Comprehensive Disabled Afghans' Program

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

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CARE INTERNATIONAL

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 agroforestry, 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 in poor communities in many places around the world. They cut off access to markets, schools, water and farmland. CARE works in some 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 displacement. Roads are deathtraps, even for relief workers in armored vehicles. Lands where children once played sit empty, the deadly areas sometimes marked, sometimes not.

The mine action team was driving through the small village of Kutun in Angola's wartorn BidProvice on their way to clear mines and other ex­ plosives from a refugee camp that is home to hundreds of people displaced by the Civil War. A policeman signaling for help sud­ denly stopped CARE's team. The policeman led them to the local health post, where five young children, four boys and a little girl, lay hemorrhaging from severe wounds to the head, torso, arms and legs. The children, be­ tween the ages of eight and 11, had been playing with mortar fuses left by the Angolan army in a trench, about 20 yards from their homes. The CARE team immedi­ately took the children to a hospital in Kuito, a poorly equipped facility by U.S. standards, but the only one within driving distance.

Simultaneously, CARE staff radioed to another mine action team, which immedi­ately proceeded to the area, blocked off the trench, and disposed of the remaining 19 fuses before they could cause further trag­ edy. The 8-year-old boy bled to death from a severe head injury caused by a direct hit from the mortar fuse. Even the basic medical care he would not have saved his life.

This type of incident is precisely what the European Union-funded CARE Mine Related Interventions (CMRI) Project is working to prevent. "This was a very bad day," observed Willy Willocx, CARE's technical advisor for the CMRI Project. "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 Angola would be a monumental undertaking because it could cause the removal of 15 million landmines in Angola. The CMRI Project is coordinating its activities with other CARE relief and rehabilitation activi­ ties to clear critical areas pathways and roads to water sources and health posts, ag­ ricultural 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.

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Comprehensive Disabled Afghans' Program

History
The Comprehensive Disabled Afghans' Program (CDAP) was established in 1995 as a UNDP/UNOPS initiative in Afghanistan. CDAP targets beneficiaries including primarily disabled persons, but also vulnerable women and children. The organization uses NGOs to implement a common Community Based Rehabilitation (CBR) project model 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.

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Community Based Rehabilitation

Community Based Rehabilitation (CBR) is a strategy, jointly promoted by UNICEF, WHO, ILO and UNESCO, that aims to ensure that disabled people can maximize their physical and mental abilities, have access to regular services and opportuni­ ties, and achieve full integration within their communities.

CBR sees disability as a rights issue, not an individual medical problem. It is a com­ prehensive, practical approach to achieving the rights of disabled people through, for example, prevention and rehabilitation in primary health care activities, main­ streaming of disabled children in ordinary schools and provision of economic activities for disabled adults. Disabled people, their families and communities, and the appro­ priate health, education, vocational and so­ cial services all contribute to implement CBR.
CDAP encourages the formation of local committees who take responsibility for disability and related issues in their own areas. These committees are typically comprised 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.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 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 Afghanists (PCA)
• Coordination for Humanitarian Assistance (CHA)
• Guards
• Radda Barnen supplies training and advice for CDAP staff in CBR and the needs and rights of disabled children.
• Sandy All's Association for Afghanists (SAGA) and International Assistance Mission (IAM) provide training for physiotherapists.
• SERE provides resources and training for work with deaf and blind people.
• Inclusive Education (UNESCO)
• Employment Support: vulnerable women and children (ILO)

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

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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 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 80 countries through the efforts of more than 2,200 volunteers representing over 45 nationalities. Additionally, MSF is often called upon to provide assistance to individuals who lack health care due to geographic remoteness or ethnic marginalization.

The MSF Charter
MSF dispatches 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 unhindered 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, nonprofit, 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.”

The Continuing Role of MSF
MSF plays a vital role in the humanitarian relief cycle, providing rapid response to populations in need, funding 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 important