Assisting a Disabled Population: A Look at Victim Assistance in Afghanistan

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Assisting a Disabled Population: A Look at Victim Assistance in Afghanistan

With an already dwindling health care system, Afghanistan has one of the world’s largest disabled populations. There are a number of groups working in the area to assist and rehabilitate the numerous victims of landmines/UXO and people with other disabilities.

by Susanna Sprinkel, MAIC

**Victim Assistance in Afghanistan**

Nearly four percent of Afghani civilians are permanently crippled by landmines and Unexploded Ordnance (UXO) or other tragic circumstances, making Afghanistan a country with one of the largest disabled populations in the world. In a country where the health care system is already lacking, there are limited resources available for the estimated 12 million Afghans who fall victim to landmines/UXO a day. Numerous organizations are working to assist Afghan landmine survivors in finding the adequate medical care, rehabilitation and vocational training necessary to integrate them back into society. Although many of these efforts were hindered following the events of September 11, recently increased mobility in the area has allowed these organizations to re-establish and further strengthen their victim assistance programs throughout the country.

**Comprehensive Disabled Afghan Program**

Established in 1995 by the United Nations Peace (Forgiveness and Community Empowerment Program), the Comprehensive Disabled Afghan Program (CDAP) is one of Afghanistan’s largest victim assistance programs. Offering 800,000 disabled Afghans, 150,000 have received treatment from CDAP facilities. Operating in nearly 45 regions throughout the nation, CDAP employs only Afghan personnel with the exception of one international advisor. They also offer training and necessary resources for smaller organizations interested in implementing their own Community-Based Rehabilitation (CBR) programs.

CDAP’s efforts are broad and include supplying wheelchairs and other mobility aids, training individuals from their home, and addressing the psychological needs of each patient. Additionally, they work with reintegrating disabled children into the school system, teaching them Braille and Sign Language, and preparing teachers to attend to the special needs of these children. By providing both male and female patients with relevant vocational training and small personal loans, CDAP gives them a chance to rebuild their self-esteem and earn their own income. Aside from rehabilitation activities, CDAP also assists 800 widows and orphans in earning an income, and they have established 50 different primary schools in communities throughout Afghanistan.

**International Committee of the Red Cross**

In 1988, the International Committee of the Red Cross (ICRC) implemented an extensive Orthopedic Program for landmine/UXO victims in Afghanistan. In 1995, these services were offered to other persons with disabilities. As of March 2002, the ICRC Orthopedic Program had assisted approximately 48,000 disabled Afghans (20,000 amputees, 80% of which were landmine victims). The program is run through six centers throughout the country and operates include producing, repairing, and fitting prostheses, orthoses, and other mobility devices; providing physical rehabilitation; and training civilians to work in the ICRC centers. They also offer weekly home care visits for paraplegics who are better treated from home than at the center. In order to provide disabled civilians with more job opportunities, the ICRC has only employed disabled men and women at their Orthopedic Centers since 1995. They have found this to be beneficial not only to the disabled personnel but also to the patients, who find comfort in a staff that fully understands their struggles. Additionally, the ICRC has established a micro-credit program where disabled Afghans are given a loan to start a small business in the area. Other efforts to reintegrate disabled individuals into society include vocational training for adults and school assistance for children. Their school assistance program allows the children to study either at home or at the nearest school by providing the necessary tuition, supplies and transportation. Aside from the six ICRC Orthopedic Centers, the ICRC also supports seven surgical hospitals in Afghanistan. After the events of September 11, they expanded this support to 18 additional hospitals by providing medical supplies and other necessary resources to keep the facilities active. They are also working to restore a few of the hospitals that were completely shut down during attacks, and they have provided a one-time supply run for various first aid stations throughout the country.

**Refugee Relief International, Inc.**

Refugee Relief International, Inc. (RRI) first began treating landmine victims and other injured Afghan civilians in Pakistani refugee camps during the Soviet Invasion of 1979 to 1989. After the attacks following September 11, four RRI workers were sent to examine the health facilities in Northern Afghanistan. They were devastated to find that there were very few supplies in any of the centers, and most of the available supplies had been catered by humanitarian organizations located outside Afghanistan, so no one knew when the next shipment would arrive. Additionally, there was very little means for transporting patients to better-equipped facilities, having most victims with a slim chance of survival. Before completing this visit, the RRI team compiled a list of requested medical equipment and textbooks to bring back when conditions improved.

Shortly after Christmas of 2001, two RRI medical workers set off on a week-long mission to deliver medical supplies to smaller Afghan villages and assist as many injured civilians as possible. Each day of their trip, they visited a different village and found was nowhere near enough time to meet the demands they found there. Although they were unable to help everyone, they were able to treat hundreds of civilians and military officials, as well as use their leftover funds to provide food for one of the villages they visited. During this mission, the workers were also able to establish a network for facilitating future operations, as resources became available.

**Handicap International**

Since 1985, Handicap International (HI) has been conducting various mine action activities in Afghanistan. These activities include helping disabled persons learn to walk again by providing necessary orthopedic equipment and technical support to an Orthopedic Center in Kandahar. Additionally, HI is working with eight different refugee camps in Pakistan in rehabilitating disabled Afghan civilians. Finally, in order to make demining efforts in Afghanistan more efficient, HI workers have been...
The Continuum: From Immobility to Mobility to Empowerment

Victim assistance goes far beyond the physical; there is also a need to rehabilitate victims psychologically and give them the confidence and support they need to re-enter society as productive members of the community. This is not an overnight process, and the author describes the series of events that need to take place in order to make this difficult transition.

by David Holdridge, Country Manager, Jo Nagels, Clinical Supervisor, Daniel Vandam, Consultant, Self Help and Rights for People with Disabilities, Vietnam Veterans of America Foundation

Introduction

For those who are mobility impaired, there is a natural tendency to retreat from the external world and turn inward. Better health for the mobility impaired most often involves a re-engagement with the world around them, transition from the pain to the ordinary to the "normal-going." Assistive devices combined with a strong will to re-engage are essential that beginning journey back. They give mobility-impaired persons with disabilities (PWDs) a fighting chance to re-engage. But that is only the beginning. For successful re-engagement and better health, the mobility impaired must be allowed two other essentials. They must benefit from connection with others who are facing the same challenges. They must also have the right to re-engage in ways that allow their evident value to be put to good use.

As regards connections, there is both power in numbers as PWDs confront societal constraints and comfort as PWDs begin to feel less lonely in their struggle. Herein lie the seeds of movement. Not personal time, but rather the movement of an idea and a force that can't be denied. And as concerns "good use," embodied here is the notion that men and women need to have a sense of self-worth not only from within but also as reflected by the appreciation of the community for the goods and services PWDs offer.

At the end of the day, rehabilitation and re-engagement is a process. It cannot be addressed successfully by a focus on only one part of that process. Vietnam Veterans of America Foundation (VVAF) activities in Vietnam, supported by the Leathy Victims Fund of the U.S. Agency of International Development (USAID), subscribe to this philosophy. The mobility impaired need to move, but they need to move in union and then to move toward a productive life. After this, most importantly, they need to move toward creating a national and international movement that has as its heart and soul the belief that all residents of this earth need to live in mutual dependency and respect, not only as an ideal but also because we will perish without such an allegiance to justice.

From Immobility to Mobility

The Background in Vietnam

Vietnam, like any country emerging from the effects of war, has many disabled people, both adults and children. Their disabilities can be directly related to the war (e.g., amputation from exploded ordnance or trauma), or indirectly (e.g., polio as a result of a lack of vaccination programs). Vietnam also seems to have a high proportion of children with cerebral palsy. In Vietnam, there is also the question of dioxin and the effects they may have on children of those who served directly in the military or those simply living in the worst affected areas. In many of these cases, ongoing arthritic and rehabilitation is needed.

Changes in lifestyles, including an increased use of motor vehicles, tobacco, alcohol and illicit drugs, lead to new health problems and a need for more orthopedic devices. The case load currently seen within the VVAF facilities in Bach Mai and the National Institute for Pediatrics (NIP) indicates a broad range of diseases and impairments that can be related to both the populations of "developing" and "developed" countries. The adult population of patients in Bach Mai suffers from many of the degenerative diseases of aging, e.g., osteoporosis. There is also a large number of people suffering from lifestyle diseases, e.g., stroke and diabetes. Recent newspaper articles indicate the prevalence of diabetes is rising. The pediatric population of patients at NIP indicates a decrease in polio, but an increase in cerebral palsy.

As Vietnam emerges and develops as a country, the population will also change; however, this is likely only to increase the needs for rehabilitation and orthotic/prosthetic services.

Inherent Challenge to Treating Immobility in Vietnam

If you don't have confidence in the diagnosis, you won't have confidence in the prescription. An effective professional seeks to understand the needs, concerns and situation of the physically challenged person. The amateur will sell the product; the professional will suggest solutions to the needs and the problems. It's a totally different approach, the integrity in delivering a skilled service. Rehabilitation should not be focused

References


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The Trauma Care Foundation

Because finding immediate medical care is vital to a landmine victim's survival, the Trauma Care Foundation has been exploring ways to make this care more readily available in Afghanistan and other war-stricken countries. The biggest problem they're encountering is that in areas where the economy is already struggling, there are very few doctors and surgeons prepared to assist the extensive needs of the victim, and it could take hours (sometimes days) for the patient to reach the nearest suitable health facility. A proper prosthesis device supporting his right leg, which was partially destroyed in a landmine accident, to children seated on the ground in front of him. © UNEP/C. Hurley

The Mobility Project

The Mobility Project is a non-profit organization that collects and restores used wheelchairs and other medical equipment for persons with disabilities that cannot afford this much-needed equipment. Additionally, in a few of their countries of operation, they have trained disabled civilians to restore wheelchairs and other devices themselves, and they have established the facilities for them to conduct this work. The Mobility Project has made three deliveries to Afghanistan and Pakistan, assisting hundreds of landmine victims and other disabled individuals. In addition to delivering the material, their volunteers adjust each mobility device to fit the needs of each particular patient.

Another aspect of the Mobility Project is to enhance further rehabilitation by providing a sports program in the area. The volunteers feel that playing sports is a way to not only rebuild the individual's physical and emotional strength but also to show them exactly how much mobility their new wheelchair brings them. Although this past year's events have halted their project in Afghanistan and Pakistan, they hope to resume operations as soon as possible.

Conclusion

"These organizations are only a few of the ones making a significant effort to rehabilitate and reintegrate landmine UXO victims in Afghanistan. By addressing the needs of the entire individual rather than just treating the wound, they are making a huge difference in the lives of people who otherwise would have no chance of surviving in the world. These groups are not only taking steps to rehabilitate the individual but also to rehabilitate the nation by providing job opportunities to enhance a desperately struggling economy. Although the landmine problem in Afghanistan is one of the most severe and will continue to hinder the country's growth for years to come, these programs provide some much-needed hope for the entire nation."

Trauma Care Foundation

The center for International Rehabilitation

Working with the Department of Veterans Affairs Chicago Healthcare System, Northwestern University and the Rehabilitation Institute of Chicago, the Center for International Rehabilitation (CIR) has been designing wheelchairs to fit the specific needs of each disabled individual since 1996. One of their most well-known products is the CIR chair, which is the first chair distinctly engineered to meet the needs of Afghanistan's harsh environment. The CIR chairs are constructed and distributed in Afghanistan by disabled civilians with parts made under CIR supervision in Pakistan. All of these efforts are a part of the CIR "Wheelchairs for Afghanistan" program.

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