October 1999

Comprehensive Disabled Afghans' Program

CISR JOURNAL
Center for International Stabilization and Recovery at JMU (CISR)

Follow this and additional works at: https://commons.lib.jmu.edu/cisr-journal

Part of the Defense and Security Studies Commons, Emergency and Disaster Management Commons, Other Public Affairs, Public Policy and Public Administration Commons, and the Peace and Conflict Studies Commons

Recommended Citation
Available at: https://commons.lib.jmu.edu/cisr-journal/vol3/iss3/20

This Article is brought to you for free and open access by the Center for International Stabilization and Recovery at JMU Scholarly Commons. It has been accepted for inclusion in Journal of Conventional Weapons Destruction by an authorized editor of JMU Scholarly Commons. For more information, please contact dc_admin@jmu.edu.
CARE

History
CARE (Cooperative for Assistance and Relief Everywhere) is one of the world's largest private international relief and development organizations. CARE USA has operations in 50 countries around the world. Founded in 1945 to send emergency CARE Packages of food, clothing and medicine to Europe and Asia after World War II, CARE soon broadened its scope to help poor communities around the world. CARE programs focus on disaster relief and development, including small business assistance, primary health care, nutrition, girls' education, agriculture and natural resource management, and family planning. CARE International is in more than 60 countries in Latin America, Eastern Europe, Asia, Africa and the former Soviet Union. In fiscal year 1998 CARE USA supported programs in 50 countries.

More than 90 percent of CARE's expenses go toward program activities, less than 10 percent goes toward overhead. In 1998 CARE delivered $339 million in aid. CARE is supported through the generosity of more than 400,000 American individuals and some 300 U.S. corporations and foundations. In addition, supporters in Canada, Japan, Australia and Europe contribute through CARE International, a federation of agencies from 10 nations. These private support helps CARE obtain funding and donated food commodities from governments and international organizations.

CARE Strives For:
- Basic education for children.
- Economic and social empowerment for women.
- Economic opportunities that provide sufficient income to meet basic needs.
- A stable supply of food that meets basic nutritional needs.
- Readily available clean water.
- Basic health care, including universal immunization of children against major diseases.
- Access to family planning services.
- A safe and sustainable environment.
- A role in the decisions that affect their families, communities and nations.

Over the years, CARE has adapted to meet changing human needs. In the 1950s, it expanded into emerging nations and used U.S. surplus food to feed the hungry. In the 1960s, they pioneered primary health care programs. In the 1970s, CARE responded to massive famines in Africa and helped prevent them with an innovation called Integrated Nutrition Programs, which integrated environmentally sound tree and land management practices with farming programs. Today, CARE has expanded its efforts to also respond to the landmine crisis and to the crises for help of the victims.

Landmines, A Human Rights Issue
Each year, 26,000 people are killed by anti-personnel landmines. That translates into 70 people every day, most of them innocent men, women and children. Landmines don't just kill; they maim and inflict terror. They are inhuman. Even when the war is over, landmines continue to inflict horror on innocents for years to come. Landmines also have a paralyzing effect on poor communities in many places around the world. They cut off access to markets, schools, water and farmland. CARE works in 39 of the 70 countries riddled with landmines, including Angola, Afghanistan, Cambodia and Bosnia.

The Landmine Epidemic
Once-fertile fields lie abandoned, haunted by the specter of death and disfigurement. Roads are deathtraps, even for relief workers in armored vehicles. Land where children once played sit empty, the deadly areas sometimes marked, sometimes not.

For the men, women and children who contend every day with landmines, the sheer numbers of the weapons make prospects bleak.

Angola is only one of many countries suffering from this global epidemic. Currently, 110 million landmines cover 64 countries, with 2 million more added each year. The weapons, inexpensive to produce or buy and easy to distribute, are extremely difficult to detect and costly to remove. In some places, mines seem to multiply faster than people do. As a 1994 U.N. report stated, "Cambodia has more mines than children: two for every child."

CARE'S Stand Against Landmines
In June of 1995, CARE joined the International Campaign to Ban Landmines (ICBL). This coalition of more than 400 non-governmental organizations (NGOs) takes a clear and unequivocal stand against the proliferation of landmines and weapons. CARE will address the landmine problem directly through its new Systematic Landmine Removal Program. This program, the first attempt at the global level by an NGO, will clear areas of mines and educate civilians on mine avoidance and injury prevention. The program will begin in Angola, a country facing the prospect of 15 million landmines and 12,000 landmine-related injuries per year. CARE hopes to engage in similar work in Bosnia, Rwanda, Mozambique and Cambodia.

Since early 1995, CARE has lost four staff members to landmines, two in Afghanistan, two in Cambodia and one in Bosnia. The Landmine Epidemic

CARE's work in Afghanistan is carried out in close coordination with the government and the United Nations Assistance Mission in Afghanistan (UNAMA), the U.S.-led coalition in Afghanistan. CARE will work closely with UNAMA to ensure that its work is leveraged to get needed assistance to those most affected by the war.

CARE's work in Afghanistan is carried out in close coordination with the government and the United Nations Assistance Mission in Afghanistan (UNAMA), the U.S.-led coalition in Afghanistan. CARE will work closely with UNAMA to ensure that its work is leveraged to get needed assistance to those most affected by the war.

CARE's work in Afghanistan is carried out in close coordination with the government and the United Nations Assistance Mission in Afghanistan (UNAMA), the U.S.-led coalition in Afghanistan. CARE will work closely with UNAMA to ensure that its work is leveraged to get needed assistance to those most affected by the war.

Comprehensive Disabled Afghans' Program

History
The Comprehensive Disabled Afghans' Program (CDAP) was established in 1995 as a UNDP/UNOCHA initiative in Afghanistan. CDAP targets beneficiaries including primarily disabled persons, but also vulnerable women and children. The organization uses NGOs to implement new Comprehensive Basic Rehabilitation (CBR) project models for disabled and other vulnerable people in both rural and urban areas of Afghanistan. Through National Disability Workshops, which bring together all international and national agencies working in this field, CDAP takes a lead role in formulating disability policy and strategy in Afghanistan.

Disability as a Development Issue
Although no national survey has been done, local surveys indicate that about 3 percent of the population of Afghanistan are disabled. In a population of 20 million this means about 700,000 children, women, and men. War has disabled thousands, creating amputees, blindness and paralysis and, while people disabled by the war form a highly visible proportion of the disabled population, an equally significant but much less visible group are those with sensory and multiple impairments. Many disabled people are hidden from view, especially disabled women and children, trapped by their culture and lack of services within very narrow confines at home. While 3 percent are directly disabled, if the disabled person was the bread winner in the family, the whole family is adversely affected. Thus the actual proportion of the population affected by the disabled is probably higher than 10 percent. Simultaneously, CARE staff radiated to another mine action team, which immediately proceeded to the area, blocked off the trench, and disposed of the remaining 19 anti-personnel mines on its way, freeing four rigs in the narrow trench. The 80-year-old boy died from a severe head injury caused by a direct hit from the mortar fuse. Even the best care would not have saved his life.

This type of incident is precisely what the European Union-funded CARE Mine Related Interventions (CAMRI) Project is working to prevent. This was a very bad day, observed Willy Willicott, CARE's technical advisor for the CAMRI Project, and unfortunately, this type of incident is not an unusual occurrence here; but you can't let it affect your ability to carry on. There is so much work to be done. CARE's 21-person mine action team frequently works seven days a week to keep up with the demand for their skills. All staff are trained to clear and dispose of mines and explosives safely, and can be deployed in small groups. Removing all the mines and explosives in Afghanistan would be a monumental undertaking, but could cause the loss of 15 million landmines in Angola. The CAMRI Project is coordinating its activities with other CARE relief and rehabilitation activities to clear critical areas pathways and roads to water sources and health posts, agricultural land, and in and around where people live. CARE also provides mine awareness training to parents and children, so that they have the information and skills necessary to identify a potential problem and seek help before disaster strikes.

Contact Information
CARE
151 Ellis Street NE
Atlanta, GA 30303-2439
1-800-521-CARE, ext. 999

Published by IMU Scholarly Commons, 1999

1

1

41

40
CDAP encourages the formation of local committees who take responsibility for disability and related issues in their own areas. These committees are typically composed of health workers, schoolteachers, parents of disabled children, disabled people themselves, as well as local shura members. Both field workers and local committees recruit volunteers at the village level who raise local consciousness, provide one-to-one skill training and home-based training. In addition, disabled people's organizations (DPOs) are encouraged and supported at the national, regional and district level. There are currently more than 800 volunteers in the program, 270 local committees and 100 DPOs at the local level.

CDAP and Women's Participation

CDAP is committed to ensuring the full participation of women in the program, as beneficiaries, as workers and as decision-makers. In 1998 approximately one-third of the beneficiaries were women, and one-quarter of the field workers were also women, and female CBR committees exist in all geographical regions of the program. Home-based training is performed by female field workers and volunteers provides an ideal opportunity to reach women who are confined to the home by culture and by disability.

Being trained as a field worker or physiotherapist provides women with valuable opportunities for adult education, which are rare in rural areas.

Within the framework of the UNDP P.E.A.C.E. Initiative, CDAP has responsibility for vulnerable groups of disabled people, especially women and children. Its main objective is the full integration in community life for marginalized women and children, through advocacy of their needs and rights. Local communities set up to focus on disabled people seek a wider role in addressing the needs of all vulnerable people in their communities. Disability is therefore used in an exploratory session, to raise local consciousness and action around marginalized people at the village level within the context of a community development approach.

Who Does CDAP Work With?

• The Swedish Committee for Afghanistan (SCA)
• Coordination for Humanitarian Assistance (CHA)
• The Danish Committee for Afghanistan
• The Afghan Red Crescent
• The Afghan Red Cross
• The Afghan Red Heart
• The Afghan Red Star

Contact Information

UNDP/UNOPS
Comprehensive Disabled Afghans' Programme
17c, Gulmohar Lane, University Town, POB 740, Peshawar, Pakistan
Tel: (+92 91) 841880, 844693, Fax: 844946
E-mail: undcap@psb.brain.net.pk

Additionaly, MSF asserts its identity as a completely independent, not-for-profit, international humanitarian organization. The organization is able to maintain flexibility and independence in its choice of operations thanks to its reliance on private donors. While MSF remains neutral in all conflicts, the organization states, "When medical assistance is not enough to save lives, Doctors Without Borders will speak out against human rights abuses and violations of humanitarian law that its teams witness in the course of providing medical relief."

MSF Procedure

The primary goal of the MSF is to provide aid promptly and efficiently, following a proven method and well-defined objectives. To accomplish this, the MSF continually seeking information about countries facing emergency situations or potential conflict. Media reports and close cooperation with other organizations on local, national, and international levels help the MSF assess potential situations. An exploratory team is dispatched to the region in question to consult with local experts and to witness the situation firsthand. The exploratory team then reports to the MSF headquarters as to whether the situation merits action.

MSF maintains strict mission criteria, which it briefly outlines on the organization website:

• The situation must involve the provision of medical emergency aid to victims of a war, epidemic, or natural or man-made disaster.
• The aid offered by local medical services and other organizations in the area must be deemed inadequate in relation to existing needs.
• The area must be accessible.
• The safety of the staff must be guaranteed.
• The organization must have enough qualified personnel at its disposal to carry out the work.
• Preferably, there are local organizations or authorities with which to collaborate.

If the MSF decides that it can be of assistance in a situation, the organization can be on the scene of the disaster within 24 hours with planes loaded with supplies. This is due in large part to the maintenance of four logistical centers in Europe, Africa, and stocks of emergency equipment in Central America and East Asia. MSF has been able to pre-package disaster kits complete with portable surgical theatres and obstetrics kits that can be ready for transport to the disaster site within hours. Quick and effective response is what MSF does best, and when the disaster is stabilized, MSF leaves to make room for local and national relief organizations and free its own personnel for response to new disasters.

As a side benefit to its 26 years of experience in the field of humanitarian relief, MSF has developed handbooks covering many aspects of relief work that have been translated into several languages for the benefit of other relief organizations. The organization also publishes a book series "Populations in Danger," an annual report on the worst acute humanitarian crises, in order to increase general public awareness.

**MSF Assistance to Landmine Survivors**

With its highly developed disaster response procedures, it should come as no surprise that MSF is well suited to respond to victims of landmines. The organization voices its opinion in no uncertain terms, "Doctors Without Borders wishes to add its voice, in the strongest way possible to the international movement aiming at banning landmines." To this end, MSF has developed a detailed report on the problem of landmines in Afghanistan. Living in a Minefield. In the report, MSF calls for an international campaign to help prevent the horrors in a landmine in Afghanistan from ever happening elsewhere.

MSF does its part by ensuring that all landmine victims treated by its staff in Kabul, Afghanistan are systematically registered. Between mid-March 1995 and the end of 1996, MSF treated 108 mine victims, and reports that one-in-three were children. In addition, MSF has analyzed the types of injuries most commonly received from landmines, and makes recommendations for emergency treatment and follow-up treatment that the organization would like to see implemented as standards.

**The Continuing Role of MSF**

MSF plays a vital role in the humanitarian relief cycle, providing rapid response to populations in need, rehabilitating emergency supplies and trained medical personnel to the scene of many of the world's worst humanitarian disasters. Once on the scene, MSF takes life-saving action, providing much needed services such as mass evacuation campaigns, water and sanitation, feeding and patient care. Perhaps most im-