

Child disability, the forgotten crisis

Looking at herself in the mirror, nine-year-old Helena squealed with delight at her reflection, standing upright with just the slightest support of her therapist. A year before, Helena – who lives in Mugunga II IDP camp in Goma – was diagnosed with cerebral palsy. Able only to crawl, Helena had been confined to very specific spaces due to the lava in the IDP camp.

While funding for treatment remains minimal, the number of disabled children and those at risk continues to grow due to the increased risk factors brought on by the breakdown of the health infrastructure, ongoing violence and displacement in eastern DRC. Minimal access to health care and clean water, and poor nutrition during pregnancy, lead to common congenital disabilities in children such as spina-bifida and limb deformities, and young children predisposed to early childhood diseases such as meningitis and polio. Access routes to health centres are often blocked for patients and medical teams, leading frequently to birthing complications, child developmental delays and maternal mortality. The prevalence of rape in DRC is also linked to a probable increase in child disability as frequently women pregnant from rape do not seek pre- or peri-natal care.

Disabled children are more vulnerable to abuse, exploitation, neglect and discrimination. They face reduced social participation and have less access to education and other social services than children without disabilities, and struggle daily with social stigma and discrimination. “The international community might not see disability as an emergency worth focusing on now – but it will become a full emergency if nothing is done,” said Loran Hollander of Heal Africa’s hospital in Goma.

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See also FMR 35 ‘Disability and displacement’
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