DECENTRALISED CO-OPERATION
A NEW TOOL FOR CONFLICT SITUATIONS

The experience of WHO in Bosnia and Herzegovina: a case study

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“Are you fatalist, pessimist or existentialist?”
“Actually I am pharmacist”  Toto’

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• HEALTH PLANNING
• BOSNIA AND HERZEGOVINA
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### Acronyms

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<tr>
<td>BiH</td>
<td>Bosnia and Herzegovina</td>
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<td>DC</td>
<td>Decentralised Co-operation</td>
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<td>DHA/IDNDR</td>
<td>Department for Humanitarian Affairs / International Decade for Natural Disaster Reduction</td>
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<td>LHDP</td>
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<td>OECD</td>
<td>Organization for Economic Co-operation and Development</td>
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<td>PRINT</td>
<td>Urgent Integrated Interventions in Bosnia and Herzegovina in favour of the populations hit by the consequences of war and for the repatriation and reinsertion of refugees and displaced persons</td>
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<td>UK</td>
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<td>UN</td>
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<td>United Nations High Commissioner for Refugees</td>
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Summary

In complex emergencies, especially in developed countries in which democracy is weakened by nationalism, discrimination, violence and war, the traditional strategies of the international co-operation should be readjusted. Capacity building in such a context does not simply mean improving the technical skills but also promoting the ideas of peace, living together, human rights and integration of vulnerable groups. In one word: democracy.

International agencies, particularly inter-governmental organisations such as the UN and EU, are limited in their ability to promote democratic process and strengthen civil society at the appropriate levels. These limitations are financial, structural, legal, and operational. In countries where democracy is fledgling or superficial, Decentralised Co-operation is an innovative tool for community empowerment. It can break isolation and promote bottom-up initiatives. It can create a “culture of exchange” which enhances well-being at both ends of the local partnership and its mechanisms and resources can be much more sustainable and important in the long-term than those that have been channelled through the governments.

WHO has been engaged in Decentralised Co-operation activities in Bosnia and Herzegovina through Atlas and Mental health, elderly and vulnerable groups projects in a co-ordination and technical assistance role since 1997. Twenty-nine (29) Italian local committees representing 164 municipalities, 10 provincial administrations, 7 regions and 120 NGOs, associations and other civil society groups have been participating in the DC activities. Goods, services, infrastructures, capacity building and new human relations have resulted from this experience in 22 Bosnian towns.

By linking the health and social sector of Bosnia and Herzegovina with European networks, Decentralised Co-operation has enabled the health professionals of Bosnia and Herzegovina to have crucial access to knowledge and information. It has lifted the attention of the population beyond the limited and often negative sphere of internal issues. It has encouraged people to take control of their own problems, thus helping to break the authoritarian grip that has manipulated and polarised the population. Finally, Decentralised Co-operation has generated development that does not rely heavily upon external funding.

Decentralised Co-operation, with WHO co-ordination and support and taking advantage from the synergistic efforts of different partners, has consolidated the ideas of peace, living together, integration of vulnerable groups and sustainable development in Bosnia and Herzegovina.

A new tool has been positively implemented in a conflict situation.

This experience should be extended to other similar areas.
Introduction

The role of humanitarian aid is evolving in accordance with the complexities of the present world. This requires new views, approaches, methodologies and tools. During the last years WHO (Division of Emergency and Humanitarian Action, WHO Headquarters and Partnerships in Health and Emergency Assistance, WHO/EURO) has undertaken several activities in this direction through:

- reconciliation efforts with *Health as a Bridge for Peace* and *Peace Through Health* programs and different activities within the frame of post-conflict resolutions;
- general focus on sustainable development starting from the emergency phase;
- promotion of civil society.

As a part of these efforts, the experience of DC has been particularly productive in BiH. Its activities started at the beginning of 1997 and are still on going. The case study presented below aims at framing DC of WHO in BiH in a wider context. Some background information is provided and different points of view are analysed in order to better understand the basic principles of DC as a new tool for humanitarian aid and international co-operation. The case study describes characteristics of DC and analyses its effectiveness to promote development and peace, trying to learn lessons for future commitments.
**Definition of Decentralised Co-operation (*)**

DC refers to systematic co-operation links between local communities in donor countries and local communities in countries that need support. The objective of these links is to create and/or consolidate long-term cultural, technical and economic partnerships between local communities as a tool to promote human development and peace.

In this context, "local communities" refers to a decentralised politico-administrative level of a country, e.g. a municipality, or groups of towns, which answers to a local administrative body such as a province, county or department. They include the political administration (mayor, city councillors, etc) and the population. For the purposes of DC, the local community is represented by a committee or working group which includes the local authorities, representatives of public institutions (e.g. health services) and organised civil society groups such as associations, NGOs, professional bodies, trade unions, the commercial sector, etc. The organised local community is thus the protagonist of DC initiatives, mobilising resources, culture, history and all the potential of its territory.

DC applies a bottom up approach through an institutional, social and grass roots partnership between institutions and civil societies of two or more entities. Working on common interests and needs rather than the opinions of the different parties in conflict, DC plays an essential role in promoting conflict resolution and peace building.

In addition DC creates a “culture of exchange”, enables people to have access to knowledge and information, encourages people to take control of their own problems, helps to break the authoritarian grip that manipulates and polarises the population, and generates development which does not rely heavily upon external funding.

DC can better use its potential when it is an integral part of a multilateral programme with a specific role of UN agencies such as co-ordination of activities and technical assistance ensuring an orientation in line with the national policies, reform trend and international standards.

We do not consider DC (according to our experience) to be:

- *activities of local governments (municipalities, provinces, etc.) using top down methods similarly to the traditional centralised co-operation;*
- *horizontal initiatives which link enterprises or institutions of different countries without a human development approach;*
- *activities of international NGOs performing as specialised agencies of co-operation without relationships with the civil society of their countries;*
- *activities inspired by volunteerism, solidarity and goodwill but which are isolated, fragmented, not focused on the quality of the interventions, not linked with public institutions and its policies, and/or not co-ordinated.*

(*) Understanding the need to be flexible for such a complex issue as DC, we think it is useful to give a general definition of DC according to our experience, which does not pretend anyway to be comprehensive of other ones or to detract from their legitimacy.
1. Background

1.1. Civil society commitment

During the last decades citizens have been frequently taking the initiative in reclaiming their rightful place as the catalysts of social change. The civil society is considered a “global mosaic” with new frontiers including the role of the women and youth, local community, micro-enterprise and participatory methods, which are considered indicators of a healthy society.

“Civil society, together with the state and market, is one of the three “spheres” that interface in the making of democratic societies. Civil society is the sphere in which social movements become organised. The organisations of civil society, which represent many diverse and sometimes contradictory social interests…include church-related groups, trade unions, co-operatives, services organisations, community groups and youth organisations, as well as academic institutions and others”. (UNDP 1993)

In the last years, particularly in western countries, a stronger attention to the problems of development and international co-operation has been given at the grass-roots level. Citizens organised in associations, groups or NGOs representing the civil society, have taken the initiative and concrete actions towards less developed countries or countries in emergency affected by either natural or man-made disasters.

The magnitude of this international commitment has been particularly significant in case of some recent tragedies such as the war in former Yugoslavia. The phenomenon of the citizens’ participation in international co-operation activities has become more relevant than it was in the past.

Apart from or in addition to charitable reasons, rationales behind this trend should be sought in improved life conditions and well-being of the western country populations characterised by surplus resources and a widespread knowledge and responsibility for the world’s problems.

In the advanced industrialised societies every new generation shows more interest for the post-materialistic values than the previous one. Post-materialistic values are those oriented to “a less impersonal society” that “give more importance to the opinion of the people about the decision making process in the working environment and in the community”. These values “defend the freedom of word”, give “priority to the ideas rather than money” and “try to make our towns and countryside more beautiful”. On the other side, materialism aspires to “maintain a high level of economic growth”; while fighting against the high cost of living”. Its main objectives are to “keep a stable economy”, “strengthen the defence of the country”, “maintain the order of the nation”, and “fight against the criminality”. Although there are particular periods of uncertainty and economic crisis which can undermine the post-materialist values the trend in western countries is inexorably towards them. (Inglehart, 1990)

1.2. Development and social exclusion

The UNDP 1997 annual report on human development reports, throughout all the world, there are 358 groups that, presumably, have an essential role in the processes of economic development (alone they have an income greater than the ones held by countries inhabited by more or less half of the World's population). Generally, it is stated that apart from the few who take the fundamental decisions, only a fifth of mankind is able, even if in a subordinate way, to have an active role in the processes of development. The rest are
outcast and excluded to various extents. On the lower level of this scale are people who, for physical or psychological reasons, are disadvantaged in the competition for individual success. Among these, are those that stumble in institutions, present in every country, which are created to exclude ("cure" or "rehabilitate") those who are considered a danger or an inconvenience to "normal" social life.

According to a widespread idea, development would be the natural outcome of the adventurous and creative spirit of single individuals. It is principally the outcome of the guide-role of stronger persons, usually more bold and aggressive, that compete for success and associate to form strong groups. The competition between these groups would create development, benefitting all. Exclusion is not, therefore, an occasional event. It is the supporting element of the present forms of social organisation. It is created by the fact that the individual qualities of human beings are opposed to the social ones, instead of being harmoniously combined. It is like if, during a storm, the helmsman would throw overboard all the rest of the crew to save himself. Probably, in this way, no one could be saved. Exclusion deprives human society of the great potentialities that are generated from the natural tendency to associate to solve problems that singles could not solve alone. Nevertheless, many consider absolutely natural that those who have success in the struggle for life should assume the absolute guide-role excluding the rest. The others are the ones who remain back, the beneficiaries of the initiatives of the stronger groups. They are, substantially excluded, to various extents, from the most meaningful moments of development: information, development, decision making, management and evaluation. They are framed in programmes and actions not chosen by them. The various political systems try to capture their consent. Some in a rude way (authoritative and demagogic regimes), others more gently (the democracies which, through parties, election and parliaments, promote everyone's formal participation to social life). Substantially, though, the overwhelming majority of the people do not have the chance to be really active in the more general development processes. Social organisations based mostly on the individual's personal initiative generate systems in which some count meaningfully, and others have less and less importance, until they have none at all. (International Network against Social Exclusion, 1998)

Economic and social development is generally implemented with the lack of participation of the population. The following are the main mechanisms of exclusion.

- **Centralism**, that is the fact that all the most important decisions that concern a great number of persons that live in different and far away areas are taken in few central seats. Centralism can be corrected with decentralisation that allows public and private actors at the local levels to take a large amount of decisions on matters that can be solved locally and to be active in processes that imply central decisions.

- **Hierarchy**, that is the straight transmission from the top to the base of decisions regarding users and operators of public and private utilities; it can be corrected with the activation of various forms of information, communication, discussion and confrontation through which, whoever takes the decisions can keep in mind the different point of views of the operators that have to put them into practice and of the potential beneficiaries, while these can take into account the necessities of co-ordination, efficiency, cost saving etc., that managers face.

- **Decision making**, that is the fact that many decisions are taken without any consultation with the parties concerned, with the idea that it is better to respond, although in an imperfect way, rather than leaving matters unsolved; it can be corrected with the participation of the social parties concerned, adopting simple mechanisms which can avoid the rising of possible conflicts.
• **Sectoralism**, that is the fact that every aspect of economical and social life is treated separately, fragmentarily, in a simplified and non communicative way; it can be corrected with an integrated approach, according to which, the different sectarian aspects can be treated as a whole, as function of the more complete solution of the problem that has to be faced.

• **Welfarism**, that is the fact that subsidies and aids are given to people in difficulty, increasing their dependence and passivity, incurring into extremely high costs; the welfare mentality is common to whoever thinks of poor, handicapped, weak groups and excluded as a dead weight for development and that their survival must be assured for pure humanitarian duties; the most severe degradation of welfarism is the institutionalisation, that looks upon a person as pure segregated objects. It can be corrected by adopting work methods that stimulate and favour the autonomy and the active role of the weaker disadvantaged, showing how, each person, notwithstanding the difficulties it faces, is a resource for development and can be viewed as an occasion for improving human relations. (International Network against Social Exclusion, 1998)

The need to create a different model of development is generated by the indisputable assertion that the models prevailing in the past have stimulated unbalanced development, which brings about a dangerous menace against pacific living and humanity's future.

After the end of the cold war, the world Summits of the 90s* and the work of the United Nations have allowed, for the first time, a general meditation on development, starting with its definition. Today there is a general agreement on some points.

Development is a social process through which human organised communities try to satisfy their needs. Development is held to be "human" if its objective is the substantial satisfaction of everyone's needs, and "sustainable" if satisfaction today does not prejudice that of tomorrow.

Moreover, development has a low human content when it lets the normal human tendencies towards competition and selfishness degenerate into violence and prevarication; this occurs when the aforesaid tendencies are not balanced by the other ones (equally normal) tending towards co-operation and social life. Thus very severe imbalances are generated and the development determined actually benefits only a fifth of the world's population.

Social exclusion must be considered as a precise indicator of development with low human content and so it is a phenomenon that concerns all citizens. Since exclusion is a clear signal of the lack of space and participation of a great number of people, it is also a clear sign of the low quality of the democratic processes that, instead, should be the basis of equilibrated and lasting development. (International Network against Social Exclusion, 1998)

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*The principal World Summits of the 90’s have taken place in Rio (Environment), Cairo (Population), Beijing (Women), (Human Rights), Copenhagen (Social development), Rome (Nutrition), New York (Childhood).
2. General Framework of DC

In development jargon, DC is still a relatively new and not altogether becoming term, but it probably has the advantage of saying clearly what it intends. It implies, correctly, that past development efforts have too narrowly operated in the context of centralised inter-governmental co-operation. The concept of an ‘exclusive club’ still largely prevails, but international co-operation, in a decentralised mode, recognises that a “people’s sector” has a growing place in development and solidarity efforts. (Huggins, 1997)

In the past there were several experiences of DC mainly related to the twinned cities. The term “twinned cities” dates back to 1952. The “twinned phenomenon” appeared during the post-war (II World War) years, initially based on political values as it helped in altering mentalities and was committed to bringing France and Germany together. That movement was aimed at developing links between cities that shared a common ideal of fraternity and mutual understanding beyond historical confrontations. (Grenoble Twinned Cities, 1999)

Currently, DC seeks to reflect the fact that genuine development involves actors beyond the mere government sector. The increasing place of “civil society”, the informal groups and formal organisations and communities who have a stake in the national interest and in development, has been recognised, in large part as a result of their own efforts and contributions. (Huggins, 1997)

2.1. Different views about DC

For the European Community, DC is a development method (not a specific instrument), through which public funds (in particular, those of the Lomé Convention) support decentralised agents - NGOs and other associations working for the development of populations, representative local authorities - in their initiatives in designing and managing local or sectoral development programmes.

DC is based on a participatory development approach, centred on the needs expressed by the people concerned and their representative organisations and on how they wish to see these needs met. This enhances the grassroots democratic social fabric. DC is based on the logic of local development. It requires a programmed approach of envisaging development actions, as well as coherence between interventions by decentralised agents and governments, and co-operation between them, while respecting each other’s role and autonomy. (Ryelandt, 1997)

For the European Commission, DC is a new co-operation approach: it is an action carried out by a local agent in a Southern country, defined, in the broad meaning of the term, as a non-state agent. Participation of a partner from an EU member state is not indispensable and if there is one, the partner is not necessarily a local authority. The partner may be an NGO.

In several countries, such as France, DC is directly linked to the type of agent in the North. It is a form of co-operation undertaken by a local authority, theoretically, in
partnership with another local authority in the South, Eastern Europe and also in the North. In practice, these partners are diverse and mostly associative.

The different approaches may overlap due to consultations between local authorities and NGOs, in the North and South, with regard to development programmes that take into account the expectations of all citizens, especially those most marginalised. In this regard, the objectives of the different approaches converge, forming a common aspiration: development and local democracy. (Vielajus, 1997)

At this point, it is interesting to describe the Italian point of view concerning DC. In fact, in the last years, scores of Italian local government institutions such as Regions, Provinces and Municipalities have been involved in humanitarian activities with other countries. Some activities of DC started on a small and isolated scale as twinning projects or solidarity actions. Some others have been co-ordinated by the Italian Co-operation (Italian Ministry of Foreign Affairs) or UN organisations (UNDP and WHO). On several occasions, human and material resources belonging to the involved institutions have been integrated with the efforts of different sectors of the civil society engaged in international aid coming from the same geographical area. The Italian local government institutions have been able to mobilise technical and solidarity resources of their territory promoting human development at the community level.

The Italian model of DC sponsored by the Ministry of Foreign Affairs refers to systematic co-operation links between local communities in donor countries and local communities in countries where multilateral human development initiatives are being implemented. DC is an integral part of these programmes and takes place within their overall institutional framework. The objective of these links is to create and consolidate long-term cultural, technical and economic partnerships between local communities in the North and the South as a tool for promoting human development objectives.

In this context, “local communities” refers to a decentralised political-administrative level of a country such as municipality, or groups of towns, which refer to local administrative body such as province, county or department. They include the political administration such as the mayor and city councillors, and the population. For the purposes of DC, the local community is represented by a committee or working group which includes the local authorities, representatives of public institutions and organised civil society groups such as trade unions, NGOs, associations, professional bodies, the commercial sector, etc. These committees provide a venue for permanent dialogue between political authorities and the population related to social development issues in their area. The organised local community is thus the main protagonist of local human development initiatives, with its territory, its resources, its culture, its history and its potential. Moreover, through the inclusion of DC in governmental development co-operation programmes, local communities in donor countries take on a new role, as partners and stakeholders in developing their country’s policies and strategies for international development co-operation (See annex 1).
**CHARACTERISTICS OF DECENTRALISED CO-OPERATION IN HUMAN DEVELOPMENT PROGRAMMES**

**TERRITORIAL:**
That is planning taking place in a well-defined area, small enough to permit the active participation of the local community and large enough to have the resources necessary to support local development plans and to constitute an authoritative interlocutor for national and international policies.

**CONNECTED:**
That is linked with sustainable human development programmes, which can guarantee linking local development to national and international policies. The harmonisation of micro and macro approaches is the premise for effectiveness and sustainability. By elaborating local development plans, specific projects can be inserted in a unified strategy.

**INTEGRATED:**
That is the necessary association of income, health, education, environment and human rights, as components of development.

**PARTICIPATORY:**
That is focusing on concerted decision-making processes between public institutions and civil society

**SUSTAINABLE:**
That is maintaining economic and organisational support to development in linked communities, beyond the conclusion of a given co-operation project

**PARTNERSHIPS:**
That is relationships among communities in the North and South, with the different entities involved, in international development co-operation - governments, local authorities, NGOs, international organisations

**VISION:**
That is conceiving the social development as a "common interest", as a process which not only improves economic indicators but the quality of human relationships and individual opportunities in all parts of the world.

*(Italian Co-operation/UNDP/UNOPS, 1999)*
3. The Experience of DC in Former Yugoslavia

Following the fall of the Berlin Wall, war has once again become a common experience in Europe for the first time since World War II.

“What happened after the fall of the Berlin Wall; after the period when many of us thought that we were entering into a new phase of international relations? What happened to the international community when suddenly there was no nuclear threat anymore, no threat of mutually-assured destruction anymore, no danger of one or the other power conquering huge parts of the world and subjecting them to their particular way of living or thinking or philosophy? We have switched from the highly unsatisfactory so-called Yalta System of international relations, with which nobody was happy, but which was a system based on stable and predictable international relations, to an even less satisfactory non-system of totally unstable and even less predictable international relations. I have to come honestly to that conclusion, not because I personally feel sorry for the disappearance of Yalta, but because, with hindsight, it appears that that system gave us a certain amount of security and of predictability. From a system of more or less stable relations, we have entered into a system of world disorder after the fall of the Berlin Wall ”(Najman, D. 1994)

Eastern European countries, especially the ones of former Yugoslavia, underwent a period of significant cultural changes that should be taken into account in order to understand the problems of war and post-war environment that will help identify the most appropriate strategy of co-operation. Some ideas concerning the war atmosphere are summarised below (See annex 2).

3.1. Aspects of the war in former Yugoslavia

“War is an outburst of strength where the rights of the weakest groups, the freedom to discuss and to disagree and where tolerance and individuality are enormously reduced.” (Carrino, 1997)

The political and cultural environment of the former Yugoslavian countries was partially marked by nationalism, polarisation, ethnic discrimination, manipulation of media, where lies were a normal way to relate with the others and where violence was considered a natural way to solve conflicts.

- Following independence dreams, “the new nation” offered mythical stories about its origin, making up an “autistic” history, separate from the history of the neighbouring nations in an attempt to justify the need to be excluded from the others. The stories about origin were based upon a religious history that blames others for one’s own ills. The principal aim is revenge and the historical proofs are unilateral, ill minded, exaggerated, and without any doubts, false.

- We may say without exaggeration that the television brought us to the war. This is the principal difference between the Second World War and the present war in the Balkans. The television, using all available means, presents the stories of violence perpetrated on us by others. This feeling then fosters our own justification for violence against them, leaving it all to look like legitimate defence. Always beyond reality, the television uses pictures to amplify the news of violence against us, but remains silent about our violence on others.

- The new ethnic myths of the new nations are based on the idea of the same blood and territory, the language and religion. Each nation has actuated the mass psychopathology of aggressiveness against the others. At the same time the ethnic dreams are the dreams of cultural autism, that the culture can, contrary to the reality, awaken only under the conditions of the pure absoluteness of isolation. New nationalistic tendencies sustained by the new states, above all interrelated by folk elements of culture, seek to find a support in the national history seen as heroic deeds. The new frontiers (the war) destroyed lives, families, citizenship, and fidelity, not to mention culture. They destroyed relationships. They succeeded to cancel the memory of more than seventy years of life together, with pretext to avoid aggression and pressure by somebody else, thus sacrificing all that was good.
The lack of democracy in the new States (there can be no democracy during the war); the general purge of individuals, especially intellectuals; the relentless pursuit of the press, incorrectly called "independent press", for ideological cleansing, denouncement of origins, detraction of dissenters; robbery and murder: the absence of an independent judiciary - all this doesn't favour the flourishing of culture, let alone tolerance.

Without taking the nationalistic choices made by each group into consideration, the new regimes inherited the worst characteristics of the desperate times, i.e. autocracy-produced nepotism, fraction and ideological separation, corruption, elimination of persons, everyday crime, and a black market of arms.

There is a collective memory in the culture, from different points of view, and it mustn’t be destroyed because it represents the world inheritance. (Ivekovic, 1995)

Some negative examples of human behaviour much diffused in former Yugoslavia and observed in other war contexts (e.g. Central American conflicts) are described below.

- **Psychosocial trauma as inhumanisation.**
  Impoverishment of the human capabilities such as capability to think brightly, to communicate truth, sensibility for suffering of the others, are very common. Behaviour changes toward ideological rigidity, evasive scepticism, paranoiac defence, hatred and desire for revenge. An uncertain and insecure destiny, reinforced by the encompassing irrationality, fosters the need to belong, the need to be part of a group. Fear-induced psychological characteristics such as feelings of vulnerability and weakness, excessive "state of alert", loss of control over one’s own life, and an altered sense of reality are quite diffused.

- **Crystallisation of social relationships**
  The humanity of the enemy has been denied and consequently the enemy has been refused as an interlocutor. Social polarisation, institutionalised lies and militarisation of social life characterise a war situation. Polarisation promotes psychosomatic disorders. War life causes a schizophrenic attitude between subjective and real life because it is impossible to confirm the personal knowledge and experience in reality (except in particular small groups). Lies have become a life style. Militarisation of social life can promote militarisation of mind. (For example, in the conflict in El Salvador, the upper class children, asked how the problem of poverty could be solved, identified “elimination of the poor” as the answer) For people growing in this context, contempt for human life, the law of the strongest as social criterion and the corruption as life style are accepted as natural creating thus a vicious circle. (Martin-Barò, 1988)

### 3.2. Answer of the international community

“To believe that the main problems are physical infrastructures and resources is to blench from reality. The events have just shown us that the violent disruption of human relations can in a few minutes destroy what taken centuries of hard and patient work to build” (Italian Co-operation/UNDP/UNOPS/WHO, 1998)

The international community hasn’t proved to be prepared well enough to cope with such a situation. The experience of humanitarian aid in developing countries was only partially useful for such a complex environment. The activities aimed at prevention of conflict were non-existent, while those in place, that could face the emergency of war, could only meet needs of the people in a very imperfect way. Already in 1993, within the UN appeal, a critical position was taken towards seeing the intervention of the international community in a more comprehensive way.

“The immediate help, is not enough, not even in this desperate time. As soon as possible certain initiatives should be taken to re-establish some level of the normality, and long term rehabilitation. In achieving this, community, education and production services are of great importance. These efforts of the rehabilitation
will improve the stability, and may strengthen the civil society structure, which remains the most efficient protection against political polarisation. Without these steps toward rehabilitation, the humanitarian agencies will be obliged to work in the ambient of extreme chaos and social aversion.” (United Nations, 1993)

The war had destroyed houses, facilities, factories and other infrastructures. The most visible damage was to things, but the most profound damage was to human relations. Rebuilding infrastructures without rebuilding the possibility of civil, democratic coexistence at the same time is side-stepping the real issue.

Although the objectives indicated by the solidarity groups were reasonable, traditional international co-operation has considerable difficulty in responding to them and, above all, in finding forms of action that are consistent with the objective of human reconstruction. Suffering from top-heaviness, centralism, sectorialism, authoritarianism and a charity mentality, international co-operation frequently imposes its own pre-established solutions, which fail to take into account demands for peace and democracy. All the problems mentioned above derive from a failure to consult the people involved. (Italian Co-operation/UNDP/UNOPS/WHO, 1998)

It is within this context that DC started to be implemented, introducing a novelty into a traditional approach of the international co-operation activities.

### 3.3. DC in Former Yugoslavia

"The reconstruction of civil society includes demobilisation, repatriation, employment opportunities and spirit of co-operation, as well some form of external support to reintegrate the economy create international links.” (Hamid, El-Bushra, 1995)

In addition to traditional co-operation agencies (UN system, NGOs, Bilateral Cooperation), many international informal associations, solidarity groups, structured institutions and local governments such as municipalities, provinces and regions have developed humanitarian activities in former Yugoslavia.

This huge archipelago of different organisations has represented an important part of the civil society coming from many different countries, above all from Europe. Sometimes, their approach appeared too spontaneous, unplanned and not strongly professional. But in spite of these limits, the informal solidarity has played a very interesting role in mobilising human and material resources at the grass root level from the "North" to the countries in need and building up solidarity among different people.

The effort has been huge and the magnitude of the support was important not only in distribution of humanitarian aid (and later on in the reconstruction and development initiatives) but in receiving the refugees, as well.
The first example of DC through WHO in former Yugoslavia was the Hedip project that was implemented in 1993 in Split, Croatia.

The experience of Hedip, a WHO DC programme in Split

Health and Development for Displaced Population (Hedip) programme, supported financially by the Italian Government and managed by WHO's Emergency Preparedness and Planning Unit faced displaced and host population’s health problems through a comprehensive approach. Hedip undertook operational research in conflict areas (Central America, Mozambique, Sri Lanka and former Yugoslavia) to experiment with health and social interventions in order to promote reconciliation and development. The main Hedip strategies, following other programmes based on human development have been decentralisation, community participation, inter-institutional collaboration and multi-sectoral approach.

In former Yugoslavia the program had a unique DC experience setting up a partnership between Split and Modena (Italian town) (See annex 3). This project produced a series of advantages regarding other ordinary activities from the world of volunteer work and solidarity and regarding the traditional bilateral or multilateral co-operation programs:

1. It aimed to remove the physical isolation, cultural, politic among populations and among institutions from former Yugoslavia caused by the armed conflict and the economic crisis, through the promotion of the international exchange favouring dialogue, reconciliation and peace.

2. It combined public resources of co-operation from local institutions (Modena community) and the private (associations of solidarity, groups of base) in one unique co-operation program.

3. It mobilised competence and advanced experience in the social, health, cultural sectors (e.g. professionals from the Modena community, Local Health Unit, associations, etc.). Such local Italian resources are otherwise difficult to get involved in the activities of international co-operation.

4. It addressed the human resources and materials of the civil society within the structured project to guarantee a higher level of efficacy and efficiency of the contribution given by the world of solidarity.

5. It gave a major impetus to the sustainability and reproducibility of the activities without dependence upon public financing. The development of horizontal co-operation forged a brotherhood of the institutions and citizens of different cities that may assume autonomous forms and modalities in the future.

Since the Dayton agreement in BiH, DC has been engaged in development and reconciliation activities with the "human reconstruction" considered as a main priority. Based on the need for a new approach that would cope with the post-war situation, two major experiences have been developed in BiH since 1997 with the involvement of WHO: Atlas and Mental health, elderly and vulnerable groups projects. (*)

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* Some experiences with DC have been implemented by the Technical Units of WHO Euro, especially “Child Health and Development” and “Health Promotion and Investment for Health” Units.
4. WHO Involvement in DC in BiH

The World Health Organization has been present in Bosnia and Herzegovina since 1992 when the humanitarian emergency was in full course. Alongside the traditional role of technical assistance and co-ordination of international health partners, WHO also provided a significant contribution of medical supplies and equipment to the country’s health structures. With international support, the Bosnian health authorities and the dedicated Bosnian health professionals were able to maintain a minimum of health services in the country.

With the end of hostilities and the gradual transition to normalcy, new priorities started to be addressed. A large number of health infrastructures had been destroyed or damaged and human resources severely depleted. The transition from a centralised socialist economy to a market economy and the new administrative asset of the country has required a re-thinking of the country’s health strategy, the reorganisation of its health services and the redefinition of the roles of health personnel. WHO is actively supporting this reform process, both in the Federation of Bosnia and Herzegovina and in Republika Srpska, with the further aim of reinforcing the health sector’s important role in the peace process.

In this process, WHO has been committed to applying the following principles:

- equity of access to health services for all groups of the population;
- emphasis on health promotion, prevention and primary health care;
- inter-sectoral collaboration for health;
- active participation of people and communities;
- integration of health policies with social policies in favour of vulnerable groups.

To meet such a commitment, together with its traditional partners, WHO has been developing new partnerships with European regions, provinces, municipalities and communities.

4.1. DC Projects

Two main programmes have been implemented: ATLAS and Mental health, elderly and vulnerable groups (See annexes 4 and 5 for minor initiatives).

4.1.1. ATLAS

“The path is full of obstacles. The shift from development models that place low value on human development is neither fast nor painless” (Italian Co-operation/UNDP/UNOPS/WHO, 1998)

What is ATLAS?

The Atlas project (January 1997/February 1999) was initiated to build up the increasingly active participation and contributions of civil society to improve the situation faced by the people of BiH. Throughout the three and a half-year war in BiH, communities from many
countries became involved in direct assistance to Bosnian communities. In the post-war period, Atlas has built a framework for these local partnerships to be sustained and complementary to the national development strategy and the peace-building processes.

The main aim was to support the government of Bosnia and Herzegovina to implement human development initiatives in a complementary fashion with present and future programmes at the cantonal/regional and municipal levels. The project was carried out through a consultative and participatory process at national, cantonal/regional and local levels with specific contributions of Italian local communities (29 Italian committees linked with 22 Bosnian towns).
The United Nations Development Program (UNDP) implemented ATLAS, in collaboration with the World Health Organization (WHO) and the Department of Humanitarian Affairs/International Decade for Natural Disaster Reduction (DHA/IDNDR). Operational co-ordination was entrusted to the United Nations Office for Project Services (UNOPS). The networks of participating municipalities were the ‘Italian Consortium for Solidarity’ and ‘Forum of Cities for DC’. The project was funded by the Italian Co-operation.

**Goals**

The main goals of ATLAS were:

- to support the peace process and renewal of social development in Bosnia Herzegovina in the framework of the Dayton Agreements;
- to allow Bosnian local communities to take an active part in the rehabilitation process and to facilitate reorganisation in a context of peaceful coexistence and solidarity;
- to strengthen the connections between European and Bosnian local communities linked within the specific strategies of cantonal/regional and national governments;
- to promote the linking of micro and macro-rehabilitation, strengthening the planning capacity of local communities;
- to promote new projects of solidarity for the most vulnerable groups taking into account the social and economic issues of the re-integration of displaced persons and returnees.

**ATLAS activities**

At the national level, Atlas supported the creation of entity working groups related to the general strategies of human development. UN professionals acted as a technical secretariat of the project, providing guidance, technical standards, and analysis of the overall project.

At the local level (canton/region and municipality), the project supported committees and working groups. Committees were established in 29 Italian local committees, which have been linked with 22 Bosnian communities. Together, the Italian and BiH committee leaders united the various elements of civil life, including associations, trade unions, and organisations of entrepreneurs, volunteers, schools and public services. These diverse elements were brought together in public meetings based upon five central themes of human development:

- local economic development and employment;
- health and social integration;
- education;
- environment;
- local institution building and active citizenship.
The many partners of the Atlas project and DC followed a homogeneous methodology, the main aspects of which include:

- identification of and systematic involvement of all potential organised local partners for human development;
- organization of technical discussions and exchanges between the linked communities to identify areas of common interest in which decentralised co-operation could provide a qualitative contribution to the social development of the local partners;
- the promotion and constitution of municipal working groups which include representatives of local authorities, public service institutions and civil society organisations as the counterpart of the linked Italian committee for all activities of DC;
- participatory methods for identifying needs, resources and priorities for project activities such as the implementation of public workshops, development of community needs and resource maps, etc;
- prioritisation of those activities which foster inter-ethnic dialogue, respond to the needs of the most vulnerable groups, contribute to the development of sustainable models for sectoral and social development, contribute to the development of inter-sectoral and holistic solutions to the community’s problems.

Activities carried out by WHO in order to support Atlas project included provision of basic information and data for the health sector (health status, health services, health reform and reconstruction process, etc.) to the interagency team and to the local committees. More specifically, WHO:

1. participated in the ATLAS co-ordinating structures at central and cantonal/regional levels;
2. assisted the municipal committees and the local health authorities in assessing health problems, setting priorities and identifying solutions;
3. provided advice to the municipal committees and the local health authorities concerning the future health projects to be undertaken within the DC resources;
4. assisted the local committees in the organisation of the health and environment workshops;
5. contributed to the drafting of the environmental and health-related aspects of the ATLAS document.

**The Actors of DC**

Decentralised co-operation mobilised by the Atlas project operated in 22 municipalities of Bosnia and Herzegovina of which 16 are in the Federation of Bosnia and Herzegovina and 6 are in the Republika Srpska. The total population of these municipalities, according to UNHCR estimates, is approximately 1,400,000 people.

The ATLAS project has provided a co-ordinating framework for the activities planned and implemented by 29 Italian local committees for decentralised co-operation. These
committees include 164 municipalities, 10 provincial administrations, 7 Regions, and 120 NGOs, associations, and other civil society groups.

During the thematic workshops, delegations from the linked Italian municipality were present in the partner municipality and participated actively in the discussions. These delegations ranged from a minimum of eight people to a maximum of 40 per municipality, for a total of more than 400 people. These delegations comprised representatives of local authorities, technical and managerial staff of public institutions and services as well as representatives of civil associations, NGOs and the private sector.

**Outcomes of ATLAS (*)**

The challenge accepted by the network of Italian local communities promoting decentralised co-operation for human development in Bosnia and Herzegovina was that strengthening human relationships and, in particular, the relationships between institutions and civil society is the premise for peace, democracy and social development.

This is an essentially qualitative process. An evident result is the network of partnerships between the linked communities, which has been created to support the medium and long-term social development priorities of the linked Bosnian communities. Another important goal that emerges is the network of new and dynamic partnerships within the linked Bosnian communities, between public institutions, with an increasing number of civic associations and the private sector.

Most importantly, the partnerships created through this process are bringing concrete benefits to the population of the involved Bosnian municipalities in terms of basic local human development improvements. The following paragraphs attempt to quantify the results obtained so far through decentralised co-operation in Bosnia promoted through the Atlas project.

**Resource Mobilisation**

Initial investment by the Italian government, through the involved UN organisations for the Atlas project for decentralised co-operation among local communities in BiH, was $1,040,000. Sources: Italian contributions to UNDP, WHO and DHA/IDNDR. Financial contributions through UN organisations for the implementation of activities through decentralised co-operation stimulated by the Atlas workshops amount to $5,940,000 (Italian and UK contributions to WHO; Italian contributions to UNDP, other UNDP funds). Resources mobilised by the involved Italian committees from Regions and Local Authorities for activities in the linked municipalities resulting from the Atlas process amount to $2,700,000. Total resources mobilised from January 1997 to May 1998 as a result of the Atlas project amount to $8,640,000.

**Community involvement**

Seventy-nine public meetings took place in 22 municipalities involved with the Atlas project. These were related to local economic development and employment, health and

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* The main results concerning capacity building, economy and employment, educational and vocational training, environment, territorial planning and advocacy can be found in “Atlas of DC for human development” Italian Cooperation/UNDP/UNOPS/WHO, 1998.
social services, environment, education and professional training and relationship between local institutions and civil society. The populations of these municipalities, according to UNHCR estimates, total over 1 million.

Cumulatively, more than 3,000 people participated directly in the preparation and implementation of the workshops. This number includes approximately 100 mayors and other representatives of local authorities, over 550 representatives of public institutions or professional staff of public services as well as representatives of civil associations, local NGOs and the private sector. Among the latter, over 100 associations of civil society (associations of war invalids, women’s associations, local Red Cross, youth associations, etc) were represented. In each municipality, direct participation ranged from a minimum of 90 to a maximum of 320 people.

Through personal contacts with the focal points and the local working groups responsible for the workshops’ preparation and through local media coverage of all the workshops, the vast majority of the populations of almost every municipality were informed about the discussions which took place.

In all of the ATLAS municipalities with mixed populations, (10) representatives from each group were involved in the preparation, implementation and follow-up of the workshops.

Of the 22 decentralised co-operation links, 10 were established with small towns (less than 50,000 inhabitants). In 16 municipalities, the Atlas focal points represented the only permanent international presence. Of the 6 links in the Republika Srpska, 5 had no previous partnership with other local European communities.

House repair and social reconstruction activities were initiated through the Print project (see below) with the goal of the return of the minority Croat community (131 people) to Zavidovici.

Health and Social Services

After five years of isolation, the public meetings organised by the committees were the first opportunities for open discussion about the health and social problems of the area.

The following were the main topics discussed:

- re-organisation of primary health care services;
- health promotion;
- fight against social exclusion and for the integration of vulnerable groups; and,
- air, soil, and water specific environmental problems.

In general, these workshops were a useful tool for collective analysis of local issues and problems. Moreover, these meetings proved to be rare opportunities for promoting at the peripheral level various issues, such as health system reform. These issues are, for the moment, exclusively discussed at the central level. They have created a new means for the spread of information, away from the top-down approach characteristic of many government mechanisms.
The following specific results have been achieved in the health sector.

1. Professional contacts have been established with more than 20 Italian health institutions (local health units, hospitals, and medical faculties) and with the social services and the voluntary sector in the linked Italian municipalities.

2. Exchange activities took place and joint projects have been finalised/implemented in 13 municipalities in collaboration with the public health and social service network of the linked Italian municipality/region (Local health units of Pesaro, Arezzo, Bologna, Martinafranca, Santo Spirito, Conversano, Venezia, and Reggio Calabria. Messina, Barcellona, Perugia, Torino, Forlì, Bergamo and Matera; Regional health departments of Piemonte, Lombardia, Marche, Friuli and Umbria Regions).

   • 2 sport centres were rehabilitated/constructed in the local communities of Otaka (Bosanska Krupa) and Turbe (Travnik). Direct beneficiaries: approximately 2,000 young people from 12 -25 years old.
   • 2 ambulantas were constructed in local communities of Bosanska Krupa and Zavidovici. Beneficiaries: approximately 15,000 people
   • 3 dom zdravlja were upgraded (Tuzla, Travnik and Kakanj). Beneficiaries: 257,000 people
   • 2 TB treatment centres were supported (Travnik and Zavidovici). Beneficiaries: approximately 120 TB patients.
   • 2 youth centres were rehabilitated and activities supported (Kakanj and Zavidovici). Beneficiaries: 8,000 youth (12-25 years of age).
   • 1 Mother and Child centre was rehabilitated in Zavidovici. Beneficiaries: 3,900 mothers and children.
   • Support was provided to the Blind Association of Kakanj. Beneficiaries: 8 blind people.
   • Support was provided to the Dystrophic association of Doboj. Beneficiaries: 8 handicapped people
   • Drugs and treatment of cancer patients in Banja Luka.
   • Rehabilitation assistance was provided to 30 invalids from Banja Luka. Beneficiaries: 30 patients and their families.

Approximately 350,000 people in these municipalities have directly or indirectly benefited from these activities.

4.1.2. Mental Health, Elderly and Vulnerable Groups

“Integration is human and costs less than segregation.”(Sen)

The Mental Health, Elderly and Vulnerable Groups Project is a social and health programme that has been active in Bosnia and Herzegovina since the summer of 1997. Its aim is to go beyond the notion of individual interventions for specific vulnerable groups and to promote their social integration.

The governments of Italy, Sweden and the United Kingdom who have provided approximately 1.600,000 US dollars financed the programme, which was set up by WHO.

The programme is articulated on two levels. The first level is that of central institutions (ministries and technical focal points within ministries) with the aim of promoting a new organisation for mental health services by defining national plans and new legislative regulations. Working groups have been set up in the two entities with the aim of defining a single body of norms for the whole of Bosnia and Herzegovina.
The second level regards the promotion of pilot initiatives currently running in 12 municipalities with the support of DC.

Apart from the institutional focal points and local and central technicians the members of vulnerable groups themselves have played a decisive role in interventions. Health operators and people belonging to other institutions (e.g. social workers) and exponents of civil society (associations, NGOs, co-operatives, entrepreneurs) have also been involved, taking an active role in responding to people in difficulty.

In order to catalyse these initiatives, 12 citizens’ committees have been activated to express the voice of Italian civil society and its institutions. Most of these had already taken part in the ATLAS project.

Goals

The aim of the programme is to shift the response to psychological problems from the psychiatric hospital (as is usually the case) to the community. This is to be done through the creation of a network of services providing a local response to people with difficulties and involving a multidisciplinary approach that includes not only purely health structures but also civil society. The ultimate aim is to extend responsibility for the problem of diversity rather than treating it simply as a health problem or as one of control of deviant behaviour.

Strategy and activities

The main strategic points have been as follows:

• attention to the complexity of suffering (“not illness but patients”)
• activation of resources of the community
• engagement of the staff
• refusal of the separated specificity of the professionals
• integration with social policies
• promotion of social co-operatives.

The main activities have been the following:

• participation in the central level meetings with expert groups from both entities
• implementation of training activities at national level
• need assessments in 12 pilot areas
• exchange activities with the Italian twinned towns
• planning exercise with the local health and social service and third sector
• training activities implemented at local level and on-the job training in Italian services
• implementation, monitoring and evaluation of 12 pilot projects.

The actors of DC

DC is one component of the MH project. The MH project differs from the Atlas project that was an effort to structure the DC initiatives in BiH under the co-ordination of UN agencies and in accordance with the human development approach. The MH project has two main foci. One includes activities at the central level and the other is related to the pilot projects at the peripheral level. Only the latter is directly linked with DC.
Twelve Italian towns represented by committees supported by the local government and civil society and in BiH by a “focal point” (a person selected by the Italian committee to work in the twinned Bosnian town) are linked with ten BiH towns.

The link was either related to previous humanitarian activities established by the two towns and subsequently strengthened during the implementation of the Atlas project or was a new link promoted, ad hoc, for the development of the mental health project.

**Bosnian and Italian linked towns**

Tuzla - Bologna  
Tesanj - Pesaro/Schio  
Sarajevo - Venice  
Mostar - Arezzo  
Konjic - Coversano  
Banja Luka - Perugia  
Doboj - Pesaro/Schio  
Sokolac - Matera  
Bijeljina - Messina/Reggio Calabria  
Trebinje - Cologno Monzese  
Gorazde - Trieste  
Srebrenica - Porto Torres

**Phases of implementation of DC**

1. **Formal agreement**

   Following informal meetings between representatives of the Italian committee (formally supported by the local government) and WHO, an agreement is signed (See annex 6). It foresees a joint commitment to undertake activities in a Bosnian town sharing the costs (50 % each partner).

   *Achievements: 12 agreements have been signed.*

2. **Situation analysis, need assessment, exchange activities**

   The focal point of the Italian committee, with the co-ordination of WHO defines the first steps of the project in close contact with the other focal points, together with local authorities, health and social staff and local NGOs and people associations. In addition, exchange activities are implemented from Italy to BiH and vice versa. Local authorities and professionals of a town visit services and meet authorities and health and social staff of the twinned town.

   *Achievements: see outcomes (exchange activities and resources)*

3. **Priority setting and planning exercise**

   The three parties (WHO, Italian committee, and the local government) develop a planning exercise with representatives of civil society. The planning exercise encompasses the technical inputs resulting from the understanding of the local situation and the insight of exchange activities. The resources necessary for the plan of action are provided by the WHO project budget.

   *Achievements: 12 plans of action have been elaborated.*

4. **Implementation of the activities**
Reconstruction of premises, training and supply activities are implemented. The resources of the Italian committee are mainly used to support training activities organised by the Italian services (selected staff from Bosnian town spend some weeks in Italy in health and social services) or with Italian professionals in BiH.

Achievements: see outcomes

The outcomes of MH

Exchange activities and resources

The achievements concerning the exchange activities can be summarised by the following data:

- 70 planning meetings among focal points of Italian committees, local authorities and staff and WHO have been organised;
- 12 workshops have been organised with the participation of Italian experts in BiH local communities;
- 13 working travels to Italian municipalities have been implemented with the participation of 40 persons representing BiH local authorities, health and social staff;
- 13 travels for training activities in Italian health and social services have been organised involving 52 professionals for a duration between 1 and 3 weeks.

The total amount of extra funds allocated by the Italian municipalities/regions within the frame of the programme is approximately 315,000 DM

Health and social services

The outcomes related to the strengthening of health and social services are as follows:

- 1 Centre for Women has been set up in Sarajevo.
- 9 day centres for psychiatric patients have been upgraded/created (Mostar (2), Doboj, Tesanj and Konjic, Banja Luka, Tuzla, Trebinje, Sokolac) with direct beneficiaries reaching approx. 100 patients/day/centre.
- Home care services have been established or strengthened in 11 health centres (Mostar, Doboj, Tesanj, Konjic, Banja Luka, Trebinje, Sokolac, Tuzla, Srebrenica, and Goradze) for psychiatric patients and elderly people. Direct beneficiaries approx. 60 patients/day/centre.
- 3 protected apartments for psychiatric patients will be established (Doboj, Banja Luka, Tuzla) hosting approx. 20 mental health patients.
- Preliminary assessments for the constituents of three social co-operatives in Doboj, Tesanj and Trebinje have been conducted.

Brief description of three pilot projects

a. The Women’s Centre in Sarajevo
During the war and post-war period Venice municipality established several activities with Sarajevo. One example is the humanitarian aid and support to cultural and artistic environment.

Following these previous links, the first agreement of WHO project was finalised in February 1998 between the Venice committee and WHO. A focal point came to Sarajevo in order to assess the situation in collaboration with Sarajevo Canton authorities and health staff under the co-ordination of WHO. A working group was set up. Gender issues were identified as a possible area of commitment. A professional staff from the Venice Women Centre discussed the feasibility of a project in this field with a local counterpart and WHO in Sarajevo.

A project was elaborated to set up a Women’s Centre in Sarajevo with library, counselling services, information/education and cultural activities. A formal agreement was signed with the Governor of Sarajevo Canton, the mayor of Venice and WHO in July 1998 (See annex 7).

Personnel were selected following the identification and reconstruction of the premises. Two staff from Cantonal Ministry of Health and one from a local NGO went to Venice for training in December 1998.

The centre was refurbished. Job analyses, job descriptions and terms of reference of the staff were decided upon. The Venice experts and WHO delivered technical assistance.

Inauguration of the centre took place in March 1999 after which the activities began.

b. The protected apartment, mental health centre and social co-operative of Doboj/Tesanj (area comprising RS and Federation of BiH)

Pesaro municipality implement humanitarian activities in Doboj/Tesanj area during the war and post war period.

Subsequently an agreement was reached at the end of 1997 between the local committee of Pesaro and WHO (See annex 8). The Pesaro focal point located in Doboj met with local authorities and promoted meetings with health staff and WHO. A working group was established. Workshops with Italian and Bosnian professionals in Doboj and Tesanj were organised. Subsequently, a delegation of Bosnian authorities and professionals travelled to Pesaro to visit services and meet Italian staff to exchange experiences.

A plan of action was elaborated to support mental health centres in Doboj and Tesanj, to set up a protected apartment in Doboj and to promote income-generating activities.

The Pesaro committee involved Marche region, which was able to foresee a specific fund for the implementation of the planned activities. Marche Region/Pesaro Municipality/Pesaro committee, WHO and local authorities of Doboj and Tesanj, signed a second agreement. A professional selected by the Pesaro committee was sent to Doboj/Tesanj for 5 months to assist the local authorities in setting up the Protected Apartment and strengthening the Mental Health Center. Following this, an expert in social enterprise from Pesaro went to Doboj/Tesanj to undertake an assessment regarding income-generating activities and to elaborate a draft of future activities. Following this, a social co-operative was initiated.

c. The Mental Health Daily Centre and Social Co-operative in Trebinje

Cologno and Trebinje municipalities expressed their willingness to participate in DC activities within WHO’s mental health project. After preliminary meetings, the first agreement was signed in July 1998 between the Cologno committee and WHO (See annex 6). The committee constituted by local government officials and civil society representatives selected a focal point to be based in Trebinje. The costs were shared between WHO and the committee. The first activities of the focal point were the needs assessment in Trebinje and the exchange activities. A working group was established. A delegation of professionals from Cologno and the Major’s assistant visited Trebinje. Subsequently, a group of Trebinje health and social staff visited Cologno. The exchanges promoted the sharing of knowledge of the health situation of both twinned towns.

A specific working group within the Cologno committee was formed to follow up on project implementation. This working group consisted of professionals from the health and social services sectors as well as representatives from the third sector who worked with mentally ill patients. Subsequently, a plan of action was defined and a second agreement was signed.
WHO, Cologno and Trebinje have planned to strengthen the mental health centre in Trebinje by setting up a daily-care centre. Reconstruction is supported by WHO, staff is provided by Trebinje health system and Cologno professionals deliver training.

A 2-week on-the-job training is organised within the mental health services of Cologno for six professionals of Trebinje. The follow up training will be conducted in Trebinje during the next period. An expert from a social co-operative of Cologno is expected to come to Trebinje to assist a local NGO in setting up income generating activities to be carried out by the mentally ill patients.

4.2. DC according to WHO experience

WHO has implemented several activities related to DC during the last three years in BiH.

4.2.1. Main characteristics

The main characteristics of DC according to WHO experience are as follows.

Local governments and civil society together

Synergy between actions of local governments and civil society is a peculiar characteristic of DC. The local government (municipality, province, canton, region, etc.) is the co-ordinator of the active bodies in its area which may include citizen’s associations, NGOs, trade unions, enterprises, social co-operatives, etc. As a decentralised institution, nearer to the citizens and rooted in its territory, the local government is better able to link the efforts of the different interested actors. The co-ordination role is accompanied by a specific involvement of the public services within which the local government is articulated. DC combines the expertise of the health and social services sectors with that of the economic, educational and cultural sectors.

Mobilisation of different resources

Besides the financial resources coming from local government, private organisations and the third sector (*), human resources are another peculiarity of DC.

Human resources are mobilised for specific activities such as training courses and technical assistance. Health and social services’ expertise is used to assist institutions, which have to reorganise their work to improve efficiency and effectiveness.

However, the exchange activities are stimulating all the potentials of human resources in DC. In fact, during the visits to health services, in the meetings and seminars as well as during the joint recreational activities, participants interact on both professional and social levels, opening their own experiences to each other.

A bi-directional relationship among people with their relative expertise is established with mutual benefit in a long-term perspective (See annex 9).

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* “Third sector” is a controversial term, usually taken to refer to non-governmental, non-profit and voluntary initiatives in a society, including those in the field of social welfare and social protection. Seen in many texts as a vital addition to the two sectors of state/government/formal politics and market/economy
**Community involvement**

DC, understood as local governments and civil society together, requires a participatory approach. The communities are involved because the co-operation is decentralised. Individuals, associations, institutions make part of the process in the two countries.

As opposed to the rhetoric of international co-operation the community involvement has become a common practice of DC.

Community is seen as a partner in the implementation of the activities for planning and development and not a resource, which is replacing the role of public services and institutions.

**Coexistence of micro and macro strategies**

DC implies that the strategy of the activities is local. In fact, the community, the municipality, the canton are the main interlocutors. It is important for DC to have a specific territorial boundary taken into account with its problems and resources. However, the central level is well considered as the point of reference for policies, guidelines, and reform processes. The small and punctual initiatives implemented at peripheral level are connected with a general frame from a macro prospective. The role of UN organisations, especially that of WHO in the health sector, is crucial to guarantee the link between the two levels.

**Mediation and negotiation**

DC works through mediation and negotiation methods. Each of the parties previously involved in the armed conflict take part in the process. Former enemies joining in the participation of activities such as preliminary meetings, need assessments, planning exercises, or training sessions can strengthen the trend of reconciliation.

**Sustainability**

By mobilising human resources and undertaking exchange activities, DC is utilising low-cost resources, which can be used over a long period of time. This is due to the political and technical interests and, especially, human relationships. The links among people established through DC are not cold professional connections but interpersonal relationships with cultural differences and affinities, which develop a positive cycle of affection. Moreover, by activating the civil society and training the staff, DC creates better conditions within public institutions and non-profit organisations to undertake activities with their own resources.

**Organisational mechanisms**

For the planning and implementation of DC, letters of agreement or other contractual arrangements are established between WHO and the interested Committee/Municipality. Such agreements cover, at least, the following activities, which the local committees would carry out in the framework of DC activities: 1. employment of a committee representative (“focal point”) to work in the linked municipality for the project duration; 2. provision of necessary logistic support to this person; 3. organisation and implementation of professional exchanges between the linked communities related to the projects activities; 4. support to the constitution of a working group in the local
community, comprised of local authorities, public institutions, private sector and civil society groups for planning and managing the DC projects. 5. support to this group for the participatory planning of activities.

In BiH experience, the focal point, selected by the Italian committee, remains in the linked Bosnian municipality for the duration of the contract and assures the satisfactory implementation of the work. The functions and tasks of the focal points have been those of social animator in the Bosnian town linking it with the twinned Italian town (see annex 6).

In addition several initiatives to support the activities in BiH are taken in Italy by the committee (See annex 10).

4.2.2. Main limits and constraints

As a result of the absence of a specific and articulated legislative frame as well as lack of tradition and structured activities, DC experience reveals certain weaknesses and limits, referring both to the utilised approach and persons involved.

Generally speaking, there are two main problems: 1. lack of initiative within the donor country on the part of the central and local governments to inform, train, co-ordinate the DC network; 2. lack of continuity concerning the engagement of DC staff and sometimes inappropriate professional skills.

In addition, the following shortcomings – peculiar to the non-profit sectors during the emergency period in former Yugoslavia – have been in a certain measure also part of the Atlas and Mental Health project experiences.

**Dependence on the Public Funding**

DC should have a double balanced component between local government and civil society. Sometimes, the link with civil society becomes weaker due to the attraction toward public entities such local and central governments or international organisations such as UN or EC. The state support is important (see chapter 5), however the cultural promotion, the method innovation, the keen impulse and the creative proposals from the civil society can be limited if DC is depending too much on public funds and the links with the social context become weak.

**The welfarism approach**

The assistance interventions delivered through the DC especially during emergency period often generate temporary services and a parallel system. Distribution of the humanitarian aid has been frequently organised within a new system established by the DC and civil society bypassing the state institutions of the receiver country. Inadvertently neglecting to strengthen existing local institutions can reduce the sustainability of the interventions.

**The lack of an organised and structured network**

The lack of co-ordination is a common evil of international co-operation. In the case of DC the lack of a network is related to 1. the difficulties in establishing a co-ordination
body, authorised, legitimated and recognised by different DC organisms; 2. the diverse cultural and ideological background and the fragmentation of the DC components; 3. the attitude of some groups and persons, marked by inherent historical defects of global associations, such as sectarianism, dogmatism, arrogance, and inflexibility; 4. the tendency to create centralist mechanism which neglects a participatory decision making process among the different components. This especially happens with the biggest and more organised municipalities.

**Mythomania, adventurism and voyeurism**

The state of danger, the focus of the world’s attention, and the huge presence of media representatives ready to register every event more or less spectacular, creates a situation where the entire scene is at the disposal of any person looking for some kind of personal affirmation or sudden celebrity. During former Yugoslavia wars, volunteers of DC have sometimes assumed an attitude of hyperactivity or, conversely, a passive and voyeuristic attitude with a sometimes morbid curiosity of the numberless situations, which a war can offer. Sometimes, where a strong ideological background exists there is the tendency to take position regarding the two involved parties or regarding the existing problems, and the attitude of volunteers can assume adventurous aspects, giving a quixotic character to the actions they perform.

### 4.2.3. WHO role in DC

“If there is political will, the UN system, in which WHO plays its full part, is still the best, the most hopeful instrument to hold the countries of the world together in mutual support, which is exactly what its founders intended.”(Asvall, 1994)

There are two kinds of questions that have emerged from WHO experience in BiH in the last two years. One is related to the complexity of the present time and WHO’s role in it, while the other refers to WHO’s role in DC.

1. What is the purpose of the intervention in a country like BiH that is relatively well developed but which, even in the post-emergency phase, is still characterised by a deficit of democracy and cultural values typical of the war environment such as ethnic discrimination, violence, polarisation, manipulation, centralisation, dependency, etc.?

Could WHO be engaged in trying to respond to the questions such as: Which are the factors that nurture and exacerbate the conflict and which are the ones that could favour its resolution in a constructive way? What could be the role of WHO in this respect? What are the strategies are necessary in order to resolve the conflict? And finally, is it possible to prevent the conflict? And, if so, how?

Should WHO validate its strategy to operate in such an environment by invoking its mandate? How should the basic health principles such as equity, integration of vulnerable groups and community empowerment be applied, given that they are incompatible with the prevailing models of behaviour in BiH?

2. What should be the role of WHO in relation to DC? Is it a tool that fits into the traditional WHO approach? Is this new phenomenon of international co-operation taken
in the right account by WHO? Which strategies could WHO adopt concerning DC? Should DC be promoted in conflict situations and, if so, should WHO be committed to it?

The WHO PAR experience during the last years has highlighted that in order to guarantee sustainable improvements in health, emergency health assistance must be linked to peace activities and objectives for sustainable development.

In BiH, WHO has enriched its traditional strategy by applying new tools like “Peace through Health” (*) and DC.

Concerning DC, WHO performed an important role in strengthening and structuring DC.

In Atlas, MH and the Twinning projects, WHO has acted as a facilitator and catalyst to bring together institutions, health and social services, professionals and lay people from conflicting parties in BiH with the mediation of Italian local governments and civil society.

WHO has promoted the creation of networks of health professionals through DC by orienting and technically assisting their resources. Health reform processes and the national policy have been taken as the point of reference to link the DC initiatives in a wider framework.

The richness of DC is heightened and its articulated and widespread expertise used to promote complex changes (e.g. mental health reform). Fragmentation is avoided because of WHO’s co-ordination role.

WHO has strengthened the capacity building of BiH staff through DC and improved the potential of DC with information/education initiatives addressed to the DC representatives and professionals.

(*) See “Case study of WHO/DfID Peace Through Health Programme in BiH”
4.3. Analysis of the mechanisms used to strengthen development and promote peace

4.3.1. General Outcomes

Some incontrovertible findings, common to these three projects, emerge from the analysis of the process especially when the aforementioned activities are considered.

- supplementary financial and human resources to be used within the frame of the projects due to the autonomous contribution of DC;
- improvement of the health facilities due to the reconstruction and equipment activities;
- increasing of knowledge and sometimes attitude and practices of local staff as a result of the training and exchange activities;
- community involvement due to the users’ participation in the information/education activities and planning exercise;
- creation of international links due to the exchanges activities.

Beyond analysing these results, it is difficult to evaluate the impact of the DC activities on such complex issues like development and peace because of the several variables involved. It would require ad hoc research, which is not feasible to be undertaken in BiH due to budget and time constraints.

However, it is possible to analyse in more detail the effectiveness of DC by making reference to the evaluation of the process described above (outcomes of the paragraphs 4.1.1, 4.1.2) and associating these data with assumptions. In this way, some conclusions on the possible impact of DC could be deducted.

A. Peace Building

A.1. Cultural Change

“Without rebuilding tolerance and pluralism in BiH, the Dayton Accord, the hundreds of thousands of lost lives, the tens of millions of dollars spent on trying to reach a settlement, and the hope of a united BiH will be lost” (Smillie, 1996)

In line with the principal WHO’s postulates and based upon the provisions of the Dayton Peace Agreement equity, integration of vulnerable groups, human rights and community participation are considered the prerequisites for a durable reconstruction and reconciliation process. However, the post-Dayton Bosnia and Herzegovina is still strongly dominated by nationalism, polarisation, isolation, ethnic discrimination and manipulation of media. In the aftermath of the war in BiH, lies are as much a natural way to relate with others as violence is a normal way to solve the conflict.
DC contributions for cultural changes:

**Violence/Polarisation/Ethnic Discrimination**

One of the most debilitating legacies of violent conflict is the polarisation of social relations. Conditions of insecurity contribute to the creation of lasting social distrust. Rebuilding bridges of communication between social groups and promoting participation in political life are essential requirements for social reconciliation. (OECD, 1997)

**Assumption:** Meetings between different ethnic groups on specific objectives (training, planning, visits to health services and free time spent together during twinning activities) can decrease violence and polarisation creating a habit of sharing experiences, dialogue and respect of the point of view of the others.

**Isolation**

In isolated and divided societies, efforts to foster inter-community relations, including information exchanges, dialogue, sharing experiences and opinion can play an important role in defusing community tensions, breaking down long-standing social barriers, and fostering tolerance and understanding. (OECD, 1997)

**Assumption:** Exchange activities based on establishing contacts with professionals from other countries can lead towards reducing isolation through widening the knowledge of foreign institutions, public services and associations and improving the understanding of diverse cultures and ways of life.

**Manipulation**

Controlled media have been used on many occasions to exacerbate communal hatred, disseminate propaganda, and distort events to bolster the position of one side. During periods of crisis, simple access to free, fair and complete information can contribute significantly to easing tensions. (OECD, 1997)

**Assumption:** Contacts with people from other countries through exchange initiatives that include getting information from foreign media, establishing relationships with different people, exposition to different opinions, interpretations and points of view can be a successful means for fighting against the manipulation.

**A.2. Strengthening Civil Society**

*“Without civil society, democracy remains an empty shell”* (Ignatief, 1995)

The growth of civil society is perhaps the most crucial aspect of a stable peace and a sustainable development.

“It is in the institutions of civil society… that the leadership of a democratic society is trained and recruited…It is civil society in tandem with the state that tames the market. Without a strong civil society, there cannot be a debate about what kind of market to have, what portion of its surplus should be put to the use of present and future generations…” (Ignatief 1995)
Support to civil society should maintain the objective of helping to reconcile group interests over the long terms. “Citizen diplomacy” at various levels can provide capacities for peace-building and reconciliation. (OECD 1997)

DC contributions aimed at strengthening civil society

Assumptions:

- The growth of civil society is strengthened by setting up a community-based participatory project that would promote collective discussions among local authorities and citizens and that would ensure a permanent presence of the Italian committee and Italian network representatives (local governments, associations, NGOs, etc.) in BiH communities.
- Likewise, the provision of support to NGOs and citizens’ associations through training activities, delivery of equipment, and encouragement for the creation of social co-operatives would strengthen the third sector thereby fostering the growth of civil society.

B. Promoting Development and Changing Health System

“Health reform is placed high on the political agenda...its success depends heavily on what may be called a cultural reform: change of mentality.” (Maarse, 1996)

Assumption: Organised visits to other countries’ health services that would enable working contacts with fellow professionals and other health workers on planning and training could initiate a process of change. Namely, such contacts would deepen the knowledge about the others enabling, at the same time, better understanding of one’s own situation.

Two aspects of the previous system are given below as paradigmatic examples. Cases that exemplify the beginning of the process of change are described below.

B.1. Old-fashioned mentality towards people considered to be “different”

The health system in BiH was hospital oriented. In mental health, the isolation of psychiatric patients was the rule. The “different” people were stigmatised and separated from the “normal” ones. The target of the WHO mental health program was not to restore a mental health system partially destroyed by the war but to promote the process of change.

The contribution of DC in this respect has been important. Visits to the mental health services and network in the twinned towns provided a demonstration of a community oriented approach. This expanded the knowledge of the involved BiH staff, resulting in a process of changing attitudes and practices.

The following examples illustrate the above-mentioned process of change.

- Dr Djeric, Director of Sokolac Psychiatric Hospital (involved with other professionals in exchange initiatives) started to introduce changes in the management of the hospital promoting common meetings between staff and patients (e.g. setting up a room for lunch together) and cultural and recreational initiatives with the patients (e.g. theatre performances).
- Dr Tesanovic, Head of the Mental Health Centre of Banja Luka, gave a lecture in Banja Luka regarding a splendid intervention employing the community approach in mental health. She told the audience
that although she had read about Dr Basaglia’s (psychiatrist, main promoter of an advanced mental health reform in Italy in seventies) thoughts and reform, it was only after a visit to Trieste that she was able to understand the real characteristics of the change from hospital to community approach.

- Rather than seeking support from the status quo of traditional psychiatry, Dr Prstojevic, Director of the Modrica Psychiatric Hospital, made a request for a twinning project with a town which had experience in the third sector and multisectoral approach.

**B.2. Lack of responsibility**

Before the war in BiH, like in other Eastern European countries, certain negative working habits and attitudes, e.g. lack of responsibility, were quite pervasive and resulted in a low working performance. This phenomenon could be largely attributed to the institution of the state property and the organisation of the socialist system in general.

Changes in the attitudes of Bosnian professional were observed during the implementation of DC activities, especially those activities involving visits to some of the health institutions in Italy.

Examples:

- It was not uncommon for BiH health workers to place unrealistically large demands upon WHO as a prerequisite for the initiation of project activities. For example, Dr Kovacevic, Head of the Psychiatric Department of the General Hospital of Doboj, had placed one such request in a preliminary meeting with WHO. However, following a visit to health services in Trieste and Pesaro Dr. Kovacevic had become much more personally engaged in changing the situation by realising that utilisation of his hospital’s own resources represents an important step towards improving the attitudes.

- During a seminar in Kotor, Dr Vukic, Director of Nis (Serbia) Psychiatric Hospital, spoke about Italian mental health experiences. In response to his colleagues’ remarks highlighting the difference in salaries between the Italian and Serbian professionals, he pointed out the differences in the cost of living between the two countries and the gap in working rate, i.e. Italian staff work 95% of the time vs. Serbian staff who work 30% of the time.

- Upon visiting Trieste where he had noted a special commitment and enthusiasm of the Italian mental health workers, Prof. Ceric, Director of the Sarajevo Psychiatric Clinic, stated that he and his colleges would have to initiate similar changes of the prevailing working attitudes in the BiH mental health system.

**4.3.2. Mechanisms for Peace and Development Used by DC**

What mechanisms can be used to encourage peaceful solution of conflicts and promote sustainable development?

The above mentioned experiences apply different models of interventions that deserve to be taken into consideration.

**A. The creation of areas/spheres of common interests and needs**

DC is able to create situations in which people are encouraged to participate in an activity through which they could achieve either personal benefit or benefit for their interest group. Proposed activities foresee participation of different population groups that were conflicted in the past. Hence, involvement in the programme does not presuppose a choice a priori in favour of reconciliation or an attitude that will lead towards sudden peace-making and prompt collaboration with yesterday’s enemies. Rather, it builds up areas of common interests. There are two initiatives which apply this mechanism.

DC for human development utilises a participatory methodology of intervention. For instance, the presence of Italian committees at the level of Bosnian municipalities, include committees composed of municipal representatives and experts in different services and associations, all of whom are analysing needs and resources of the community, identifying priorities and addressing and managing the project of co-operation. This process is being developed through participation of community members previously in conflict but now starting to work together led by common interests and the need to reconstruct their own community, i.e. houses, job opportunities, health services, education facilities, etc..

A.2. Training activities

DC aims at promoting activities of vocational training for doctors, nurses and other staff working in the health services. Isolation caused by the war, the lack of professional updating, a changing health system and emerging new technology and practice have made vocational training a necessity. Health workers of various nationalities, e.g. Bosniaks, Croats and Serbs, are involved in training activities through participation in mixed working groups and discussions about common problems. This facilitates a trans-nationality socialisation process.

The mechanisms of the negotiation process applied by DC

People often negotiate by taking up a negotiating position. They then try to persuade the other person to agree with them or move towards their position. This often encourages power struggles and does not resolve the conflict.

To reduce the impact of power struggles, mediators can offer alternatives to positional negotiation. When we look below the surface we discover the interest, which their positions represent; the needs, which motivate their interests.
When we start digging beneath the surface for interests and needs, we often discover, as the diagram above indicates, that there are some needs and interests which are common to both parties.

Interests are what people want and what gives them pleasure. Interests are always potentially negotiable. Needs tend to be things that are crucial to the person and if they do not have them, it causes them pain. Needs are, by definition, not negotiable. (M. Leary, based on the work of A. Acland)

DC works on needs and interests.

**B. Process of understanding of different experiences and points of view**

Physical isolation and lack of freedom of movement are common features during conflicts. In addition, social units tend to isolate themselves from their environment when in a state of tension or stress. Self-protection takes the form of a defensive or aggressive attitude. A protective skin, or layer, is formed which later forms the barrier to open communication and contact with the outside world. Within this protective shell certain things begin to happen such as rise of self esteem, polarisation, selecting communication, contraction of space and time perspectives, stereotyping, lack of empathy, fixed stand points and aims. (Glasl, Large, 1996) (See annex 11)

DC promotes twinning between Bosnian and European cities encouraging exchanges among institutions, groups of professionals, and citizens’ associations of different countries. This type of activity enables making comparisons between one’s own reality and experiences and points of view of other people. This comparison/dialogue breaks the isolation, reinforces pluralism and tolerance as opposed to the narrow cultural environment of the period before, during and after the armed conflict.

**C. Promotion of values against nationalism, racism and war philosophy**

**C. 1. Development of projects which encourage new policies, attitudes and practices toward a more democratic environment**

Mental health, elderly and vulnerable groups project is an example of this kind of project.

Historically the cultures which respected the differences (e.g. Rome Empire) existed much longer than the segregationist ones (e.g. Carthage or Germany of Hitler). Within the Mental Health, Elderly and Vulnerable Groups project, the objectives of downsizing psychiatric asylums, implementing protected apartments, promoting multisectoral activities for patients and groups at risk, etc. implicitly promote such principles as the integration of vulnerable groups and active participation of the population in decision-making processes.

The main principles behind this type of programme lay in respecting the differences in sex, age, physical appearances, nationality, culture etc. of the people based on a belief that these differences represent a real richness. Therefore, the very nature of such a kind of programme represents a specific contribution against exclusion, discrimination and other negative values related to the conflict in the Balkans.
C.2. Promotion of activities favouring pluralistic cultural environment

Communication and information can be a useful means to fight against racism, discrimination, violence and the war values. In particular, these activities include: 1. The promotion of pluralistic press which sustains different points of view; 2. The promotion of publishing houses that will enable circulation of ideas other than those of religious fundamentalism, extreme nationalism, or myths of the history full of revenge against the world and; 3. The promotion of interventions favouring independent cinema, theatre, radio, music, art and advertising. An example of the WHO activities in BiH in support of this idea is the magazine” Kaspar Hauser” (See annex 12).

D. Promotion of an articulated society encouraging the development of the third sector.

The lack of cohesive associations within a society is a valid indicator of the absence of public involvement and participatory tradition. An articulated social context constitutes a key element of the democratic process that brings benefit to the institutions and people. It is known that “more elevate is the economic well being, more spread is the presence of the non-profit organisation and active civil society”.

However, non-profit organisations (such as NGOs, associations of citizens, social co-operatives, volunteers’ groups) diffuse and reinforce co-operation and social solidarity – precious resources being the counterbalance of civil society autonomy against manipulation of political power.

Example:

Following a 14-year case study in Italy, Putnam concluded that the strong associational life in several northern regions (e.g. Emilia-Romagna) was clearly and unambiguously responsible for good government, and was a factor in the development of a strong economy. Its historical and present-day absence in southern regions has led to weak a government and societies based on paternalism, exploitation, corruption and poverty.

“It is crucial to strengthen and build associations and alliances through which civility can be nurtured, where socially and politically committed individuals organise themselves in democratic forums and institutions and associations along with a democratic state, almost harking back to Rousseau’s portrayal of a moral citizen striving for a truly democratic goal.” (Kothari, 1998)

The DC approach supports this aim.

Conclusions and Recommendations

*To open breaches, stimulate creativity, get out from abandon and solitude, promote intercultural, decentralised and democratic networks. (Jeanson, 1988)*

The basic idea behind this form of co-operation was to encourage an increased opportunity for development in local communities by means of balanced exchanges in the following sectors: the economy, commerce, culture, health, education, technology, training, social protection and all other fields of integrated human development. In the process, it became increasingly clear that democratic, peaceful development was the only way to solve problems. It strengthened bonds between peoples and reduced the chance of degeneration into violence, a degeneration that is facilitated by the isolation and fragility of local populations.
These conclusions are not definitive but are part of an on-going process.

- International agencies, particularly inter-governmental ones such as the UN and EU, are limited in their ability to strengthen civil society and promote democratic process at the appropriate levels. These limitations are financial, structural, legal, and operational. In countries where democracy is fledgling or superficial, DC is an innovative tool for community empowerment. It can break isolation and promote bottom-up initiatives. It can create a “culture of exchange” which enhances well being at both ends of the local partnership. And its mechanisms and resources can be much more sustainable and important in the long-term than those channelled through the governments.

- Decentralised co-operation is an attractive concept. Its very name suggests a participatory approach; an approach that is responsive to the needs of local communities; a methodology that empowers; a concept that is central to human development philosophy. However, we have to be careful, as there is a danger that decentralised co-operation can mean different things to different people. It can lend itself to different interpretations. This is positive as long as the focus remains on strengthening approaches to development that enable people to have greater control over their own process of development. (Stocker, 1997)

- However, in the Southern or Eastern European countries the place of civil society in development issues is quite uneven. International co-operation has produced quite diverse results, but experience suggests that there is no sustainable development without participation, democracy and political, social and economic space at the local level. A rationale for decentralising co-operation is best found there where it can contribute to addressing these areas. (Huggins, 1997)

- DC is not expected to replace some of the more traditional functions of development assistance, but it should not be seen as a mere token support for miscellaneous small community and organisation initiatives to relieve governments of difficult programmes at the local level. Development that is rooted in local communities, which responds to the call of local people, which is owned by the whole community, is as much about process as it is about resources. Therefore DC should not become mainly synonymous with a source of finance. (Stocker, 1997)

- International organisations should be involved in DC. DC is quite an unusual strategy within the international co-operation. The traditional organisations engaged in humanitarian and development aid such as UN agencies and EC only recently and exclusively in some cases show interest in DC. The role of the international organisations, especially UN agencies, is relevant for the development of DC in an effective way, assuring co-ordination, links with the macro policies, technical assistance, and security.

- WHO’s experience in BiH shows the necessity to assume DC as a strategy to cope with the complexities of emergencies, especially those, which WHO is presently facing in Europe. The role of WHO should be related to co-ordination of the health
activities and technical assistance ensuring an orientation in line with the national health policy, health reform trend and international standards.

General recommendations

Some of the main lines of action for DC in different phases of conflict are charted. A primary objective of DC in every phase is to promote popular participation in democratic processes.

Before the conflict flares

Development assistance programs will find their most important role promoting the democratic stability of societies within the overall efforts of DC to promote peace-building and conflict prevention. Where tensions have not escalated into violence, a great number of possible measures can be employed by DC to help defuse the potential for violent conflict. These range from the more traditional areas of assistance, such as economic growth to democratisation, strengthen civil society and respect for human rights.

In fragile transitional situations

Where organised armed violence has declined but it is still unclear if the situation will again deteriorate, it is important to move beyond saving lives to saving livelihoods. At the same time, help is needed to transform a fragile process into a sustainable, durable peace in which the causes of conflict are diminished and incentives for peace are strengthened. Where ethnic or even genocidal violence has occurred, DC can promote a concerted effort to help overcome the enduring trauma, encourage reconciliation, and help prevent renewed outbreaks of violent conflict.

In the open conflict

Humanitarian assistance is the basic instrument of DC. A sharp distinction between short-term emergency relief and longer-term development aid is not useful for planning support for countries in open conflict. Even in the midst of crisis, DC operations in conflict zones, respecting security concerns and logistic difficulties, can continue to identify the scope for supporting development processes, to be prepared to seize upon opportunities to contribute to conflict resolution, and to plan and prepare for post-conflict reconstruction.

After the conflict

Post-conflict reconstruction is much more than just repairing physical infrastructure. When civil authority has broken down, the first priority is to restore a sense of security and human relationship. Post-conflict situations often provide special opportunities for economic, health, social and administrative reforms to change past systems and structures which may have contributed to economic and social inequities and conflict. In the wake of conflict, DC should seize opportunities to help promote and maintain the momentum for reconciliation and needed reforms. (OECD, 1998)

Specific recommendations for the believers of DC within different organisations

- Reach a better understanding of what DC is and what it is not! Promote the debate about its strengths and its weakness, its successes and its failures and provide information on how decentralised co-operation is being put into practice.
• Mobilise decentralised agents, North and South (West and East), by involving them in a better programmed approach of their interventions. Establish an appropriate legislative frame and simple administrative mechanisms. Create a specific technical team for planning, implementing and evaluating the activities.

• Convince governments and civil servants, both in the North and in the South (West and East), that DC is feasible and desirable. Reassure officials and decentralised agents, by showing them that it is possible, both in principle and in practice, to work together.

• Disseminate information on the concrete possibilities of decentralised programmes.

• Assist DC actors to understand how it can work in practice (design, contacts, and procedures). Show how the process of locally based participatory development can be strengthened through the strategic support of different actors, from the local people themselves to the donor community (Ryelandt, 1997).

• Promote a dense network of municipal solidarity. (Galtung, 1994)

Specific recommendations for WHO

• To put emphasis on integrated sustainable development and peace building through a strategic focus on DC.

• To increase the links with DC especially for the implementation of complex projects aimed at change of attitudes and practices of people in order to strengthen values such as equity, integration of vulnerable groups, community empowerment, living together and tolerance.

• To secure a harmonised and consolidated approach towards DC and to articulate appropriate strategies and initiatives within the UN agencies and toward the donors.

• To undertake new partnerships with European regions, provinces, municipalities and communities with effective and easy procedures.

• To strengthen the advisory, advocacy, co-ordination, health information, monitoring and evaluation roles of WHO in relation with DC in order to be a facilitator and catalyst of DC, improving the effectiveness of its interventions.

In order to put into effect the above mentioned recommendations the following steps should be undertaken by WHO.

1. Creation of an unit of DC at central level with the following main tasks:
   • collect information;
   • elaborate strategies;
   • identify practical procedures and working methods;
   • inform, train and co-ordinate activities with municipalities and other DC actors;
   • promote a network of DC interlocutors of WHO;
   • plan, monitor and evaluate DC projects;
   • collaborate with other interested UN agencies;
   • link with donors.
2. Formation of a working group with international organisations and institutions interested in DC in order to:

- promote a discussion about strategies for supporting development and peace in complex emergency through DC;
- disseminate information and encourage DC approach through promotion activities (media campaign, seminars, workshops, etc);
- support the analysis within donor community about regulations, procedures and the legislative framework most appropriate for the development of DC;
- identify training and continuing education activities to consolidate DC approach.

**Specific recommendations for Donors, particularly Central and Local Governments with interest to support/undertake take part in DC**

- In the last years, the commitment of the Central and Local Governments to activities related to international co-operation and specifically for DC has notably increased. One important reason for this phenomenon lays in the trans-national nature of some social problems that require collaboration within diverse realities such as migration, poverty, deterioration of the environment, security, and social violence.

- DC should be promoted by the Central government as a part of the strategy of the international co-operation activities. The support to DC implies political will, financial availability of funds and a specific technical sector working for DC.

- The technical team should co-ordinate the activities and closely collaborate with the departments of the local governments. Moreover, it could deliver information and play an educational role promoting the network of local public services.

- The local government should create a department for international co-operation with a specialised sector (planning, monitoring, evaluation, fund raising, etc.) to co-ordinate a network of public sectors such as health services and link them with the civil society organisations (See annex 13).

**Specific recommendations for Volunteers/Civil society**

- The idea of voluntarism, as the idea of pure altruism, should be replaced, even in the minds of the volunteers, by the idea of reciprocity, such that the needs of the beneficiary of the solidarity actions live together with those of the volunteer who is able to recognise them. This would give solidity and balance to the contribution of the voluntary work and, in general, to the solidarity associations. It would also a starting point to avoid situations where assessment of one’s own needs becomes the needs assessment of the beneficiaries.

- The practice of solidarity has the potential to influence the reality if its value (fight against inequities and social exclusion, promotion of human rights, strengthening civil society, etc). It is not only related to the attention of the persons (concrete help to reduce distress, deviations, poverty, suffering etc.) but is also able to consider the issue of the quality of the interventions. This implies the development of planning, education, relationship with public institutions, and co-ordination.
References


ASVALL, J. E. Preface of a Symposium on “Health, Development, Conflict Resolution and Peacemaking” held at the WHO Regional Office for Europe. 3 June 1994.


GALTUNG, J. Basic principles in international conflict resolution. Proceedings of a Symposium on “Health, Development, Conflict Resolution and Peacemaking” held at the WHO Regional Office for Europe. 3 June 1994.


HUGGINS, G. A view from the South. Liaison South. NGO Newsletter on EU DC 1, April 1997.


NAJMAN, D. Can UN turn the tables? Proceedings of a Symposium on “Health, Development, Conflict Resolution and Peacemaking” held at the WHO Regional Office for Europe. 3 June 1994.


RYELANDT, B. Why the Commission supports an NGO project on DC. Liaison South. NGO Newsletter on EU Decentralised Co-operation 1, April 1997.

SMILLE, I. Service Delivery or Civil Society. NGOs in Bosnia and Herzegovina. Care Canada. 1996.

STOCKER, S. DC through NGO eyes. Liaison South. NGO Newsletter on EU Decentralised Co-operation 1, April 1997.


UNITED NATIONS. Revised consolidated interagency appeal for former Yugoslavia. 1993.


WHO. Partnerships for health in emergency and development. WHO Regional Office for Europe. 1998.


WHO. Health as a Bridge to Peace. Proceedings of a Symposium on “Health, Development, Conflict Resolution and Peacemaking” held at the WHO Regional Office for Europe. 3 June 1994.

Annexes

Annex 1  Local Human Development Programme
Annex 2  General information about former Yugoslavia
Annex 3  *Hedip*: Example of an exchange in DC
Annex 4  Hospital Twinning Project
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Local Human Development Programmes (LHDPs)  

The social development as was articulated in the Declaration and Plan of Action of the World Summit on Social Development in Copenhagen in 1995 is considered the general frame by Italian Co-operation. It includes:

- relations between national and local levels: political, technical and administrative decentralisation
- management of public services
- gender issues in development processes
- effectively reducing polarisation and social exclusion
- the rationalisation of migratory movements
- the relationship between citizens and locally elected administrations
- the liberalisation of markets and the equal distribution of economic growth
- management of environmental resources.

LHDPs are integrated development programmes, which promote, simultaneously:

- local economic development and employment
- health and social integration of marginalised and disadvantaged groups
- education and vocational training
- environmental and risk protection
- development of local institutions and active citizenship.

LHDPs are articulated in three different levels:

- national level - interacting with policies to reinforce peace and development processes in the country
- an intermediate work in conjunction with provincial and regional development level plans
- local level - contributing to consolidating services and creating operational tools to promote economic growth in the area in response to priorities indicated through community participation.
1. The Former Yugoslavia was a developed society. The level of well-being was relatively high. Social and health indicators were comparable to those of other developed countries. Levels of education were considerably high. Social and community structures, particularly in the urban areas, were as complex as one would expect in developed countries. Services were well composed, having a certain level of efficiency and effectiveness.

2. The economic crisis and the consequences of war have created a difficult situation in terms of material needs. Additionally, the general psychological condition of the population is critical due to large and increasing gap between high aspirations and ambitions - related to the diffuse high educational level and inherited habits of past years – and the few real possibilities and opportunities of the present situation.

3. Community participation experience is conditioned by the previous "real socialism" reasoning. There had been a great deal of rhetoric about the need for community participation for more than 45 years. In particular, that refers to the experiences of "self-management", which was presented by the former ruling class as peculiar characteristic of the Yugoslav society.

The failure of this experience was strong in terms of both the economic development and the distribution of equity and power. Disillusion and disappointment was strong in the common people. Participation seemed to be considered a feeling belonging to the past

4. The problem of ethnicity has been cunningly increased by sectors of the present ruling classes and often utilised for power plays and reasons of conquest. Therefore, future multi-ethnic harmony has become a real social problem and a difficult short-term perspective.

5. The War has created a strong polarisation among people. Hard-core, pro-war opinions considered that the force was the only way. Dialogue was seen as a tactical instrument, stereotyping the idea of the enemy, giving a superficial and ideological vision of the facts, even demanding weapons from the international community. International agencies were often critically considered when they were adopting a neutral position and when they were committed to the humanitarian aid tasks only. On the other hand, the humanitarian activities were not very well known by local common people who often tended to consider all international interventions as military activities.
Hedip: An example of the exchange in DC

Annex 3

Activities between Split (Croatia) and Modena (Italy)

In October 1993, an exchange was initiated between Split and Modena. Modena, an Italian town, had been involved because its health, social and cultural services are well functioning and able to deal with vulnerable groups and because its civil society is active in solidarity activities with former Yugoslavia.

Ten health, social and cultural professionals from Split, involved in Hedip programme, have visited Modena services, managed by the municipality or NGOs. They met local personnel and volunteers (Information Centre for Young People, Community for the Rehabilitation of Drug-addicts, Documentation Centre for Education and Handicap, Local Health Units, Young Forum, "Arci" and Sport Centres, etc.).

According to the visit evaluation done by the participants, the exchange has been professionally and personally useful. Various links have been established and different projects have been planned between Modena and Split institutions and people:

- Collaboration between health institutions with the activities for the handicapped;
- Availability of fellowships and accommodation at Modena families for Split students to be trained through vocational training or university courses in Modena;
- Collaboration among primary and secondary schools to implement "twin schools" projects;
- Exchanges of information, data, bibliographic materials, documents between services utilising the Modena information system;
- Modena festival with the exhibition of works belonging to Split artists and performance of Split musicians;
- Reciprocal visits of volunteers' associations and NGOs;
- Support from Modena solidarity associations to Split families with difficult economic conditions;
- Support of Modena Sport groups for similar association in Split.
Another project, which makes part of DC experience, even if its characteristics do not fully correspond to the fore-mentioned ones, is the hospital twinning. This project consists in a partnership between hospitals from Italy and Bosnia. The agreement among health institutions foresees on-the-job training courses in Italian Hospitals for Bosnian professionals. Bosnian institutions select the candidate (a doctor or nurse, specialist or under specialisation) who will spend in Italy between 1 and 3 months. WHO covers the travel costs and a reimbursement for minor expenses. Italian hospital provides training accommodation and meals.

The mechanisms of this project are simpler than the two previously described. It is actually a collaboration between two health institutions without having participatory, multisectoral and human development oriented strategies.

However, it is an example of an interesting partnership among institutions, which can play a positive role in supporting the development phase through capacity building in a post-war period.

So far, 15 professionals from Sarajevo, Tuzla, Zenica, Bihac and Doboj have been trained in paediatric surgery, neonatology, cardiology and gynaecology in Bambino Gesu’ Hospital of Rome, San Paolo Hospital in Milan, and St Anna Hospital Como for a period of 1-3 months.

Moreover, within the frame of this project, equipment for paediatric ward was delivered to three Bosnian Hospitals and a Cervical Cancer Screening Project was implemented in Sarajevo Canton.
PRINT Project (Urgent Integrated Interventions in Bosnia and Herzegovina in favour of the populations hit by the consequences of war and for the repatriation and reinsertion of refugees and displaced populations). The UNDP, in the context of the Dayton Agreement and upon request of the Government of Bosnia and Herzegovina, developed a strategy to support the reorganisation of civil society allowing the local authorities and communities to play an active role in the reconstruction and rehabilitation process towards development. Within this framework, using the services of UNOPS and in collaboration with WHO, UNDP undertook activities to satisfy the primary needs of populations who were victims of the war. The Italian Department for Social Affairs of the Presidential Council of Ministers of Italy has established a Co-ordinating Table for Aid to the population of former Yugoslavia, through which Italy supports the voluntary repatriation and reinsertion of refugees and displaced populations of former Yugoslavia. In order to facilitate the work undertaken by the Co-ordinating Table, a working group was established with the participation of Civil Society associations as well as international agencies. The project strengthened and created a network of more than 100 Italian local authorities (including 11 provincial and 3 regional administrations) linked to 20 municipalities of Bosnia and Herzegovina. IOM participated in the project’s activities by providing information and assistance for the repatriation and support to the returnees in different geographic areas from the intervention areas of the project. WHO’s engagement was related to providing support to rehabilitation in environmental and health sectors. The project was entirely financed by the Italian Government for a total amount of US$ 4,651,163.

Terms of Reference of WHO for PRINT Project

The principal aspects of WHO involvement in PRINT are as follows.

- Collaborate with the technical staff of UNDP-UNOPS, Italian Ministry of Foreign Affairs (DGCS), Italian Associations (CPA) and IOM assuming technical leadership for those issues related to health and environment.

- Provide technical assistance to the project Operational Group and to Field Officers in Zavidovici, Travnik, Kakanj and Doboj concerning the planning, implementing, monitoring and evaluating phases of the health activities at municipal, cantonal/regional and national level.

- Ensure that health activities are in accordance with national, regional/cantonal and municipal health plans and are following policy orientations, contents and strategies of the health reform process.

- Facilitate the links among the health activities at the different levels with a systematic involvement of the health authorities.

- Co-ordinate the health activities to increase the co-operation between the health authorities of the two entities in order to improve the accessibility of the health services for all groups of population.

- Strengthen cross-community activities in Public Health, PHC and health and social initiatives in favour of vulnerable groups.
World Health Organization Regional Office for Europe
Bosnia and Herzegovina Office, Sarajevo
Local Committee of ……, Mr ……, address, Bosnia Herzegovina

Mental Health, Elderly, and Vulnerable Groups Project
With reference to the above-mentioned Project and, in particular, to the Project activities which will be carried out in the municipalities of ……, the World Health Organization, Regional Office for Europe, Bosnia and Herzegovina Office Sarajevo, wishes to enter into an agreement with you under the terms and conditions described below:

TERMS OF REFERENCE
You would be expected to carry out the following work under the technical supervision of WHO. For WHO, the representative is Dr ……, WHO Programme Manager for Mental Health in Bosnia and Herzegovina.

Preparation and implementation of the Mental Health project at municipal level, through:
1. The engagement of your focal point who will remain in the linked Bosnian municipality for the duration of the contract and ensure the satisfactory implementation of the work described hereunder;
2. Preparation and implementation of activities related to the following themes:
   2.1. Strategies to reorganise mental health services. The background will be the development of community based health services in which a wide range of facilities and professionals will be available locally to cater to the needs of population;
   2.2. Integration of Mental Health Services with a social network in order to promote all the income generating, cultural and recreational activities that can guarantee a social role avoiding as much as possible the stigma for mental health patients;
   2.3. Strategies to reduce the exclusion of people with physical, psychological and social problems, and to promote their social integration utilising methods which avoid as much as possible institutionalisation;
   2.4. Supporting the non-governmental organisations, associations of families and patients and volunteer groups in order to strengthen the third sector’s role integrating the role of the public institutions;
   2.5. All these activities will be carried out on the basis of a participatory methodology. The main tool will be the constitution of a "Municipal Working Group" involving the most significant subjects of civil society and local Institutions;
3. Production of a monthly report about the ongoing activities;

CONDITIONS OF WORK
The above work will be carried out in strict accordance with the methodology described in the attached document, which form an integral part of this agreement.

The Italian Local Committee will carry out the activities within both WHO project "Mental Health, Elderly and Vulnerable Groups" and UNOPS/WHO "Atlas" project. Co-ordination and technical supervision will be provided by WHO Office in Sarajevo.

DEADLINES
The above work should be completed within four months from the signature of this agreement.

BUDGET
The total cost estimated for the satisfactory completion of the Mental Health, Elderly and Vulnerable groups activities, including those mentioned in points 1 to 3 above, is USD … This amount will be provided by WHO/BH and your committee on a cost-sharing basis as agreed between the parties according to the following detailed budget breakdown.

PAYMENT CONDITIONS
We are pleased to offer you an amount of USD … which will be paid in two instalments as follows:
1st instalment: USD … upon signature of this agreement;
2nd instalment: USD … upon acceptance by the WHO Programme Manager of the technical and financial reports, to be submitted by your focal point, during the last month of the contract. The above-mentioned payments will be paid by bank transfer into the following bank account:
Bank name: …….. ………….Account name: ………………………Bank address: ……………
The technical report should correspond to the work agreed upon in points 1-3 above of this agreement. The technical team will consider the work satisfactorily completed if:

- Activities for the social integration of vulnerable groups have been identified;
- The Municipal Working Group will be established and will actively take part to the planning and implementation of the project activities;
- All different active groups in the municipality are involved in the preparation and implementation of the activities;
- Exchange activities among professionals are organised;
- Monthly reports about the activities are regularly produced;
- Your committee has used its contribution towards the successful completion of the above work according to the budget breakdown above.
Partnership agreement among Venice, Sarajevo and WHO

FACSIMILE

Comune di Venezia  World Health Organization  Canton Sarajevo

Partnership Agreement

Within the twinning between the Cities of Venice and Sarajevo and within the context of the World Health Organization (WHO) Project “Mental Health, Elderly and Vulnerable Groups”, with the support of the Italian Ministry of Foreign Affairs, General Directorate for the Development Co-operation:

the World Health Organization Europe,
the Municipality of Venice, the Canton of Sarajevo

Commit themselves

to establish a “Women Centre” in the town of Sarajevo. This service will be modelled on the Women Centre of Municipality of Venice: it will be a free public service aimed at providing a meeting point for the women of Sarajevo in order to develop cultural debate and exchange of experiences as well as to receive legal and psychological support in the cases of family abuse.

They agree as follows:

The Canton Sarajevo will provide the space necessary to locate the Centre in 1998 and, from 1999 onwards, will be responsible for its activity as well as taking care of the personnel recruitment.
The Municipality of Venice will undertake: 1. technical assistance during the planning phase; 2. training of Bosnian staff in Venice; 3. support to the starting activities in Sarajevo and monitoring of the future initiatives with the collaboration of Women Associations and local NGOs; 4. coverage of the expenses related to the initial advertising activities of the Centre.
WHO, Regional Office for Europe will undertake: 1. monitoring of Centre activities and co-ordination between Venice and Sarajevo; 2. equipment and furniture for the Centre to start the activities; 3. the purchase of books for the specialised Library of the Centre; 4. translation in Bosnian language of selected books and publications; 5. the initial financial support for the first initiatives to launch the Centre.
Within the month of December 1998, the three contractors agree to organise a meeting to verify the results achieved.

The Mayor of Venice  The World Health Organisation  The Governor of Regional Office for Europe  the Canton Sarajevo

Venice, 23rd July 1998
Partnership agreement among Pesaro/Marche Region, Doboj/Tesanj and WHO

FACSIMILE

AGREEMENT ON PARTNERSHIP

Within the twinning between Pesaro Municipality/Regione Marche and Doboj/Tesanj, and in the framework of the World Health Organization Project “Mental health, Elderly and Vulnerable groups”, with the support of the Italian Ministry of Foreign Affairs, General Directorate for the Development Co-operation:

the WORLD HEALTH ORGANIZATION, REGIONAL OFFICE FOR EUROPE
(thereinafter: WHO),
the MUNICIPALITY OF PESARO/REGIONE MARCHE,
and Municipalities of DOBOJ and TESANJ

COMMIT THEMSELVES

to establish one Protected Group Apartment in Doboj Municipality, and to promote Income Generating Activity in Tesanj Municipality. These two activities will be carried out in order to contribute the development of the “Mental health, Elderly and Vulnerable groups” Project, to promote the reorganization of the mental health services, and the integration of mental health patients in the community.

THE THREE PARTIES AGREE AS FOLLOWS

As for the Protected Apartment in Doboj:

The Doboj Municipality will provide house premises, staff and supervision as well as coverage of the running costs of the ordinary functioning of the protected apartment.
The Regione Marche/Municipality of Pesaro will carry out on the job training for the staff. One Italian MH worker will be included in the apartment activities during the period of five months.
WHO will support the reconstruction of the premises and furnishing of the Apartment.

As for the Income Generating Activity in Tesanj:

The Tesanj Municipality will provide staff and supervision and will be covering running costs.
The Regione Marche/Municipality of Pesaro will carry out on the job training for the staff. One Italian MH worker will participate in the planning and monitoring activities.
WHO will provide the equipment.

This Agreement is signed on 19 March 1999 and comes into effect upon the date of signature.

The Major Pesaro
The President of Marche Region

The World Health Organisation

The Major of Doboj
The Major of Tesanj
Resources of DC Annex 9

Generally, funds from DC are used to provide technical support through exchange visits and technical missions from local committees to the local community of the beneficiary country. They are also used to support part of the costs of implementing projects agreed upon with the local community.

In order to participate in the programme, each local administrative body and/or committee should commit itself to raising its own funds from sources such as: the European Commission, regions, local administration's budgets, donations from foundations, banks, companies, individuals, solidarity campaigns, fund-raising events, public transport sponsorships, etc.

In-kind resources may also include:

- training of local community persons from the beneficiary country;
- receiving delegations from schools, companies, research centres and other private and public structures from the beneficiary country’s local communities;
- development education events connected to the project;
- contributions of chambers of commerce and individual companies to finance commercial activities that create real benefits for their local counterparts, in line with the human development aims;
- contributions of schools. Groups and associations to programme activities through supporting exchanges with professionals and students of beneficiary countries.

(UNDP/UNOPS/WHO 1998)
Initiatives of the DC Committee in Italy for ATLAS

Preparation of the city-committee, which takes part in the implementation of the project Atlas of Local Communities in Bosnia-Herzegovina promoting DC for Human Development.

- To contact institutions, associations, banks, foundations, trade unions, entrepreneurs, NGOs of the area, in order to guarantee the greatest possible involvement of technical resources, local managerial experience and solidarity.
- To formalise the support that local Government has given to the Committee.
- To gather information about the project and BiH through libraries, international agencies, specialised institutions, universities, NGOs, centres of studies, foundations and others; and consulting newspapers, internet, etc.
- To contact organisations, institutions and networks which are working in the field of Human Development, through DC (Italian Consortium of Solidarity, Forum of Cities for DC, Forum for Human Development and the Reduction of Social Exclusion, Inter-regional Observatory for Co-operation).
- To organize meetings and seminars on the following subjects: reduction of conflicts, migration fluxes, social insecurity, health issues, illegal economy, environmental problems, violence and others, in order to involve local people interested in the international initiatives of Human Development in BiH.
- To find possible financial resources: Municipality (0.8% of the first three budget lines of municipalities and provinces is available, according to the law, for international co-operation); Ministry of Foreign Affairs; European Union; private foundations; private sector; self financing initiatives (subscriptions, campaigns, etc).
- To mobilise technical resources: universities, schools, technical offices and departments of private and public enterprises, hospitals and health, agricultural institutions, research institutes, trade unions, volunteer associations, social networks, environmental associations, churches, immigration councils, etc.
- To involve in the committee people who work in the 5 basic fields of human development:
  1. territorial planning, basic infrastructures and environmental protection;
  2. local and sustainable economic development, with priority attention to small and middle enterprises and to social enterprises;
  3. health and reorganisation of social services, with priority attention to integration services for vulnerable groups;
  4. culture, basic education and professional training;
  5. human rights, information, decentralisation and participation in the local development processes.
- To establish a permanent link with the main mass-media of the area: newspapers, magazines, radio, television, etc.

During the implementation of the project in BiH, the following supporting initiatives can be carried out in Italy:

- To organize public meetings giving information on the ongoing activities;
- To keep the local government informed about the development of the project through periodical reports;
- To identify people and institutions who have the intention to collaborate with the project;
- To organize technical missions of experts to take part in the planned seminars and workshops;
- To support and organize training and exchange activities in Italy.

After the first phase, the Committee can organise a fund-raising campaign in Italy. During this campaign the results of the work done in BiH can be presented. In this occasion some representatives of the Bosnian local community can be invited to introduce the Atlas. In addition meetings with other Italian and European cities can be organised.
Features of Conflict

(from “Understanding conflict: an introduction” Glasl, Large, 1996)

1) Rise of self-esteem

Inside the protective skin, the party's individual separate identity begins to be built up. Isolation tends to highlight differences from others. We naturally tend to concentrate on those differences that show us in a good light. Thus, we build up 'team spirit' and 'morale'. Solidarity is placed at a premium and signs of uniformity and all being on the same side emphasised. Emblems, signs or uniforms are established which clearly represent a different identity. Technical 'jargon' can be used as a way of showing alliance between members of the group and separation from outside 'laymen'. These internal processes behind the protective skin begin to take on other forms.

2) Contraction

Pressure on group members to fall into line will increase. Group members expect certain standards and norms of each other. Sub-groups disappear and minority cliques and opinion centres are frowned upon. Common goals are stressed and members are expected to hold their personal views and inclinations in check in the interests of the greater good. This internal self-discipline and strength can then be contrasted with the lack of conformity and contradictions amongst the 'other' group. Distance between the parties is thus emphasised.

3) Polarisation

Within each group different roles within the group will crystallise. Leaders and subordinates become apparent. Levels of prestige and status will become established. Aggressive, self-confident, pioneer attitudes will become predominant. Leaders are seen in themselves as symbols of the group courage, steadfastness, etc. They will begin to embody all the positive virtues of the group. This means that individual group members will begin to push their responsibility onto a leader. The leader becomes the centre point of activity and communication. His authority is not questioned too much. People know where they stand within the group and the world is clearly seen.

4) Selecting communication

Perceptions, the way we see the world as it really is, are the first things to become distorted during a conflict process. We see ourselves and others in oversimplified, inaccurate ways. In seeing others we stress the negative and ignore the positive. In viewing ourselves, we emphasise the positive and turn a blind eye to the negative. We begin to accept only information that fits into this unbalanced view; other communication tends to be ignored and/or filtered out. On the basis of these images we begin to really see and think about ourselves and others in strange ways:

5) Contraction of space and time perspectives

We begin to forget about the past and even the future - only 'now' is important. We close off other considerations about our total environment and just concentrate on the problem, the dispute, the conflict - this becomes the most important thing in the world. The consequences of taking action are not considered in the longer term, instead we act impulsively and out of momentary emotion and reaction. The bigger picture is reduced, things are made simple again so that we can concentrate our energies on them. In order to do this, however, we need to place the other party in a certain position.

6) Stereotyping

Nuances begin to disappear from out of our perceptions. There are no colours or shades any more, only black or white. All the good characteristics belong to our side, all the not so good ones to 'them'. Our group is undoubtedly more intelligent, talented, human, moral etc., than the others. We begin to caricature the other side in a fixed form, accentuating all their weaknesses and less attractive features. Those qualities which are seen as admirable on our side are seen as undermining the other group. So courage becomes recklessness, steadiness becomes intransigence, risk taking is devalued as inconsiderate selfishness. As our picture of the other side is lowered we begin to feel about them in a different way as well.
7) Lack of empathy

We find it impossible to put ourselves in the other person's shoes. How can he see the world in such a different way from us? We can see our motives most clearly but what could the other side be up to? We can only guess and we usually ascribe the most dubious intentions. We begin to not care about the effects we might have on the other party. How can we, when we find it impossible to enter the other person's world of thinking and

8) Fixed standpoints aims

The distance between the conflicting parties is now widened into a chasm. There is barely anything which connects the parties - except the conflict itself. We need this distance to legitimise our behaviour, which has now probably got to the stage where normal standards are ignored. The other party is seen as hardly human at all. We deny the possibility of any change, improvement or development from him. We judge him only in the present and the past - the future holds no possibility of things being different.
Zašto prošlost ne prolazi

"Do li je zaista važna pripadnost određenoj naciji? Da li se ti moli moli? Da li mi je biti na školi, da li mi je biti u Poljskoj?"

"Kao što je naša nacija važna za nas, važna je i za njenu ljudstvu."

"Nada se, da li je važna za nas, da li se naša nacija ne ugrožava."

Why does the past not pass

"Is it really important to belong to some nationality? Are you maybe better? Would I be more virtuous, more beautiful or more woman if I were Italian or Greek or English? I don't want to belong to anybody, I want to belong only to myself; I am my nationality!"

"I am an Italian from Milan. Should the priority of my life ("the life that lasts an instant") - to feel some kind of a hint hatred towards the people from Rome because they conquered my region thousands of years ago? Or against the French who took Milan in 1499, the Spanish who did so in 1535 or the Austrians in 1796?"

"Of course not. Yet, unfortunately the use of the history as the source for hatred and revenge is still very popular nowadays. And what for? To attribute a superior role to the right of one nation and to create ethically pure states."

"It goes without saying that such a concept cannot be realized in today's world in which respect for the multiethnic societies together with the development of technology oriented towards the "global village", the policy of integration of Europe which is going to form a political entity and the rights of minorities and the human rights of the individuals are amongst the main tendencies."

"And all this is in line with the "magic idea" of ethically pure states that brings intolerance, overwhelming, discrimination, violence, war and dictatorship."

"The nationalism stems as the fairy tale of "the sleeping beauty" and ends as the monster "Frankenstein" and Nineteen Eighty-Four an expert in nationalism."

"Therefore it should not be fought against in the same way like the racism, xenophobia, antisemitism, fascism and racism."

"This issue of Kaspar Hauser contains Umberto Eco’s interview related to the migration trends, multicultural approach, language evolution in the future; an article about social inequalities in health, a point of view about suicide, the second part of a reflection about dechristianization of social intervention; a contribution about the development of the third sector; some articles about the situation of elderly in Italy and ideas from the philosophers Ezeenberger and the writer Segadini."

A. M.
Values such as integration of vulnerable groups (fighting the social exclusion); equity (all people having a fair opportunity to realize their full health potential) and active participation of people and communities (well-informed and motivated people participating actively in setting their priorities and in making and carrying out decisions) are particularly neglected in some historical periods. This happened in Bosnia and Herzegovina and in former Yugoslavia during the last years.

The monthly magazine Kaspar Hauser, sponsored by WHO, intends to promote information and discussion among health professionals and interested people about health, social and cultural issues in order to encourage a process of change and reconciliation in the frame of the reform of the health and social system.

Special attention is given to the issue of the means to promote sustainable development combining efficiency with human and social rights of the citizens.

The magazine is divided in sections: editorial, discussion (articles about general issues in the field of health with different points of view from authors of different countries), context (articles about specific facts, opinions, projects from BH), ideas from the literature (passages from books or publications), information page (news about cultural events in BiH).

The magazine intends to be a forum of discussion with contributions of the readers with letters, articles, and ideas.
Functions of the Central and Local Governments in DC

Annex 13

In most countries, the national body for international development co-operation is either a department of the Ministry of Foreign Affairs or an independent agency co-ordinated, at policy level, by the Foreign Ministry. These bodies are responsible for defining, monitoring and evaluating multilateral development programmes financed by their countries and, frequently, for technical collaboration in their implementation. To facilitate the implementation of DC, this body could promote an inter-ministerial coordinating body whose main purpose would be to link national policy for international development co-operation to national policies for social development.

They are also responsible for informing the sub-national administrations (regions, provinces, etc) of multilateral programmes which include DC mechanisms and for facilitating their active involvement in a partnership approach.

Political administrations of the state at sub-national level

These administrations are the main political and institutional protagonists of DC. It is their job to support the planning and implementation of local development, in the context of national policies and UN agreements. Their counterpart is the decentralised administration of the state in the area in which they intend to intervene (region, district, department, etc.).

This administrative level has a number of responsibilities. They should inform and stimulate interest in the activities of development co-operation, linking initiatives to the problems and potential of their own areas. They should guide participants towards useful, sustainable and strategic initiatives, financing them directly by means of their regional laws or co-financing them with the EU, UN or other partners. Finally, they should monitor the project implementation, informing the local population of their progress.

Direct activities of DC with other countries could include contributing their own human and organisational resources. Political administrators and technical staff of regional public institutions such as hospitals, scientific institutions, research centres, etc. can provide technical assistance for local development planning and in the management of the public services of their counterpart. Co-ordinating mechanisms among regions can act as a permanent consultative body for DC.

Local Administrations

Local administrative bodies (provinces, municipalities, towns) co-ordinate DC at an operational level. Rather than acting directly, they encourage the setting up of local committees for decentralised co-operation projects. Each DC initiative should have its own local committee composed of only those groups effectively involved and able to provide active support. The local body is the promoter and guarantor of local committee activities, which must be officially recognised by the Administration. They also:

- hold regular meetings to co-ordinate the DC activities carried out by local committees in their area;
- participate in DC projects with their own structures, financial resources and personnel;
- encourage links between DC projects and local development initiatives in their own territory;
- carry out initiatives of development education and promote social integration in their area

(UNDP/UNOPS/WHO 1998)
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