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USAID
FROM THE AMERICAN PEOPLE

Programs for Vulnerable Populations

Leahy War Victims Fund

USAID's Wheelchair Program is one of five Congressionally directed programs comprising the Programs for Vulnerable Populations:

- Displaced Children and Orphans Fund
- Leahy War Victims Fund
- Victims of Torture Program
- Wheelchair Program
- Disability Program

Each of these complementary programs has its own purpose and strategy, but they share a focus on providing assistance to poor and vulnerable populations. 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, wheelchair users, and people with disabilities.



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Established in 1989, the U.S. Agency for International Development's (USAID) 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, and 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 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 is also emphasizing 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.

Through its Leahy War Victims Fund, USAID supports treatment of clubfoot using the Ponseti Method. The Ponseti Method is a simple, inexpensive, outpatient treatment proven to be over 95 percent effective when properly administered.

This treatment method consists of a series of specific gentle manipulations followed by plaster



casts, changed weekly. To prevent relapses, a foot brace is usually worn daily for three months and then nightly until the child is approximately four years old.

Surgery is only rarely necessary.

This method is now recognized as the preferred treatment worldwide. Photos courtesy Ponseti International Association.

