# SUPPORT FOR LIFE

## physical rehabilitation programme





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ICRC assistance enables physical rehabilitation centres to address the needs of populations affected by conflict.



## The ICRC's physical rehabilitation programme

The ICRC has always helped people disabled by conflict. After the Second World War, it ran physical rehabilitation activities in a number of countries, including Algeria, Egypt, Finland, Hungary, Israel, Nigeria and Vietnam. Initially, the organization worked through specialized companies, producing artificial limbs using technologies and materials imported from industrialized countries. During the 1970s the ICRC and the World Health Organization set up a programme in Yemen where components were produced locally to avoid expensive imports.

In 1979, the ICRC established a unit for the physical rehabilitation of war victims. Since then, it has implemented and/or assisted 87 rehabilitation projects (i.e. physical rehabilitation centres) in 36 countries. Currently, the ICRC physical rehabilitation programme is active in 23 countries, assisting 63 rehabilitation centres and two factories producing components for prosthetics and orthotic devices. Three quarters of the projects involve close cooperation with government ministries, as physical rehabilitation is usually part of the national health structure. The ICRC manages other projects alone or in tandem with National Red Cross/ Red Crescent Societies or local NGOs.

Since 1979, hundreds of thousands of people have received prosthetic or orthotic appliances, accompanied by physiotherapy. Initially, ICRC assistance focused on the direct victims of war (people injured by mines, UXO, bombs, etc.), but today its assistance is widening to include all victims, direct and indirect.

The primary aim of the ICRC's physical rehabilitation programme is to help disabled people who are affected by the conflict or war reintegrate into society, socially and economically, both during the period of ICRC assistance and afterwards.



The three main objectives of the programme are:

- to improve accessibility to rehabilitation services;
- to promote quality of service;
- to ensure the long-term functioning of services.

Many programmes require uninterrupted, full-time ICRC assistance for many years before the ICRC's partner achieves full technological, managerial and financial autonomy. Financial autonomy is often particularly difficult to achieve, as physical rehabilitation is rarely a health priority in countries where the ICRC operates. It is essential that these projects continue to provide services for disabled people after the ICRC leaves, as they will need to have their appliances replaced and repaired for the rest of their lives

## How the ICRC supports physical rehabilitation

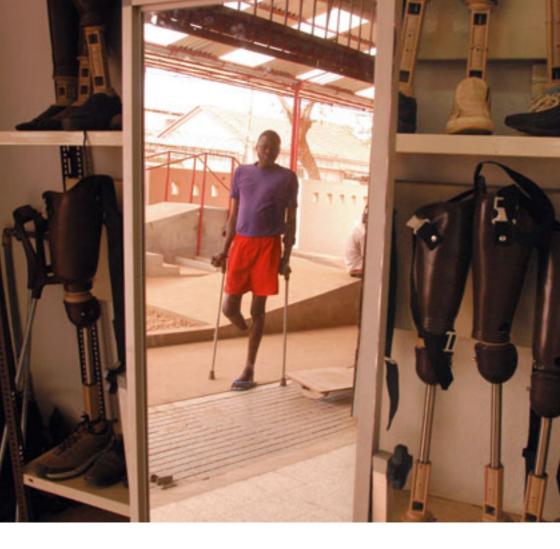
The ICRC provides three types of assistance: technical, financial and educational.

#### Technical:

- introducing low-cost, highquality technology to keep running costs low – this is essential, as projects will later be handed over to local organizations;
- helping local organizations set up patient management procedures that will guarantee high-quality services;
- providing expatriate personnel to support national personnel in physical rehabilitation centres.

The absence of affordable imported components led the ICRC to develop and produce its own polypropylene components. Initially, locally available materials were used before changing to thermoplastics as the main material in 1990. Although for many years components were produced locally, at present a large proportion of the components needed for ICRCassisted projects are produced in Switzerland. The ICRC decided to scale back its efforts on local component production in order to concentrate resources on creating capacity and ensuring sustainability in the provision of adequate rehabilitation services to patients. The ICRC's polypropylene technology has been tested by the International Society for Prosthetics and Orthotics and adopted by other organizations that provide prosthetic and orthotic services.

Local component factories continue to operate in Afghanistan and in Cambodia.



Europe &
the Americas

Albania Azerbaijan Georgia Russian Fed.

Colombia Nicaragua

## Africa

Angola Chad Congo (Dem. Rep.) Eritrea Ethiopia Kenya Mozambique Namibia Rwanda Sierra Leone Sudan Uganda Zambia Zimbabwe

#### Middle East & North Africa

Algeria Iraq Lebanon Syria Yemen

## Asia & the Pacific Afghanistan

Cambodia 2 China 1 India 1 Korea (Dem. People's Rep.) 1 Myanmar 6 Nepal 1 Pakistan 2 Sri Lanka 1 Tajikistan 1 Vietnam 1

## THE ICRC'S PHYSICAL REHABILITATION PROGRAMME

countries with ICRC-supported prosthetic/orthotic centres (total: 87 centres in 36 countries)

#### Financial:

- donating raw materials, equipment and components;
- reimbursing centres for services they provide;
- facilitating patient access to centres (e.g. by providing transport or accommodation);
- building and renovating infrastructure.

#### Educational:

- providing professional training to national personnel on ICRCassisted projects;
- sponsoring staff to attend nationally or internationally recognized training programmes.

Over the years, training has become even more important, as the sustainability of a project depends not only on financial factors, but also on the availability of trained personnel to provide services and manage a centre's activities.

**ICRC training** for national personnel is divided into four categories, ranging from basic knowledge to advanced education, and includes the following:

- on-the-job training;
- refresher courses;
- upgrading programmes;
- formal training.



The ICRC trains prosthetic/orthotic personnel, physiotherapists and centre managers. Every ICRC project aims to have a certain percentage of clinical personnel practising at an internationally recognized level. To achieve this, the ICRC sponsors national personnel to attend recognized prosthetics/ orthotics schools and physiotherapy schools. Where this is not possible, the ICRC uses its own training programme for prosthetics/orthotics personnel, leading to the Certificate of Professional Competency – CPC.

The ICRC has provided prosthetics and orthotics training in Azerbaijan, Chad, Ethiopia, Georgia, Mozambique, Nicaragua and Sudan and is currently managing training in Ethiopia, working with a local partner.

#### Long-term approach

To make rehabilitation programmes as sustainable as possible, the ICRC:

 works with partner organizations that will be able to take over services in the long term;  helps organizations provide services to disabled people in the long term, in particular by expanding their capacity.

The main goal has thus always been to set up rehabilitation programmes tailored to each country's social and economic needs, which can in the long run be taken over by a local organization or a governmental body once the ICRC, in accordance with its mandate. has closed down its programmes. However in reality very few projects have been successfully handed over to local partner organizations or health authorities: the rehabilitation of war-disabled and other amputees is still not considered a priority in many countries.

This lack of guaranteed long-term support for the war-disabled by local organizations has led to the creation of the **ICRC Special Fund for the Disabled**.



## **ICRC Special Fund for the Disabled**

The fund's origin dates back to 1981 when a resolution was adopted at the 24<sup>th</sup> International Red Cross and Red Crescent Conference in Manila recommending that "a special fund be formed for the benefit of the disabled and to promote the implementation of durable projects to aid disabled persons". Ever since, the ICRC Special Fund for the Disabled has striven to ensure the long-term continuity of former programmes of the ICRC on behalf of the war-disabled and support physical rehabilitation centres in developing countries so that amputees and other handicapped people can benefit from the technology conceived by the ICRC.







#### Mission

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of war and internal violence and to provide them with assistance. It directs and coordinates the international relief activities conducted by the Movement in situations of conflict. It also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the International Red Cross and Red Crescent Movement.



