** In IDDC’s experience, some of the best practice was often to be found in the so-called ‘developing’ countries. Yet policies and strategies continue to be developed in ‘the North’ and exported wholesale to ‘the South’ with disastrous results. IDDC is committed to trying to reverse this trend.
5. **Combatting exclusion, marginalisation and lack of relevance in traditional conferences and congresses:** In IDDC’s experience, the typical international seminar

⁴ See Chambers R., 1997, *Whose Reality Counts? Putting the first last*. (London: Intermediate Technology) or Pretty et al, 1995, *Participatory Learning and Action. A Trainers Guide*.

or congress tended to be extremely North-dominated both in terms of participants (with the majority coming from the USA, Western Europe or Australia and New Zealand) and content (assuming very different resource levels and infrastructures). As a result, participants from countries in Asia, Africa, Middle East, Latin America and Eastern Europe, would frequently find it very difficult to learn something relevant to their own contexts, and would also find that their own experience and contribution was not valued. IDDC is committed to prioritising the needs and issues of the majority world.

6. **Combatting the myths of external experts with magic solutions:** Human challenges such as responding to disability, dealing with conflict and alleviating global poverty, do not have easy or magic answers. In IDDC's experience, people who are directly engaged in these challenges often want to believe that someone can come from outside with 'more experience' or 'greater knowledge' and provide answers and solutions. In real complex human situations this is rarely the case. IDDC believes in creating situations where local people and key stakeholders can be empowered and enabled to create their own appropriate solutions.
7. **Diversity and Accessibility:** Diversity was reflected in the mix of participants and facilitators; disabled and non-disabled, female and male, from a range of cultures and contexts. One young person from Sudan took part but the seminar was not really designed to accommodate children and young people, although several participants were advocating on their behalf. Best efforts were made to ensure that both the country and the venue were accessible to as many participants as possible. In practice, we encountered many problems in this area. This is discussed further in the Evaluation section.

3. What was the Structure and Organisation?

Following on from the key principles outlined in the methodology, the seminar had the following basic structure:

- ◆ **Diverse facilitation team.** Again following the Agra model, a team of 6 facilitators had the responsibility of leading the seminar process. Three of the six were themselves disabled, two as a result of conflict situations. Two were from non-western countries. Most had lived and worked in conflict situations for some time.
- ◆ **Participant-created agenda.** As the seminar's aim was to bring together experience from the 'grassroots', the agenda was created by participants on the first day through a process of identifying key issues, questions, and then developing a rough categorisation to lead the discussions.
- ◆ **On-going participatory monitoring.** All participants were involved in a daily monitoring exercise focusing on a) what worked well, b) what didn't work well and suggested changes. The facilitation team received this feedback each evening and tried to respond to participant's concerns.

- ◆ **Methods to encourage active participation by all.** The main format for the seminar was discussions within small groups, each led by a facilitator. This enabled more reserved people and those needing translation, or whose English was not their first language, to make their contribution. Towards the end of the week the groups were restructured to enable participants to mix more and to focus on themes of particular interest.
- ◆ **Planning and Administration.** The seminar was planned jointly by IDDC members who had a particular interest in Disability and Conflict and had formed a task group. These were HI, SC, Healthlink Worldwide and Diakonia/ NAD. HI recruited a full time seminar organiser, based at the HQ in Lyons, France. HI also provided administrative support from their offices in France and Lebanon. There were problems and lessons learnt in this area, discussed in the Evaluation section.
- ◆ **Venue.** As this was to be an international seminar, the venue needed to be in a country that would enable people from Africa, Asia, Europe and the Middle-East to attend. IDDC also wanted the seminar to be based as far as possible in 'the field', preferably in a country with experience of conflict. The Middle East was felt to be the region most accessible to participants from the different regions. Initially Lebanon was chosen, but rejected because of the potential difficulty of access for some Palestinians. SC had held many Middle-Eastern seminars in Cyprus, and proposed this as a venue. In practice, there were many problems, both with the country and its racist immigration service (many participants were harrassed and three were deported), and with the venue itself. These are discussed further in the Evaluation section.
- ◆ **Writing the Report.** The seminar produced a vast array of notes on flip charts from the small group discussions. These were typed up by the HI administrative staff some during the seminar and some afterwards. The result was over 80 A4 pages of flip chart notes. The first draft was produced by the IDDC co-ordinator based largely on these notes, and this was then sent to all IDDC participants for comments, additions, corrections. The final result represents as much as possible the participant views and actual discussions that took place within the seminar.

4. Who was involved?: The Participants and Facilitators

Selection: IDDC decided to begin by sharing selection between IDDC field staff and partners, and to only involve external agencies at a later date. Each IDDC member was asked to invite their own field staff and partners who had relevant experience in the Disability and Conflict sphere. Although 'involved in conflict' was interpreted very loosely by some agencies, overall this approach resulted in a very rich and wide-ranging mix of skilled and knowledgeable participants. 5 out of 14 IDDC members sent participants: HI (France), SC (UK) Diakonia/ NAD (Palestine), OVCI La Nostra Famiglia (Italy), and Healthlink Worldwide (UK). Most participants were sponsored by their own agencies, with HI generously supporting those who lacked sponsorship.

Numbers and Countries: (see Annex I for contact details)

Africa

1. Algeria	2
2. Cameroon	2
3. Morocco	1
4. Mozambique	2
5. Sierra Leone	2
6. Sudan	2
7. Zimbabwe	2

Asia

8. Afghanistan (facilitator)	1
9. Cambodia	1
10. India (facilitator)	1

Middle East

11. Jordan (facilitator)	1
12. Lebanon	5
13. Palestine	6
14. Yemen	1

Europe

15. England (facilitator)	1
16. Federal Republic of Yugoslavia	3
17. France (2 facilitators)	4
18. Kosovo	2
19. Montenegro	1
20. Northern Ireland	1

Total.....41, plus administration team

20 countries, 35 participants, 6 facilitators, representing 22 different organisations.

Over one third were themselves DPO, several were parents of disabled children. 16

out of 41 were women. In addition there was a team of 5 administrators working round the clock to support the seminar.

Part II: THE CONTENT

1. First Thoughts

1.1. The Process

To find an answer, first find the question: As this was the first ever international meeting on the topic of Disability and Conflict, defining the key questions and issues was going to be a major part of the seminar. It is easy to dismiss activities such as listing participants' expectations as just a 'warm up' activity and not really part of the content. In this seminar, however, the relatively long time spent on developing lists of key questions, hopes and fears was absolutely essential: people came from very diverse parts of the globe and many had never met others to discuss these issues.

IDDC had identified the very simple fact that disability is a major issue within conflict situations, yet it is usually ignored, marginalised or misunderstood. Apart from this, it would have been arrogant to try to speak on behalf of the disabled person on the ground and say what the particular problems and challenges actually were. The seminar was as if people from different parts of the world were coming together each owning a few pieces of a jigsaw puzzle with the final picture unknown. On the first day, people scattered their pieces on a big table, began to look at them and tried to put them into some crude groups. The rest of the week was spent working in small groups trying to fit the pieces together to make coherent sections of the big jigsaw puzzle. Towards the end of the week, we tried to get a sense of what the big picture might look like; but it is still a long way from being complete.

So an important output and success of this seminar, has been to identify what the **key questions and issues as expressed by key stakeholders**, actually are. This provides a useful resource for further investigation and exploration at local and international levels.

Overview of the content of the seminar:

- Day 1:** Putting the pieces on the table; hopes, fears, contributions, key questions.
- Days 2 and 3:** In-depth discussions on Roles and Responsibilities and Sharing of Case Studies in pre-conflict, conflict and post-conflict situations.
- Day 4:** In-depth discussions on Influencing International Donors and Global Politics, Capacity Building of DPO, Mobilising Resources, Disability and Poverty, and the Role of CBR in Conflict Situations.
- Day 5:** Summing up, Action Plans and Recommendations. Evaluation.

1.2 Participants' Initial Brainstorming

The majority of participants came from situations where communication with the 'outside world', even sometimes beyond their own neighbourhood, was difficult or even impossible;

'We cannot send or receive post - we have no phone or internet contact.'
(participant from Kosovo)

Therefore, discovering what the participants' hopes and fears were, was a task for the first day of the seminar, as it was not possible to have detailed communication beforehand. Participants met in small mixed country groups and discussed what they hoped to get from attending the seminar.

These positive expectations can be summarised as follows:

- ◆ **Collaboration, co-operation and networking:** between North and South, DPOs and NGOs, local and international, between programmes, friendship.
- ◆ **Learning:** from each other, how conflict affects disability, learning to speak 'their' language (donors and international agencies), about global policy.
- ◆ **Practical:** creating concrete action plans, gaining knowledge about funding agencies, joint programmes, how to lobby.
- ◆ **Empowerment:** how to strengthen voices of DPO, children, how to get disabled persons involved in planning and development (in UN etc), shift from victim to survivor mentality, from reactive to pro-active.

It was also important to provide an opportunity for participants to speak about their fears; all the potential ways in which the above hopes could be sabotaged or unrealised.

These fears or negative expectations can be summarised as follows:

- ◆ **Confusion; Process anxieties:** not clear about agenda, very general theme, no specific goal.
- ◆ **Isolation; Not being understood and no basis for communication:** language and communication barriers, cultural differences, feeling that their own situation is very individual and complex, dichotomy between disabled and non-disabled persons, backgrounds are too different.
- ◆ **Impotence; It will change nothing:** no-one from outside will be interested, we will forget everything afterwards, follow-up will be a problem.
- ◆ **Being overwhelmed; The task is too big for one week:** we will get lost in discussions about specific conflict situations, we will not cover enough, we will cover too much too generally.

These lists give an idea of what the participants' experiences have been in their different situations. They hope for collaboration, learning, practical changes and empowerment. This suggests that many participants feel that they lack these things in their situation. The fears of confusion, isolation, impotence and being overwhelmed could also relate to their own daily experiences in conflict situations, and maybe also in other meetings or seminars.

Finally as part of this initial exercise, participants were asked to identify what they felt they could themselves contribute to the seminar. This was in order to begin the process of revealing that solutions and answers need to start from within, and that everyone has something to offer.

What participants had to offer can be summarised as follows:

- ◆ **Skills:** training, lobbying, networking, conflict-resolution, supporting disabled children and young people.
- ◆ **Knowledge:** about DPO, non-violent strategy creation, peace-making.
- ◆ **Experience:** NGO as a facilitator and networker, co-ordination.
- ◆ **Resources:** information and publications.

This list was very wide ranging, albeit very general, and enabled participants to become aware of taking a pro-active role in the seminar.

1.3. Key Questions and Issues

Moving to a slightly deeper level, the next exercise asked participants to reflect on their own personal experience and to define their key questions in relation to Disability and Conflict. Participants worked in six small groups, each chaired by a member of the facilitation team.

The questions (listed in full in Annex III) cover a very wide range of topics and experience. The next step was to develop some sort of framework out of the questions that could form the basis of an agenda for the week. This was difficult because there are many different ways to 'slice the cake' and many of the questions and issues were related to more than one topic. The first rough analysis was to list the basic topic covered by the questions :

Key topics related to Disability and Conflict based on the questions:

1. Segregation and inclusion (due to conflict).
2. Disability and poverty.
3. Breakdown of infra-structure (development of resources and capacities).
4. Roles and responsibilities of CSOs, DPOs and government connections.
5. Changing or shifting priorities, disability prioritised or not prioritised in conflict and post-conflict.
6. Moving from charity to a holistic human rights approach.

7. Divisions within disability (needs assessment).
8. Advocacy and self-advocacy.
9. Raising awareness on disability (role of mass media).
10. Politicisation of aid (funding).
11. Post-seminar implementing action plan.
12. Evacuation/ Refugee/ general migration.
13. Reconstruction and accessibility.
14. Peace-making.
15. Resource mobilisation.
16. North-South dialogue and global politics.
17. Strengthening DPO.

General topics based on the questions:

1. Lobbying issues.
2. Fighting violence.
3. Networking and co-operation.
4. Human rights activities.
5. Development of resources and capacities.
6. North and south dialogue.
7. Victim support and rehabilitation integration policies.
8. Policy development.
9. Sustainability.

It was then decided to group the topics into four main headings that could form the basis for further discussion.

i) Roles and Responsibilities:

Participants felt that many of the questions were about defining appropriate roles and responsibilities at all levels; who should be doing what. This had the following sub-topics:

- advocacy and self-advocacy
- role of DPO (divisions within disabilities)
- raising awareness
- needs assessment
- evacuation, displacement and food security
- reconstruction and accessibility
- peace making
- resource mobilization

ii) Politicised aid and global politics.

The second broad heading reflected the participants' experience of issues that they felt were beyond their own communities and situations, yet which had a major impact on the conflict situation.

Under this heading were the following sub-topics:

- North / South dialogue
- moving from charity to a human rights approach
- shifting priorities of donors, development agencies and governments
- segregation and inclusion

iii) Disability and Poverty

Many participants felt that conflict situations exacerbate poverty and that this topic deserved its own heading.

iv) Infrastructure breakdown

This was also seen as a key topic in relation to disability.

These topics were agreed as a starting point for in-depth discussion. It was acknowledged that they were not a rigid blueprint; they were meant just to offer a way into a difficult and complex area.

2. The Conflict Situation: Participants' Analysis

2.1 The Relationship between Conflict, Development and Disability

Adverse consequences of conflict for disability and development: Conflict creates instability, insecurity and fear. Its consequences result in a collapse of infrastructure and sectors, a breakdown of resources and there are changes of priorities and shifting agendas. This environment makes it difficult to plan. The presence of external aid can be damaging and the perception of people as 'victims' reduces their human dignity. Above all, conflict abuses Human Rights.

Positive consequences of conflict for disability and development: Conflict also creates a climate of change, which can open the way for more progressive structures to emerge. There is a sense of solidarity (e.g. in Kosovo, Palestine, Lebanon) and people are seen as 'national heroes'. Aid arrives and resources are mobilised. Civil society becomes empowered through conflict situations. ***'Conflict can open opportunities!!'***

Particular situation of disabled persons: Disabled Persons are more vulnerable and at risk during conflict. They lack political representation and face even more challenges in being able to participate. Emergency planning means are often not inclusive and are inaccessible. Shelters and other basic necessities, for example, are difficult for disabled people to access. Conflict results in more disabled people and different categories of disability within the population. There is increasing segregation. There is increasing international responsibility with regards to accessibility and at the same time, international and national norms collapse.

The four key issues which emerge are:

1. Conflict and development
2. Role and choice of disabled people
3. Rehabilitation and services: early phase and reconstruction
4. Lobbying to raise and channel funds, and avoiding discrimination.

2.2 Characteristics of Chronic Conflict Situations Experienced by Participants

Participants felt that what was meant by being in a 'conflict situation' varied widely from one country to another. The following is a list of different characteristics experienced by participants:

- Civil War (Lebanon, Morocco, FRY)
- Occupation (Palestine, Lebanon)
- Segregation (Palestine, Lebanon)
- Mining (Morocco, Lebanon)

- Displacement (Morocco, Lebanon, FRY)
- Short term
- Long term
- Frontier war (Lebanon)
- Emergency bombings (Lebanon, FRY, Palestine)
- Fragile peace and cease fire (Lebanon, Morocco, FRY, Palestine)
- Regional conflicts (threats) (Morocco, Lebanon, FRY)
- Internal conflicts (e.g. between police and citizens) (FRY)

2.3 Characteristics of Conflict by Country

Lebanon:

Lebanon experienced civil war between regions, with 'closed areas'. Frontier war and occupation took place. The emerging situation is one of bombings and displacements in both the short and long term. Mines are an increasing problem, especially in areas which are no longer occupied. The cease-fire periods are very critical, yet very insecure periods and the post-conflict stage is fragile.

Palestine:

Palestine has been in a 'pre-conflict' stage for 52 years. Military-wise, occupation is the main feature. There are elements of self-rule governance, but with no authority on land, water or boundaries. Segregation is experienced by Gaza and the West Bank and Jerusalem is totally isolated.

Mozambique:

Mozambique is now in the post-conflict stage, after experiencing civil war for 16-18 years. The country is heavily mined and whole areas are out of bounds. There are regional conflicts, both political and geographical and also land conflicts. With the cease-fire a lot of aid came in. However, there have been recent floods and the government is very fragile and there are no resources.

FRY:

The Federal Republic of Yugoslavia experienced civil war for ten years, including Nato bombing for three months. Many were displaced, including 200,000 persons who fled from Kosovo and 500,000 from previous conflicts. There is now political tension, demonstrations and conflict between police and citizens. Although there is fragile peace there could be another conflict. DPOs still operate on charity and medical models, with short-term goals, emergency aid and requests for assistance.

'Conflict seems to deepen exclusion.. conflict makes resistance to change more severe..' Participant from FRY

3. Roles and Responsibilities

3.1. Key Actors – Who Are They?

National	International
Disabled persons and families	
Local communities and local leaders	
DPO	International DPO
Civil Society, NGOs, other Groups	NGOs
Rehabilitation service providers	
Government and politicians	Governments
Embassies	
Media	International media
Military	
Religious organisations	Religions organisations
Donors	World Bank
	European Union
Private sector	Multi-Nationals

The six small groups approached their tasks in different ways. As there was insufficient time to discuss all the sub-topics, groups prioritised their own time. The following summaries aim to express what was discussed.

3.2. The Role of DPOs, Families and Local Communities

In order to be effective in conflict situations, it was felt that disabled persons and their families must self organise, understand the role of DPOs and try to get a voice within them to influence decision-making. Disabled Persons need to understand the potential power of organising in the form of a DPO and to help to strengthen the role of their DPO, for example, encouraging the DPO to be a ‘watch dog’ on services.

Parents in particular need information and guidance, especially medical, as they often speak on behalf of those who cannot speak for themselves. Parents should advocate for CBR instead of institutions.

3.3. The Role of DPO’s Organisations

General Comments

DPOs need to be directly involved in **advocacy**. In order to do this, DPOs need the following characteristics:

- They should be able to **articulate their needs**
- Heal the divisions between different impairment groups and **acknowledge common oppression as disabled persons** (e.g. war-disabled and people with congenital impairment, specific impairment-based organisations)
- Practice **co-ordination and networking** and consensus-building around basic principles, and create alliances
- Keep faith in **dialogue and open communication**
- Be sensitive in relation to **government**
- Have an understanding of **power issues and the long-term goals**
- Strengthen their **capacities** to handle the problems generated by conflict and reconstruction, including recruiting new leaders to increase their **sustainability**
- Stimulate national and local **solidarity**
- Participate in **needs assessments**
- **Work with other groups** on collective matters such as Human Rights and anti-war activities.
- **Lobby for disability 'rights'** within alliances and with outsiders.

Country-Specific Examples of the Roles of DPOs in Conflict:

DPOs within countries represented at the seminar reflected different levels of organisation and capacity. In Lebanon, for example, single impairment DPOs regrouped together to be more effective on the national level. Whereas in FRY, DPOs were still not organised. Cross disability DPOs in Morocco and Palestine were representative in front of authorities and co-ordinated with CSOs very effectively.

A Case Study of Good Practice: Role of a DPO in Mozambique

ADEMO:

This case study shows the positive role and responsibilities of a national cross-disability DPO. Two factors contribute to this:

- **Post- conflict** factors
- **Position of Civil Society Organisations:** The Government actively encourages development within civil society organisations, which is needed after conflict situations. The Government considers CSOs as partners. (CSOs made the first step in flood responses.)

ADEMO has had the following roles:

1. Pressure group on government by:

- ◆ Lobbying the national assembly.
- ◆ Sensibilizing specific Government ministries: Ministry of Social Welfare, Ministry of Health, Ministry of Education, Ministry of Labour, Ministry of Defence.
- ◆ Now targeting Ministry of Sports, to promote inclusion of disabled persons.
- ◆ Started lobbying Ministry of Finance to get exemptions on taxes for aids and equipment.

2. Sensibilizing families of Disabled Persons.

- ◆ Conducted a survey and found 600 hidden children, which they were helped to go to school.
- ◆ Programme for training of teachers.
- ◆ System of information and reference for transport, enabling disabled people to link up to transport opportunities.
- ◆ Integrated women's literacy programme.

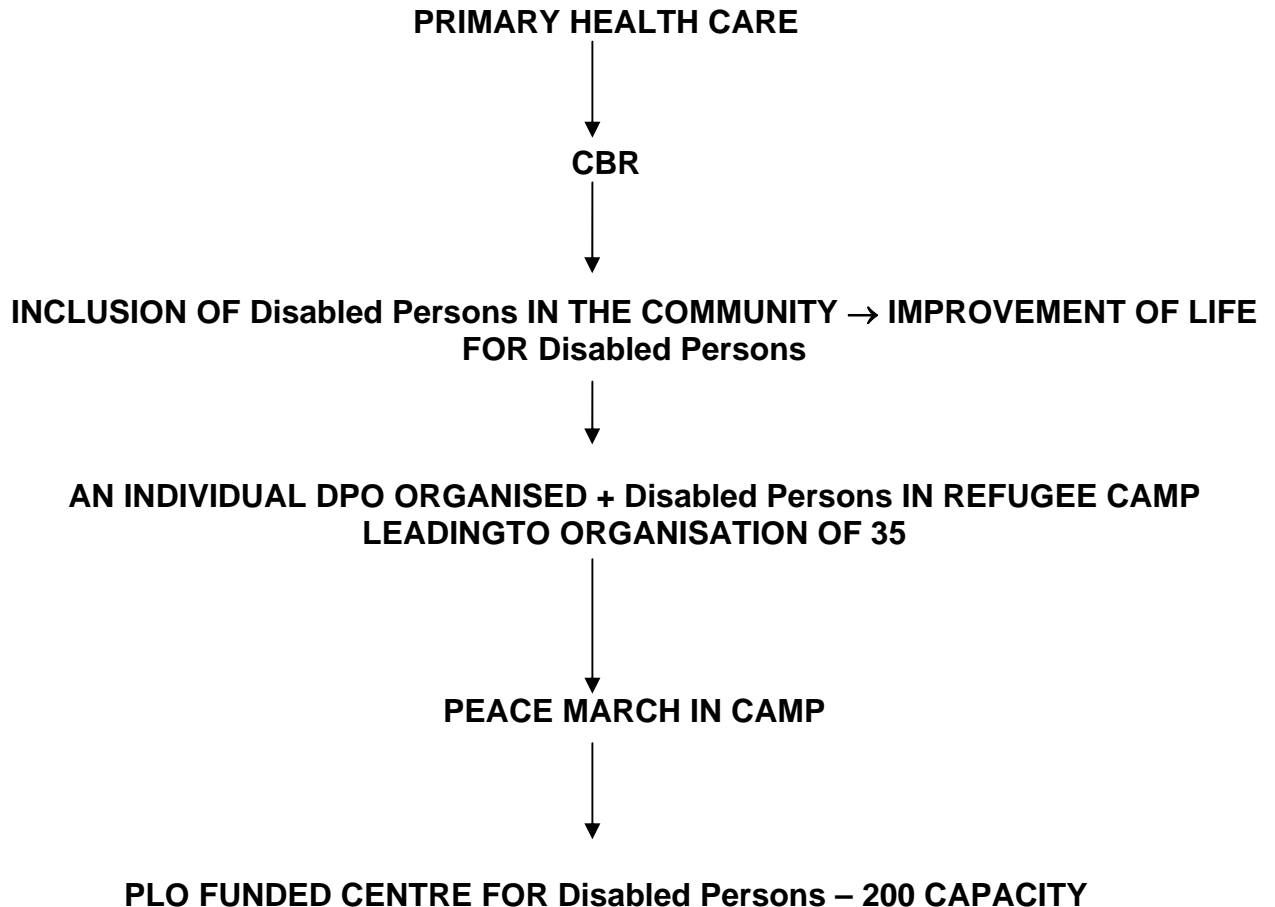
'The breakdown of education systems leads to illiteracy in children and adults – DPO do not know their rights – they have 'information disempowerment.'

Palestine: Role of DPOs

How conflict affects the development of DPOs in Palestine: War-DPO got very motivated to organise during the Intifada. Disabled Persons were seen as heroes and still are at present. They played a very important role in shaping civil society. People's perceptions of war-disabled persons are positive, but this creates discrimination towards other disabled persons. For example, Disabled Persons with mental disabilities are the most marginalized and excluded.

Raising Awareness Of Disability And Conflict

THE PEACE MARCH USED WAR AS A STARTING POINT FOR THE FORMATION OF ASSOCIATIONS, INFORMATION, CENTRES & LEGISLATION



Overview of Palestinian DPO situation: The Palestinian DPO is national and cross disability, with 8000 members. However, there are very few members with learning disabilities. Awareness-raising of Disabled Persons and of disability as a social problem is promoted, and the right to be included is defended. Raising the awareness of Disabled Persons is also promoted. The DPO has a role in representing Disabled Persons and has been successful in influencing policy, for example, getting a law adopted by parliament. The DPO networks with other CSOs, including general ones to promote mainstreaming and it has the advantage of 24 years of experience in the Field. There are advanced Rehabilitation services and CBR is a strategy with a holistic approach of inclusion. The CNCR (Centre National Committee for Rehabilitation) was created in early 1980, consisting of 80 NGOs. It the maps intermediate level services and has an inclusive education project.

'A positive consequence of conflict relates to the increase in disabled persons, and then the development of new NGOs, new opportunities and exposure to new concepts.' participant from Palestine

Lebanon: The Role of DPOs:

The Government has never had governmental institutions and instead supported the private sector. NGOs were very politicised and didn't provide services to all. They were also previously controlled by non-disabled persons. During the post-conflict stage, after 1991, NGOs were huge, but were not working in co-ordination. It was only in 1993 that the National Committee for Disabled Persons was formed to link different agencies, including DPOs. It has been responsible for setting up the Lebanese disability policy. DPO are regrouping to make a coalition (initiated by an NGO which included Disabled Persons). The '**Lebanese Council of Disabled Persons**' has been created as a grouping of twelve DPOs.

The **role of DPOs** has been to lobby (through a march) and to raise awareness of disability issues and legislation issues. They have had awareness campaigns through media and parliament and have mobilised civil society on different issues i.e. accessibility.

Palestinian Refugees in Lebanon: Role of DPOs

Eight organisations formed a 'Co-ordination committee' for NGOs working in the 'Field of Disability'. Its aim is to raise awareness of disability issues. The role of Disabled Persons in Lebanon has been to facilitate more democratic access to services in the post- conflict situation, through resisting the monopoly.

Federal Republic of Yugoslavia: Role of DPOs

DPO in FRY are mostly single-impairment. There is some collaboration between them, but not much. DPOs still operate on the charity, medical model and request material and medical assistance, as conflict increases the short-term material needs. As a result, DPOs focus on immediate needs and do not think long term. However, they do raise awareness of Disabled Persons' 'plight' and parents are active.

Syria and Montenegro: Role of DPOs

Eight DPOs have an unformed relationship of collaboration. There is no clear role for DPOs and NGOs and there is very weak support from civil society. There is also no application of law.

Key Issues: Building DPOs from before conflict or over many years results in the most effective role.

3.4. The Role of NGOs and CSOs

'In conflict situations, governments can feel threatened by anything they cannot control. NGOs and CSOs with foreign funding are seen as a threat. Ideas of 'civil society' are not welcomed by such governments. Some fears of Western influence are justified (e.g. global capitalism), and also of local extremism. Western aid-workers are often very naïve.'

CSOs need training in what the problem is and how to express it and this training can be provided by DPOs. They need to develop Information, Education and Communication (IEC) strategies to advocate good practice.

3.5. The Role of Government Agencies

Governments: general observations

Governments need to be persuaded that acting by the rule of law is in their own best interests. Democracy and justice are in everyone's best interests in the long term. However, most do not practice what they preach and a democracy can only work with a vigorous civil society.

Mozambique:

The Government actively encourages development within civil society organisations; they need it after conflict situations. The Government considers CSOs as partners and, for example, CSOs made the first step in responding to the floods.

Palestine:

There is a lack of Government support and a competition-based relationship with NGOs. Government work overlaps with NGO's work and there is a lack of strategic planning on Disability.

Lebanon:

Until recently, there has been a lack of support, but now the Government is attentive to its relationship with DPOs.

Lebanon Palestinian Refugees:

There is no commitment from the Lebanese Government and funding support comes from Palestinian political parties.

Serbia and Montenegro:

The Government is very sceptical towards NGOs and offers no support.

4. Different Stages of Conflict

The seminar participants identified three developmental stages in conflict situations that all require different responses:

- 1. Pre-conflict**
- 2. Acute-conflict**
- 3. Post-conflict**

4.1. Pre-Conflict Situation

The pre-conflict situation is rarely discussed, yet it is the prime time to set structures in place and build capacity before it becomes impossible to in the acute-conflict stage.

However, the major reasons why there is so rarely sufficient planning and preparation for acute conflict are:

- People are in denial about the real prospect of conflict; they like to pretend that it will not happen, and that life will go on as normal.
- Even if people feel that conflict could happen, they feel that it is too pessimistic to plan for a war – it is better to be optimistic and to put time and energy into trying to prevent it; if you start planning, it means you have given up.
- External observers are often aware of impending conflict and they have a responsibility to make preparations.

'If you raise the issue of pre-conflict, you sabotage the social security.'

The key characteristics and problems in a pre-conflict situation are:

International:

There is an absence of prevention by the International Community, even though external observers may be more aware than those on the inside.

Government and Priorities:

Disability issues are ignored, as they are not a governmental priority and government priorities shift dramatically. Political parties also become very weak. Relations between local NGOs and international donors and NGOs are limited by the government agenda.

Infrastructure:

The first services to suffer in pre-conflict are social services. There is segregation with regards to access to services (such as social services, insurance or education). Needs and services are based on national ethnic references and some people lose service provision as a result. Jobs are also lost in the pre-conflict stage.

Community tension and breakdown:

There is a direct influence of the crisis and tension on communities and associations including DPOs. For example, local associations may split along ethnic divisions as happened in Kosovo and Serbia. Blind people in Kosovo had their own organisations and until 1993 worked in collaboration with the Serbian organisation for the blind. In 1993, the Serbian organisation decided to close the Kosova group and make it part of the Serbian organisation. Civil society and NGOs can become very weak and breakdown.

Vulnerability increases in the pre-conflict stage and poverty increases for marginalised groups. More demands are made on the family, solidarity relations breakdown and security and protection become a priority.

Recommendations

1. Each country should develop guidelines and **concrete procedures for evacuating Disabled Persons:** For example, based on the 'Titanic Model', Disabled Persons and the elderly should be added to the list of 'women and children first'.
2. **Include disability in planning:** INGOs and agencies need to be lobbied to include Disabled Persons in developing recommendations. This is a role for DPO.
3. **UNHCR** needs to be successfully lobbied: UNHCR's role in supporting internal action needs to be explored. IDDC can take the initiative to co-ordinate DPO and NGOs to develop a declaration and set-up a working group.
4. **Develop CBR programmes** which are decentralised in pre-conflict situations (e.g. CBR in Palestine). This will work when infrastructure collapses.

'A strong civil society will provide the best infrastructure for the conflict period. It was CBR in Palestine and Parents' groups in FRY that enabled disabled adults and children to access basic needs and rights during acute conflict periods.'

Solutions to face problems during pre-conflict situations

<u>What</u>	<u>How</u>	<u>Who</u>
- Strengthen local associations and network with INGOs. - Advocacy and lobbying the	- Information networks "warren" system (telephone tree).	- Local associations or voluntary groups. - INGOs (where possible) and committees for human rights.

<p>government.</p> <ul style="list-style-type: none"> - Form local NGOs and pressure groups (according to the political situation). 		
<ul style="list-style-type: none"> - Provision of basic needs (food, medication, accommodation etc.) and specific equipment. - Awareness-raising about Disabled Persons' situation. 	<ul style="list-style-type: none"> - Encourage solidarity within the community, through community leaders and volunteers, so that they can provide 'basic needs' to Disabled Persons. - Support them too! 	<ul style="list-style-type: none"> - ICRC. - Government where possible. - INGOs and local NGOs.
<ul style="list-style-type: none"> - Pre-planning with Disabled Persons and families for possible evacuation or worse situations. 	<ul style="list-style-type: none"> - Establish a priority system for Disabled Persons and families in evacuation. - Provision of official documentation: e.g. identity cards, official 'letters' from the local administration or municipality, travel documents, registration and transport documentation. 	<ul style="list-style-type: none"> - Local administration or municipality. - ICRC, UNHCR, IOM.
<ul style="list-style-type: none"> - Accessibility and transport (to register and be evacuated). 	<ul style="list-style-type: none"> - Ensure that this happens. 	<ul style="list-style-type: none"> - UN, NGOs.
<ul style="list-style-type: none"> - Accessibility of safe places. - Preventive evacuation prepared at community and family level. - Awareness-raising amongst UNHCR, WHO, IOM, ICRC etc. about Disabled Persons needs. 	<ul style="list-style-type: none"> - Disabled Persons and families must be proactive in evaluating their own needs. - Organising networks of volunteers and voluntary groups to take care of Disabled Persons during evacuation. - Maintain linkages between refugees, displaced people and 	<ul style="list-style-type: none"> - Voluntary groups. - Disabled Persons and families. - Local NGOs and INGOs.

	key-players.	
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4.2. Acute-Conflict Situation

The key characteristics and problems in an acute-conflict situation are:

- Specific needs of Disabled Persons are not planned within the refugee and displaced persons settlements. For example, wheelchair users need cots, not floors for sleeping. Specific medicine is not always available and there are no toilets for wheelchair users.

'Emergency plans are NOT inclusive or accessible!'

- There is no authority, no government and institutions collapse during acute conflict.
- Some people are unable to move to secure shelters and places.
- Families split.
- There are security issues.
- Movement of the population occurs.
- There is concern about access to services for Disabled Persons on the 'other side'.
- What about solidarity during inter-community and inter-ethnic conflict?

Recommendations and Good Practice

It was acknowledged that it is very difficult to respond adequately to Disabled Persons' needs without some pre-planning or prior existence of strong DPO, a CBR programme or Parents' Associations. The following are some examples of good practice:

FRY: Emergency disability programme:

Existing Parents' Associations carried on during the bombing. They found premises and volunteers to run workshops for disabled children and discussion groups for their parents in eight Belgrade municipalities.

Training for professionals in institutions: Institutions could not afford essential drugs for disabled children and the alternative was even more abuse. In return for the provision of drugs, professionals in institutions received training on psycho-social support for children.

'Breakdown of the system can be positive - an opportunity for change!'

Lebanon: Arc en Ciel:

Arc en Ciel was created in the middle of conflict. Its open policy included Disabled Persons, non-Disabled Persons, friends and families and all disabilities, war-disabled or not. It carried out a Field needs assessment and made good use of volunteers. It played a role in packing and distributing aid and supported governments and NGOs in managing stocks and lists of refugees (with the Rights and Access programme).

Key lessons: the programme was consumer led, a needs assessment was conducted, and the service was non-discriminatory.

Palestine: Intifada:

CBR workers could reach people in time of segregation and during curfews in the Intifada. Political parties competed with each other to develop community services and some became committed in the longer-term. This was used by the CBR programme to its own advantage.

Key Lessons:

- **Existing CBR structures enable fair and effective action in refugee assistance and in meeting the needs of Disabled Persons (resource mobilisation).**
- **Political competition can be exploited to benefit Disabled Persons.**

Solutions to face problems during conflict situations

<u>What</u>	<u>How</u>	<u>Who</u>
<ul style="list-style-type: none"> - Provide refugees and displaced people with basic needs: clothes, shoes, food, water, basic medicines, suitable accommodation (toilets!) and specific equipment. - Include accessible facilities in safe places and shelters. - Access to family tracing programmes. 	<ul style="list-style-type: none"> - Assessment and referral of individual needs. - Awareness and information to the agencies in charge. - Inform Disabled Persons and their families about the facilities available. - Provision of basic aid stocks. - CBR based on volunteers. 	<ul style="list-style-type: none"> - DPO. - international agencies, NGOs, volunteers. - Media, DPO, NGOs.
<ul style="list-style-type: none"> - Equality of access to treatment and services; 	<ul style="list-style-type: none"> - Organise a steering committee for contact 	<ul style="list-style-type: none"> - Local NGOs, INGOs, DPO and international

injured military personnel must not get priority but access to treatment based on assessment of needs.	and co-ordination with international agencies.	agencies.
- Long-term planning must be anticipated depending on the duration of acute-conflict.	- Mobilise existing local professionals and other staff relying on existing technical expertise. - Start to establish or re-organise the basis of long-term CBR programmes and other community initiatives.	- Local NGOs, INGOs, DPO and international agencies. - Local steering committee with international agencies, NGOs and DPO. - Where possible establish co-ordination links with governmental institutions (sustainability issue).
- Make people aware of Disabled Persons' difficulties during acute conflict and organise a 'solidarity chain' to help Disabled Persons.	- CBR based on volunteers. - Re-organise the volunteer networks that existed during the pre-conflict phase. - Build consciousness about protection for Disabled Persons during conflict.	- Local NGOs, INGOs, DPO and international agencies. - Local steering committee with international agencies, NGOs and DPO, media, communities and families.

Issues of Accessibility and Stability

1. If the people and zone are accessible:

In a stable situation: Existing structures and capacities should be reinforced and preparation made for possible evacuation.

If the situation is not stable: Disabled Persons and their families should be supported on a day to day basis. Services should be delivered quickly (through local players). Disabled Persons and families should be ready for an emergency evacuation, encampment and resettlement.

2. If the people and zone are non-accessible:

If the population moves from the zone: The population may be evacuated internally (IDisabled Persons) or externally (Refugees). Services should be delivered in the resettlement zones.

If the population remains in the zone: Emergency services should be provided from outside.

Key Lessons: In any case, the main thing is to have access to the population and to guarantee protection:

- ***Lobby the national players (governments, non-state actors, military and rebels)***
- ***Lobby the international players (international institutions or governments)***

4.3. Post-Conflict Situations

The post-conflict situation can include occupation, cease-fire, unstable periods and transition periods. It can be just another pre-conflict situation.

The key characteristics and problems of a post-conflict situation are

Government and its relation with NGOs and INGOs

- Absence of policies and legislation for disability issues.
- Fragile government sector (inability to provide services).
- Weak relations between government (if it exists) and international agencies to pool the resources.
- Strong presence of local NGOs and INGOs (their provision of services).
- Non-compatibility between government and NGOs structures and amongst NGOs.
- Absence of NGOs who will render services for rehabilitation at different levels, from community level up to national level.

Displacement

- Return and repatriation is a major issue. Disabled Persons' needs are not taken into account.

Disabled People and the situation of DPOs

- Discrimination between disability groups (war heroes, physically disabled get more attention than the mentally disabled).
- NGOs operate on a 'relief' model and this can create passivity amongst Disabled Persons.
- Mentally disabled persons are neglected and ignored.
- Disabled women are marginalised.
- How to create leadership amongst Disabled Persons? Task groups and pressure groups?
- Absence or weakness of DPO.

Infrastructures and Reconstruction

- Risk of services becoming dumping grounds for difficult cases.
- Disabled Persons need rehabilitation but services do not exist.
- How may Disabled Persons and DPOs become part of the reconstruction?
- Election and registration process: what about accessibility and participation of Disabled Persons?
- Idea that services for Disabled Persons must be segregated.

Opportunities

- Sometimes new thinking is introduced.
- But new thinking can be inadequate or culturally inappropriate (i.e.. policies or ideas from the North e.g. 'food for work').

Recommendations and Case Studies

1. **Strengthening NGOs** (multi-funding, long-term DPOs, Rights-based).
2. **INGOs** have a responsibility to build the capacities of local NGOs.
3. Promote a balanced relationship between **NGOs and governments**.
4. Promote **parents' groups** to advocate for their children's rights (all Disabled Persons and children benefit).

Lebanon, Morocco, Palestine:

- The government encourages and facilitates the work of CSOs.
- DPOs have usually succeeded in important issues through targeted lobbying, with laws and privileges in government and parliaments. There have been successes in networking with government, CSOs and NGOs.
- DPOs have sensitized Disabled Persons and their families and awareness campaigns have been especially important with regards to informing of rights.
- Education seems to be the key issue for the children, schools, illiterate women and teachers.

Solutions to face problems in post-conflict situations

<u>What</u>	<u>How</u>	<u>Who</u>
<ul style="list-style-type: none"> - Strengthening the relationship between NGOs and the government at the planning stage. 	<ul style="list-style-type: none"> - Formation of disabled unions, DPO and NGOs. 	<ul style="list-style-type: none"> - Disabled Persons and communities.
<ul style="list-style-type: none"> - Inclusion of responses to disability issues within the national planning and programmes, and within reconstruction policies and plans. 	<ul style="list-style-type: none"> - Lobby and advocate for national legislation and ministerial resolutions. - Target potential and influential politicians and leaders. - DPO may be a part of the decision making process for the reconstruction programme. - When building infrastructures, include accessibility facilities. 	<ul style="list-style-type: none"> - International donors, agencies, lobbied by DPO and NGOs. - Government.
<ul style="list-style-type: none"> - Inclusion of Disabled Persons in mainstream services and programmes (education, health, labour, social affairs etc). - Equal access for all Disabled Persons whatever the cause or their status. 	<ul style="list-style-type: none"> - Remove self-pity and reinforce self-confidence of Disabled Persons and communities. - Individual participation. - Assessment of needs. - Improve and extend CBR with strong referral systems and referral services. 	<ul style="list-style-type: none"> - DPO and media. - DPO. - Community and government.
<ul style="list-style-type: none"> - DPOs need to create a relationship with government and with the International Community. 	<ul style="list-style-type: none"> - Good co-ordination between DPO and NGOs working in the field of rehabilitation and development. 	<ul style="list-style-type: none"> - DPO and NGOs.

5. Capacity Building of DPO and NGOs

After the initial discussions, participants identified several key themes that were priorities in conflict situations. One was the need to build the capacity of DPO's Organisations and other NGOs working to promote disability rights.

What do we mean by 'capacity'?

To be able to respond to the needs of the users and beneficiaries and to empower disabled persons.

What does capacity involve?

- Levels and extent of representation of Disabled Persons.
- Financial and human resources.
- Information and policy.
- Active in decision-making.

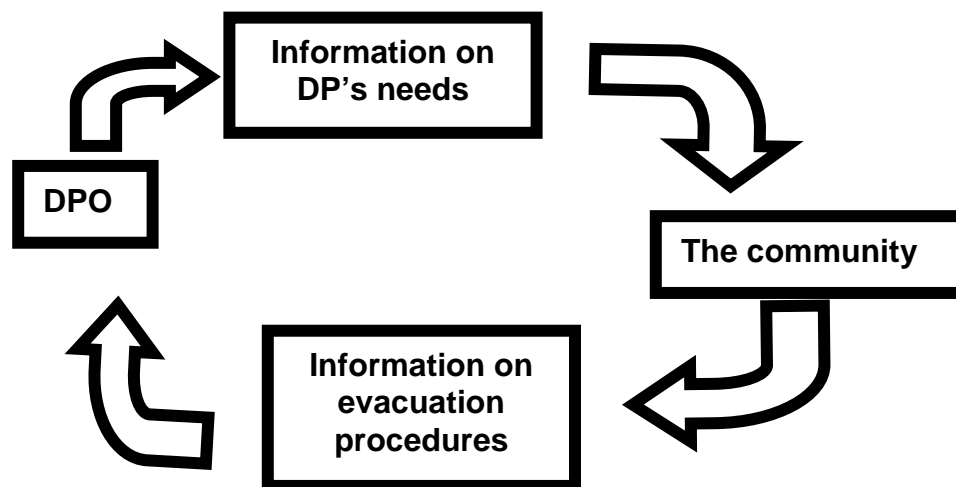
Some key questions

- How to raise and strengthen the role and voice of DPOs, Disabled Persons and others in order to influence?
- How to recognise the specific rights of Disabled Persons in the frame of 'Human Rights'?
- How to preserve and develop solidarity between DPOs?

5.1. Recommendations for Building DPO Capacity:

Pre-conflict capacity building

- 1. Include new people in DPOs:** Expand the membership of DPO. Develop a wider range of skills (e.g. doctors, etc.), include non-disabled people with a range of skills and knowledge to prepare for infrastructure breakdown. Peer education should be used and training should be given in management and fund-raising.
- 2. Mobilise the community on information about Disabled Persons' needs and provide information to disabled people:** Participants from Kosovo stressed how this needs to be a two-way process; the DPO needs to provide concrete information to community leaders and agencies about Disabled Persons' needs. The community needs to ensure that disabled people have accurate and up to date information about evacuation procedures.



All services and resources should be mapped and collected in a database and DPO should contact the International Community, INGOs, government services and local NGOs when conflict happens.

3. **Develop networks between DPO and other CSOs:** How to direct resources to serve Disabled Persons' needs? A mapping of essential services (food, health) is required. CSOs working in the rehabilitation field should be included and DPOs should network with other service providers and each other, so as not to duplicate work.
4. **Ensure that DPOs have a strategic plan, which includes participation in all strategic planning of government and NGOs:** This happened in Palestine where the DPO has 8,000 members.
5. Capacity building also means enabling uni-disability organisations to form **cross-disability coalitions**, to learn to work together.

Case study: Angola. Uni-disability organisations have sprung up (e.g. 'war-wounded'). DPO are very marginalised and receive charity from INGOs. There is a problem when DPO are uni-disability and divided: they need to join together to be effective.

6. **Deaf issue:** There is a problem with the deaf definition as a minority culture and not always included under the 'disability' issue. It is important to include deaf organisations in capacity-building and also deaf-blind people, as well as those with severe learning disabilities.
7. **Role of DPOs in host countries in relation to disabled refugees:** There should be capacity building of an international Disabled Persons' network in refugee and conflict situations, so that DPOs in the host country can offer support to disabled

refugees. ***Conflict and refugee issues should be on DPI, WBU, WFD, Inclusion International, WFPU and other INGOs' agendas.***

- 8. Capacity building of disabled women: gender issue.** Disabled women experience double discrimination. There is gender discrimination in DPOs.

Case study: Mozambique. There is more participation by men in DPOs. ADEMO is now encouraging more participation by disabled women, for example, through women only literacy classes, as most disabled women are illiterate.

- 9. Ethnic issue:** There is a problem of ethnic division between Disabled Persons. DPOs can have a potential pre-conflict role in taking the lead in building bridges between ethnic groups. However, in post-conflict newly Disabled Persons have been made disabled by other ethnic groups and so this becomes very difficult.

5.2. Financial Issues

Disabled participants felt that financial systems for funding were the cause of major problems. Finance is only channelled through Western INGOs and, for example, in Eastern Europe, there is no link between DPOs there and those in Western Europe.

When DPOs expand and broaden their membership, this creates a financial capacity problem. Existing DPO members, because they have been marginalised, tend to have a low skill-base. Bringing in, or hiring, skilled people (e.g. physiotherapists), costs money and creates a financial strain.

E.g. FINIDA wants to fund Handikos (Kosovo) but has to go through INGOs such as Oxfam. **This standard practice does not build capacity.**

Donors are not willing to fund running costs, just 'projects', yet DPOs need running costs. INGOs have 'hidden' agendas, or their own philosophy that can push DPO beyond their capacity. INGOs, governments and companies, also poach or steal the best DPO members by offering them better conditions and salaries. Although this reduces capacity, it can also be very positive for Disabled Persons to be in influential positions. However, these people also need to stay within the DPO and it is the responsibility of the DPO to retain them.

Capacity building should be focused on the youth; they are the DPO leaders of the future. There is a need for leadership training for young people, but there is also a problem of older members wanting to hold onto power: it is not just a financial issue.

6. Rehabilitation Issues

6.1. General Issues on Rehabilitation

How to consider rehabilitation services in the early phase of the conflict?

- There needs to be **identification of: Disabled Persons** affected; **Pre-existing structures**; Pre-existing **capacity**; and Pre-existing **resources**.
- **Assessment of needs** is important: There should be no segregation between people disabled by conflict and other Disabled Persons. Individual needs must be assessed. Any action plans have to link to ensure continuity in the reconstruction phase (as much as possible). They should be decentralised, holistic, relevant and linking to the community as soon as possible.
- Rehabilitation needs to be **adapted to technologies and services**: It should adapt to the real needs of the people (the users) and to the situation of conflict.
- **Surgical practice** should be looked at: Choice should be given and the views and needs of the people taken into account.

6.2. Community Based Rehabilitation and Conflict Situations.

Many participants had experience of CBR as being a very effective and positive strategy to protect the rights of Disabled Persons during conflict situations. Two examples were in Palestine and in Afghanistan.

Palestine:

CBR workers from the community have played a key role in:

- Promoting integration (e.g. in schools).
- Promoting general community development.
- Mobilising Disabled Persons.

The CBR programme was jointly implemented by a coalition of 17 NGOs; they have a very strong link with DPO and the General Union of Disabled Persons.

Conflict dimensions:

- In an acute-conflict phase, having a CBR worker from the local community was a real support.
- CBR was also a reliable decentralised alternative to services normally provided by the government.
- Conflict causes closures of areas. In such situations, CBR is still effective.

In situations of conflict, CBR seems to be a strategy that can be very effective and appropriate because:

'CBR acted as a catalyst for community development, and a catalyst for the increased mobility of disabled persons.'

CBR can be an effective strategy because:

- CBR creates a **social network**, which can operate in conflict for service provision.
- It utilises **community resources** (with its deep knowledge of the community).
- It mobilises the community. **Conflict can become a reason for mobilising.**
- It provides **real support** to Disabled Persons and their families, e.g. in an **emergency phase** CBR can organise emergency procedures.
- CBR workers are **focal points and are trusted.**
- CBR increases **community empowerment.**
- **Awareness-raising** increases through CBR.
- In conflict situations, where there is an absence of a central authority, a **space** is provided for the development of **grassroots movements** like CBR.
- CBR creates an environment of **inclusion.**
- **De-centralisation** means **self-sufficiency** of services and self-reliance. This is important, for example, in curfews and other situations where external services are not possible.
- CBR creates **ADVOCATES**, who can also act as animation for other issues and it **raises social responsibility.**
- CBR provides a **link with other activities**, for example with mine victims.
- CBR can give vital **support to DPO.**
- **Disabled children** can also be encouraged to join DPO through this process and DPOs can begin to lower their age criteria.

As a national strategy CBR provides a voice to demand better inclusive services and referral systems across the ministries. CBR is an investment in grassroots democracy.

Key factors:

- **Attitude change** must start long before the conflict.
- **Community leaders can become a target** and this must be considered.
- **Participation** is a key element.
- **Families and neighbours are best rescue team.**
- **DPO and CBR** committees have different roles and both are needed.

***CBR reinforces the ethics in each of us.
It gives an expression to what we all believe.***

7. Mobilising Resources

7.1 What are the Resources?:

<u>Human Resources</u>	<u>Technical Resources</u>	<u>Financial Resources</u>
<ul style="list-style-type: none"> - Professionals (general). - Professionals (specialised with disability experience). - Volunteers and families. - Civil security protection. - NGOs and DPO. - Administration. 	<ul style="list-style-type: none"> - Adapted equipment and materials. - Transportation. - Specific medicines. - Adapted accommodation. - Communication. 	<ol style="list-style-type: none"> 1. Awareness: <ol style="list-style-type: none"> a) Financial requests increase. b) Equality of treatment to support <u>all</u> Disabled Persons. 2. Coordination: <ol style="list-style-type: none"> a) Policy to bring financial resources together. b) Monitoring and distribution. c) Transparency.

Resources are available from:

- Local communities.
- Government and other authorities.
- DPO and NGOs.
- International donors and INGOs.

Ways of Mobilising Resources Include:

- a) Networking with all existing facilities, structures and services.
- b) Having concrete plans of actions.
- c) Targeted lobbying.
- d) Starting programmes and building around them.
- e) Disseminating information to various agencies.

7.2. How Do We Mobilise Human Resources?

1. **Information Dissemination:** Through the media using relevant information and / or good practice.
2. **Community participation:** Participation of children and youth, adults and ensuring gender awareness.

3. **Meetings, gatherings and working on projects:** Supporting voluntary actions and initiatives.
4. **Co-ordination, co-operation and networking:** Through exchange visits, visits to programmes and sharing of ideas. Supporting grassroots projects and cutting across multiple programmes, without overlooking specific needs, for increased inclusion. Using databases and mapping.
5. **Advocating and lobbying together on common issues:** Cutting across multiple programmes and mobilising international agencies in countries with refugees.
6. **Capacity building** and training on all these points.
7. **Support of well-known people** and heroes.
8. Identification of **common issues**.
9. **Co-operation** between NGO's and government (if it exists and is not oppressive).
10. **Co-operation with media** with empowering messages.

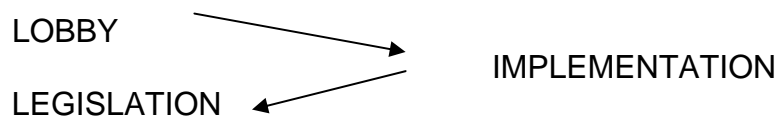
7.3 How Do We Mobilise Financial Resources?

1. **Needs assessment**.
2. Know **requirements and mandate** of donors.
3. **Lobbying** (government, international organisations, NGO's, church, military, etc).
4. Education, **orientation on priorities**.
5. **Vulnerable groups should include Disabled Persons as a priority**.
6. **Co-ordinating** efforts.
7. **Identify issues in time** and make links with agencies in the North.
8. Use communities established **abroad** (Diaspora).
9. **Accountability and efficiency** of services will attract more money.
10. Develop information on **prevention and intervention** as **cost saving**.
11. **Satisfaction of users** attracts more money.

7.4 Re-Allocation of Resources

1. How to make **resources user-friendly** for DPO?: Resource reallocation should be according to present needs. Resources can be 'in-kind'.

2. **Techniques "LIL":**



3. Issues include:

- **transport**
- **equipment**
- micro-economics
- **construction** (access)
- **building / space / land**
- forestry, minerals etc.

We need to learn lessons from other big movements: e.g. World Wildlife Fund (WWF), Green Peace.

Strategies:

- **Lobby**
- **AWARENESS**-Raising
- **PARTICIPATION**
- Development of **Strategies**
- **Inclusion**

Never Forget That :

“WE ARE ASKING FOR RIGHTS AND NEVER FOR CHARITY”

Mobilisation of Resources depends on the existing situation of Disabled Persons and infrastructure and on the characteristics of the conflict: whether it is an emergency, an unstable situation, or on-going conflict.

Disability and Poverty

There is a direct link between disability and poverty. The issue is one of:

- How to stop Disabled Persons from becoming poor?
- How to stop poverty from causing disability?

Prevention: The following can help to prevent the link between disability and poverty:

<p>Education and training:</p> <ul style="list-style-type: none"> • Fighting illiteracy. • Inclusion in schools. • University education. • Technical schools. • Vocational training. 	<p>Providing means:</p> <ul style="list-style-type: none"> • Educational fees. • Transportation. • Technical assistance. • Volunteers. • Human Resources.
<p>Medical assistance:</p> <ul style="list-style-type: none"> • Insurance. • Check-ups. • Provision of aids and medicine. • Human resources. 	<p>Income generating:</p> <ul style="list-style-type: none"> • Legislation. • Credit scheme. • Training (jobs). • Assistance.

8. Influencing Donors: Issues of Politicised Aid and Global Politics

8.1. Who are the Donors?

Donors:

<ul style="list-style-type: none"> Western governments: DANIDA, DFID, FINIDA, CIDA, SIDA, USAID. 	<ul style="list-style-type: none"> Regional organisation of States such as the European Union and their institutions.
<ul style="list-style-type: none"> Linguistic and regional international bodies (such as Francophone, Commonwealth Fund). 	<ul style="list-style-type: none"> Governmental institutions for co-operation and Embassies.
<ul style="list-style-type: none"> Political leaders 	<ul style="list-style-type: none"> World Bank.
<ul style="list-style-type: none"> Group of '8'. 	<ul style="list-style-type: none"> Japan.
<ul style="list-style-type: none"> International Monetary Fund (IMF) 	<ul style="list-style-type: none"> World Trade Organisation (WTO)
<ul style="list-style-type: none"> Multi-National agreements on investment. 	<ul style="list-style-type: none"> UN; FAO, International Labour Organisation (ILO), UNDPO, UNESCO, UNHCR, UNICEF, WHO.
<ul style="list-style-type: none"> Civil society: <ul style="list-style-type: none"> - INGOs - Religious institutions - Private foundations 	<ul style="list-style-type: none"> Businessmen and companies.

Customers:

<ul style="list-style-type: none"> INGOs: ICRC, Oxfam, SC. 	<ul style="list-style-type: none"> Local NGOs.
<ul style="list-style-type: none"> Governments of the second and third world. 	<ul style="list-style-type: none"> Religious NGOs.
<ul style="list-style-type: none"> The U.N.: <ul style="list-style-type: none"> - Specialised agencies: ILO, UNDP, UNESCO, UNHCR, UNICEF, WHO etc.). - Regional bodies of the UN 	<ul style="list-style-type: none"> Ad hoc missions of the UN

Palestine:

- Mainly: Diakonia/NAD, NOVEB, Italian Government Organisations, EC, HI, SC.

Lebanon:

- Mainly international: OXFAM, SC, World Rehabilitation Fund, IMCC, YMCA, MECC.

Lebanon Palestinian Refugees:

- Mainly: UNRWA and external international funders e.g. MAP, MPA. NORVAK and local support e.g. ICRC.

Serbia and Montenegro:

- Mainly: OXFAM, Care, MSF, PMSF, SC, UNICEF, HI.

8.2. What are the Goals of Influencing International Donors and Global Politics?:

- To **include** disability in a **long-term** manner, **comprehensively** and not just to take an emergency response. This involves;
 - Attitudes
 - Policies
 - Strategies
- To deal appropriately and effectively with disability issues in conflict situations.

8.3. Problems with Donors

Disability is often **not included**, for example, by the EU or World Bank. Funds are **not used**, are **used inappropriately**, or are **insufficient**. Funding is allocated only for **emergency use** and not for the longer-term. Disability, if it is there, is often **perceived as a separate, charity issue** and is not included throughout mainstream development.

What do donors want?

Donors want to deal with institutions, which have a legal status, are permanent and have a secretariat. They want BIG projects and look to influence NGOs. Donors need guarantees, control, monitoring, accountability and transparency (from those they are funding). They sometimes want insurance of agreements between governments. They may have political, religious, economical, linguistic or cultural agendas.

What do donors want in a conflict situation?

1. Distribution structures.
2. Quick mobilisation.
3. To spend quickly.
4. To cover basic needs.
5. Information (regarding the situation in the country).
6. Reporting from us.
7. Visibility for them (media role).
8. Political and economical interest (investment for reconstruction time).

Examples of Donors

European Union:

ECHO allocated an emergency budget – but for six months only. This is **dumping money with no long-term vision**. Disability is seen only as an emergency care provision (technical aids).

FRY:

- ECHO funding was provided for psychosocial support.
- SC, Belgrade submitted project proposals, but had to emphasise refugee and internally displaced children.
- They had no focus on disability issues.
- Short term funding was a problem.
- Five centres were opened, but there was no sustainable funding.

The dialogue with ECHO revealed that: '**We do not have the mandate for long term support**', (EU mandate). Therefore, there needs to be **lobbying**, via MEPs and governments.

We want:

- At least a one year budget for psychosocial and disability work.
- To focus on all vulnerable groups especially **including disabilities**.
- To change project proposal formats to go **beyond emergency relief**, in order to achieve sustainability in the long-term.

Case Study: Sudan. All agencies are only focusing on emergency relief and are not including disability.

World Bank:

Do we need and want to lobby the World Bank? Can we afford to ignore them?

There is a sense that we do not share the same vision or values. In fact we agree that the World Bank promotes the private sector rather than EQUITY. **World Bank policies do not include disability**. Loans do not usually address disability. The World Bank is now focusing on participation in governments, developing policies and strategies.

Need → to lobby to ensure DPO are included in participation

Possible influencing strategies:

- UPMPC set up a network to influence World Bank (not especially on disability) (Yemen, Morocco, Jordan, West Bank offices).

- The regions can do a lot of lobbying to change their policy. In Morocco, for example, gender and disability have been discussed. The aim of this lobbying is to get the World Bank to include the NGOs' perspectives.
- **Disability Unit in the World Bank:** There is more hope for disability being integrated into the WB policies now that Judith Heuman has been appointed as Disability Advisor.

The International Working Group on Disability and Development (IWGDD) includes the World Bank as a member. It consists of donors, UN agencies, bi-laterals, international DPO and other agencies involved in global disability and development issues. It started over three years ago and meets every six months. IDDC is a member of the IWGDD. This forum is an excellent place to give feedback from the grassroots to donors, and to share concerns and examples of good practice. The IWGDD is supporting individuals within the Bank who are promoting disability issues.

UNHCR:

The UNHCR's papers and **policies are not implemented.**

Examples of Negative Practice, from Participants' Experiences

Cambodia: The Government has no responsibility with regards to funding.

Sierra Leone: Donors prefer NGOs to receive funding instead of the Government. When funds do go to the Government, it takes a long time for them to be directed to NGOs. Donors also feel that NGOs take more concern.

Yugoslavia, Cambodia and Montenegro: The population is sceptical towards INGOs. and local NGOs have more credibility.

Lebanon: There is competition amongst NGOs for funds from the Government, INGOs and religious institutions. The politics of local NGOs are affected by Government policy and INGOs priorities. Personal contacts and the relationship between responsible local NGOs and INGOs can often result in a precarious situation.

Palestine: Government organisations have no strategy and no priorities. There is a competitive relationship between the Government, Government organisations and NGOs. Funding by the government is not allocated for development projects, but to direct services. However, NGOs represent 80% of rehabilitation services, disability work, projects and services. NGOs represent movements in civil society and grassroots' concerns. Their experience is that international funds are directed and driven by the special agendas of the international funders.

Palestinian community in Lebanon: Funding provided by INGOs is restricted to certain politicised NGOs. The main funders are UNRWA and PRC. The main problems for the community are a high level of unemployment and the disaster situation at the human level.

Sudan: There are two INGOs, both members of IDDC, which provide funds to local NGOs. The Government's involvement affects funding by its screening of NGOs and because of its suspicions of INGOs. The movement lacks capacity building and there are not enough DPOs in the country.

Negative Practices of Main Donors

What do donors base their information on? It is not clear why some countries get too much aid and others not enough. There needs to be a system, strategy and time limitation.

Negative Outcomes:

- Not humanitarian.
- Discriminative.
- Insufficient.
- Not sustainable.
- Insensitive to needs and priorities.
- Opposition of culture and discourse.
- Too much control by Western NGOs.
- Chaos of help and support.
- Shifting priorities.
- Overlapping programmes and services without considering local reality and experience.
- Deliberate strategy to destroy people's strength and social and political conscience.

8.4. Recommendations and Solutions

Donors should:

- Respond to needs and not to their own agendas.
- Adjust to trends.
- Communicate.

International agencies (e.g. EU, IMF, Organisation of African Unity (OAU), UN, World Bank) have a moral responsibility to set standards of good practice. They should provide the means to respect and uphold these standards.

Solutions	<ul style="list-style-type: none"> • Encourage linkage between existing DPOs, disability and other oppressed groups (women, children, rights movements) → campaign.
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	<ul style="list-style-type: none"> • Capacity building for DPOs. • Increase information, commitment, vision and ideology. • Tackle disability from a developmental perspective. • Form coalitions within local DPOs. • Be part of the international DPO movement. • Communicate with governments, but without losing self-autonomy. • Press governments to implement laws. • Promote rights and legislation for disability issues.
What should WE do?	<ol style="list-style-type: none"> 1. Identify and evaluate the people's needs, with Disabled Persons as a priority. 2. Estimate the cost of meeting these needs. 3. Put pressure on donors with the support of local, national, and international actors (use specialised groups and the experience of countries who have solved the same problems). 4. Identify and present ourselves through the media, internet, networks (local and international) and known persons (opposition and civil society on the other side). 5. Ask for money, but also for security and protection (for the population). 6. Educate donors (orientation). 7. Ensure a smooth dialogue between local actors and donors to strengthen the infrastructure of local actors. 8. Have a voice in the peace process.
Who are responsible for the solutions?	<ul style="list-style-type: none"> - DPO and NGOs. - Community activists. - Volunteer groups. - INGOs. - Political leaders, traditional (if they are not). - The local government, if it is not oppressing the civil society.

Department for International Development (DFID) UK:

DFID has produced a very good 'Issues Paper' on disability that can be used for lobbying and to influence funding. On **conflict and humanitarian assistance**, it says;

"The international community responds to natural and man made disasters with financial, material and technical assistance. This is intended not only to save lives during emergencies, but also to help build capacity to prevent and avoid future disasters.

This broader-based approach requires a wider understanding both of the contexts in which emergencies arise, but also of the impact and consequences of different ways of dealing with them. Wider stakeholder participation, including a more direct involvement of people with disabilities, is a key to developing this understanding.

Differences in vulnerabilities of persons with disabilities must be understood in devising responses. An example would be the importance of considering the needs of deaf people in accessing information. Persons with disabilities should not be seen as victims of conflict and disasters. They have particular capacities which can be built on in responding to and recovering from disasters.

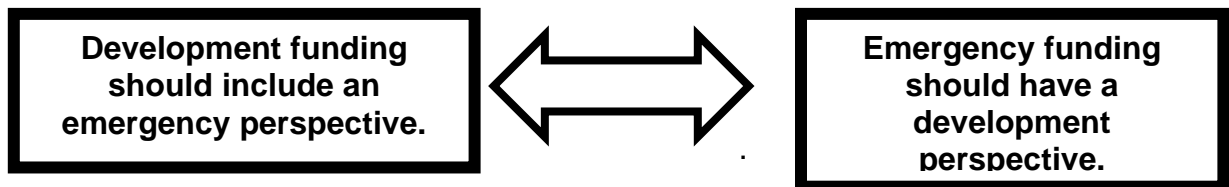
In addition to ensuring that the needs and rights of people with disabilities are broadly considered, targeted programmes may also be needed to respond to the particular needs of people with disabilities. This can include, for example, rehabilitation programmes for landmine survivors.

(DFID, 2000, 'Disability, Poverty and Development', p13)

IDDC Strategy – Recommendations:

- Pull together all **information on donor** agencies: Policy, Strategy and Practice.
- **Influencing** has to be **targeted**.
- Develop preliminary **position paper** (pre-conflict, acute-conflict, post-conflict).

BECAUSE WE BELIEVE:



Within IDDC:

The following agencies have sent participants to this meeting and are interested in Disability in Conflict situations; SC, OVCI La Nostra Famiglia, Diakonia/NAD, Healthlink Worldwide, HI.

There are another nine member agencies. We need lobbying for IDDC member agencies also, as conflict situations are everyone's business.

9. After the Seminar – What Next?

Participants developed action plans and recommendations for themselves, their organisations, their own countries and also for IDDC.

9.1 General, Personal and Organisational Follow-up

Information Sharing and Influencing:

Audiences include DPO, NGOs INGOs, civil societies, human rights organisations (e.g. Amnesty International, Human Rights Watch) and governments. Specific disability groups include deaf people, disabled children and those with learning difficulties. Other vulnerable groups to be part of information sharing and influencing are children in conflict and women in conflict. CSOs and human rights organisations must also be included and contact made with same language countries (e.g. Portuguese). The messages that need to be conveyed are:

1. Promote **DPO’ role in peace-making**.
2. **Planning** relating to conflict should be **inclusive**;
 - in INGO country plans
 - NGOs and DPO internal workshops and publications
3. Key messages need to be extracted from the workshop report according to the **needs of each country** and context.

Tactics, Methods, Opportunities:

1. Tap into “International Years” e.g. UN Year of Peace.
2. Find ways and means of reaching illiterate people.
3. Use HI’s external links e.g.
 - Agreement with WHO on ‘human security’.
 - ICBL have a lot to say on non-discrimination.
 - Lobbying to international donors.
4. Learn from ICBL about lobbying and their dissemination of information.
5. Find opportunities to make media influence more possible at the national and local level.
6. Include in all plans of action concerning disability: all DPO, NGOs and governments. Consider the differences in cultures and traditions, especially in large countries.
7. DPO and NGOs can prepare the same workshops at national level (for parents’ associations and other NGOs etc.)
8. Needs to be linked with capacity building, mobilising existing resources and training in targeted lobbying.
9. Translate report into different languages and simple English.
10. Adapt recommendations to each country.
11. Select quality information to share.

12. Exploit the snowballing and multiplying effect in dissemination.
13. Be opportunists and be aware of international opportunities (e.g. ICBL, International Years) and national events, to influence and exchange information.
14. Develop a way of exchange experiences (supermarket plan): web sites and home pages.
15. Arrange visits between countries with the same language.
16. Develop media influence: national, regional and international (more difficult).

Personal Follow-up:

1. Compilation of relevant issues.
2. Make own short report.
3. Keep in touch with participants.
4. Follow up the seminar: wait for the general report, make own extracts of the general report (for appropriate use).
5. Try to increase the number of different DPO specifically for parents with disabled children.
6. Study more about reinforcing the 'ethics of disability'.

Organisational – action within participant’s own organisations:

1. Lobby own organisation to promote and share useful exchanges between DPO.
2. Issue a report to circulate to governments and NGOs.
3. Report to UN actors (eg UNAMIC, Kosovo).
4. Call for similar workshops with existing networks.
5. Bring up the issue of disability and development, seeking for a national and a regional impact.
6. Enrich CBR programmes with Inclusive Education.
7. Write a report for own organisation and send copy to the IDDC’s Secretariat.
8. Exchange reports between participants.
9. Encourage own organisation to carry out research into areas raised at the workshop about which we need more information and data.

9.2. National and Regional Follow-up

Mozambique:

1. “Power”, HI and other national DPO’s :
 - Make a strategy together
 - Disseminate information
2. Make more connections with different provinces within Mozambique and with different cultures and traditions.
3. Make a national plan of action: include different Government ministries in this plan and ensure information sharing.
4. Lobby and influence targets and goals.

HI should take back all the points raised and integrate them into all strategies relating to conflict.

- include in internal workshops.
- include in leaflets and magazines.
- make a long term plan for keeping this issue on the agenda.

Palestine:

The Palestine NGO network includes 80 organisations including the DPO umbrella organisations. It already has as its aims: to network, lobby, represent, share information, train and empower. There are also links in the region with NGOs and DPOs.

Action will consist of the following;

1. Report
2. Internal meetings
3. Seminar
4. Link using e-mail more widely, use the IDDC
5. Join any action e.g of IDDC at regional and international level

All activities must be linked to capacity building, particularly training in lobbying people, building up networks, utilising what exists and mobilising existing resources.

Lebanon: 5-7th June 2000

1. Share information from this seminar at the seminar on social workers and peace.
2. As a ministry delegate, report back to the ministry to encourage their actions.
3. Translate report in co-ordination with IDDC. A key challenge is networking, including sending and receiving e-mails. However, there is too much information to process and technical problems are also experienced. Therefore;
 - technical problems – need back ups.
 - quality of information needs to be good to help prioritisation.
4. Adapt report to local situation (leaflets, pamphlets etc.).
5. Snowballing information dissemination (multiplying effect).

Federal Republic of Yugoslavia:

1. Share information with Disability Advisor in the office.
2. Make presentations to Parents' Associations and other NGOs, particularly on examples of good practice.
3. Discuss with Disability Advisor how to inform Ministry of Social Welfare and Labour and also war veterans.
4. Arrange study visits between participants.
5. Be opportunistic. Be aware of the latest news, events and opportunities to influence and exchange.

Other National Level Recommendations:

1. Personally take responsibility for **promoting the aims and outcomes** of the seminar to DPOs and NGOs in our own countries and to raise similar topics in country.
2. Use information received at the seminar to **highlight issues** which have not been seen in our own organisations or countries.
3. Take opportunities at **national meetings** to share with committees and governments and to promote what was learned at the seminar.
4. Convene a meeting of agencies acting on the ground, using the results of the seminar.
5. Promote the '**UN Standard Rules** for the Equalisation of Opportunities for Disabled Persons'.

Regional:

- Take opportunities at regional meetings (e.g. Congo and Lebanon in September 2000) and initiatives to share with regional committees and circulate information in the neighbouring countries (e.g. Kosovo - Albania).

9.3 Recommendations for IDDC

Workshop Report:

1. Produce report with editing team (facilitators, IDDC members, IDDC partners).
2. Create an abstract on specific issues for outside players.
3. Develop IDDC position paper for lobbying purposes, focusing on mainstreaming (3 pages).
4. Formulate a resolution based on the recommendations of the seminar (resolution more respected than report).
5. From workshop report: training packages on specific topics, e.g. evacuation, possibly through follow-up workshop, but first look at existing UN (and other organisations) training packages, procedures, books etc.

Website and Communications:

6. Set up Disability and Conflict web page on IDDC website, with submissions from participants, studies and information on resources, also updates on following up action plans and recommendations from the seminar.
7. Activate the mailing list (email, fax, postal).
8. Facilitate and encourage, by networking with regional forums, more focus on the issues raised in the seminar.
9. IDDC needs to inform participants of the process used to promote aims and outcomes of the seminar and its impact.
10. Continue to compile detailed case studies on the website, then make hard copies.
11. IDDC needs to define the strategy it developed from the seminar and consult the participants.

Meetings, workshops:

12. Shorter influencing workshops for IWGDD (including World Bank).
13. Help NGO members to organize similar seminars on a regional basis according to regional realities.

Influencing and lobbying:

14. IDDC should act at the international level.
15. Lobby donors on the integration of disability.
16. Encourage national and local DPO (international level supporting national and local levels).

10. Workshop Evaluation

Participant Feedback

Methodology:

There were a wide range of opinions and feelings about the methodology expressed by both the participants and the facilitators. The following summary tries to reflect the range of opinions :

For several participants, the participatory methodology was very new and unfamiliar. The lack of a pre-set agenda apart from the general topic and overall aims was very disconcerting. Many of these participants began to feel more comfortable with this approach during the week, and by the end were 'converts'.

'Initially I was confused and I was one of the ones who criticised the methodology... I have changed my mind, I now think it is progressive and good.'

Content:

Some participants and facilitators did not have direct experience of conflict situations and the discussions sometimes focused too generally on disability. However, the majority did get involved in very deep exchanges and discussions on their personal experiences of living in pre-, acute- and post-conflict situations.

Round-table comments from participants in final plenary session:

What will you be taking away with you?

- ◆ Readiness to help.
- ◆ Contact is most important. This was the right timing – 8 out of 10 countries in Central Africa are in civil war. Will bring this into the African Decade on Disabled Persons.
- ◆ What I take away is that now is the time to change from medical base to social and human rights – this touched me the most – I will try to share with disabled people.
- ◆ Disability does not mean inability – I will take this back.
- ◆ I learnt a lot about disabled people in other countries.
- ◆ I see so many committed people, this has enhanced my commitment, I have a strong feeling of solidarity.
- ◆ Very happy to be here.
- ◆ I take away ideas how to develop our union, and will reduce age of voting in our union from 18 to 16! (to include younger people).
- ◆ Meeting everyone – we can do something in our countries.

- ◆ Although we live far from each other, we have many common traits.
- ◆ For me, I take away the importance of addressing people's REAL needs, not what we think they are.
- ◆ I love my work and I love you all!
- ◆ I take away experience, hope, courage, learning, nice time, hard work and big pleasure!
- ◆ Learnt a lot from you all even after working with disabled people for 20 years, also friendship and solidarity.
- ◆ Big pleasure, will go back and implement a lot.
- ◆ So much to take back home, I had a bitter experience being exported, but then when I got here, such a welcome. We have to re-address many issues.
- ◆ On a professional level, lots of ideas, how to promote the rights of Disabled Persons in a new society, also a lot of friends.
- ◆ At HQ I am sometimes far from reality – HI cannot do anything without partners and NGOs, together we can achieve the goals.
- ◆ Overwhelmed by range of countries and friendships.
- ◆ Very happy.
- ◆ Impressed by energy and patience, I will keep some of this.
- ◆ We can go beyond our ethnic rivalries.
- ◆ Things can appear hopeless, but I take away the importance of CBR as a mechanism for building a network of social citizens.
- ◆ Admired the struggle against oppression – learnt how a lack of government can be empowering!
- ◆ The fact that conflict is everyone's business, particularly the countries that are in so-called 'peace' and yet cause the wars in other countries.

'Nothing is impossible in this world... no-one should feel discouraged and alone.'

'To forget is difficult, to forgive is certainly possible.'

Participants' Contact Details

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RESOURCES on DISABILITY and CONFLICT

Case Studies and Country-Specific Reports

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Key Organisations and Web addresses

Action Disability & Development (ADD)	www.add.org.uk
Amnesty International	www.amnesty.org.uk
CARE	www.careinternational.org.uk
CARITAS	www.caritas.org
CDAP	www.pepafg.org/organizations/cdap
DFID	www.dfid.gov.uk
Disability Awareness in Action (DAA)	www.daa.org.uk
Disabled Peoples' International (DPI)	www.escape.ca
EENET	www.eenet.org.uk
Halo Trust	www.halotrust.org
Handicap International	www.handicapinternational.org
Healthlink (CBR News)	www.healthlink.org.uk
Human Rights Watch	www.hrw.org
ICBL	www.icbl.org
IDDC	www.iddc.org.uk
IFRC / ICRC	www.ifrc.org or www.icrc.org
ILO	www.ilo.org
IRC	www.intrescom.org
IWGDD	www.worldbank.org/wbi
Jaipur Limb	www.jaipurlimb.org
Landmine Survivors Network	www.landminesurvivors.org
MSF	www.dwb.org
Norwegian People's Aid	www.npaid.no
OXFAM	www.oxfam.org.uk
SC UK	www.savethechildren.org.uk
Rädda Barnen (SC Sweden)	www.childrightsbookshop.org
UNAIDS	www.unaids.org
UNDP	www.undp.org
UNESCO	www.unesco.org
UNHCR	www.unhcr.ch
UNICEF	www.unicef.org
Union of Palestinian Medical Relief Committee	www.upmrc.org
UNRISD	www.unrisd.org
UNWRA	www.un.org/unrwa
WHO	www.who.int
World Vision	www.worldvision.org.uk