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USAID Leahy War Victims Fund
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Democracy, Human Rights and Governance

Empowerment and Inclusion Division: Leahy War Victims Fund

The Empowerment and Inclusion Division (EI), Center of Excellence on Democracy, Human Rights, and Governance (DRG), works to reduce risks to and reinforce the capacities of communities, local governmental organizations and governments to provide services and protection to vulnerable populations. Its programs and policies help vulnerable populations gain access to opportunities that support their full participation in society.

EI also manages five congressional directives and the Center on Children in Adversity. Each has its own purpose and strategy, but they share a focus on providing assistance to poor and vulnerable populations, child and adult. Each emphasizes the value of family and community as the first resort in providing protection, care and support to vulnerable children, civilian victims of war, torture survivors and people with disabilities. These are the Disability Program, the Displaced Children and Orphans Fund (DCOF), the Center on Children in Adversity (CECA), the Leahy War Victims Fund (LWVF), the Victims of Torture Program (VOT) and the Wheelchair Program.



photo: Mel Stills

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Established in 1989, USAID's Leahy War Victims Fund (LWVF) works to increase the availability of and access to a wide variety of programs benefiting people with disabilities in conflict-affected countries.

The 2011 World Bank/World Health Organization's (WHO) *World Report on Disability* reveals that of the more than one billion people in the world who are disabled, 110–190 million encounter significant difficulties in their daily lives. In conflict-affected countries, the number of people with disabilities is likely higher than average due to war-related injuries and overstretched medical care systems.

Historically, the LWVF has devoted the major proportion of its resources to establishing and improving accessible and appropriate prosthetic, orthotic (P&O) and physical rehabilitation services. This is evidenced through its extensive investments in the establishment and maintenance of P&O workshops; promotion of professional training, standards, and accreditation for P&O technicians; and support for increased mobility and physical functioning in general.

USAID is committed to continuing its investments in appropriate prosthetic, orthotic and physical rehabilitation services. At the same time, it is expanding its approach and embrace of overall rehabilitation programming.

Meeting the Need

Initially, the LWVF emphasized support for people injured by landmines—artificial limbs and physical rehabilitation were key areas of investment. However, over time the LWVF has recognized that in order to effectively provide assistance to survivors of war and civil strife, a broader approach is needed that includes individuals with spinal cord injury, children born with club foot, individuals with cerebral palsy and a wide range of other conditions that affect mobility or physical function.

Such a diverse population of people with disabilities needs an expanded variety of mobility devices, assistive technologies, and techniques that can provide the most appropriate assistance to further mobility, function and independence. Recognizing this, USAID supported the 2011 WHO publication, "Joint position paper on provision of mobility devices in less-resourced settings." The position paper, endorsed by most major implementing organizations, outlines the steps necessary to ensure that the provision of mobility devices is not done in the absence of promoting the inclusion and participation of people with disabilities as outlined in the United Nations Convention on the Rights of Persons with Disabilities (CRPD).

USAID also realizes that a diverse population of people with disabilities needs a range of types of assistance in order to meet their needs. Those needs go

beyond physical rehabilitation to include interventions to further self-sufficiency and social inclusion. Providing mobility devices meets a critical human need, but it is just one step in addressing the comprehensive needs of an individual. USAID supports programs that provide people with disabilities with peer support, sports and recreation activities and meaningful employment that can offer an individual with the means to generate an income.

Rehabilitation Team and Settings

USAID recognizes that there is no “one size fits all” solution with regard to the team needed to provide services to people with disabilities and the location that is used to deliver support. Although the LWVF remains committed to promoting the prosthetic and orthotic profession, it also emphasizes the important role that physical and occupational therapists, as well as community-based rehabilitation workers, play in providing support for people with disabilities. Furthermore, services traditionally provided in an established orthopedic workshop, have since become more flexible. They are provided through a variety of service delivery methods, including mobile clinics, community based services and satellite centers. However, despite the evolving nature of service provision, the vital element in providing effective services to those in need remains the ability to conduct timely, consistent and professional follow-up for interventions.

Training and Sustainability

The LWVF enjoys a productive relationship with the International Society of Prosthetics and Orthotics (ISPO). In addition to furthering coordination and standards among training institutions and service providers, the ISPO partnership facilitates scholarships for over 150 individuals to receive internationally accredited training in prosthetics and orthotics. The LWVF remains

committed to supporting professional P&O development, but it also supports the training of other rehabilitation team members, promotes the development of professional associations and strengthens management systems of service providers in order that they may be self-sustaining.

Policy Environment

In keeping with the premise of the United Nations Convention on the Rights of Persons with Disabilities, the LWVF also supports policy development and furthering the role of disabled people’s organizations in countries affected by conflict. Although this is not the primary objective of the LWVF, people with disabilities themselves are the most crucial element in a comprehensive approach to disability and development.



Each year, 175,000 children worldwide are born with clubfoot—one in every 750 live births—80 percent of whom live in a developing country. Clubfoot is a condition where children are born with one or both feet turned inwards. Left untreated, this condition will limit a child’s mobility and his or her potential to attend school or play with friends.

In the mid-1950s, Dr. Ignacious Ponseti developed a non-surgical method of clubfoot treatment at the University of Iowa. The Ponseti Method has been used in the United States for decades but only became popular in the US in the 1990s, mostly through word of mouth. It’s still practiced today and, interestingly, parents of children with clubfoot often learn about the method through internet blogs. In January 2014, National Public Radio reported on this phenomenon. The segment, “How Parents And The Internet Transformed Clubfoot Treatment,” described how parents of children with clubfoot have rallied online to share information about the Ponseti Method. Listen to the broadcast or download a transcript: <http://www.npr.org/blogs/health/2014/01/27/265254533/how-parents-and-the-internet-transformed-clubfoot-treatment>.

The Ponseti method consists of a series of gentle manipulations to stretch the shortened muscles and ligaments and to gradually realign the bones of the foot. This procedure is followed by precisely applied plaster casts to hold the new position. Casts are removed weekly and the manipulations and stretching are repeated and another cast is applied, each holding the foot in a progressively better position. After a series of four to six casts, over about six weeks, the deformed foot takes on a normal appearance and function. The critical final phase of the treatment process is for the child to sleep in a foot abduction brace until age four to maintain the correction and to prevent the return of the deformity. The Ponseti method is 95 percent (or more) effective when administered by a properly trained healthcare provider. This method has been endorsed by the World Health Organization, National Institutes of Health, and American Academy of Pediatrics.

Despite its success rate, the Ponseti method has never had widespread acceptance, in part because surgeons are often unconvinced that non-surgical interventions can really be effective. Thus, they are unwilling to abandon more invasive treatment methods, although they are largely unsuccessful.

USAID has invested more than \$3 million in programs to promote the Ponseti Method of clubfoot treatment. The goals are to increase access to this treatment in 10 countries in Africa and to pilot the Ponseti Pathway in Nigeria, Pakistan and Peru. Overall, this program looks at ways to strengthen and increase the understanding of the essential elements required to institutionalize the Ponseti treatment method for clubfoot—which has been a problem to date. The program uses a public health approach to guide and support in-country champions and stakeholders to scale up high-quality, locally developed and sustainable programs.

USAID is working through the Leadership, Management & Governance (LMG) Project to “mentor” Ponseti International Association and assist the organization in rolling out its training and methodology in a broader and more systematized way. Further, USAID is offering Ponseti Method mentorships to eligible healthcare providers who are interested in refining their skills and who meet rigorous selection criteria. The two-week mentorships will be available through September 2014 at two training centers, Indus Hospital and Jinnah Post Graduate Medical Centre in Pakistan.