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Doctors Without Borders

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CDAP encourages the formation of local committees who take responsibility for disability and related issues in their own area. 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 by both male and 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.A.E.C.E. Initiative, CDAP has responsibility for vulnerable groups other than 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 committees are set up to focus on disabled people seeking a greater role in addressing the needs of all vulnerable people in their communities. Disability is therefore used as an entry point for concerned discussion 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 Afghani stan (SCA)
• Coordination for Humanitarian As­sistance (CHA)
• Guardians
• Radda Barnen supplies training and advice for CDAP staff in CBR and the needs and rights of disabled chil­dren
• Sandy Gall's Association for Afghan­i stan (SGAA) and International Assis­tance Mission (IAM) provide train­ing for physiotherapists
• SERVE provides resources and train­ing for work with deaf and blind people
• Inclusive Education (UNESCO)
• Employment Support, vulnerable women and children (ILO)
• CBR, Physiotherapy and Orthope­dics (WHO)

CDAP's current program is funded by UNDP, the donor governments, including Sweden, Norway, and Canada.

Contact Information

UNDP/UNOPS Comprehensive Disabled Afghans' Programme
17c Gulmohar Lane, University Town, POB 740, Peshawar, Pakistan
Tel: (+9 2 91) 841880, 844603, Fax: 844946
E-mail: uncdap@pshbrain.net.pk

The MSF Charter

MSF dispenses relief efforts in strict accordance to the principles outlined in the organization's charter:

• Doctors Without Borders offers assis­tance to populations in distress, to victims of natural or man-made disasters and to vic­tims of armed conflict, without discrimina­tion and irrespective of race, religion, creed or political affiliation.
• Doctors Without Borders observes strict neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance, and demands full and unobstructed freedom in the exercise of its functions.
• Doctors Without Borders' volunteers undertake to respect their professional code of ethics and to maintain complete indepen­dence from all political, economic and reli­gious powers.
• As volunteers, members are aware of the risks and dangers of the missions they undertake and have no right to compensa­tion for themselves or their beneficiaries other than that which Doctors Without Borders is able to afford them.

Additionally, MSF asserts its identity as a completely independent, non-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 continua­ously seeks 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 first-hand. 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's 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 and trucks. This is due in large part to the maintenance of four logistical centers in Europe and East Asia, and stocks of emergency equipment in Central America and East Asia. MSF has even developed pre-packaged 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 the disaster is stabilised, MSF leaves to make room for long-term relief organizations and free its own personal­nel 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 bene­fits of other relief organizations. The organ­i­zation publishes a book series "Popula­tions in Danger," an annual report on the world's most 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 aimed 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 effort to help protect the ho­rrors its staff has witnessed 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 at standards.

The Continuing Role of MSF

MSF plays a vital role in the humani­tarian relief cycle, providing rapid response to populations in need, rushing 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 massive vac­cination campaigns, water and sanitation, feeding and patient care. Perhaps most im­
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Doctors Without Borders
Médecins Sans Frontières

When a natural or a man-made disaster strikes a developing country, death and disease is often compounded by a lack of adequate medical care. In many war-torn countries, animosity is so great between warring factions that medical care is often denied to those in need because of their religion, ethnic identity, or political affiliations. In such cases, who will help the helpless?

In 1971, a group of concerned physicians established Doctors Without Borders/ Médecins Sans Frontières (MSF), to provide emergency assistance wherever wars and or man-made disasters occur. Since then, MSF has grown into the world's largest independent international medical relief agency, aiding victims of epidemics, armed conflict, and natural and man-made disasters in more than 100 countries through the efforts of more than 2,000 volunteers representing over 45 nationalities. Additionally, MSF is often called upon to provide assistance to individuals who lack health care due to geo-
Handicap International

Presence World-Wide

Officially started August 3, 1982, Handicap International (HI) works to provide rapid intervention on behalf of the handicapped and the most vulnerable populations when armed conflict erupts, existing systems of assistance and solidarity fail. In countries where the economic problem is severe, or where their expertise in prevention and socioeconomic development is required, HI also steps in to assist. Technicians in the association offer expertise in protheses, physical therapy, psychotherapy, psychology, and landmine action. HI presently conducts more than 160 projects in rehabilitation, prevention, rural development and emergency programs in 52 countries.

Work in Europe

While many countries western solutions are not appropriate, Handicap International focuses on developing simple techniques for the fabrication of protheses for the most destitute of the handicapped. HI's socioeconomic programs enable the construction of survival strategies which Third World and former Eastern Bloc countries, who are affected by famine, under-development and war, can implement for themselves.

HI's work in Europe seeks to integrate handicapped children into the social fabric. To bring about this integration HI facilitates development and war can implement for their acceptance into non-specialized structures of assistance and solidarity. In association offer expertise in protheses, technology, and landmine action. HI presently offers simple orthopedic devices made from locally available materials.

Handicap International Sylvie Brigit
104/106 Rue Oberkampf
Paris, France 75011
+33-1-43-14-87-07
E-mail: hicip@compuserve.com
Website: http://www.handicapinternational.org

Contact Information

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Profiles

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of war and internal violence and to provide them with assistance. It directs and coordinates the international relief activities in situations of conflict. It also endorses prevention efforts, and provides assistance to victims of war and armed conflict. The ICRC's work in Europe seeks to integrate all of these activities in the foundations for long-term recovery.

ICRC Work with Landmine Victims

The systematic use of violence to resolve human conflicts is as old as humanity and shows no sign of going out of fashion. The ICRC's work for the handicapped and for the victims of war and armed conflict and for the enemy forces is therefore a continuous struggle for peace.

ICRC's terms of reference.

It is the ICRC's main role in relation to the war wounded to not treat them, for this responsibility is given to the governments involved in the conflict and to their army medical services. The task of the ICRC is first and foremost to ensure that all involved are familiar with the provisions of the Geneva Conventions and apply them, meaning they have to provide medical care for all. This requires access to surgical care for all the wounded, in accordance with the principles of the Geneva Conventions. When these principles are insufficient, the ICRC helps to set up first-aid posts and transportation facilities where possible, send surgical teams to work within existing structures, or open new ICRC-authorized facilities for surgical care and rehabilitation. Special consideration is given to establishing safe blood transfusion services and prosthetic workshops for the transformation of artificial limbs, which are both in high demand for landmine victims.

In the last 15 years, the ICRC has organized over a dozen of its own surgical units in conflict zones. Most of them have had to treat large numbers of landmine victims, attesting to the fact that the use of this technology is becoming more widespread, especially in internal conflicts.

Current Activities

In June 1999 the ICRC launched an appeal for 105 million Swiss francs (U.S. $90 million) to fund its activities for mine victims over the next five years. The financial appeal covers all the ICRC's activities relating to mine victims.

Goals:

• To promote universal adherence to and full implementation of the Ottawa Treaty and amended Protocol II to the 1980 U.N. Convention on Certain Conventional Weapons over the next five years. The financial appeal covers all the ICRC's activities relating to mine victims.

• To reduce the risk of mine-related incidents through mine awareness programs currently being conducted by the ICRC in six countries.

• To provide mine victims with treatment and physical rehabilitation in 23 limbfitting centers that the ICRC is running in 11 countries, and to continue its support for similar centers run by ministries of health, access to surgical care for all the wounded.