

Seeds of Independence - Health and Rehabilitation

Seeds of Independence – **Health and Rehabilitation** is Björk&frihet's program that focuses on the health and well-being of people living under occupation and in refugee camps as a result of occupation. The program includes support to hospitals, clinics and rehabilitation centres in occupied territories and in refugee camps.

THEORY OF CHANGE

The program's Theory of Change explains how Björk&frihet's interventions are expected to lead to positive changes within the health care and rehabilitation sphere for our target groups and the importance of these interventions for the struggle against occupation.

Actors

This theory of change has three groups of actors:

1. Rights-holders, which are people living under occupation, as well as people that live as refugees because of occupation.
2. Duty-bearers, which are host countries, occupying powers, the UN and the international community.
3. Civil society actors, which are our partners, other organisations, networks and groups of activists and international solidarity movements. These are actors fighting for rights-holders to have their rights respected by the duty-bearers.

Context

The right to self-determination is included in both the UN Charter and the two Conventions on Human Rights (the Convention on Civil and Political Rights and the Convention on Economic, Social and Cultural Rights). Both Conventions begin with the sentence: "All peoples have the right of self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development." For peoples affected by occupation– whether they live in refugee camps or under occupation – this right is not respected. This, in turn, means that almost all other human rights are lacking: food security, freedom from violence, education, freedom of movement, health care etc. We therefore identify occupation as the most pressing problem and the root causes of the human rights violations in the regions where we work.

Occupation, in turn is used as a method or tool in imperial and/or settler colonial projects. An imperial and/or settler colonial project is an ongoing structure, with roots in European modernity and its ideas to conquer the world. It is both a cultural and territorial form of conquest.

The occupations in the regions where we work are not, as sometimes described, conflicts between two equal parties or two parties with the same level of culpability or agency. Instead, one party has effectively invaded and **occupied the other parties' territory and kept it under control through military force**. The occupying powers have an interest in keeping the status quo and are allowed to do so by the international community despite the fact that they violate international law.

The occupations have negative effects on the populations' health, both physically and psychologically. In occupied regions deadly violence, repression, incarceration, intimidation,

discrimination, lack of free movement etc are examples of health effects, while in refugee camps there is an increased level of malnutrition, anemia etc. Living in a context affected by occupation/colonization, within occupied territories or in refugee camps, also has a negative impact on **one's possibility to enjoy access** to adequate and high-quality health care for several reasons. Occupation and lack of independence means that our target groups often lack institutions that are willing and/or capable of taking their responsibility to offer health care. Often international organizations and the local civil society must step in to cover the needs. At the same time occupation, long-term refugee status and poverty lead to huge needs within the area of health care.

Björk&frihet's position

We believe that good health among our target group is an important prerequisite for a vital and effective struggle against occupation.

Björk&frihet's position is that the state as duty-bearer (as opposed to international NGOs, religious institutions and private companies) should have the sole responsibility to provide health care for the rights-holders. Despite this, we do see that in situations of humanitarian crisis, other solutions are needed, although hopefully temporary. In these situations Björk&frihet supports organisations in the local civil society who offer health care.

As a civil society organisation, the best and most efficient way to use *our* resources is to work with local civil society actors and support them in their work. In this program, we do so by supporting local health care providers within the following fields:

1. *Emergency medical care*
2. *Primary and secondary health care*
3. *Rehabilitation for people with disabilities*

GOALS

OVERALL GOAL

People affected by occupation have obtained self-determination

PROGRAM GOAL

People affected by occupation have access to affordable, adequate and equitable health care

SUB-GOALS

1. People living under occupation or in refugee camps have access to high quality emergency medical care
2. People living under occupation or in refugee camps have access to high quality primary and secondary health care
3. People with disabilities living under occupation or in refugee camps have access to rehabilitation facilities and health care

RISK ANALYSIS

We identify the risk of civil society covering up for, and taking over the responsibility of health care and rehabilitation for people with disabilities from the duty-bearers in occupied territories and refugee camps. Because of this, we do not mainly support actors within the humanitarian field. Within our program "Seeds of Independence – mobilization and advocacy" we support civil society actors who work for a structural change of the political reality that lies behind the humanitarian crisis which affects our target groups.