

RESTORING DIGNITY

MEASURING THE IMPACT OF THE ICRC'S PHYSICAL REHABILITATION PROGRAMME ON THE LIVES OF PEOPLE WITH DISABILITIES



K. Holt/ICRC

Physical rehabilitation is a way of helping restore dignity to people with disabilities. It seeks to eliminate – or at least minimize – restrictions on their movement and activities, so that they may become more independent and enjoy the highest possible quality of life.

People with disabilities might need mobility devices such as prostheses, orthoses, walking aids and wheelchairs; they also need therapy to learn to make the fullest use of their devices. Restoring mobility is the first step in ensuring access to food, shelter, education, a job, an income and, more generally, the same opportunities as other members of society.

In the conflict-racked countries where the ICRC works, physical rehabilitation is needed not only by people whose disabilities are the direct result of the fighting (landmines, bombs, etc.) but also by people who become physically disabled because normal health care breaks down and they fail to receive treatment or vaccinations. The vast majority of these people will require access to physical rehabilitation follow-up for the rest of their lives...

Since 1979, when it began its physical rehabilitation programme, the ICRC has diversified and expanded its activities. The ICRC now pursues this work all around the world. **In 2014, it ran 110 projects in 29 countries and one territory, reaching more than 318,000 people.**

It has acquired a leadership position in this field on account of the scope of its activities, the development of its in-house technology, its acknowledged expertise and its long-term commitment to assisted projects. In most countries where the ICRC has launched rehabilitation projects, services had previously been almost non-existent, and, in many cases, the ICRC project has formed the basis for establishing a national service.



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ICRC PHYSICAL REHABILITATION PROGRAMME

The ICRC's physical rehabilitation programme aims to bolster the services offered in the country concerned by developing national capacity. The primary aims are to make the services: **more accessible**, **better quality** and **sustainable**.

More accessible

Equal access	The ICRC does everything possible to ensure that all people in need of rehabilitation have equal access to it, regardless of gender, social, religious, ethnic or other considerations.
Ease of access	The ICRC may subsidize the cost of travel, accommodation and food, as well as the cost of treatment at the centres. In addition, it may support outreach programmes that take assessment or basic repair/readjustment services from the centres to the areas where the people live.

Better quality

The full range of services	The ICRC works to ensure that people with disabilities have access to a full range of services, including the provision of adequate assistance devices and physiotherapy.
Skilled professionals	<p>As the quality of the services depends largely on a ready supply of skilled professionals, the ICRC conducts a variety of training initiatives from on-the-job coaching to long-term programmes leading to professional qualifications.</p> <p>Since 1979, the ICRC has run formal prosthetic/orthotic diploma programmes in a dozen countries, as well as formal physiotherapy training in one country. It has also provided scholarships enabling a number of candidates to be trained at recognized schools in prosthetics/orthotics or physiotherapy.</p> <p>In 2003, it developed an in-house training package for prosthetic/orthotic technicians that was recognized by the International Society for Prosthetics and Orthotics.</p>
Supplies and infrastructure	The ICRC also furnishes support at centre level to ensure that the individual centres can manage activities by themselves. This support may include building or renovating facilities, or donating equipment, raw materials and components.
Adapted technology	The ICRC shares with centres a low-cost, high-quality technology that it developed itself using polypropylene in order to reduce the financial burden of providing rehabilitation. Polypropylene technology is today used by most non-governmental organizations (NGOs) involved in physical rehabilitation.
International standards	The ICRC promotes the application of internally developed guidelines based on international norms to ensure quality and consistency.

Sustainable

Long-term availability of staff	Having a steady supply of trained professionals (see above) increases the chances of rehabilitation facilities continuing to function in the long term.
Partnerships and long-term vision	The ICRC works with its local partners (the centres' administrations, the government, NGOs, etc.) and takes measures from the start to strengthen their managerial and technical capacities (stock management, patient-data management, treatment protocols, etc.). It may even support the authorities in developing a national strategy for physical rehabilitation.

Within all projects, a number of measures are taken to promote access to other services in the "rehabilitation chain". They include supporting **social inclusion opportunities** and relevant national events, developing **referral networks** together with local and international

organizations directly involved in other parts of the rehabilitation chain, and supporting the development of **national strategies** for tackling disability issues (e.g. promotion of the United Nations Convention for the Rights of People with Disabilities).

STUDY TO MEASURE THE IMPACT OF THE PROGRAMME

With the emergence of the Convention on the Rights of People with Disabilities, there is greater focus on interventions designed to have an impact on disabled people's lives and to be more inclusive. The impact of physical rehabilitation, however, has not been measured in low-income countries, and more specifically in the conflict-affected and post-conflict countries in which the ICRC works.



P. Krzysiek/ICRC

In order to evaluate these interventions, it is necessary to develop measurement tools and generate robust evidence of the impact of physical rehabilitation services on individuals.

The ICRC has therefore mandated the London School of Hygiene and Tropical Medicine to conduct a two-year study on the impact of its physical rehabilitation programme on the lives of people with disabilities.

Objectives

The objectives of the study are:

- to develop tools and methods to measure the impact of physical rehabilitation on the lives of people with disabilities;
- to use those tools and methods to generate robust data on the impact of physical rehabilitation in one country (Myanmar);
- to refine and adapt the tools for electronic use in order to measure the performance of rehabilitation services in general and to develop related guidance and training.

Design



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Participants

The study will focus on 200 people benefiting from ICRC physical rehabilitation services in Myanmar. These people will be selected at the time of their first contact with the service and will be restricted to people requiring prostheses or orthotic devices who are not currently using such devices (even if they have in the past). These 200 people will be recruited during a three-month period at three centres.

Data collection

Measurements will be taken at two points in time: before the physical rehabilitation intervention (first contact) and one year after the intervention.

In preparing the impact measurement tools, notably a tailor-made **questionnaire**, a review of performance measurements used by the wider health and rehabilitation sector will also be undertaken. Consultation meetings will be organized with key experts at the ICRC, the International Society of Prosthetics and Orthotics and the World Health Organization.

Furthermore, local perceptions of the impact of physical impairment and rehabilitation will be examined in order to ensure that the impact questionnaire touches on the most pertinent topics. For this, 20 people – with range of physical impairments and of different ages and gender – will be interviewed in depth.

A pilot test of the questionnaire will precede its roll-out so that it may be adjusted as necessary.

The questionnaire, and therefore the study, will aim to measure the impact of the intervention on people's lives in terms of their:

- **activities;**
- **social participation;**
- **quality of life;**
- **poverty level.**

In addition, the study will collect and record information about:

- **the type of physical rehabilitation service used;**
- **the number of interventions received;**
- **whether the treatment course was completed.**

At the one-year stage, information will also be collected about:

- **satisfaction with treatment;**
- **whether the devices are still being used.**

Data on the **cost of the treatment** (direct costs and indirect costs) for both the participant and the centre will also be collected. This data will be used to evaluate the cost of the rehabilitation services in comparison with their effectiveness. This kind of information will also allow the ICRC to make programmatic decisions on how to orient its efforts and investments.

Qualitative follow-up will be undertaken with a sample of 20 participants to investigate more thoroughly the impact of physical rehabilitation on their lives.



T. Page/ICRC

Alongside the tool itself, guidelines will be developed on how to collect the information, as well as on who should collect the information and from whom.

To ensure smooth and accurate use of the tool, a one-week train-the-trainer course on the impact assessment methodology will be devised and 6 to 8 ICRC staff members from a variety of countries selected to attend.

In such a manner, this study seeks to ensure that there is an adapted and usable tool at the disposal of ICRC staff to measure and therefore ensure the effectiveness of its physical rehabilitation programme.

With this kind of information at its fingertips, the ICRC can maximize the impact of its services for people with disabilities.



Z. Dewet/ICRC

2-year budget (2015-2016)

BUDGET LINE	EUR
Salaries	210,591.04
Travel and subsistence	115,684.03
Consumables and IT equipment	5,266.80
Dissemination Costs/ Open access publication	4,224.00
Overheads of the London School of the Hygiene and Tropical Medicine	75,073.17
TOTAL	410,839.04

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Widespread use of the tools developed

The next stage will be to translate the impact questionnaire into an easy-to-use electronic tool, which will be put on a mobile platform for data collection and entry from tablets.