

DISABILITY IN EAST TIMOR AND CAMBODIA

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ABSTRACT

The author, deployed to the United Nations Transitional Authority for East Timor during January to July 2001, reports her observations about the emergence of disability rehabilitation services in war torn East Timor. This article briefly describes a few services that are already functioning in East Timor and suggests the type of supports that are required to enhance their effectiveness.

INTRODUCTION

East Timor has recently emerged from a period of mass destruction of dwellings and infrastructure in addition to loss of human lives, due to the violence after the referendum for its independence. There are still 250,000 displaced East Timorese who are sheltered inside the Indonesian territory of West Timor. The United Nations Transitional Authority for East Timor (UNTAET) is the official transitional government. It works with international and local civil society, to keep the people alive with supply of food, shelter, rehabilitation and operation of clinics, re-integration of returnees from Indonesian West Timor, and assistance in the process of democratic national building. The country is very poor with a GDP per capita of US\$ 431 and average life expectancy of less than 50 years. About 80% of the people are farmers, living on subsistence economy. During the initial nation building process, those considered as in need of assistance for survival were neglected.

Disability statistics in East Timor are almost non-existent and inaccurate. Therefore it is very difficult to estimate the number of disabled persons in this country. A well-known international NGO, the Cambodian Trust, undertook a preliminary survey in East Timor in January 2000. According to their sample survey, the prevalence of disability in East Timor was estimated to range from 1.5 % to 2.5 %, which amounts to some 10,000 to 17,000 of the total population of 750,000. Those requiring prosthetic, orthotic or medical rehabilitation are estimated to be around 1% of the total population, consisting of approximately 7000-8000 individuals. However, for various reasons, these statistics could be significantly under-numerated. In addition to physical disabilities, there are also a significant number of people suffering from post-traumatic stress disorder.

The level of physical disability in East Timor is similar to other low GDP countries, and other landmine affected countries such as Cambodia, Mozambique and Angola. It is related to the usual causes of disability in any resource poor country, such as poor nutrition, insufficient preventive and early intervention measures, substandard medical care, poverty and so on, that are also indirectly related to the last 25 years of civil conflict.

THE CURRENT EFFORTS TO DEVELOP DISABILITY SERVICES IN EAST TIMOR

1 . U n i t o f S o c i a l S e r v i c e s , U N T A E T

Currently the social welfare and developmental projects for disadvantaged groups including disabled persons receives the lowest priority in the UNTAET budget. Unfortunately there was no policy regarding disability issues at the national level, though issues concerning disabled persons, women, youth and children have been incorporated into the framework of the new government lately. Now, the unit of social services has one section focusing on the issue of disabled persons with two national officers to handle social welfare and social integration programmes of disabled persons. The United Nations Economic and Social Commission for Asia and Pacific (ESCAP) along with Disabled Peoples International had also sent a fact-finding mission in August 2000, to study the requirement of integrating disability issues into the ongoing development efforts in East Timor.

2 . M a r y k n o l l S i s t e r s a n d o t h e r C a t h o l i c O r d e r s i n A i e l u

East Timor is a resource poor country and without qualified personnel. Hence it is necessary to promote community based rehabilitation (CBR) programmes as a strategy for East Timor. There are already a few good CBR programmes carried out by the catholic churches in the country. The CBR programme in Aielu, a village within 2-hours from the capital, Dili, run by the Maryknoll mission since mid 1990s, has good

referral services. Maryknoll mission also provides services for the landmine and polio victims in Cambodia. This programme offers students from many provinces in Cambodia courses in tailoring, weaving, or more modern skills such as computer and English. Graduates can continue learning skills even after they leave, in tailoring and traditional Cambodian Takeo weaving.

This Catholic order has identified 700 East Timorese disabled persons, some of whom can not be dealt with medically within their community. In the past, some professional medical care was provided for them through referrals to Indonesian prosthetic and orthotic practitioners in Flores and West Timor. Now with East Timor's independence, such referrals are not possible. Currently, services are provided by visiting surgical teams from Australia and other developed countries. These services are important and need to be strengthened further.

3 . T h e ' A i s h u n F o u n d a t i o n ' i n D i l i

The 'Aishun Foundation', which was established by a Catholic priest in 2000, is a home for about 20 children and youth with various kinds of disabilities. The home is managed by 3 staff, and located in Delta, a suburb community of Dili. The students are trained in various skills such as painting, music, carving, computers and so on, as well as daily living skills including proper hygiene. It is expected that the skills obtained by training will enhance their self-esteem and lead to increased respect from the community. The overall objective of this foundation is to develop a comprehensive training centre with a dormitory in Dili.

5 . G r a s s r o o t s c o m m u n i t y g r o u p a c t i v i t y : ' A c t i v e R e h a b i l i t a t i o n ' i n D i l i

A large influx of expatriates (e.g., aid workers) working for developmental projects in East Timor, has created community initiatives outside of their work for disabled persons. A UNDP computer staff member with a decade of experience in the field of rehabilitation engineering, has started an innovative voluntary activity, called 'Active Rehabilitation', involving the local community and expatriate community in Dili. 'Active Rehabilitation' is a unique rehabilitation forum for wheel-chair users, based on the concept promoted and spread from Sweden, and now becoming popular throughout Europe. It is different from the more orthodox rehabilitation since the skills training takes place in the community by wheelchair users themselves rather than by the medical staff. The skills taught by 'Active Rehabilitation' includes basic necessities such as maintaining balance, stability, negotiating ramps, techniques of transfer to and from a wheel chair, as well as getting dressed by oneself, personal health care and hygiene. Since the group of disabled persons is still very small in East Timor, non-disabled volunteers also learn wheelchair techniques so that they can transfer the knowledge to others when experienced disabled participants are not available. This community activity is gradually expanding and empowering a small group of disabled persons in Dili.

6 . ' C a m b o d i a T r u s t ' p r o j e c t

The 'Cambodia Trust' is planning to develop a 5-6 year project of establishing a prosthetics and orthotics production workshop, together with physiotherapy and CBR, in East Timor. The 'Cambodia Trust' was founded in 1989 as a response to the humanitarian crisis in Cambodia after almost 2 decades of civil war, foreign occupation and genocide. In the beginning, the trust concentrated on the supply of appropriate prosthetic and orthotic care for Cambodia's over 35,000 landmine victims. Since it opened the first prosthetic and orthotic clinic in Phnom Penh in 1992, it has rehabilitated around 10,000 clients. Currently it runs the 'Cambodian School of Prosthetics and Orthotics' (CSOP), a regional school, and CBR outreach programmes, to meet the needs of Cambodia's large number of disabled persons. The CSOP has also started to train students from the neighbouring Asian countries such as Laos, Sri Lanka, etc. and has planned a project in East Timor. The purpose of the new project in East Timor is to train a few students at the regional CSPO course in Phnom Penh, to establish a national clinic, a prosthetics and orthotics workshop in Tibar and to develop a CBR network with the existing community-oriented services in the country. The project will be implemented when funds become available together with the Government and an Australian NGO, the 'Ryder Cheshire Foundation' that is providing residential services at Tibar. The graduates of the regional

3-year CSPO, upon their return, are expected to run the national Prosthetics and Orthotics workshop in East Timor.

CONCLUSION

There is an urgent need for good projects in East Timor to meet the needs of disabled persons. A key to success will be the active role of non-governmental organisations that have been working in war torn Asian countries for a long time, and the Government's support for their work, such as co-financing, disability policy formulation, logistical support, etc. Another key to success will be the capacity of newly trained local staff, their determination to provide quality training, and quick action for integrating the planned projects into the comprehensive disability policy of the country. A parallel but important element will be the capacity to develop self-help groups and self-advocacy groups of disabled persons in East Timor.

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A C K N O W L E D G E M E N T

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