The 7.6 magnitude earthquake that hit Pakistan on October 8, 2005 devastated one of the most remote mountainous parts of the world and one of the poorest parts of Pakistan. According to the joint Asian Development Bank-World Bank Needs Assessment, approximately 73,000 people died and more than 70,000 were severely injured or disabled. Many of the injured lost limbs or suffered severe spinal cord injuries that left them paralyzed.

Preliminary estimates showed a large population affected by physical or mental disorders and disabilities that included post-traumatic stress and trauma. Besides those newly disabled because of the earthquake, persons already disabled have sometimes lost their support systems and access to the services they were getting before the earthquake. People with disabilities (PWD) will need external help geared to long term rehabilitation.

In response to the earthquake, Government adopted the “National Strategy and Plan of Action for Vulnerable Populations in Earthquake-affected Areas” and the Emergency Reconstruction and Rehabilitation Agency’s draft social protection strategy. These documents included community-based rehabilitation (CBR) as a key approach in an environment that faces an acute shortage of services and severely constrained resources.

The earthquake-affected population, was assisted by the government, donors and non-governmental organizations with an initial package that included housing reconstruction grants, cash compensation for death/injury, and temporary cash transfers for income support and livelihood recovery.

The Project

The PWDs in the earthquake-affected areas needed medical care and specialized rehabilitation services in addition to the cash transfers and housing. Two emergency JSDF projects were approved (see Box 1) with a focus on CBR for the PWDs, their families, and communities. The projects used social mobilization and other community-based activities aimed at raising awareness and knowledge regarding disability, and inducing and stimulating the demand for disability-focused services. The projects aimed to empower the disabled, to identify ways of meeting their needs for rehabilitation and ensure their participation in the social and economic life of their communities. Besides

“Our experience is that the support to income generation has been received very well. People are now much better off and more independent. Home modifications also - the ability to move within your own home and within your own community thanks to small modifications such as gateways, doorways, footpaths, so that one is not confined just to the wheelchair but the wheelchair is actually able to move that individual around.”

- Sakander Ali
Country Director Pakistan
Handicap International
enabling/empowerment/inclusion initiatives, the CBR approach includes the provision of basic disability rehabilitative services at the community level provided by professionals, trained community organizers, and volunteers, including the PWDs themselves. The CBR activities under the projects were based around four project supported Resource and Information Centers (RICs) in Mansehra, Besham, Muzaffarabad, and Bagh.

Results

The project was successful in promoting community-based rehabilitation of PWDs.

- 90 Medical camps were established
- 4655 PWDs referred
- 259 Assistive devices distributed
- 147 homes modified
- 20 public places modified with ramps and other improvements to increase accessibility for PWD
- 781 PWD trained in livelihood skills
- 345 CBR workers trained

The JSDF Projects were complemented by an emergency Earthquake Disability Project which became effective in May 2007. This provided $4.6million to expand the coverage of social care and rehabilitation services. Similar levels of funding were provided under the on-going series of Pakistan Poverty Alleviation Fund Projects (PPAFs).

In terms of the JSDF Projects there were some sustainability concerns. Given the relatively short nature of the project and the urgency of the tasks at hand, less emphasis than might have been necessary was spent ensuring that the gains made under the projects were internalized by state or central government agencies and that these had both the resources and capacities to continue to run CBR programs and the facilities established (RICs, ILCs) under the project. The sustainability of these institutions is dependent on the continued involvement of the authorities, and on community participation and public awareness. It is also critically dependent on the maintenance of the facilities at a sufficient operational level (i.e. with adequate physical, human and financial resources) that they continue to fulfil their mandates and add value.

This points to one of the main lessons to emerge from these types of emergency projects - that while these need to be turned around rapidly, they still require careful upfront (if rapid) assessments, results and performance frameworks and attention to sustainability. As in this case, JSDF is a powerful instrument to pilot-test innovative ideas - but pathways need to exist for these to be adopted and mainstreamed if they succeed. Knowledge sharing and demonstrating results are key to this as is the involvement of stakeholders.

These projects have been extremely effective at alerting the public and private sectors and the general public to the problems that PWDs face in society and this has undoubtedly has a positive effect. By delivering rapid and visible results and communicating these, support for disability programs has greatly expanded.