WORKSHOP ON ASSISTANCE TO DISABLED REFUGEES
4 - 8 October 1992
PESHAWAR, PAKISTAN

RADDA BARNEN
PSYCHOLOGICAL AND PSYCHIATRIC TRAINING IN AFGHAN CAMPS
RADDA BARNEN TRAINING UNIT
CASE STUDY

SANDY GALL'S AFGHANISTAN APPEAL (SGAA)
THE WAR-DISABLED OF AFGHANISTAN
CASE STUDY

SOCIAL WELFARE CELL
AFGHAN REFUGEES COMMISSIONERATE
REPORT JAN-JUNE 1992
CASE STUDY
"Purdah" is a vital part of the Pathan culture. It distinguishes clearly the difference between the private and public world. The woman belongs to the private world. A woman who leaves the compound (the family house surrounded by high walls) to fetch water or to do the laundry must wear a burqa or a huge shawl that covers her hair and most parts of the face. These are cultural demands, not the Koran's. In the country of the Pathans, you seldom see a woman out in the open air. If you do, they look like tents walking to or from tasks that have to be performed outside their houses. Possibly the eyes can be discerned, if no alien man is around. A Pathan man that can not provide his wife with this seclusion is criticized by the community, not for his poverty but for his lack of honour.

A girl's freedom is limited to the years before puberty. Until the age of ten to eleven years, she is allowed to play with other children outside the walls of the family house. Already during this free childhood the social training for seclusion is started. Very early you see the girls playing with their veils and, a little coquettish, imitate the behaviour of the older women. In the foreyears before puberty they have developed their skills to hide the nose and the mouth when a stranger is approaching. These girls do not know any other kind of life than that of their mothers and grandmothers. They will be married away when they are in the age of puberty and handed over to their husband's family.

When a girl is born, it could be seen as a tragedy, but when a boy is born it is often celebrated with gifts and firing of guns. During childhood, it is most important that the boys get food, medicine and care. There is, of course, very limited reason for giving a girl education; she is going to leave the family, anyhow.

In this culture, you are either healthy or ill. That disabled or under stimulated children could have potentials for development is hardly believed. A girl with an illness is a heavy burden that limits resources for the sons' more important needs. It can be difficult to arrange a marriage for her.

Into this culture, Shahade was born. A mentally retarded girl, whose injury possibly originates from a complicated and difficult childbirth. When the girl was born the mother was hardly more than a teenager, and at the delivery, which took a long time, no medically trained person was present.

By the age of three years, maybe four, she started to behave peculiarly, according to mother. Earlier she had been a little different but suddenly she started to tear off her clothes as soon as she saw water. When she saw water, in buckets, water puddles or canals, she tore off her clothes and...
started to wash them. The mother had, during the girl’s whole childhood, desperately tried to stop her from doing that. She punished her and asked other women for advice, without any result. She also visited the local witch doctor with the hope that he should be able to rid her of the evil spirits that had possessed her.

The older the girl became, the more difficult it was for the family. The family’s shame would have been total if alien men had seen their daughter without clothes in public places. Besides, the girl might then be physically abused. Because of this, the mother kept the girl tied in the house and she did not allow her to go out.

In January, 1991, a child group for children with special needs was started in the refugee camp in Mardan. The leaders, both of them volunteers chosen by the camp’s social welfare committee, had one week of basic training in children’s needs and rights at Rädda Barnen’s training unit in Peshawar. The training includes topics like; causes for disability, how to work with disabled children, how to train them and how to engage the parents in the training. The mother took the girl, now nine years old, to the newly started child group.

The male leaders were hesitant to receive the girl. She could harm their and the group’s reputation if she continued with her behaviour. After a long discussion which included the trainer from the training unit, who visited the newly started group, it was agreed to let the girl start in the group for a trial period. The prerequisites were that the mother participated and that she dressed the girl in clothes that were difficult to tear off.

The girl and her mother came regularly to the child group, twice a week. She washed her pieces of cloth intensively in the beginning and also tried to tear off her own clothes. Every time she tried to tear off her clothes she was stopped by diverting her interest into other activities. Step, by step she started to show interest in other children and their activities.

Today, Shahade is ten years old and still participate in the child group. At home she helps her mother with the laundry and washing up, but she has stopped, totally, to tear off her clothes.

In an area with limited psychiatric and psychological resources for children, 2.3 million Afghan refugees live today. Almost three fourths of these are women and small children. In remote camps and villages, these self help groups provide support to parents with disabled children.

Translation of: SHAHADE, EN PSYKISKT UTVECKLINGSSTÖRD FLICKA.
Dated: 92-02-14
Written by: Wiiu Lillesaar
Translated by: Gunilla Bennedicks
Edited by: Phil Bartle

Rädda Barnen, South West Asia PSYCHOLOGICAL AND PSYCHIATRIC TREATMENT
NAHMO
by
Annika Jansson

NAHMO is a three year old Afghan girl. She lives with her family in Nazirbagh, a refugee camp close to Peshawar.

Nahmo's mother tells us that when Nahmo was one and a half years old she became very ill. Her parents took her to the clinic in the camp where she got an injection, probably antibiotics. The fever went down, but after a while the parents noticed that something was wrong with one of Nahmo's legs. She could not control her movements; she could not learn to walk, only to sit and crawl. Her parents tried to get help from many different doctors, hoping there was a medicine that could cure their daughter.

No doctor told them that Nahmo probably had had polio, and that the injection she got was not the cause of her disability.

Pakistan Red Crescent and Sandy Gall Afghans Appeal together run a one year training course in physiotherapy for Afghans, with financial support from UNHCR. Two British physiotherapists teach basics in physiotherapy, especially directed towards children with polio injuries. The training is theoretical as well as practical. Afghan men and women from different camps in the districts are chosen for training. After the training, the Afghans return to "their" camp, where they work at the clinic with treatment in physiotherapy.

In the beginning of 1991, Gul Zaman from Nazirbagh finished his training and started to work at the clinic in Nahmo's camp. Nahmo's parents took her to the clinic to get some help. Her leg had become worse, she had got abrasions because of not using it.

For several months Nahmo's mother or her brother took her regularly to the physiotherapist for training. Nahmo's mother also learned how she could train and help her daughter at home. The muscles that remained were trained and the leg improved. Eventually she got a splint from Sandy Gall that would enable her to walk. The physiotherapist trained her and tried to motivate her to use her leg with the splint.

Nahmo is now used to her splint and can walk without support. She will continue to visit the physiotherapist, but only twice per year, to get her splint adjusted. Nahmo was lucky; she has parents that worked energetically to help her and also because she eventually got the treatment she needed to enable her to live as normal as possible with her disability.
INTRODUCTION:

The Northwest Frontier province had 258 camps with a total population of 2.3 million refugees in March, 1991. There are 23.3 per cent male, 26.6 per cent female and 49.9 per cent children registered in the camps. The district is divided into twelve Social Welfare Cell (SWC) districts with District Coordinators employed to identify and coordinate the social services. The Social Welfare Cell was established in June, 1987, as a part of the Commissioner for Afghan Refugees (CAR). CAR administers programmes that are needed in order to make the camps work. CAR is the Pakistani Government, but the financial support mainly comes from the UN (UNHCR). In order to train and support the District Coordinators of SWC\CAR in social work and community development techniques, Rädda Barnen Training Unit (RBTU) was set up 1988.

RBTU’s work in the camps is always on request from the District Coordinators, who identify, verify and coordinate the activities in the field. The underlying principle for all Rädda Barnen work is a bottom-up approach. The promotion of self-help activities starts with unity organizing, encouraging and helping villagers to define the problem they want solved, and to identify resources available to them. This process is called social animation. RBTU has provided community organizing techniques to form self-help groups to protect the rights of the vulnerable groups and to promote child-oriented actions among the Afghan refugees. The meaning behind this is that no groups, no training, no activities are implemented or decided without the request been expressed by the social welfare committees in the camps or by the elders or mullahs.

THE CONTEXT OF RBTU’s TRAINING:

About two and a half million Afghan refugees have lived in camps scattered about the whole Northwest Frontier province for the last thirteen years. Some of the camps are located close to cities, villages or rural centres. There are also camps located far out in the desert without any transportation facilities, job opportunities or any income generating conditions. Those are where you see no trees growing for miles, where the soil is burnt during summer and a sea of mud in the rainy season. To grow vegetables or fruit trees to supplement the provided food rations is not possible because of lack of topsoil. The houses are poor, the roads invisible, fresh water supply insufficient and there is a high percentage of infections and ill health, especially among females and children.
Some of the needy camps I visited are Rani camp in Dir, Ichrian camp in Haripur and Qutab Kheil camp in Miranshah. These are located far away from rural centres located on rocky hill sides, impossible to reach during rainy seasons due to floods or inconvenient to work in. Because they are located in tribal areas with security problems. Few or no NGOs want to work in these camps because of the inconveniences just mentioned when there are decreases in funds.

Visiting these camps you see and "smell" the difference from the camps located in the settled areas.

The camps close to villages are hardly discernible from Pakistani rural villages, with their own local markets, enclosed compounds and security system. You also find a lot of NGOs working in these camps to the benefit of the refugees. They run health centres, mother care centres, vaccination programs, vocational training and income generating projects. Sometimes I get the feeling that the conditions in some of these camps, with all the services provided by the NGOs, are far better than in the nearby located Pakistani villages.

EXPERIENCES AND IMPRESSIONS FROM THE FIELD:

Since the end of September, 1991, I have visited camps in eight of the districts. I joined the trainers in their training of volunteers and parents. I also followed their supervision of different child activities. I want to share some of my impressions and experiences from the field.

DEPENDENCY:

Sometimes I myself find it easier to work in the needy camps where the inhabitants haven't been exposed to and dependant on international organisations. The people in the needy camps are more eager to suggest constructive solutions related to their own reality. The first question in the needy camps isn't "What can you provide us?" even if the need is visible. It is easier to talk about, "What can you yourself do to solve your problem?" What are your suggestions for solution?"

The refugees living in the camps once had occupations, had their own farms or shops. Females manufactured embroidery, both for their own use and sometimes for neighbours. Then the war came, many died, many had to leave for a life in a refugee camp outside Afghanistan. In Pakistan, they met difficulties in finding a job, in a country already with high unemployment. The refugees are not allowed to possess land which limits their possibilities to cultivate. Still, you see and meet a lot of initiative among the people both on the local market in the camps and in the bazaars outside the camps or in the Pakistani transport facilities. Refugees I met tell me that they have a lot of new knowledge of great use the day they return. There are also male refugees who got skill training and savings in the Gulf states.
Any woman who leaves the family compound to bring water to the house or for washing clothes is well covered in a veil or totally enclosed by a chaddar. Only a strip at eye level gives her the possibility to find her way if no male is in the neighbourhood. All purchases which have to be made at the market or in the bazaar are made by males in the household. The females live in so called purdah, which is a vital part of the Pathan code. A man who can not afford to keep his wife in decent seclusion are by the Pathans considered not for his poverty, but for his lack of honour. If a female reveals her face, she shames her entire family. The purdah system is enforced especially in the illiterate rural areas.

When a female child is born it passes un-remarked. If she is the second or third girl child born, the husband starts to reconsider remarriage.

The freedom for a girl is bound to the years before her teens. Even during these years she has to show respect and give advantage to her brothers. During her childhood she can move around more freely in the camp. Even so the training for the purdah system starts. In the camps, she starts early to play with the veil, following the older women in their behaviour. Girls, who are ten or eleven are fairly advanced in handling the veil, carrying their younger brothers and sisters on their hips. She is in continuous learning for the purdah system, she knows no other life. When she is 13 or 14 she is married to her husband, a marriage arranged by her family. After her marriage she moves to her husband’s house and joins the female part of the family. A woman is, during her childhood and also later, the last person to receive food, medicine, medical care and education. Her status is related to her capacity to give birth to male children.

Camp life experienced by the author:

When you visit camps as well as villages in the provinces you see males and children, very seldom females. Women spend most of their time in the shelter of the walled courtyards due to the above described purdah system. The female faces you see outside the houses belong to girls younger than 12 or really old grandmothers, who hurry between the houses.

Still the percentage of females and children in the camps is 76.5 per cent.

The ongoing war has also produced widows. Although no accurate figures are available. During my visits to the camps I have met quite a lot old widows but also widows who are not more than 16 or 17. A widow who belongs to an extended family has her daily living secured by her husband’s family. Sometimes she is remarried to his brother or cousin. There are also widows who have to earn their own and their children’s living. If they have grown up children, these have to support her and their younger brothers and sisters. If she has no grown up children she is dependent on others’ generosity or some income generating projects. One female described her situation like this: "We have become dependant beggars, dependant on the international organisations for our living." "For our future in Afghanistan we produce children, because we have lost so many young men in the war."
The life of a female is slightly more liberated in those camps where the majority of the inhabitants come from the same village. In camps where the people come from many different villages in Afghanistan the restrictions on females are more numerous. Sometimes when we are requested to start soap making, we have to start three or four different projects because the females are not allowed to move between the compounds inside the camp. Soap making gives needy widows, with no supporting family, a chance to survive. Soap is a product more easy to sell in the camps than embroidery. The future for these women and their children is very unsafe. Their possibility to rebuild a future in Afghanistan is limited if they don't get support from international organisations.

THE MALE POPULATION:

The male population moves back and forth, fighting jihad, rebuilding Afghanistan or earning money somewhere in Pakistan or in the Gulf states. Most of the male population you meet in the camps are elders or young boys.

At a stay with a family in one of the camps, their son was home from one of the Gulf states for marriage. He had been away for three years and had now returned home to marry a girl selected by his family. He was given away in marriage to a daughter in the neighbourhood. After his marriage his parents wanted him to go back to the Gulf state for saving more money. His wife was going to stay together with his mother in the camp. He also told us that his brother stayed together with him in a house for bachelors. He was longing to stay home but had to go back for more savings.

RBTU's WORK TODAY:

RBTU is today supporting activities in 110 camps. Up to the first of January, we have trained 264 community volunteers and 18 animators, both male and female. Today 48 groups are running for children with special needs. Activities for all children like child clubs, sports clubs, child to child and Islami Khidmatgar, have been developed during 1991. Today 145 groups are running on a self help basis to prevent future social problems among the children in the camps. Five girls schools and 3 boy schools have been established. Since November, 1991, about 300 female parents were trained in different subjects related to children's need, on request from the communities.

Since September I have met about 200 to 300 females in training or at home visits. My impression is that if the males and the elders allow it, they like very much to see visitors. They show their embroideries and tell about their lives, their children and how they see their own situation. They describe their lives in Afghanistan, in the villages, that they spent more time out in the fields together with their children and husbands. They went out to work in the fields, having their tea and also lunch outside. In the evenings they returned with their children to the house. The possibilities for females to attend school was limited. They didn't even send their boys to school after the Russian invasion because they were afraid they would be sent to Russia.
"The years after the invasion have made us liabilities. These years feel like a great darkness, with a lot of killing. For our future we produce children, because we have lost so many young boys. On the other hand we don't really have the strength to take care of them."

Still you get a feeling of there are some changes going on among the people in the camps. A growing interest in education among some maliks, elders and mullahs. One malik expressed himself like this:

I and my wife are illiterate but we want our children to learn how to read and write. We also see an increase in the amount of schools on self-help basis, both for girls and boys. During a female training, one malik gave a strong support to the importance of knowledge about children's need. Listen carefully to her, she has important things to say to you.

The picture is mixed. There are also maliks and elders who refuse any female training and who look upon child group activities as a kind of christian mission which should be prohibited by all means.

OUR PERSPECTIVE IN THE TRAINING:

We come from outside into the community. We see and define the needs of the community as visitors not living under their conditions. The needs and the resources in a community have been stained by our own cultural spectacles. Our spectacles are framed by our childhood, if we are born in a village or in the countryside; if we belong to a poor or rich family; if our parents were well educated or illiterate; if we ourselves had the opportunity to go to school or not.

Our background, previous life experiences together with our present status and life situation, are all factors which influence and decide our daily actions, decision making and selection of solutions. If we agree on this and create awareness about how these factors influences our ideas for solutions, action and our training, we become creative community workers.

If we don't care about these things, we try to implement ideas and impose solutions that people don't understand. Maybe they agree but in the long run these activities never last. The only way to develop sustainable activities is to let the community itself define its needs, let them themselves develop solutions and identify the resources. Activities, created by the community, carried on by the community, financed by the community continue to last. It is impossible to implement a parent training if the need isn't experienced and expressed by the community. The training has also to be related to the inhabitants concept, their previous life experiences, to their cultural and religious concepts.
A DIALOGUE APPROACH:

A dialogue means is to share ideas about the problem and to generate conceivable solutions and resources needed. Our role is to ask many questions so the community representatives find their own solutions. Our part is to listen, to share our knowledge, experience and ask the questions needed for the community representatives to define their own need and their own solutions.

Like the embroidery example, the community representatives suggest embroidery as an income generating activity for their females. Our work is to ask the following questions: Who are the females? Which financial needs do they have? Do they want to survive or get some extra support? Are there other motives for the project? How to market the product? How get it to the market? The first step is to define the situation, next to see the consequences of different decisions, and finally to identify the resources.

Our main support to the communities today is training of community volunteers, animators and other resource persons about community work, child development, children's needs, parents' responsibility and disability. RBTU has, on a few occasions, enlaunched soapmaking. We provide the first investment. If the soap making stops the material is retrieved.

SUMMARY; RBITU'S TRAINING; A PROCESS IN DEVELOPMENT:

The Afghans have a long tradition of self reliance. This is shown by the interchangeable use of refugee "camp" with refugee "village." On arrival, agencies give the refugees tents to use as dwellings. Within months of each new camp being started, it because a village because the Afghans themselves then build houses out of locally available materials.

Since 1987, on the recommendation of Rädda Barnen social worker seconded to UNHCR, the Social Welfare Cell of CAR was created. Its purpose was to create a cadre of social workers (Pakistani civil servants, named district coordinators) who would:

- identify vulnerable refugees for special support
- coordinate the field activities of various agencies, and
- promote self help activities

Rädda Barnen Training Unit (RBITU) was set up in 1988 to meet the need for more professional training of the above mentioned local social workers in community work. Community work means that community development is done by the community itself through self help activities. The community and its members are the resources. The main components of community development are:

- the community itself defines the needs (objectives),
- the resources come from the community,
- internal resources may be supported by external,
- decision making is democratic,
- the approach is bottom up, and
- the activities should be of interest to the whole community.
From 1988 until mid June, 1991, RBTU mainly trained SWC personnel in community work methods and techniques. The district coordinators became gradually more and more involved in administrative and coordination work. By the end of 1990, RBTU started the recruitment and training of Afghan community volunteers to strengthen communities' own resources. More and more social welfare Committees, both male and female, were established in the camps.

The first child group for children with special needs was established in the end of 1990 at request of one community. Internal resources were trained and their work were supported and supervised by RBTUs trainers. During 1991, the training programmes developed and expanded in a dialogue with district coordinators and the camp representatives, the Social Welfare Committees. Child advocacy was emphasised and combined with different self help activities to the benefit of the refugee children.

Animators, selected by the committees, were trained during 1991 to support and develop self help activities in progress. With their knowledge of children's needs and rights, the animators also became a source of inspiration to new activities. Another group of trained animators went in the end of the year, 1991, inside Afghanistan to promote community work among disabled in Takhar province.

In the last three months of the year, we noticed an increasing amount of requests for parent training. These requests tells us that the concerned communities see the established child activities as something constructive, which should be developed. They want the activities to grow and develop by getting the concerned parents more involved in the training.

Since 1988 and 1989, many improvements have been made in the camps on self-help basis. Roads, latrines and wells have been built with local self-help labour. Child centres, playgrounds, rooms for child activities are constructed and financed by people in the camps.

The child activities are spread all over the province. The same story is told every place. Nobody really believed in the beginning in the "stupid" idea that disabled children could improve. These children were the disabled, without a name. In some camps the volunteers were accused of preaching Christianity. In some camps they were told to do something for the normal children instead. When people saw the result, a curiosity and an interest was created. Today even Pakistani parents walk long distances to bring their disabled children to the child groups. More and more children were included, today about 600 to 700.

The child activities continued and were developed during 1991. More and more requests were made from the communities for preventive activities. In order to prevent drug abuse and other social problems among young people and to create awareness among teachers, elders and parents. Normal children were included in these activities like Islamic Khedmatgar, Child to Child and different sports. Islamic Khedmatgar can be compared with a scout movement and child to child is an activity where children support and help other children. Both learning and leisure time activities were included.
The process continued with boy and girl schools on a self help basis. The schools provided by the authorities were mostly for boys and sometimes located far from the need. While waiting for improvements, communities started their own schools on a self help basis.

The requests for parent training in the end of 1991 was a natural development. The child group leaders saw their children improving but saw also how much more could be done if the parents continued the training in their homes. The concerned parents wanted to learn more. This process started with an expressed need for training about disability. After the first training sessions, the trainees spontaneously expressed their needs for training in child development, child diseases and how to support a disabled child. A parent training program is developing in the form of a dialogue between the trainers and the trainees.

The process continues, the activities will expand but have also to be developed. New requests from the communities will come to RBTU both for basic and additional training. We have to decide where to put the centre of gravity. Too many resources used in a rapid expansion can reduce the quality of our work. RBTU intend for the coming year, 1992, to keep a balance between an expansion and increase in the quality of our training. The consequence of this decision is to sometimes dismiss application for basic training from the social welfare committees and instead emphasize follow up, evaluation, and improvements of the ongoing activities. We would prefer to give experienced animators and community volunteers possibility to gain training experiences, supervised by our trainers.

THE MAIN OUTLINES OF THE TRAINING IN 1992:

We as trainers need to develop our training techniques, to use drawings, short stories, pictures, posters, tapes and other materials. We also need to evaluate and deepen our own knowledge of community action, participation, community development and self help activities. Parent training and child to child are developing and need follow up. We need also to utilize DAP's experiences from Takhar Province in Afghanistan to improve RBTU's training and to adjust it to the needs inside. To emphasize training useful for a repatriation.

We need to improve our documentation and to find ways to describe the consequences of our work. Old training material has to be reformulated and polished.

The district coordinators need additional training. They need to refresh the basic skills in community work, to develop their techniques and they need training in coordination. They also need support to continue their work in the widespread districts and new training if a repatriation becomes a reality. The newly employed have expressed a need for a comprehensive introduction. This training is under development in cooperation with SWC. Training cooperation with BLLF is also in process. One other predictable main objective is to train Peshawar based NGOs in community work techniques.
The social welfare committees established in the camps need support and training to be able to develop and strengthen their dynamic work. The animator project will be evaluated in March, 1992. Future animation work in the camps have to be discussed and planned together with the committees. Training of animators cross border will continue and maybe expand due to the development in Afghanistan.

Some of the community volunteers, who have been running their groups for more than one year, have requested further skill training. They also want to establish an association for Afghan children with special needs during 1992.
Sandy Gall’s Afghanistan Appeal

Orthopaedic Workshop & Physiotherapy Programme
For Afghan Refugees

SANDY GALL’S AFGHANISTAN APPEAL, a British registered charity, was launched by television journalist Sandy Gall in 1983 to help Afghans who have lost limbs or been otherwise disabled in the war in Afghanistan.

Operations run by SANDY GALL’S AFGHANISTAN APPEAL include:

* an orthopaedic workshop in Peshawar where Afghan technicians make and fit artificial limbs for amputees; orthotic appliances such as calipers and splints and walking frames and special chairs for children, many of them disabled from polio, cerebral palsy or spinal injuries.

* a physiotherapy programme treating refugee patients at SANDY GALL’S AFGHANISTAN APPEAL physiotherapy unit and at the Pakistan Red Crescent Centre for the Disabled in Peshawar; and at clinics in over 20 refugee camps in the North West Frontier Province.

* two orthopaedic workshops set up in 1990 inside Afghanistan, one in Rakha, Panjshir valley and one in Saydabad, Wardak. They are run by Afghan technicians trained by SANDY GALL’S AFGHANISTAN APPEAL in Peshawar.

* training courses for orthopaedic technicians (18 month courses) and physiotherapy technicians (one year courses). Graduates of the courses then go on to work in clinics in Peshawar, in the refugee camps and in hospitals inside Afghanistan and in the new orthopaedic workshops.

* a component workshop, set up in 1991 in Peshawar to produce components for the orthopaedic workshop using local materials to reduce costs and reliance on imported supplies.
"THE WAR-DISABLED OF AFGHANISTAN"

It was while covering the war in Afghanistan against the Soviet occupation in 1982 that British journalist Sandy Gall was struck by the terrible injuries sustained by the local population. Aerial bombing of villages and the indiscriminate laying of anti-personnel mines across the country have been prominent features of the war.

Butterfly mines, small and green, look like plastic toys. Scattered from aeroplanes across the mountainsides of Afghanistan, they have maimed many curious children who picking them up lose their hands, or kicking them have their foot blown off. Many children, in fact, do not survive the shock and blood loss.

Larger anti-personnel mines, buried under the soil, only need one kilo of weight to set them off. They have claimed many victims over the last eleven years among the men fighting and civilians working in the fields and tending their flocks.

According to the UN, "By the end of 1990 at least 50,000 Afghans had undergone the amputation of one or more limbs. Actual numbers are assumed to be even higher".

The war in Afghanistan has, moreover, caused the largest refugee population in the world. Five million refugees have fled into neighbouring countries Iran and Pakistan and a further one million internal refugees have sought the comparative safety of the cities inside Afghanistan.

This dislocation of the population has in turn brought a significant drop in health levels. In the squalor of the refugee camps infections like polio and meningitis have left a high proportion of disabled children among the refugees.

Today, "some estimates suggest that up to 2 million Afghans inside and outside the country may be affected by some form of physical or mental disability and several dozens of persons become disabled each day by crippling diseases and by injuries caused by mines and unexploded ordnances..." (UN Operation Salam Programme 1991.)

Amputees will need new limbs at least every 4 years for the rest of their lives. Children will outgrow an appliance in 6 to 9 months. The fighting and bombing continues. The mines littering the country will remain a threat to the population and returning refugees for many years to come.

The pressing needs of Afghanistan's war-disabled will certainly last well into the next century.
SANDY GALL'S AFGHANISTAN APPEAL

ADDRESS: In the United Kingdom: In Pakistan:
PO Box 145, PO Box 969,
Tonbridge, University Town,
Kent TN11 8SA Peshawar, NWFP
Tel. (0) 892 870 576 Tel. (0) 521 812456/7
Fax. (0) 892 870 977 Fax. (0) 521 811785

LEGAL STATUS: Registered charitable trust (no. 294581)
Charter received 1986

COMMITTEE: Sir Oliver Forster, KCMG - Trustee
Sandy Gall, CBE - Chairman and Trustee
Mrs. Eleanor Gall - Director and Trustee
Michael Jopling, MP - Trustee
Robert St Leger, OBE - Treasurer
Jack Vander-Molen - Orthotist and Technical Consultant

CONSULTANTS: Ms. Jennie Collins, Physiotherapist
Dr. Theresa Westphal, Medical Administrator

IN THE FIELD: A team of expatriates runs the programmes in
Peshawar, supervising a staff of 41 Afghans at ITC and a further
45 SGAA trained technicians working at the Pakistan Red Crescent
Centre for Disabled, in clinics in the refugee-camps and in
workshops and hospitals inside Afghanistan.

FUNDING: SANDY GALL'S AFGHANISTAN APPEAL currently
receives funding from the EEC and WHO. Previous donors have
included the British Government (ODA), UNHCR, USAID, private
charitable trusts and the British public.

SANDY GALL'S AFGHANISTAN APPEAL is run by a voluntary committee
in the UK. Administration costs are kept to a minimum.
CASE STUDY PRESENTATION

We propose to do a case study of a 9 year old girl with a Left Above Knee Amputation.

This will enable us to show the work of the various departments of this organisation - physiotherapy and prosthetics.

We would like to do this as a poster display using flow chart and photographs.

Mrs. Wasima, Afghan physiotherapist, will be on hand to discuss aspects of treatment.

2 large posters to be used.

1.

SANDY GALL AFGHANISTAN APPEAL

Physiotherapy Training → Photographs of classes and clinical placement

Physiotherapy Department → Photos of Physio in out-patient, in ward, workshop and camps.

Prosthetic and Orthotic Training → Photos of on the job training, and class

Prosthetic and Orthotic Workshop and Clinics → Photos of both clinics, of production of prostheses, calipers special seating, corset.

Development → Photos of workshop and physios in Wardak and Panjshir. Retraining schemes.

S.G.A.A.

Khyalsaab Peshawar
SANDY GALL'S AFGHANISTAN APPEAL

CASE STUDY of FAUZIA F/9
LEFT ABOVE/KNEE AMPUTEE

Photo of Fauzia with crutches

Rehabilitation to prepare for prosthesis

Stretch contractures

Strengthen arms

Strengthen muscles of stump and good leg

Mobilise scar and shape stump

Teach crutch walking

Measuring stump

Casting

Making mold of stump

Manufacture of prosthesis

First fitting

Gait Training

Fauzia with crutches

Rehabilitation Prosthetic Fitting and Training

Strengthen muscles of stump and good leg

Mobilise scar and shape stump

Teach crutch walking

Measuring stump

Casting

Making mold of stump

Manufacture of prosthesis

First fitting

Gait Training

Final Photograph of Fauzia with her new leg, looking happy, no crutches

S.G.A.A.
UNHCR WORKSHOP ON ASSISTING DISABLED REFUGEES

Peshawar, October 4 - 8, 1992

Provincial Report (NWFP) on
Disabled Afghan Refugees
January-June 1992

by

Ali Gohar
Provincial Coordinator,
Social Welfare Cell
Afghan Refugees Commissionerate
Hayatabad, Peshawar
Pakistan
Social Welfare Cell is a UNHCR funded project working under the Commissioner Afghan Refugees, North West Frontier Province (NWFP), established in May 1987 to work for the vulnerable Afghan refugees. Presently the Cell is working in 12 Afghan Refugees Districts/Agencies throughout the NWFP (for each district there is a District Coordinator, for some districts female Coordinators are serving, too). At the peak time, there were over 250 camps with approximately 2.3 million to be served. The main task of Social Welfare Cell is:

a) identification/verification of vulnerable groups;
b) self-help and community based activities;
c) coordination with local and international non-governmental organizations (NGOs).

From January through June 1992, Social Welfare Cell coordinators identified 430 and verified 303 disabled of different categories throughout the Province. Majority of the disabled were mentally retarded or physically handicapped. Due to the close cooperation with different NGOs all 303 could be referred according their needs/nature of disability for assistance. Total number of disabled/organizations involved and type of assistance provided to them are as under:

<table>
<thead>
<tr>
<th>S.No.</th>
<th>No. of Disabled</th>
<th>Organizations</th>
<th>Assistance/Training Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>97</td>
<td>Radda Barnen Training Unit</td>
<td>Training purposes</td>
</tr>
<tr>
<td>2.</td>
<td>75</td>
<td>International Rescue Commit.</td>
<td>Loan/training</td>
</tr>
<tr>
<td>3.</td>
<td>20</td>
<td>Pakistan Red Crescent</td>
<td>Physiotherapy</td>
</tr>
<tr>
<td>4.</td>
<td>60</td>
<td>Sandi Gall Afghan Appeal</td>
<td>Artificial limbs</td>
</tr>
<tr>
<td>5.</td>
<td>24</td>
<td>Inter Church Aid</td>
<td>Relief Assistance</td>
</tr>
<tr>
<td>6.</td>
<td>2</td>
<td>Commissioner for Afghan Refugees</td>
<td>Registration (ration passes)</td>
</tr>
<tr>
<td>7.</td>
<td>10</td>
<td>SOS/PG Belgium</td>
<td>Vocational training</td>
</tr>
<tr>
<td>8.</td>
<td>3</td>
<td>Okenden Venture</td>
<td>Vocational training</td>
</tr>
<tr>
<td>9.</td>
<td>1</td>
<td>GTZ (German Technical Coop.)</td>
<td>Vocational training</td>
</tr>
</tbody>
</table>
10. 5 UAE Relief Food Assistance
11. 6 Different NGO's Financial Assistance

All the efforts done for the rehabilitation of the disabled was through community involvement and refugees participation. Identification process of the disabled was done by more than 300 trained refugees who were selected from the refugees' community and later on trained by Radda Barnen Training Unit and United Nations International Drug Control Programme (UNDCP). These trained community volunteers (CVs) involved other NGOs to train disabled refugees in different trades, i.e. tailoring, embroidery, watch repair, etc.

After having completed training the disabled refugees were then supported through CVs and/or NGOs by providing them jobs or assisting them starting a small-scale enterprise in their own community. A few have taken up projects on self-help basis 'by the disabled for the disabled'.

Refugees in general prefer those projects which generate income. In case of disabled, where the dependency syndrome commonly encountered is a major obstacle, one of the foremost tasks of the social workers is to help the disabled to overcome this and the overwhelming feeling of low self-esteem and motivate them towards self-reliance. To further this rehabilitation and reintegration process, the Cell and the CVs with combined efforts approached disabled and community, alike.

Usually disabled were felt as a burden on their family and avoided by their community. The Coordinators and CVs overcame this attitude and greatly contributed to the successful integration of the disabled. They could generate income for themselves and their families and gained self-respect and respect of their society. Through their example they helped other disabled to overcome their handicap and become an accepted member of their families and their communities, too.

Without proper planning and coordination and the cooperation of many NGOs successful implementation of a project of such scale would have been impossible. Through material assistance and other joint efforts of CVs, Social Welfare Coordinators, UNHCR, and NGOs the disabled were enabled to do something for themselves, their families and the community.
CASE STUDY SUMMARY

Name: Mullah Abdul Majeed
Sex: Male  Age: 60
Marital Status: Married
Nationality: Afghan
Educational Status: Religious Education
Present Occupation: Tailor
Residence: Barakai Fazal No.1 Refugee Camp - Swabi, NWFP

Background:

Mullah Abdul Majeed was born about 60 years ago in village Ali Khel, Baghlan Province, Afghanistan. He is a Pakhtun Afghan, married with six children, who worked as a labourer. He took refuge in Pakistan eleven years back due to the Russian invasion.

Description of Disability:

While he was doing his routine work, a Russian plane suddenly appeared and started bombarding his village. He jumped into the ice-cold water of a stream and stayed there for nine long hours. After this time, villagers helped him out. Thereafter, he was paralysed by legs and also had a hunch back.

Rehabilitation Plan:

A member of Social Welfare Committee and trained community volunteer (CV), Mirza Mohammad, identified Abdul Majeed and Social Welfare Coordinator contacted NGOs to assist and involve him in an Income Generating (IG) project. At that time, the camp was neglected by most of the NGOs because of the law and order situation prevailing. However, SWC Coordinator with full support from Programme Officer, IGP and Social Services Officer, UNHCR, succeeded to motivate SOS/PG Belgium for the said camp. Sixteen more disabled were identified/verified and placed in different trades within the camp. The course was for 10 months during which period the beneficiaries received Rs. 300 stipend per month and, after completion of training, were issued a sewing machine.

Needs. Problem. Assistance:

The 14 years war has brought tremendous misery to the people of Afghanistan. Hence, the disability ratio in Afghan refugees is
high. Due to the problematic situation in the camp and its huge size (it is reportedly the largest refugee camp in the world), NGOs were hesitating to commence working there. The disabled longed for an opportunity to be involved in IG Project, while the NGOs had limited openings to accommodate more than a fraction of the disabled.

First approach was by CV, coordinated by Coordinator SWC and supported by UNHCR, and implemented by those NGOs to start work in camps where the refugees could not be supported before.

**Strategies/Approaches:**

Social Services Officer, UNCHR, arranged meetings to coordinate all collaborators. At last, with the help of the SOS/PG, Belgium, the programme was launched. All the refugees appreciated the idea of rehabilitation of disabled.

Mullah Abdul Majeed, a religious teacher instructs children in his neighbourhood. At the same time, he teaches tailoring to these children. He is making two suits per day; for each he earns Rs. 30. He repairs old clothes of the refugees in his neighbourhood free of cost. The neighbours compensate him by reciprocating his favours and carrying water from the well and giving him milk for free and sometimes small amounts of cash. With the help of CVs, he could start a self-help project 'by the disabled for the disabled'. CVs donated sewing machine and stitching materials and, with their own contributions, rented a shop in the local market.

**Problems:**

(1) The main problem was the disabled refugees were interested to get training within their community, not too far from their home. (2) To identify and motivate those NGOs which were interested in starting disabled rehabilitation projects in such a problematic environment. (3) To verify the most deserving among the disabled in view of the limited opportunities available. (4) To trace those trades/crafts/skills where the disabled take interest such as embroidery and tailoring. (5) Some need physical treatment besides vocational training, too. (6) They are immobile and need be given mobility.

**Recommendations:**

The disabled should be given apprenticeship not far from their residential areas. Most of them are static, so for mobilization they require resources. Wheel chairs can't operate within most of the camps and inside Afghanistan, so donkeys or horses are the best transportation means. More trades of interest to the disabled should be introduced. High disability ratio will be an obstacle to train all, so self-help community participation projects should be launched. Together with vocational training physical training should be extended, as well.