

Inventory of Documentation about

Children with Disability

in Armed Conflict and

Displacement



Radda Barnen

SWEDISH SAVE THE CHILDREN

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By *Eva Ahlen*

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Production management: *Ulrika Persson/Agneta
Gunnarsson*

Language review: *James Hurst*

Graphic design: *Bertil Strandberg*

Cover illustration: *Charlie Norrman*

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1. Preface

Radda Barnen is working for the rights of children with disability in Sweden and Europe as well as in Africa, Asia and Latin America. Children with disability is one of the four sub-programmes comprising the work of the organisation. The overall aim of the endeavours of Radda Barnen in the area of children with disability is that these children shall be included and have the right to participate fully in society on their own terms.

This inventory has been compiled in order to promote the Rights of the Child with disability. It focuses on how children with disability are dealt with in the context of armed conflict and displacement. The inventory covers documentations from UN organisations, the International Save the Children Alliance and non-governmental organisations (NGOs). It also covers some documentation from independent authors.

The main objective of this report is to raise awareness about the situation of children with disability in armed conflict and displacement. By making boys and girls with disability visible the possibilities for advocating their inclusion and participation should be enhanced.

The report tries to answer the following questions:

- Which documentation exists about children with disability in armed conflict and displacement?
- How are children with disability included in programmes directed at children in armed conflict and displacement?
- How can children with disability become more visible and included in this context?

The method used in this report is a desk study of available documentation from 1990 to 1996.

All reports, documents and other publications that are included are listed in the list of references.

The inventory concludes with a discussion about how the organisations involved could integrate children with disability in programmes directed at children as well as in their documentation and research.

Finally, this report should be seen as a basis for further discussion and studies concerning children with disability in armed conflict, not as a complete inventory of the subject.

2. Background

Approximately 2.5 billion children are living the world. Of them about 150 million are disabled.

UNICEF estimates that in the past decades 2 million children have been killed in armed conflicts and between 4 and 5 million have been physically disabled and at least 10 million have been traumatised by violence, displacement, and loss of family members.

The proportion of civilians killed and injured in wars and armed conflicts has risen dramatically during the 20th century.

All children are vulnerable in armed conflict. However, children with disability who are staying in a war zone or are fleeing from one are particularly at risk. The rights of these children are never a priority. On the contrary, they are often the last to be considered.

The UNHCR manual on community service for disabled refugees was revised in 1996. In the manual it is stated that "While measures such as immunisation, medical treatment and adequate nutrition are generally priorities in UNHCR's programmes, only limited efforts have been made to provide disabled refugees with such services as physical rehabilitation, psychological assistance and the active promotion of social integration." (UNHCR, 1996)

Richman points out that the needs of disabled children are basically the same as those of other children: "But in situations of violence and conflict it becomes more difficult to ensure that these needs are met and that adequate protection is provided for more vulnerable children. There is very little written about disabled children in conflict situations, but we would expect conflicts to increase the number of physically impaired children, and to make life more difficult for those with existing impairments. Their problems are exacerbated because most conflicts occur in developing countries, where children are already at a higher risk of impairment due to poverty and limited health care, and where resources for

disability services usually do not have priority." (Richman, 1995)

2.1 Definitions of expressions

Some definitions and expressions need to be explained:

Community based social work: a process whereby local groups are assisted in clarifying and expressing their needs and objectives and taking collective action to attempt to meet them. This working model emphasises the involvement of the people themselves in determining and meeting their own needs. (Segerstrom, 1995)

Community Based Rehabilitation (CBR) is a component of social policy that promotes the rights of people with disability to live within their communities, to enjoy health and to participate fully in educational social, cultural religious, economics and political activities. According to the CBR-concept, most problems facing adult and children with disability could be solved at the community level, with support from national and region-level services providers. The service-delivery system must be coordinated between the social, educational and health services. (ILO, UNESCO and WHO, 1994)

In programmes directed at children with disability there are different approaches. The main ones are:

The **medical model** views disability as an individual problem. The person with a disability has to be "changed" to "fit" in the society. She or he is often seen as sick, needing medical care and curative treatment.

However, when people with disability are seen as sick and "abnormal" this further isolates them and attitudes in society will not change.

The **social model** recognises that the physical and psychological barriers are obstacles preventing people from participating in society.

It is not the individual person with a disability that should be adapted - it is the society that should be made open for all of its Members.

2.2 The UN Standard Rules on the Equalisation of Opportunities (UN S.R.)

In order to clarify the terminology regarding disabilities, the UN Standard rules on the Equalisation of Opportunities (UN S.R.) will be referred to in this report.

The U N S.R. were adopted by the UN General Assembly in 1993. This document has developed on the basis of experiences gained during the UN Decade of Disabled Persons (1983-1992).

The purpose of the UN S. R. is to ensure that girls, boys, women and men with disability have the same rights and obligations as others.

The UN S. R. defines disability and handicap as follows:

Disability summarises a great number of different functional limitations occurring in any population in any country of the world. People may be disabled by physical, intellectual or sensory impairment, medical conditions or mental illness. Such impairments, conditions or illnesses may be permanent or transitory in nature.

Handicap means the loss or limitation of opportunities to take part in the life of the community on an equal level with others. It describes the encounter between the person with a disability and the environment. The purpose of this term is to emphasise the focus on the shortcomings in the environment and in many organised activities in society – for example, information, communication and education – which prevent persons with disabilities from participating on equal terms.

2.3 The UN Convention on the Rights of the Child

The Convention on the Rights of the Child (CRC) was adopted by the United Nations in 1989. It has been ratified by virtually all countries in the world. The CRC is a very useful tool to ensure protection for children with disability.

The four general principles of the CRC – non-discrimination, best interest of the child, the rights to survival and development and the right of the child to express his or her views – contribute to a general attitude towards children and their rights. They are based on the notion that children, too, are equals; as human beings they have the same value as grown-ups.

All provisions of the CRC are relevant to all children: "Take for example the rights of the refugee child; these are not limited to aspects raised in article 22, though this one deals especially with the rights of refugee children. The intention is that all other provisions should be available for the refugee child." (Hammarberg, 1996)

Some of the Articles dealing with special protection for children in particularly difficult circumstances were grouped together by the UN Committee on the Rights of the Child under the heading Special Protection Measures. This was done in order to emphasise that children in such situations may more than others need special efforts in order to be able to enjoy their equal rights.

"The purpose is not to put a label on these groups of vulnerable children; that might be derogatory and lead to discrimination." (Hammarberg, 1996)

That applicable to the refugee children also applies for the child with disability: the rights of boys and girls with disability are not limited to aspects raised in Article 23, which explicitly deals with mentally or physically disabled children. Instead it is important to keep in mind that every Article refers to "the child" also applies to the disabled child.

3. Method

International Child Health, (ICH), which belongs to the University Hospital in Uppsala, Sweden, has been an important contributor to this report. ICH submitted a number of documents and information on international organisations working with issues about refugee children and/or disabled children. The database of ICH is called Disability Information Service.

Through internet, large non-governmental organisations like Save the Children Alliance, UNHCR and UNICEF were searched through.

Three Swedish non-governmental organisations (NGOs) were personally contacted: Swedish Afghan Committee, Swedish African Groups and Swedish organisations of Handicap International Aid foundation. The reason why they were contacted is that they are known to work in armed conflict and displacement and/or with issues concerning children with disability.

Different databases were used to collect documentation. Four databases of Radda Barnen were searched through:

- RB PUB - publications produced by RB for external use;
- RB INT - publications in which the field-offices have been involved;
- SOLDOC - a database on child soldiers;
- CHILD - a database which contains publications issued by other organisations than Radda Barnen.
- UNCOVER - an international database on magazines and articles through out the world was also used.

The following web sites on Internet were searched through: UNHCR, UNICEF, Save the Children Alliance and Children House.

The search words used were: "disabled refugee children", "refugee children with disabilities", "refugee children with handicap", "handicapped refugee children", "refugee

children and mental retardation", "child soldiers and handicap", "child soldiers and injuries", "disability", "injury", "camps-children-disabled".

The only time when it was necessary to make some kind of selection of the documentation was when the documents found in the UNHCR database were searched through.

The publications listed in the UNHCR database are ranked according to relevance and prevalence. High relevance is core 1000. Documents scored less than 250 were not included in the study.

The inventory covers the period 1990 to 1996.

The main limitations of the work were the short time frame of the mission and the vast number of material which had to be searched through.

4. Main findings

In this inventory, very little documentation that directly refers to boys and girls with disability in armed conflict and displacement or ability living in refugee programmes was found.

However, several publications, mention "vulnerable groups". Sometimes disabled children are explicitly mentioned as one "vulnerable group" - but most often not.

At the few occasions when disabled children are mentioned, it is very rare to find a further description on their situation and specific problems and of what efforts have been made to support them.

4.1 Vulnerable groups

In the literature about children in armed conflict and displacement, the below mentioned groups are often considered to be among the most vulnerable ones.

Traumatised children:

The psychological consequences of conflicts are attracting great interest, especially in relation to refugee children. Recent studies show a strong focus on trauma and healing. Children with disabilities are not referred to in this context.

Unaccompanied minors:

These are children who have lost or have been separated from their families or are living without relatives. No information about children with disabilities living without a family, in a foster family or at a centre could be found.

Child soldiers:

Several important studies have been undertaken on this group. However, there is no information on former child soldiers who have been severely injured and, thereby, disabled.

Girls with disability:

Another marginalised group is girls with disability living in refugee settings. They are particularly exposed to sexual violence because of their inability to protect themselves.

The abuse is also less often detected. For example; girls with speech impairments may not be able to tell anyone about the abuse; girls with visual impairments may not be able to identify the abuser; and girls with learning difficulties may not understand their rights.

The UNHCR manual *Assisting Disabled Refugees* contains a section about refugee females with disability. The specific problems related to woman or girls with disability are discussed. (UNHCR 1996)

No other information or documentation about girls with disability was found.

AIDS:

No information regarding children with disability with AIDS could be found.

Children in detention:

Children in detention are particular vulnerable to violations of their rights. Armed conflicts or civil upheaval may increase the likelihood of children being detained. The area is often sensitive and difficult to work with. No documentation about children with disability in detention was found.

Street children:

For several reasons the number of children living on the streets may increase during or an armed conflict. The children may have arrived at the refugee camps alone, after having lost or left family members behind or they may be unable to stay in the camp because of lack of food or family problems.

Whether children with disability are more likely to be abandoned than other children and, as a consequence of that, to become street children is an open question.

Young persons:

An often marginalised and neglected group during an emergency is the youth.

"The youth (that is, the 15-25 age group) in the refugee camps are a vulnerable group. They are in a state of idleness and frustration which exposes them to many problems and risks such as political manipulation, militia training activities, crime, drinking and prostitution." (Blomqvist, 1995)

The needs of the youth with disabilities can be expected to be even more neglected than those of other young persons. However, no references to adolescents with disability could be found in the documentation that was searched through during the preparation of this report.

4.2 Areas of intervention

In the review, the terms prevention, protection, participation and rehabilitation are used as an attempt to systematise the following findings.

Prevention

A great number of studies and reports deal with the causes of disability, for example malnutrition, vitamin deficiencies, polio, cerebral palsy and injuries.

UNHCR describes different levels of prevention of disability. Primary prevention targets the special needs of children - who are particularly vulnerable to disabling impairments arising from their situation as refugees - by preventing malnutrition and the spread of communicable diseases, etc. Secondary prevention refers to action in order to prevent long-term disability including, among other things, early detection and curative care. Tertiary prevention measures are aimed at preventing disability from becoming a handicap, with rehabilitation being a major component. (UNHCR, 1996)

The preventive measures focus on orthopaedic devices, immunisation and nutritional programmes.

Recommended reading:

UNHCR, Community Services Unit, PTSS, *Assisting Disabled Refugees A Community-based Approach*, 1996.

This manual seeks to strengthen community services by providing practical guidance to those who are closest to the refugees. The manual contains a comprehensive chapter about prevention in which different measures are described. Preventable and non-preventable causes of disability and common diseases affecting refugees are described.

At the end of the chapter there is a useful checklist.

UNICEF, *Childhood, disability, prevention and rehabilitation*, UNICEF Programme Guidelines, Vol 8, 1987.

This document has a medical approach. It contains substantial information on medical causes of disability. Integration of refugees and the model for Community Based Rehabilitation (CBR) are areas that are briefly mentioned.

Protection

Three protective areas could be identified in an attempt to systematise the following findings.

Protection by participation: The well-being and participation of children in community activities can, for example, be monitored and safeguarded by including women in participatory activities and in the security staff of the camp. Protection by settlement: This concept includes proper site planning. Abuse can be prevented by locating children without families close to caretakers. Improvements of and closer access to sanitary facilities does not only afford protection from attacks but also improve hygiene, thereby preventing disease.

Protection by justice: Among other things, this includes advocacy and monitoring of the Convention on the Rights of the Child, both at national and regional level.

The documentation concerning protection of children with disability in armed conflict and displacement is limited:

Blomqvist points out: "... another group at risk are children with physical and mental disabilities. In general - at least in the refugee camps in Tanzania and Uganda - the number of children with physical handicaps such as lost limbs caused by war injuries or chronically disease, is not large. To date no detailed survey targeting the extent of disabilities in refu-

gee children has been carried out..." (Blomqvist, 1995)

Recommended reading:

Radda Barnen, *NGO work for the implementation of the Rights of the Child*, 1994.

The study outlines strategies for how NGOs can use the Convention to improve the status of children in general. The findings apply to children with disabilities as well as all other children.

Human Rights Field Operation, Rwanda, *Protection and promotion of children's rights in the field*, 1996.

This report provides guidelines on how to protect and monitor different categories of children, including refugee children with disabilities, in the field.

Blomqvist, U., *Protection of children in refugee emergencies*, Radda Barnen, 1995.

The report deals with methods for protection of refugee children from Rwanda. It does not particularly focus on children with disabilities, but may apply to them.

UNHCR, *Refugee Children: Guidelines on Protection and Care*, 1994.

A guideline on how to work with refugee children. It contains a section about personal liberty and security where children with disability are not mentioned. Children with disability are dealt with in a special section. Protection from different forms of abuse is not dealt with in this section.

Participation

Henk van Beers states that participation is an essential aspect of each development intervention. He points out that without the participation of the people concerned an developmental project is destined to fail.

There are many different definitions of participation. However, regardless of which definition is chosen, examples of genuine children's participation are hard to find. (van Beers, 1995)

The majority of the documentation found during the work with this report describes support for refugee children under the framework of community-based social work. This model emphasises the importance of the local community's participation. Concepts such as community based rehabilitation; community

participation and community mobilisation are used.

The focus is on children in general. Children with disability could be involved when "groups at risk" or "extremely vulnerable children" are mentioned. Level and type of participation of girls and boys with disability is, however, unclear.

Before interventions, so-called refugee profiles – describing the people in the refugee camps – are normally worked out by the UN and large NGOs. In the literature there seems to be a consensus about the importance of such profiles.

However, children with disability are often omitted. The statistics collected seldom include references to these children.

Recommended reading:

Blomqvist, U., E. Nordenskjold, K. Savin, A. Nilsson, *Social work in refugee emergencies*, Radda Barnen 1994.

Blomqvist, U., *Community participation in a refugee emergency*, Radda Barnen, 1995.

These studies are based on the experiences of social work in the Rwanda conflict. The focus is on participatory methods aimed at assisting vulnerable groups in refugee settings. The reports do not especially focus on children with disabilities.

Segerstrom, E., *Focus on Refugee Children*, Radda Barnen, 1995.

This book provides a tool for the undertaking of training in community work and participation. It involved all vulnerable children and is also applicable to children with disabilities.

Rehabilitation.

Community based rehabilitation (CBR) appears to be a common approach to rehabilitation.

However, CBR generally seems to be interpreted with a medical focus. The documentation concentrates on visible physical injuries, such as loss of limbs. The rehabilitative measures mentioned are in general limited to provision of medical services, for example orthopaedic and physiotherapy assistance.

The documents found often focus on lack of access to orthopaedic workshops, equipment and trained staff. Vocational training is another form of rehabilitative input referred to.

Recommended reading:

Richman, N., "Violence and disabled children" in *Disabled children & developing countries*, Mac Keith Press, 1995.

Richman deals with the needs of children with disabilities in times of conflicts and briefly describes a variety of actions to promote the well being of children.

UNHCR, Community Services Unit, PTSS, *Assisting Disabled Refugees A Community-based Approach*, 1996.

The UNHCR manual contains a comprehensive chapter about rehabilitation.

This chapter deals with the following issues: promotion of social integration, for example by changes in attitudes towards disability; the situation of refugee women; children and education; special health problems; and community based rehabilitation

The chapter ends with a checklist.

UNICEF, "Effects of armed conflict on women and children: relief and rehabilitation in war" in *One in Ten*, Vol 10, 1991. The article describes the situation of children with permanent disabling injuries and methods of rehabilitation.

Sandier, R., T Jones, *Medical care of refugees*, Oxford University Press, 1987.

The book provides information on rehabilitation programmes based on the CBR-model.

Tolfree, D., *Restoring playfulness*, Radda Barnen, 1996.

This book presents a collection of case studies, which provide a variety of approaches to working with children who have been psychologically affected by war and displacement.

5. Discussion

Leach points out that to become a refugee is not only to lose one's property, possessions and home. The experience is one of marginalisation and disempowerment. Similarly, many disabled people experience life on the fringe of their society, frequently isolated and deprived of the most fundamental human rights:

"To be a disabled refugee is therefore to experience two fundamental sets of disadvantages simultaneously." (Leach, 1990)

Richman states that we need to know more about how disabled children, their families and communities cope with disability in different settings:

"We also need to explore what kinds of help have been developed locally for disabled children caught up in conflict, and what initiatives it might be useful to try out in the future." (Richman, 1995)

However, this inventory shows that there is an almost total lack of reference to the situation of children with disability in documentation about children in armed conflict and displacement.

A vast number of reports and other documents about children with disability and on children in armed conflict and displacement exist. However, the two subjects are dealt with separately. There appears to be little interest in combining these issues.

A wide range of publications deal with so-called vulnerable groups. Sometimes these groups are defined. However, children with disability are rarely mentioned.

On some occasions it is stated that children with disability are included in interventions. However, there is seldom any further elaboration on how they are assisted and integrated.

Profiles of refugee populations focus on gender and age. Boys and girls with disability are generally neglected. It is feared that this leads to inadequate interventions or - more commonly - no interventions at all.

Even if disabilities are included in refugee profiles, all kinds of disabilities are not covered.

For example, the non-visible ones like epilepsy or hearing impairments tend to be neglected.

The information on children with disability is not gender specific.

The language used in the documents varies, implying either negative attitudes or a low level of awareness about proper terms. Words such as cripple, invalid, amputee or insane could be found. However, the main part of the documentation refers to "disabled children".

As in the section on Main Findings, the terms prevention, protection and participations are used below, in order to systematise the issues.

Prevention

The focus in the documentation is on basic medical survival needs, addressing medical requirements such as malnutrition and injuries, often in institutionalised settings. Few inputs that include children with disabilities could be identified.

Close access to water and sanitation prevents disease and reduces the risks of being attacked. In order to reach children with disabilities with food, other necessary items and facilities, good distribution systems need to be established.

The documentation does not give a clear picture of whether people with disability are included in prevention activities or not. It is also unclear whether the needs and rights of children with disability are included in training of field workers in refugee camps.

No awareness-raising measures aimed at counteracting negative attitudes towards people with disability, at the refugee communities, could be found.

Protection

Unaccompanied minors, girls and young women who live alone, child ex-soldiers, children affected by HIV, etc. are identified in the documentation as especially vulnerable groups in need of protection. Tracing of families, advocacy on the rights of refugee children and training of field officers are measures that are suggested and described.

Institutional care should as far as possible be avoided, because, among other things, children in institutions run higher risks of being subject to abuse and recruitment as soldiers. In institutions there are also few possibilities for children to build up close relationships with adults.

It is in the best interest of the child that children do not become isolated from their "community". Even in a war situation, being close to the family and other people coming from the same area could be better for the child than being sent away to an institution.

Children with disability are more vulnerable and run a higher risk of becoming victims of abuse than other children (Persson, 1997). However, no documentation describing activities where these children are included could be found.

Participation

Children with disability are often excluded from activities directed at children such as play-groups, pre-school activities and cultural activities.

Some people think that children with disability do not understand or are not able to enjoy leisure activities. Therefore, traditional music, dance, arts work, etc. are not made accessible for children with disability.

In community based work the refugees are actively involved in defining their own needs, making priorities, and participating in the planning and implementation of community programmes. This is the most common model described in the documentation reviewed.

However, the documentation seldom indicates visible results such as type, level of participation and numbers (if any) of children with disability included in the activities.

Consequently, it seems that girls and boys with disability are not included in the participatory work.

If there are activities directed at children with disability they are often segregated. One example of this approach is given in the handbook *Focus on Refugee Children*.

"Establishment of a school (as a starting point) will lead to different activities such as pre-schools, youth clubs and playgrounds. This can also result in the starting of a child stimulation group for children with disability and in the construction of a community house." (Segerstrom, 1995)

Although participatory methods are a common working tool and there is some awareness about disability-related issues, it is difficult to reach children with disability. Programmes directed at people with disability tend to focus on adults.

In the Kakuma refugee camp in Kenya there were no services for people with disability. This caused the disabled people start to organise themselves. They identified their needs, primarily literacy training and vocational training, and tried to make use of existing resources within the camp. Literacy training started under some trees in the camp.

In 1993 an international organisation started supporting the group. Different kinds of activities were carried out, for example literacy training, vocational training, carpentry training and informal counselling and group discussions.

In 1994, however, people in the camp realised that the majority of the disabled people living there were not participating in the activities. The women and children with disability were not benefiting from training and other activities.

The focus of the activities was on men who had been injured during the war and physically disabled. People with other types of disability were not benefiting either. (Juma Ismail, 1996).

Children with disability should be included in the planning, implementation and evaluation of the community based services. Girls and boys with disabilities and their families should be encouraged to take an active part in order to make sure that their needs and rights are addressed.

Rehabilitation

In documentation dealing with children in armed conflict and displacement the word rehabilitation often refers to promoting the psychosocial well being of the children.

Medical referral systems, from the family to the hospital, have been put up in several programmes to provide services for children with disability.

Other measures mentioned are inclusion in education and community participation in order to, among several objectives, establish routines and restore cultural norms.

Children with disabilities feature to some extent in these programmes. It seems that when it comes to the needs of children with disabilities the most common approach is the medical one.

There is very little documented on how children with disabilities are included in psychosocial intervention.

6. Summary

In recent years there has been an increasing focus on the needs and rights of children in development work. However, children with disability are seldom visible in the general child rights work and other child focused activities.

In a report that was prepared in 1996, Bengt Lindqvist, the Special Rapporteur for the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities, is very critical. Lindqvist concludes that there have been no serious efforts among intergovernmental institutions to integrate disability measures into their mainstream activities. (UN, 1996)

The Special Rapporteur's report does not deal especially with conflict and refugee situations. However, when it comes to inclusion of people with disability in the mainstream of activities, one would expect the situation to be even worse in extremely difficult circumstances like armed conflict and displacement.

In this study it has been confirmed that girls and boys with disability are non-visible in armed conflict and displacement.

Very little information about children with disability in armed conflict and refugee situations exists. Judging from this inventory, there is also very little knowledge about their situation and experiences. Moreover, there seems to be a lack of awareness about these children.

Therefore, the inventory raises several questions:

Are there any boys and girls with disabilities in the refugee camps? Or did they die or were they left behind during flight?

Are children with disability not included in programmes directed at vulnerable groups of children in armed conflict and displacement?

Are these children included in the programmes but, for some reason, not mentioned in reports and other documentation?

One reason for not including children with disability could be that they are seen as "special children" who need "special care".

It is true that these children are special – but so are all children. This does not prevent children with disability from having the same needs and rights as other children: they need love, protection, a family, education and more.

However, field workers and others involved in developmental work often feel that the "special care" for these "special children" requires highly specialised professionals, equipment and techniques.

This in turn often results in not doing anything at all – because it is considered to be too difficult and expensive.

However, it is the responsibility of all decision-makers and field workers involved in operations in situations of armed conflict and displacement to find out ways of coping with the fact that all children are different. Those responsible should ascertain whether the children are boys or girls, come from different ethnic minorities, are disabled or not etc.

There is also a need for them to recognise that children with disability also have the same basic needs and rights as all other girls and boys.

The following recommendations, directed at decision makers and field workers, should serve to make disabled children more visible in situations of armed conflict and displacement.

- Children with disability need to be mentioned explicitly in politics and strategies – otherwise they tend to be forgotten and marginalised.
- Basic knowledge about disability and promotion of positive attitudes should be included in all kinds of training for different actors in refugee camps. Thereby, it is important to stress that children with disability do not only have medical needs and rights but also social, psychosocial and educational rights.

- In refugee profiles, evaluations and other reports from refugee situations it is important to include variables such as disability and gender. Awareness about boys and girls with disability is thereby raised and appropriate measures are facilitated.

“Disability is a major feature of life in both developed and developing countries, and can affect anybody of whatever background at any time. Disability is therefore not a separate issues from which we can choose to remain detached: it is woven into the fabric of life whether we like it or not.” (Coleridge, 1993)

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Radda
SWEDISH SAVE THE  **Barnen**
CHILDREN

Radda Barnen, S-107 88 Stockholm, Sweden. Phone +46 8 698 90 00