



ICRC

Fact Sheet

2009



ICRC Physiotherapist treating a child, All Abad Orthopaedic Centre, Kabul.

The Orthopaedic Programme

The Orthopaedic Unit of the International Committee of the Red Cross (ICRC) was initiated in 1979 to tackle physical disability in countries affected by war. War kills and wounds people, and denies them access to medical facilities – when it doesn't destroy the health system itself. Its victims are combatants and civilians caught up in fighting, hurt during bombardments, or struck by weapons such as landmines, banned by a large number of countries. War wounds often cause permanent disability.

But the impact of a conflict is much broader and deeper. In a country ravaged by years of conflict, the preventive and curative health system often collapses, resulting in the spread of usually preventable and curable diseases. In Afghanistan, for instance, the suspension of polio vaccinations due to the conflict has caused a sharp increase in the number of paralyzed children; the poor assistance offered to pregnant women, and the lack of maternity hospitals, have resulted in many cases of children affected by cerebral palsy and congenital deformities.

The ICRC, besides its work in hospitals and clinics, has become specialized worldwide in the rehabilitation of the motor disabled, either direct war victims or not. By adopting working methods and technologies very well adapted to the environment of conflict and post-conflict countries it provides disabled persons with physiotherapy, prostheses, orthoses and walking aids such as crutches, walkers and wheelchairs. It trains physiotherapists, orthopaedic technicians and a large variety of personnel involved in the field of physical rehabilitation.

In Afghanistan, accurate and exhaustive figures of the disabled population are not available. Those with mobility impairments could be around 800,000, of whom approximately 40,000 are limb amputees. Their number is constantly increasing, despite the efforts made through mine risk education and demining programmes. Such a number of disabled persons is huge in a country

not yet at peace and struggling to leave thirty years of war behind.

The ICRC has been permanently present in Afghanistan since 1987, and the orthopaedic programme was one of its first activities. The first ICRC Orthopaedic Centre opened in Kabul in 1988. The programme was then expanded to the other main cities of the country. At present the ICRC directly manages six centres and supports four non-ICRC prosthetic workshops, providing them with raw materials, staff training and technical assistance.

In order to reach as many disabled people as possible, a countrywide network was set up involving surgical hospitals, clinics, health facilities and any organization ready to cooperate. With an eye to the most neglected categories of the disabled population, programmes have been created for spinal cord injured patients (para and tetraplegics) and for children affected by cerebral palsy.

Well aware that the physical rehabilitation of a disabled person is only a step towards his/her social reintegration, the ICRC Orthopaedic Programme Afghanistan has, since 1997, been championing the rights of the disabled for an active role in society through education, vocational training, employment and micro business.

More than 90,000 Afghan disabled have been assisted through the Orthopaedic Programme. Today, this programme is the ICRC's largest activity in Afghanistan and the institution is more than ever committed to do its utmost to continue supporting physically disabled Afghans.

Reto Stocker
Head of the ICRC Delegation in Afghanistan.

The ICRC Orthopaedic Programme in Afghanistan

Over the years, the ICRC Orthopaedic Programme in Afghanistan has changed considerably. Initiated in Kabul in 1988 to provide artificial legs to the war wounded, its doors were opened in 1994 to anyone with a mobility handicap. Alberto Cairo, who started his work at the Orthopaedic Centre in 1990, and has been in charge of the programme since 1992, recounts the Orthopaedic Programme's evolution.

"In 1994, after six years of assistance to victims of war, although it was the ICRC's primary role, it became obvious that it was unfair to help only those wounded in fighting, or by landmines, whilst ignoring those crippled by polio, congenital problems, tuberculosis or leprosy, victims of road accidents and accidents at work, even simply those with backache. This allowed the ICRC to open its orthopaedic activities to any person with a mobility handicap.

After Kabul, more centres were opened one by one in Mazar-i-Sharif, Herat, Jalalabad, Gulbahar and Faizabad, despite a civil war raging.

So far approx 90,000 patients have been registered in the ICRC's centres, with a yearly increase of 6,000. Over 15,000 artificial legs and arms are manufactured every year.

Despite all these efforts, we soon realised that we were still not doing enough. A disabled person needs more than a plastic leg and the ability to walk again. He/she needs a role in society to which he/she returns, needs to recover his/her dignity, his/her respect. In Afghanistan, where life is difficult enough for everybody, the disabled need even more help than others.

But what, precisely? The same as anywhere else in the world: The disabled need education, a chance to learn a skill so they can get a job, or a small loan to start a modest business. That is why, in 1997, the orthopaedic centres started to expand again, to make room for desks and blackboards, for an employment agency, and for a bank to arrange micro loans.

In order to set an example -- to prove that a disabled person can work as well as someone who is able-bodied -- the orthopaedic programme has adopted a policy of "positive discrimination", by employing and training only disabled people. At present, practically all the 600 employees, male and female, are former patients.

The fact that the staff at the orthopaedic centres are the themselves disabled, can



Patient and Staff, Ali Abad Orthopaedic Centre Kabul.

have a hugely positive effect on the patients, especially new arrivals. Frequently depressed when they first come for treatment -- not least because of their predicament and what they imagine will be their future -- being amongst disabled people who have rebuilt their lives and regained their dignity, gives them a huge psychological boost. At the same time, having experienced disability themselves, the staff of the centres are better equipped than anyone to understand what patients are going through, and to help them overcome their fears and concerns.

Among the disabled population is a particularly vulnerable category, the paraplegics -- those who are paralyzed due to a spinal cord injury. For them the ICRC has created a special programme, unique in Afghanistan, called the Home Care programme (HCP). The programme assists paraplegics living in and around the towns of Kabul, Mazar-i-Sharif, Herat, Jalalabad, Faizabad and Gulbahar. Instead of being collected, often in ghetto-like facilities, they are assisted at home.

We make every paraplegic aware that he, himself, is his own doctor, and that his life, which is certainly difficult, is not over; that he/she has still an important role to play at home and in the community. The family get supports to cope with the situation, and with the numerous problems that paraplegia brings into that household. The HCP is a multi-approach programme initiated in 1996 that provides medical, economic, social and psychological rehabilitation. Home Care teams visit the paraplegic regularly, makes the patient's family closely involved in the rehabilitation process, and ensures coordination among all those involved.

Farzana was only 14 years old when she stepped on a mine lying next to her house in Kabul. Every morning she used to go to the bakery to buy bread for her family, oblivious of the fact that in a single instant the rhythm of her life would be irrevocably changed as the mine exploded, causing her to become an amputee, and housebound.

Knowing she would be disabled for life made Farzana depressed. She imagined she would be a burden on her family and rejected by society, especially as a woman.

When she heard from a relative about the ICRC's orthopaedic centre in Kabul, Farzana went there instantly. Within a week of registering, she had received a prosthesis, and had learnt to walk again on her own.

"When I took my first step, I knew immediately that I would be able to continue my life as before," she remembers.

But it was not only the chance to walk again that Farzana gained. Today, 13 years on, she is a qualified orthopaedic technician with a fulltime job at the centre, fitting others for the prostheses that will give them back their mobility, just as she has regained hers.

Women play an important role in the work of the ICRC orthopaedic centres where nearly all the staff are former patients. Farzana, now 27, meets paraplegics, land mine victims and patients with spinal chord injuries daily at the centre in Kabul. Being an amputee herself, she understands their predicament perfectly. For the women especially, she and the other female staff are an inspiration.

During all these years, there have been failures and success, ups and downs, but I am convinced that we are on the right track. The expansion of the programme from physical rehabilitation only, to social reintegration, has been, and still is, a demanding commitment, something that nobody could foresee 21 years ago. With hard work and lots of faith, we are today able to provide support to many disabled persons, meeting a broad range of their essential needs".



Farzana examines a new patient in Ali Abad Orthopaedic Centre, Kabul.

Current Situation and Figures

Kabul (opened in 1988)

Certainly one of the biggest rehabilitation facilities in the world, Ali Abad Orthopaedic Centre collects patients from the provinces of Kabul, Parwan, Paghman, Logar, Bamyan, Paktia, Wardak, Ghazni.

Staff employed: 300, all disabled persons. Prostheses made: 1,800 per year. Orthoses made: 4,500 per year. Wheelchairs made: 1,000 per year. Pairs of crutches made: 6,000 per year. Physiotherapy treatments: 57,000 per year. Paraplegics assisted: approximately 2,000. Micro loans given: 5,000. Vocational trainings: approximately 600. Disabled children assisted with home classes: 200. The Centre has a school for orthopaedic technicians.

Mazar-i-Sharif (opened in 1991)

It serves patients from the provinces of Balkh, Jawzjan, Samangan, Kunduz and Baghlan. Staff employed: 78, all disabled persons. Prostheses made: 900 per year. Orthoses made: 1,200 per year. Pairs of crutches made: 1,000 per year. Physiotherapy treatments: 2,300 per year. Paraplegics assisted: approximately 400. Micro loans given 700. Vocational training: approximately 500. Disabled children assisted with home classes: 150. There are training courses for physiotherapists and orthopaedic technicians.

Herat (opened in 1993)

It serves patients from the provinces of Herat, Badghis, Farah, Nimroz, Ghor and Helmand. Staff employed: 78, all disabled persons. Prostheses made: 700 per year. Orthoses made: 3,000 per year. Pairs of crutches made: 1,000 per year. Physiotherapy treatments: 33,000 per year. Paraplegics assisted: approximately 400. Micro loans given 400. Vocational training: approximately 250. Disabled children assisted with home classes: 80. There are training courses for physiotherapists and orthopaedic technicians.

Jalalabad (opened in 1995)

It assists the disabled from the provinces of Laghman, Nangarhar, Kunar, Nooristan, as well as disabled Afghans living in Pakistan. Staff employed: 47, all disabled persons. Prostheses made: 1,100 per year. Orthoses made: 200 per year. Physiotherapy treatments: 6,500 per year. Paraplegics assisted: approximately 250. Micro loans given 700. Vocational training: approximately 450. Disabled children assisted with home classes: 80. There are training course for physiotherapists and orthopaedic technicians.

Gulbahar (opened in 2001)

It assists the disabled from the provinces of Parwan, Panjshir and Kapisa. Staff employed: 25, all disabled persons. Prostheses made: 220 per year. Orthoses made: 350 per year. Physiotherapy treatments: 6,500 per year. Paraplegics assisted: approximately 50. Micro loans given 300. Vocational training: approximately 350. Disabled children assisted with home classes: 10.

Faizabad (opened in 2001)

It assists the disabled from the provinces of Badakhshan and Takhar. Staff employed: 40, all disabled persons. Prosthesis made: 180 per year. Orthoses made: 700 per year. Physiotherapy treatments: 14,000 per year. Paraplegics assisted: approximately 50. Micro-loans given: 230. Vocational trainings: approximately 200.

The ICRC Orthopaedic Programme also supports four non-ICRC orthopaedic workshops in Maimana, Taloqan, Ghazni and Kandahar.

ICRC Orthopaedic Centres in Afghanistan



ICRC

ICRC Delegation in Afghanistan Kabul

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ICRC Kabul

The ICRC started working with Afghan communities in 1979 in Pakistan, providing surgical assistance to the war-wounded in Peshawar and Quetta. The organization has been present in Afghanistan since 1987. Today, the ICRC has staff of over 100 expatriates and 1'200 national staff based in Kabul, Kandahar, Herat, Mazar-i-Sharif and Jalalabad, as well as in offices in Faizabad, Gulbahar, Bamyán, Farah, Kunduz and Maimana.

In addition to its orthopaedic programmes, the ICRC is active in protection activities, medical assistance, water and hygiene, promotion of International Humanitarian Law (IHL) and support to Afghan Red Crescent Society (ARCS).

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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 armed conflict and other situations of violence and to provide them with assistance. The ICRC 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 Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.