

ALBERTO CAIRO
INTERNATIONAL COMMITTEE OF THE RED CROSS (ICRC)

Lesson learned on the socio-economic reintegration of mine victims and other disabled – Afghanistan

Summary of the presentation

In the field of disability, it is nowadays universally agreed that physical rehabilitation (PR) and social reintegration (SR) cannot be kept separated. Physical rehabilitation is the first step, social reintegration the final aim. The ICRC Orthopaedic Program in Afghanistan has adopted such a comprehensive approach, through progressive changes over the years. We think its experience to be a useful example of evolution and adaptation of a rehabilitation program to the needs of the disabled people.

The Program, which consists of six Orthopaedic Centres in the main Afghan towns, started in Kabul in 1988 to provide physical rehabilitation (physiotherapy and prosthetics) specifically to the Afghan war victims. It soon became obvious that it was unfair to ignore the needs of the other disabled, those non-war victims. Thus in 1995 the Program opened its doors to anyone with a mobility handicap. The work increased dramatically. At present in fact, over five patients assisted, only one is a war victim.

But, again, after a while, it became clear that something was still missing. A disabled person needs much more than an artificial limb; needs to recover an active role in society, dignity, self-confidence and self-respect. Therefore, in 1997, parallel to the PR, a social reintegration program for the disabled was created. In each of the ICRC centres, the patients are systematically seen by medical professionals (*physiotherapists and P/O*) to assess the disability and plan the physical rehabilitation and by social workers to discuss the future social reintegration.

Four tools / activities for the SR have been adopted:

For the disabled children **Education** in public and private schools; home tuition for those too severely disabled to attend public schools. The home teachers are themselves disabled persons.

Vocational training for disabled teenagers: the teenagers choose the training they are interested in and the ICRC provides a trainer, possibly a disabled person. So far, over 1,000 disabled have been trained.

Employment for adult disabled. To set an example against prejudices, to prove that a disabled person can work as well as an able one, the Orthopaedic Program has adopted a policy of “positive discrimination” by employing and training only disabled people. At present, all the 500 employees of the program, male and female, are in fact disabled persons, former patients. Such a policy proved to be a turning point in the evolution of the Program. By adopting such a policy, the ICRC Orthopaedic Centres became “centres for disabled managed by disabled.” It gave the Afghan disabled the ownership of the Program; their input became the driving force of the Program, consistent expression of the needs of the Afghan society.

Micro credit schemes for those interested in starting or improving a small business: the loans are interest free, to be refunded within 18 months. The follow up of the

micro businesses is ensured by a team of trained disabled. So far more than 5,000 loans have been given out. 93% of the receivers are refunding regularly, and 65% of the activities started with the loan survive and continue after the loan is refunded.

But, speaking of social reintegration, there is something more

In Afghanistan, since 1996, the ICRC has in fact a special program that in a way represents the most significant example of work for the social reintegration of a disabled person: the **Home Care Program (HCP) for the Afghan spinal cord injured**, the paraplegics, believed to be in a number between 4 and 5,000. They certainly are one of the most vulnerable categories of disabled.

The aim of the HCP is to turn the paraplegics' struggle for survival into a dignified existence inside their community, involving the family in all the phases and aspects of the rehabilitation. A team of physiotherapists provides the needed physical treatment and teaches it to the paraplegic and his family at home, coordinates the intervention of all the other actors (hospital, orthotic workshop, social services), insures a follow up. The HCP is a multi-approach program providing medical, social, economical, psychological rehabilitation and family support.

Why is home based ?

-as the Afghan society doesn't conceive patients' institutionalization *and the link between individuals and family is so strong that cannot be severed. It must not!*

- because the small number of specialized rehabilitation facilities and their very poor accessibility.

The paraplegics are taken care of since they are discharged from the hospital, possibly earlier, and a complete physical rehab plan made. The paraplegic's house is surveyed to assess accessibility and economical condition in view of house adaptation, economical support and the above mentioned tools/activities for the social reintegration. The results are so encouraging that the program is going to be introduced in other countries.

Lesson learned:

In general, the Program indicates that a disabled person can be considered rehabilitated only when his/her social reintegration has been achieved.

Without being exhaustive, I would like to draw your attention to some interesting points:

- To combine in the same program tools/activities for the physical rehabilitation and for the social reintegration is not only possible, but brings considerable advantages to the disabled themselves and to the rehabilitators. *It is not a complication, but brings advantages to the program.* PR and SR in fact influence each other, giving the disabled persons a stronger motivation and the rehabilitators a wider view and more complete approach to the disability issue. The physical vicinity of PR and SR programs facilitates the entire rehabilitation process. *I have seen people who had constantly refused any physical reab, to finally accepte it because of the prospective of a job, of a micro credit...*

- The disabled people's ownership of the program can be a terrific driving force. It brings motivation to both the rehabilitators and the disabled assisted, empathy between them, great insight into disability and social rules & needs, resulting in suitable strategies to reach any kind of objectives. Only a deep knowledge of the society where to reintegrate the disabled into allows in fact consistent results. Officially I am the responsible of the program
- The necessity of fighting the disabled's lack of self esteem (and their too often passive attitude) is as essential as fighting prejudices against disability.
- The more problematic & challenging are the disabled to be rehabilitated, the more essential is to combine PR and SR. The ICRC Afghan HCP proves that only a holistic approach achieves positive results with a category of disabled as difficult as the spinal cord injured paraplegics.
- Essential are coordination and collaboration among all the actors working for & with the disabled: Ministries, institutions, organizations. In particular, in the field of Employment, results can be achieved only thanks to the presence of a proper legislation.