



ICRC

Factsheet

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ICRC Orthopaedic Centres in Afghanistan



ICRC

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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 a staff of over 60 expatriates and 1,000 national staff based in Kabul, Jalalabad, Kandahar, Herat and Mazar-i-Sharif, as well as in offices in Faizabad, Gulbahar and Bamyan.

On top of orthopaedic programmes the ICRC is active in protection activities, medical assistance, mine risk education, water and hygiene, promotion of International Humanitarian Law (IHL) and support to Afghan Red Crescent Society (ARCS).

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Mazar-e-Sharif Orthopaedic Centre
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Jalalabad Orthopaedic Centre
Public Health Hospital Compound

Tel: 093 (0)79 9 419 652

Herat Orthopaedic Centre
Walaia Road, Nearby Herat Public Hospital

Tel: 093 (0) 0700 415 082

Gulbahar Orthopaedic Centre
Gulbahar Textile Co. Hospital Compound

Tel: 093 (0)79 9 608 754

Faizabad Orthopaedic Centre
Shahr-e-Naw,

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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 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



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, denies them access to medical facilities - when it doesn't destroy the health system itself. Victims are combatants and civilians caught in the fighting, bombarded 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 vaccination due to the conflict has caused a sharp increase in the number of paralysed 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, beside 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, prosthesis, orthosis and walking aids such as crutches, walkers and wheelchairs. It trains physiotherapists, orthopaedic technicians and a large variety of personnel involved in the physical rehabilitation field.

In Afghanistan, accurate and exhaustive figures of the disabled population are not available. Those with mobility impairments could be around 500,000, of whom approximately 40,000 are limb amputees. Their number is constantly increasing, despite the efforts made through mine

risk education and demining programs - in 2006, 796 new victims of mines and other explosive remnants of war were registered by the ICRC. Such a number of disabled persons is a huge burden for a country not yet at peace and struggling to leave twenty five years of war behind.

The ICRC has been permanently present in Afghanistan since 1987 and the Orthopaedic Program was one of its first activities. The first ICRC Orthopaedic Centre opened in Kabul in 1988. The program was then expanded to the other main cities of the country. At present the ICRC directly manages six Orthopaedic 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 organisation willing to cooperate. With an eye to the most neglected categories of the disabled population, programs have been created for the spinal cord injured patients (para and tetraplegics) and the children affected by cerebral palsy.

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

More than 76,000 Afghan disabled have been assisted through the orthopaedic program. Today, this program is ICRC's largest activity in Afghanistan and the ICRC is more than ever committed to do its utmost to continue supporting physically disabled Afghans.

Reto Stocker
Head of ICRC Delegation in Afghanistan

ICRC Orthopaedic Programme in Afghanistan

Over the years, the ICRC Orthopaedic Program in Afghanistan has changed considerably. Initiated in Kabul in 1988 to provide artificial legs specifically to people who had lost their own in the war, 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 who is in charge of the program since 1992, recalls the evolution of the orthopaedic program.

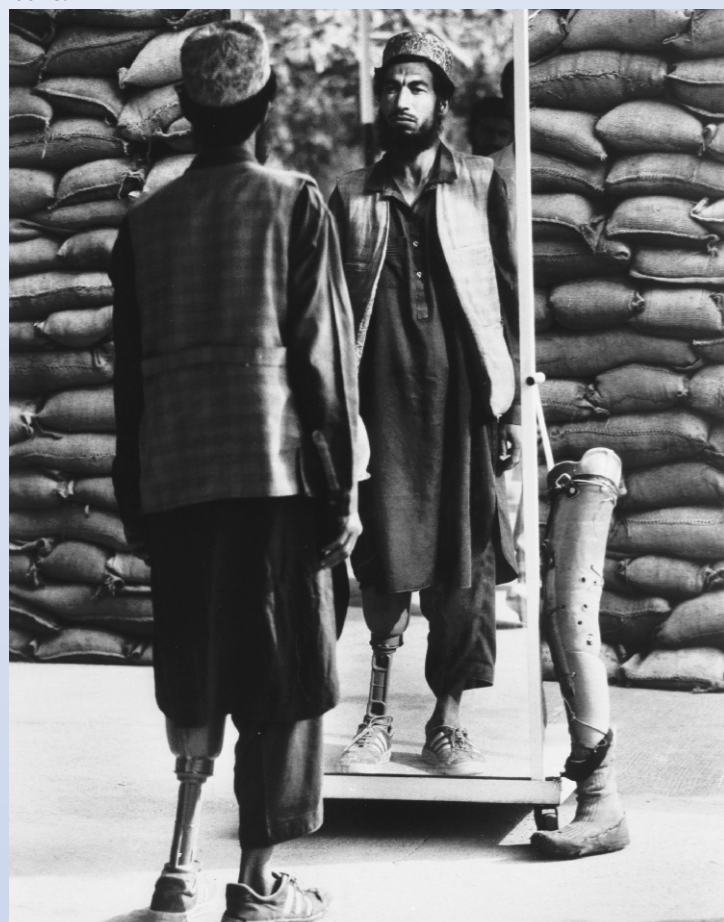
"After six years of assistance to victims of war, although it is ICRC's primary role, it became obvious that it was unfair to help only those wounded in the fighting, or by landmines, ignoring those crippled by polio, congenital problems, tuberculosis or leprosy, victims of road accidents or accidents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

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

So far 76,000 patients have been registered in ICRC 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 much more than a plastic leg and the ability to walk again. He needs a role in the society to which he returns, needs to recover his dignity, his self-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: disabled need schools, a chance to learn a skill so they can get a job, or a small loan to start a modest business. That's why, in 1997, the orthopaedic centres started to expand again, to make room for desks and blackboards, an employment agency and a bank to arrange micro-loans.



In order to set an example, to prove that a disabled person can work as well as an able person, the orthopaedic program has adopted a policy of "positive discrimination", by employing and training only disabled people. At present, practically all the 500 employees, male and female, are in fact disabled former patients.

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 program, unique in Afghanistan, the Home Care Program (HCP). The program assists the paraplegics living in and around the towns of Kabul, Mazar, Herat, Jalalabad, Faizabad and Gulbahar. Instead of being collected in ghetto-like facilities, where they would be separated from the family, uprooted and depressed, 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 has still an important role to play at home and in the community. The family gets support to cope with the new situation and with the numerous problems the paraplegia has brought into the household. The HCP is a multiapproach program initiated in 1996 that provides medical, economic, social and psychological rehabilitation. Home care teams regularly visit the paraplegics, make their family closely involved and insure coordination among all those involved in the rehabilitation program.

Abdullah plays an important role in this program. At the reception of the Ortho Centre in Kabul, he sees and talks to all the paraplegics. He knows all of them. Above all, he is one of them, with the same problems. They perfectly understand each other.

Abdullah was a judge, he had a good job and position. During the civil war he survived the collapse of his house, but was badly injured and lost the use of his legs. He also lost his job, part of his property and many friends. He had to live on loans. "I felt a wreck, desperate, because unable to do anything for my family. There was no future for me", he says. The HCP helped him through the very tough days after the accident and during the physical rehabilitation. Then, he was trained as a physiotherapist and got a job at the orthopaedic centre. Abdullah is a proof that, with the right help, there is always something to be done, even when all seems hopeless. His presence in the program is a great inspiration for many disabled.

During all those years, there have been failures and successes, ups and downs, but I am convinced that we are in the right track. The expansion of the program from physical rehabilitation only to social reintegration has been and still is a demanding commitment, something that nobody could foresee 18 years ago. With hard work and a lot of faith, we are today able to provide support to many disabled persons, meeting a broad range of their essential needs."

Current situation and figures

Kabul (opened in 1988)

Certainly one of the biggest rehabilitation facilities in the world, Ali Abad Ortho Centre collects the patients from the provinces of Kabul,



Parwan, Paghman, Logar, Bamyan, Paktia, Paktika, Wardak, Ghazni. Staff employed: **250**, all disabled persons. Prostheses made: **1,800** per year. Orthoses made: **4,500** per year. Wheelchairs made: **1,000** per year. Pairs of crutches: **6,000** per year. Physiotherapy treatments: **53,000** per year. Paraplegics assisted: approximately **2,000**. Micro-loans given: **4,000**. Vocational trainings: approx. **600**. Disabled children assisted with home classes: **200**. It has a school for orthopaedic technicians.

Mazar-e-Sharif (opened in 1991)

It serves the patients from the provinces of Balkh, Jawzjan, Samangan, Kunduz, Baghlan. Staff employed: **65**, all disabled persons. Prostheses made: **900** per year. Orthoses made: **1,200** per year. Pairs of crutches made: **1,000** per year. Physiotherapy treatments: **23,000** per year. Paraplegics assisted: approx. **400**. Micro-loans given: **500**. Vocational trainings: approx. **500**. Disabled children assisted with home classes **150**. It has a school for orthopaedic technicians.

Herat (opened in 1993)

It serves the disabled of the provinces of Herat, Badghis, Farah, Nimroz, Ghor, Hilmand. Staff employed: **65**, 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: approx. **400**. Micro-loans given: **200**. Vocational trainings: approx. **150**. Disabled children assisted with home classes **80**. It has a school for orthopaedic technicians.

Jalalabad (opened in 1995)

It assists the disabled of the provinces of Laghman, Nangahar, Kunar, Nooristan and the disabled Afghans living in Pakistan. Staff employed: **45**, all disabled persons. Prostheses made: **1,100** per year. Orthoses made: **200** per year. Physiotherapy treatments: **6,500** per year. Paraplegics assisted: approx. **250**. Micro-loans given: **450**. Vocational trainings: approx. **350**. Disabled children assisted with home classes: **80**. It has a school for orthopaedic technicians.

Gulbahar (opened in 1999)

It assists the disabled of the provinces of Parwan, Panjshir, 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: approx. **50**. Micro-loans given: **250**. Vocational trainings: approx. **150**. Disabled children assisted with home classes: **10**.

Faizabad (opened in 2001)

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

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