

Society's forgotten victims



PHOTO: AGNES NEBHAY

BY ANNA ILARIA-MAYRHOFER

For many years, the International Committee of the Red Cross Special Fund for the Disabled (ICRC/SFD) has worked to help physically disabled people in poor countries regain their mobility and self-respect and lead productive, fulfilling lives. In the following interview with the *OFID Quarterly*, **Professor Claude le Coultre**, Chairwoman of the SFD Board,

highlights the plight of these “forgotten people” and the challenges they still face, even with support from institutions like OFID.

According to Professor le Coultre, the disabled in the developing countries are very often overlooked or cast aside in favour of more high-profile causes: “In terms of allocating more funds to the disabled, it’s simply not a priority for many governments and health ministries. So if the SFD and donor organizations such as OFID didn’t provide this valuable niche, these vulnerable people would be truly forgotten by society.”

It is particularly difficult to raise funds for a cause that isn’t headline news, she notes. While the plight of landmine victims used to be a highly publicized issue; today you hear little about the topic.

“However, even if there is no longer war or conflict in these countries, those left disabled are still there – and require assistance.” she says.

Which is why OFID has previously extended support to SFD’s regional centers in Nicaragua and Vietnam, and more recently to help bolster operations in 15 SFD collaborative national centers in Eastern Africa, as well as to its regional office in Addis Ababa, Ethiopia. “OFID has really made a difference to the SFD, as it supports activities that aren’t necessarily in the spotlight,” concludes Professor le Coultre. “We consider OFID to be one of our key stakeholders.”

According to the World Health Organization, over 600 million people across the globe experience some form of disability. Approximately 80 percent live in developing countries and are poor; and thus, are unable to access the medical and rehabilitation services that would enable them to re-integrate into society. One of the most prevalent afflictions in these countries is missing limbs resulting from accidents. While in some cases these injuries are caused by auto- or work-related mishaps, in other cases, the individuals are victims of landmines and unexploded ordnance.

“It’s a terrible situation for anyone to face, no matter where one lives,” says

Professor le Coultre. “But to lose a limb or become otherwise disabled in resource-poor countries brings insurmountable obstacles, as the victim usually cannot work and support their family.”

New amputees must also grapple with the psychological aspect of their disability and often face stigmatization and social exclusion. According to the Professor, this is particularly true for women, who are typically the most vulnerable members of poor societies. “Having a missing limb, for example, might mean that they won’t be considered suitable for marriage, which, in many countries, is seen as the primary means for women to achieve proper social status.”

These challenges would indeed be insurmountable were it not for the dedicated efforts of the SFD. Established in 1983 by the ICRC to streamline efforts to assist the disabled in impoverished areas and to continue projects where the ICRC no longer operates, the SFD’s main thrust is to provide rehabilitation centers in low-income countries with the technical support and training, as well as the equipment needed to produce low-cost, high quality prosthesis and orthoses (devices that provide support to an improperly-functioning limb). The Fund also provides walking aids, such as canes and crutches, and wheelchairs, and even pays travel costs for patients to reach a center. In 2009 alone, some 15,000 people in 30 countries were able to benefit from rehabilitation services sponsored by the SFD.

The SFD operates out of three main bases. The Africa region is covered by a prosthetic/orthotics center (POC) in Addis Ababa, Ethiopia, which provides specialized training to orthopaedic technicians and physiotherapists, and offers basic coursework and refresher courses for those working at assistant-level positions. Other regional centers are in Ho Chi Minh City, Vietnam and Managua, Nicaragua.

Working out of the regional hubs, experts make regular visits to local rehabilitation centers and also conduct on-



PHOTO: ICRC/SFD

site training. As it is a highly specialized field, prosthetic/orthotic technicians must undergo three to four years of rigorous training. And here, too, the SFD is willing to help, by means of a scholarship program, which is available to assistant technicians or physiotherapists who have completed basic coursework at the POC. Successful candidates attend a school selected by the SFD “to insure that the graduates receive a diploma that is internationally recognized by the Society of Prosthetics and Orthoses.”

On-site evaluation is also carried out. For instance, a team of SFD experts regularly carries out visits at rehabilitation ►

“To walk and work again” is SFD’s watchword. Here, an SFD physiotherapist helps a beneficiary get used to his new prosthesis. Renewed mobility will make it easier for him to obtain gainful employment and become self-sufficient.

Case study: Ethiopia

Tesfahun Hailu from Ethiopia lost his leg and part of his arm six years ago in a landmine accident. Thanks to an artificial leg provided by the ICRC/SFD, Tesfahun was able to return to school. Now 19, he is determined to become a doctor.

How old were you when you had your accident?

I lost my leg when I was 13 years old. I was playing with a landmine that my friends and I had found. I was curious. I heard some rattling and wanted to see what was inside. When I tried to open it, it exploded. I remember it very clearly. Surprisingly, I didn't feel any pain, probably because the nerves in my leg were burned. I mostly felt shock because it happened so fast and I didn't expect it.

I live in a small village and it took a while to get treatment. We first had to see the police, to report the accident. When we reached the hospital, 25 minutes away, they told me I couldn't be treated there. I had to go to another hospital that could help me.

My mother died when I was five years old so I was always working, doing odd jobs like shoe shining. After the accident I wondered how I could continue to work.

Is it difficult walking with an artificial leg?

I was so eager to walk. When the limb-fitting centre gave me my first artificial leg, I started running and the thing broke! But it wasn't difficult learning how to walk with an artificial leg. I could do it immedi-



PHOTO: ICRC/SFD

ately, even though the first one was heavy and not very comfortable. I later learned about the Special Fund for the Disabled and about the Prosthetic Orthotic Centre that made lighter ones, which made walking much easier.

I have had to get a new leg every six months. There have been seven so far, because I've grown so quickly. I'm one metre ninety now, but I don't think I will have to go to the Centre so often because I've stopped growing.

Has the Centre looked after you well?

All the people at the centre have looked after me – they're like family now. They don't just fit artificial limbs, they want to make sure I'm doing well. They give me advice if I need it and a lot of encouragement, especially with my studies. They've really made a difference in my life.

What advice can you give other people in a similar situation?

First, people need to learn about the dangers of landmines. Both parents and children must know what can happen if they hold or play with one. If they are injured like me, they need to accept that they are disabled and not let it defeat them.

A lot of disabled people sit at home and feel useless because society doesn't give them a chance. But if they are given a chance they can really lead full and active lives. They must exercise and practice using their artificial limbs so they can be independent.

Even with a disability, you can do almost everything, but it does take hard work. Me, I plan to go to university to study to become a doctor. In the village where I live, there is only one doctor for 6,000 people. We need more doctors.

Source: ICRC



PHOTO: ICRC/SFD

◀ centers throughout Africa. Each remains at the center for three to four weeks, where they conduct comprehensive patient evaluations and provide staff – who are mostly local – with thorough feedback on the devices that have been produced and fitted there. “We want the local technicians to understand that they must carry out this delicate task as perfectly as possible,” explains Professor le Coultre.

For a rehabilitation center to receive assistance from the SFD, it has to undergo an evaluation process to ensure that it has the necessary infrastructure and technical capacity to treat patients. It must also possess some level of financial and managerial autonomy.

“What also must be borne in mind is that the rehabilitation centers are providing continuous services to each patient,” says Professor le Coultre, who ex-

plains that a prosthesis needs to be replaced every two to three years or about every six months in the case of children. “We estimate that someone first fitted with a prosthesis at the age of five would need approximately 25 replacements throughout life.”

Physiotherapy is also vital for helping an individual become accustomed to the new device, learn to walk and carry out day-to day-tasks. “It gives patients confidence, and the staff at the centers are also on hand to talk to these people and help ease their fears about this new chapter in their lives,” says the Professor. Indeed promoting mobility is the SFD’s ultimate aim, as captured in its motto: “To walk and work again.” ■

For more information about the ICRC/SFD, visit their website at <http://www.icrc.org/fund-disabled>

Becoming a prosthetic/orthotic technician requires three-four years of rigorous training. SFD sponsorship helps rehabilitation centers develop these vital skills.