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

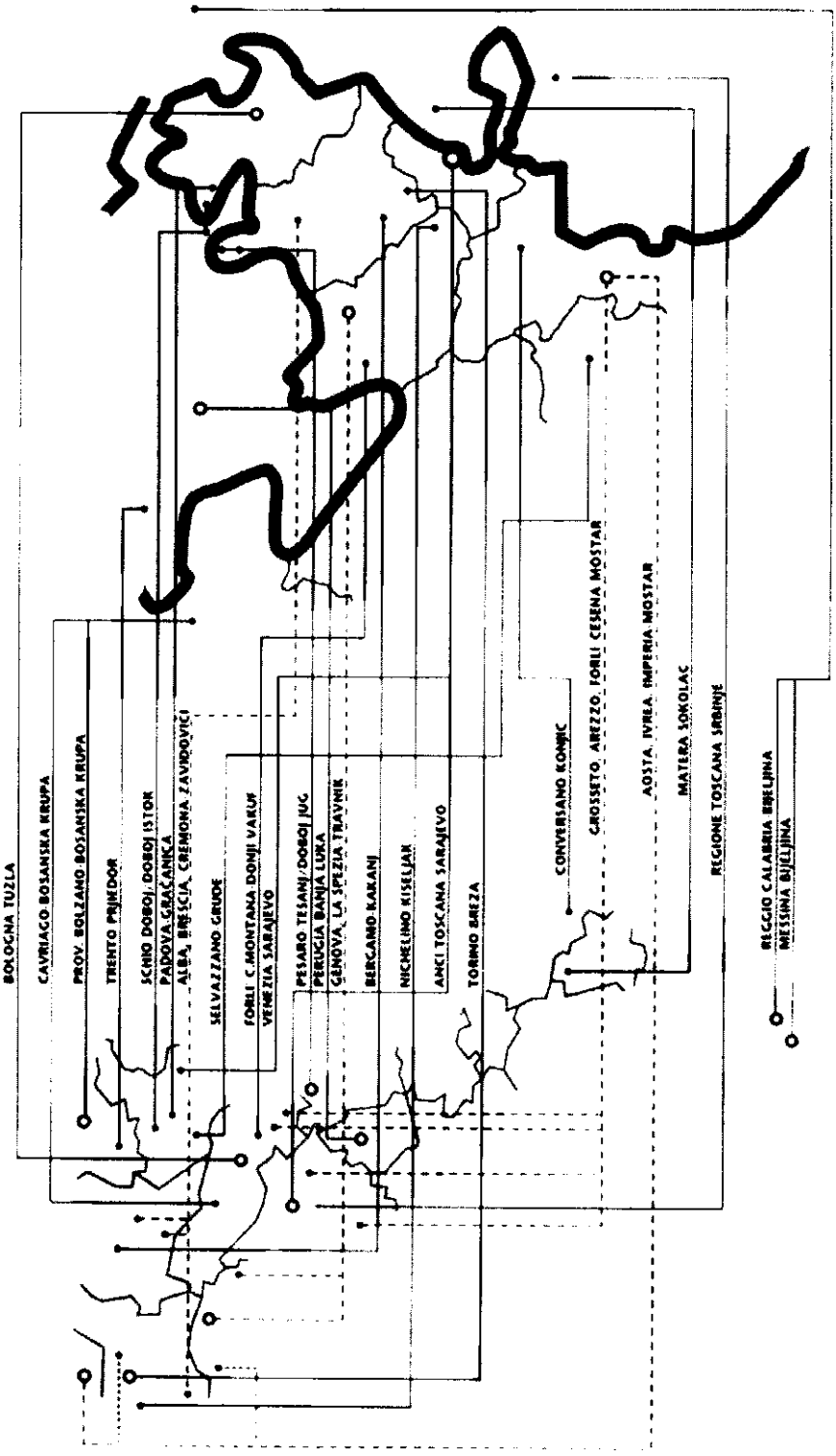
"The path is full of obstacles. The shift from development models that place low value on human development is neither fast nor painless" (Italian Co-operation/UNDP/UNOPS/WHO, 1998)

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).


BOLOGNA TUZLA
CAVRIAGO BOSANSKA KRUPA
PROV. BOLZANO BOSANSKA KRUPA
TRENTO PRIJEDOR
SCHIO DOBOJ, DOBOJ ISTOK
PADOVA GRAČANICA
ALBA, BRESCIA, CREMONA ZAVIDOVIĆI
SELVAZZANO GRUDE
FORLI C.MONTANA DONJI VAKUF
VENEZIA SARAJEVO
PESARO TESANJ/DOBOJ JUG
PERUGIA BANJA LUKA
GENOVA, LA SPEZIA TRAVNIK
BERGAMO KAKANJ
RICHELMO KISELJAK
ANCI TOSCANA SARAJEVO
TORINO BREZA
CONVERSIANO KONJIC
GROSSETO, AREZZO, FORLI CESENA MOSTAR
AOSTA, IVREA, IMPERIA MOSTAR
MATERA SOKOLAC
REGIONE TOSCANA SRBINJE
REGGIO CALABRIA BRELJINA
MESSINA BJELJINA

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

* 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 first 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).

* "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

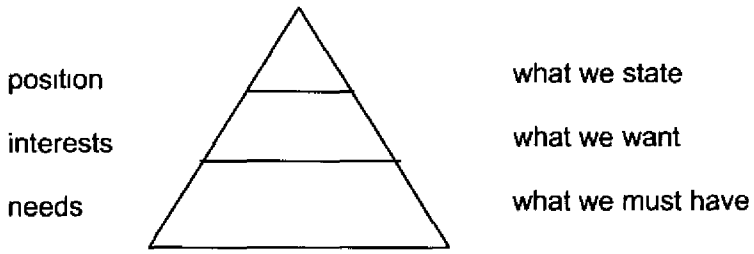
A1. Planning exercise.

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..

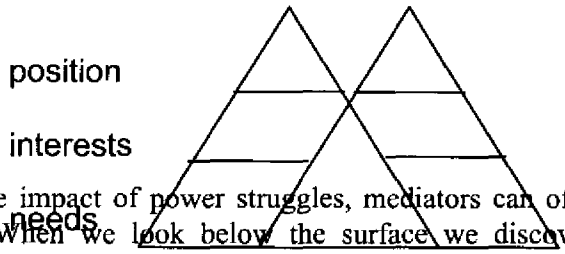
A.2. Training activities

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.