

Disasters are Always Inclusive! Persons with Disabilities in Humanitarian Emergency Situations

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Disability in the Context of Armed Conflict Situations

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1. Causes of disabilities

Conflict situations increase the vulnerability of persons possessing already a disability and raise the number of newly disabled persons. That happens

- Indirectly by breakdown of social structures and services like family links and health- and other infrastructures the PwD rely on, and
- Directly by casualties caused by weapons, mines, bombs and other explosives

Landmines, Cluster bombs and unexploded ordnance (UXO):

“The soldier that never sleeps”

=> Landmines: (*Anti-person mines, Anti-vehicle mines*)

Over 100 Million Landmines and UXO are scattered in over 80 countries

Most affected countries are:

- Afghanistan, Angola, Bosnia-Herzegovina, Iraq, Cambodia, Laos, Chechnya

Landmines are directed against vehicles or men but they hit indiscriminately soldiers and civilians. They are triggered unintentionally and rather harm the person than to kill her. Landmines are distributed over large areas and can remain active for more than 80 years. Therefore they cause a situation of **War in time of peace**, and large areas remain unusable for decades

=> Cluster Bombs (*missiles, artillery shells, bombs*):

They contain sub-munitions and carry them to the target area where they are dispersed above the ground. The sub-munitions are designed to explode when they strike the ground or a target area. One of the major problems which set sub-munitions apart from other weapons is that when they fail to explode on impact they present a threat very similar to landmines – they are *victim-initiated* and deny the use of land to the community. A further concern regarding cluster munitions is their indiscriminate and disproportionate nature on a widespread area.

The deployment of cluster munitions in urban areas is a tactic used increasingly in recent years (e.g. Lebanon), but also in rural areas cluster munitions become an

increasing and persisting risk. In Lebanon 2006 about 3 Mio. sub-munitions were deployed and about 1 Million resulted in unexploded ordnance (UXO). About 90 cities and villages were shelled with sub-munitions. In Afghanistan and Iraq yellow non-exploded BLU-97 sub-munitions were confused by the population with airdropped first aid relief packages.

- **Landmines, cluster munitions and other remnants of war affect civilians during and after war**

Fatal Footprint: First report on victims of cluster munitions Nov. 2006

- until Nov 2006: 11.044 confirmed and registered victims
- Extrapolations estimate a number of 100.000 victims
- 98% of victims are civilians, 27% are children
- 84% of victims are male and 40% beneath age of 18
- most accidents happen during day-to-day activities

- **Accidents paralyse the society and cause socio-economic damages**

Guns or growth?

According to a study of IANSA, Oxfam and Saferworld 2007 the economic cost of armed conflicts to Africa's development since 1990 is around \$300bn. Most arms are imported from industrialised countries, not even ammunition is locally available. Arm trade has to balance justified security demand against development needs. Also it has to be questioned if the arms will foster internal stability due to higher human security (good governance!) or if they will be used to repress the civil society. Increased availability of small arms has certainly led to a more frequent deployment of child soldiers.

- **MDGs will not be achieved if resources are diverted ... by inappropriate arm transfers (Africa's missing billions, 2007)**

2. Legal Frameworks/ guidelines (overview)

The *Geneva Convention* of 1949 and the additional protocols of 1977 seek the Protection of civilian persons in time of war (international conflict or civil war).

The IRC commits itself since 1965 and 1995 to *Human. principles* and a *code of conduct* (humanity, impartiality, neutrality,..)

SPHERE is a human. Charter elaborated in 1997 by IRC and a group of humanitarian NGOs that stipulates Minimum Standards in Disaster Response.

The *Convention on Certain Conventional Weapons* (CCW) also known as the *Inhumane Weapons Convention* was adopted in 1980 (amended in 2001). The purpose of the Convention is to ban or restrict the use of specific types of weapons that are considered to cause unnecessary or unjustifiable suffering to combatants or to affect civilians indiscriminately.

The *UN Convention on the Rights of Persons with Disabilities*, 2006 determines that “all necessary measures to ensure protection and safety for persons with disabilities in situations of risk, including situations of armed conflict ...“ have to be taken.

3. Stages and impact of conflict (Results of IDDC Seminar on Disability and conflict, 2000)

Pre-conflict

Often people tend to deny the real prospect of conflict; they like to pretend that it will not happen, and that life will go on as normal (“if you plan for war you have given up”).

Due to increasing instability, unemployment rates go up and social services are the first to decline. That leads to increased vulnerability and poverty especially for marginalised groups. As parties and civil society gets weaker there is no political lobby for those groups. There is mostly an absence of prevention by the International Community, even though external observers may be more aware than those on the inside. Disability issues are ignored, as they are not a governmental priority and government priorities shift dramatically. More demands are made on the family, solidarity relations breakdown and security, and protection become a priority.

Acute-conflict

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 as population is forced to move. Security issues make daily life even more difficult. In the majority of cases it is difficult to have access to the disabled population and they have no access to relief aid.

- **Emergency plans are NOT inclusive or accessible!**

Post-conflict

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

The situation is characterised by absence of policies and legislation for disability issues and lack of services. The fragile government sector is not able to provide services. Missing coordination between GOs and (I)NGOs and among (I)NGOs complicate service delivery. DPOs are basically absent or weak and not involved in needs assessment and reconstruction. As a consequence PwD rely on their families and social networks.

Chronic conflicts: (some examples)

- Civil war (former FRY, Sri Lanka,..)
- Occupation (Palestine, Lebanon)
- Displacement (Sudan, former FRY)
- Frontier war (Lebanon, Palestine)

- Fragile peace and ceasefires (DRC)
- Mines (Kosovo, Mozambique)

Impact of conflicts can be negative and positive:

Negative is the collapse of infrastructure and social environment and the breakdown of resources. Abuse of human rights is a major risk through government structures but also by INGOs working with a “charity” approach.

Positive is a possible empowerment of the civil society and solidarity that creates a climate of change.

4. Consequences for PwD

Consequences for the community of people with disability are manifold. Some are mentioned below:

- Increased number of disabled persons
- Discrimination and segregation between disability groups (=> war heroes, physically disabled get more attention than mentally disabled or persons suffering a congenital disease)
- Disabled women are marginalised
- Non accessibility of shelters and other basic needs impedes service delivery
- Lack of political representation and leadership due to absence or weakness of DPOs
- NGOs operate on a ‘relief’ model and this can create passivity amongst disabled persons
- Increased number of persons suffering from Post Traumatic Stress Disorder

5. Key actors and their roles

During the IDDC seminary on Disability and Conflict 2000 the following key actors were mentioned:

- PwD and families
- Local communities and leaders
- DPOs
- CSOs, NGOs,
- Private sector
- Rehabilitation service providers
- Government and politicians
- Religious organisations
- Military
- Media
- Donors

Roles of principal actors:

Parents:

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 (Community Based Rehabilitation) instead of institutions, because community structures are more likely to remain functional.

NGOs/CSOs: (quote of a participant of the IDDC seminar, 2000)

'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.

GOs:

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.

DPOs:

In order to be effective in conflict situations 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.

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.

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

6. Some general implications in the context of conflicts (IDDC, 2000)

One basic problem in the context of conflicts is **gender** and **ethnic discrimination**. Especially ethnic segregation is often reason for conflict and also a hindering issue afterwards. Missing links between **DPOs** in the world do impede a strong political lobby work. **Funding** is mostly channelled through western INGOS, local NGOs/ DPOs have no direct access and therefore no say. **Donors** fund only selected costs (no running cost) on short term and disability is often not included within their priorities. **INGOs** may have 'hidden' agendas, or their own philosophy that can push local organisations beyond their capacity. INGOs, governments and companies, can "poach or steal" the best **local staff** by offering them better conditions and salaries.

7. Example: Victim assistance (VA) in Lebanon 2006 (Steffen Schwarz, Project Manager Handicap International, Lebanon 2006/07)

During the emergency phase, hospitals were supposed to provide surgery operations for war-injured persons. Some hospitals however had to treat large numbers of patients and the Ministry of Health was not able to transfer the required funds to these hospitals fast enough. In some cases this caused the hospital's finances to collapse and they started to charge even for war related surgery operations. This meant patients had to borrow money to pay, travel to other hospitals or do without the necessary treatment.

Persons with a disability can apply for a disability card. In theory, holders of a disability card are entitled to free treatment at hospitals, but not to services provided outside hospitals such as physiotherapy for example. HI however has come across many holders of a disability card who have reported that they were charged at hospitals regardless of the disability card.

The Ministry of Health assumes a supervisory role for physiotherapy centres for example to guarantee minimum standards but does not provide any services directly nor does it cover the costs of physiotherapy sessions. Physiotherapy centres are either private businesses or part of charity organisations.

Local NGOs in Lebanon provide VA-related services the government does not provide. In order to cover the costs the organisations and centres charge fees. For more sophisticated services/devices these organisations rely heavily on funding from abroad. This may also mean that people not previously affiliated to Hezbollah will have no choice but to seek help from Hezbollah and thus unwillingly become a supporter.

The Ministry of Social Affairs runs social development centres across Lebanon and operates the Excess and Rights Commission. The mission of the Excess and Rights Commission is to ensure the application of the Law 220/2000 by all ministries. This

law entitles persons with disability to free healthcare and states that public buildings have to be wheelchair accessible. Thus far however the law 220/2000 is not applied in almost all its aspects.

The National De-mining Office (NDO) as a section of the Lebanese Armed forces (LAF) is in charge of all de-mining activities, whether carried out by the LAF directly or by foreign organisations, but the NDO also coordinates effectively victim assistance. The NDO runs a VA platform where all NGOs providing VA are taking part plus the University of Ballamand's Landmine Resource Centre. All VA activities are coordinated through this platform with the aim to ensure the inclusion of all victims. However, the government once again merely assumes a supervisory role and does not actually provide the support. The support is provided by international organisations or local organisation, usually with international support.

In summary, the government merely supervises and coordinates activities related to VA and persons with disability, however lacks the funds and the ability to provide the adequate financial resources.

Situation of PwD and their families in Lebanon 2006

Cluster Bomb (CB) victims and other war victims require medical attention putting additional strains on the family's **disposable incomes** as services such as physiotherapy are not free, reducing the family's overall spending power. At the same time, the injured person may not be able to continue to pursue any income generating activity anymore, reducing the disposable income of the family indefinitely. This reduced disposable income then has a number of significant knock-on effects. For example it might be impossible to buy medicine for another family member who has been sick already prior to the incident. Schools charge tuition fees – albeit small in many cases - and it may now not be possible anymore for the family to pay these fees even if they are very small. This may well mean kids discontinue their education at an early age, limiting opportunities to generate income later and certainly eliminating the possibility to go to university or have a highly skilled job. In southern Lebanon the situation is especially dramatic because most families living on agriculture are highly indebted. Prior to the war families borrowed money from banks or elsewhere to pay for living expenses. This **debt** was paid back with the income from the harvest. Once the debt was paid the family took out a new loan to pay for the expenses until the next harvest. The war of last summer, the presence of CB or an injury resulting in a temporary or permanent disability has in many cases caused a loss of income and thus the inability of many families to pay back their loans. This meant many families had to borrow money to pay back previous loans, causing the debt situation to spiral out of control for many families.

In addition, victims and very often their family members suffer **psychological difficulties**, especially spouses, as they find it hard to adapt to the new reality. The deteriorating mental health too has knock-on effects such as reduced ability to cope and therefore increased probability of a worsening of the family's socio-economic situation.

In summary, a family with a war victim feels the consequences of the war of last summer in many ways. There is the injury and the resulting disability itself, the loss of

income with all its further consequences and the ever-weaker state that will not be able to mitigate the effects any time soon. Reliance on civil society and therefore as explained above on support from abroad are the only solution.

8. Conflict and disability – How to approach?

Conflict is one of the preventable causes of psychological, sensorial and physical disabilities. In the past much of the emphasis on disability in post conflict countries has been concentrated on the emergency phase after the conflict, and often with a focus limited to land mines, which constitute a long term cause of further disabilities. Unfortunately the problem is broader and deeper. As a consequence, in the recent years, the actors operating in this field have embraced a **holistic approach** which include: data collection and analysis, emergency medical care, continuing medical care, physical rehabilitation, prostheses and assistive devices, psychological and social support, employment and economic integration, capacity building and sustainability, legislation and public awareness, accessibility interventions/policy. (*Worldbank, 2007*)