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Editorial

Addressing Physical Disabilities of Children by Surgical Interventions

A TMSS Collaboration Project with Smile Train Inc. USA

Many people with disabilities do not have equal access to health care, education, and employment opportunities, do not receive the disability-related services that they require, and experience exclusion from everyday life activities. Disability is an important development issue showing that persons with disabilities experience worse socioeconomic outcomes than persons without disabilities.

Disabilities among the children can be congenital or acquired. Common congenital disabilities are cleft lip and cleft palate, cerebral palsy, Down syndrome and heart conditions. Acquired disabilities are mostly physical trauma and chronic systemic disorders. Facial cleft is 2nd most common congenital abnormality after clubfoot, affects 1:500 births in Asians, 1:750 births in Caucasians and about 1:1000 births in blacks. Each year 5,000 children are born with cleft in Bangladesh.

Research shows that attractive children are accepted more positively in the society than their less attractive counterparts. Child with facial deformity (cleft palate and lips) has less self-esteem and always feels neglected by their friends in school and also in the society. Normal children do not want to play and even to talk with them. In later part of their life they faced problems in youth and married life also.

About 2% children in Bangladesh live with severe disability. A disability prevalence survey conducted by Handicap International (HI) and National Forum of Organizations Working with the Disabled (NFOWD) in 2005 found 5.6 percent of the population living with disability in Bangladesh. But there was no survey particularly on children with disabilities. Child Sight Foundation (CSF) has been conducting a study since 2008 on childhood disability in Bangladesh. The study reveals that about 2 percent children are living with severe form of disabilities in Bangladesh. There is extreme lack of support to these children and most of them are excluded from mainstream education. (Children with Disabilities in Bangladesh, 2014)

To address this psychosocial and physiological issues among the children with cleft-palate and lip, TMSS with joint collaboration of Smile Train Inc. USA, launched surgical reconstruction of Cleft Lip and Palate among children of Bangladesh since 2010, and about 5000 children with deformities were surgically reconstructed.

TMSS Programs to Address Disabilities

1. Donor Projects

a) Smile Training RCH Cleft Project (STRCP)

TMSS with the financial and technical support of Smile Train Inc. USA has been implementing 'Smile Train RCH Cleft Project' through its Rafatullah Community Hospital (RCH) since July 01, 2010 with aim to bring back near normality in life of the poor children born with cleft lip and palate by free reconstructive surgeries and their rehabilitation in the society. For achieving the project's aim and objectives, RCH of TMSS has been arranging and providing completely free reconstructive surgeries to the children with cleft lip and palate. After successful reconstruction TMSS providing rehabilitation by providing education and counseling of the family for their acceptance in society. (THS Annual Data -2016)

b) DBBL Cleft and Cataract Surgery Project

With the financial support of Dutch Bangla Bank Ltd, TMSS specialized health team is successfully

implementing free cleft lip and palate surgeries and cataract surgeries for the poor peoples of Bangladesh. (THS Annual Data -2016)

2. Own funded Program

TMSS has its own charitable fund known as "Lillah Fund". Every year TMSS spend almost 30 million Taka for the treatment of the poor people.

Implementation Approach

- Participatory Project Implementation Approach.
- Interdisciplinary team approach
- Learning by doing skill development approach

Strategic Implementation

- Compliance to Smile Trains' Safety and Quality Improvement Protocol
- Surgeries ASA Class 1 & 2 only (Primary & Secondary Surgical Interventions)
- Free of cost surgeries.

STRCP Children Corner

TMCH established a Children Corner for the cleft lip and palate children who are waiting for surgery, evaluation and follow-up, so as to ease the environment. The 'Children's Corner is composed of a playing corner, a counselling room, nutrition center and a speech therapy center.

Conclusion

To ensure and make the life of the disabled secure and prosperous, it needs strong commitments from all the stakeholders.

- Government
- Disabled people's organization
- Service Providers
- Academic Institutions
- The private sector
- United Nations agencies and development organizations

TMSS has been working to lessen social discrimination through its different projects and programs. As it is bringing back the beneficiaries to the normal life of the school going children is increasing as well as discrimination in education sector for the handicaps is reduced.

Dr. Md. Matiur Rahman
Deputy Executive Director-2
TMSS, Bangladesh.

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