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REPORT ON ESTABLISHMENT OF  
CENTRE FOR PHYSICALLY HANDICAPPED CHILDREN  
IN LEBANON

by

Dr. J.E. Underwood  
WHO Consultant

REPORT ON ESTABLISHMENT OF  
CENTRE FOR PHYSICALLY HANDICAPPED  
CHILDREN IN LEBANON, VISITED  
FROM 24 AUGUST TO 4 SEPTEMBER 1952

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1. Preliminary Discussions

Calls were made upon, and the proposal was discussed with the following:

Dr. Vine        )  
Dr. Morris     ) World Health Organization

Director-General, Ministry of Health (Dr. Fuad Abou Zahr)  
Director-General, Ministry of Education (Dr. Abou-Jawdeh)  
Director-General, Ministry of Social Security (Mr. Madim Harfouche)  
Mr. Ehrenstrale (Representative UNICEF)  
Mr. Schuller (Representative Technical Assistance Board)  
Mr. Grigg (Representative UN Social Affairs)

Mlle Gzanger   )  
Mr. de Coster  ) Representatives UNESCO

Dr. Nelson - Dean, Medical School, American University  
Dr. M. Ghantus - Vice Dean, Medical School AUB  
Dr. Hans Zellweger - Chairman, Paediatric Dept., American University  
Hospital  
Dr. Janal Harfouche - President, Lebanese Committee, International  
Association of Child Welfare  
Dr. Shahla - Prof. of Education, AUB

2. General Outline of Proposal

The proposal is to establish :

- (a) A special school for physically defective children who need after-care and special education facilities after treatment in hospital.
- (b) A physiotherapy centre where after-care treatment can be carried out.
- (c) Braces and surgical equipment workshop.

The moving force behind this proposal is the Lebanese Committee of the International Association of Child Welfare, which has obtained the general approval and sponsorship of the Ministry of Health to the scheme. The Ministry of Health have indeed delegated the running of this school and centre to the Association.

It is suggested that premises for the above should be provided at the Cité des Apprentis Libanais, an orphanage established by l'Abbe Cortbawi, a Maronite. Father Cortbawi has agreed to build suitable accommodation, and provide for the general maintenance and boarding of the pupils out of the funds of institution. The staff of the American University Hospital have undertaken to provide the medical after-care of the pupils.

3. General Description of Cité des Apprentis

This is situated 5-6 kilometres from the city on an elevated and beautiful site overlooking Beirut. It is an orphanage taking homeless children, foundlings, and children who for some reason or other need to be removed from their homes. There are 260 pupils of an age range from 4-17, but a kindergarten department taking children between 2 and 4 years of age is to be opened shortly. The children are housed at present in three main blocks, containing living rooms, classrooms and dormitories.

Accommodation for vocational training is found in three large separate buildings and provision is made for training in wood work, metalwork and printing. These workshops, particularly that of printing, are extremely well-equipped. Father Cortbawi intends to establish shortly a department for training in light electrical work, such as wireless repairs etc.

There are as yet no vocational training shops for girls, since these have been admitted only during the past year, and at present number 65. They are taught embroidery, sewing, cooking and general housewifery.

The staff consists of 26 teachers of whom eight are for primary school subjects.

I was favourably impressed with the general atmosphere of this place. Although there were not many children present at the time of my visit, some having gone home for the holidays, and many having gone to a holiday camp, those that I saw appeared healthy, well-nourished and full of life and spirits. Ample arrangements appear to be made for their recreation.

#### 4. Location of Centre of Physically Defective Children

At this stage we must balance the advantages against the disadvantages of establishing this centre for physically defective children at the Cité des Apprentis.

##### Advantages are:

- (a) That the cost of buildings, board and maintenance of the pupils will be borne by Father Cortbawi's organization.
- (b) That adequate vocational training facilities are available.
- (c) That the existing workshops will be able to supply much of the furniture for the special school, some of the equipment of the physiotherapy centre and, under expert direction, much of the surgical equipment, splints, braces etc.
- (d) That from the point of view of health and general environment the Cité would be a very suitable location for a special centre for physically defective children.
- (e) That the Cité is under the general direction of a very able and broad-minded man whose vocation in life is to care for the needy and handicapped and who seemed exceptionally co-operative, and appeared willing to accept any conditions with regard to the running of the special centre which were suggested.

##### Disadvantages are:

- (a) That this centre, which must be a national one, would be closely tied to a denominational institution.
- (b) That it is some 5 to 6 kilometres from Beirut and therefore transport for visiting staff e.g. medical staff from the American Hospital will have to be provided.

There appears no possibility of locating this centre anywhere else. There is no space available at the American University and even if there were, to use it would be open to the same objection of tying a national institution closely to a non-national one. It appears therefore that either the centre must be located at the Cité, or immediate plans for its establishment must be abandoned altogether.

In my view the advantages greatly outweigh the disadvantages, and the rest of this report is written on the assumption that this centre is to be established at the Cité des Apprentis.

To ensure as far as possible that this centre should be a national one I suggested to Dr. Jamel Harfouche and Dr. Hans Zellweger that its control should be vested in a Management Committee which would be a sub-committee of the Lebanese Branch of the International Association of Child Welfare, a fully representative non-sectarian and non-political body. The Management Committee should have representatives of different creeds, Christian and Moslem, and of both the American and French Universities. There should be no difficulty in forming such a committee because all these interests are represented on the Association.

This proposal was discussed fully with Father Cortbawi who accepted it readily on the conditions, which are reasonable, that he remains in administrative control of the whole Cité and in disciplinary control of the staff. He agreed that <sup>he</sup> would take no disciplinary action against the staff of the special centre without consultation with the Committee.

##### 5. Admission and Medical Supervision

The types of cases to be admitted was discussed with Dr. Zellweger, Director of Paediatric Dept. American University Hospital. In order of priority they will be:

- (a) Cases of residual paralysis after poliomyelitis. This disease seems to be on the increase, though there are no statistics or system of notification to prove this. Some 35-50 cases, many of whom require physiotherapy after-care have been through the hands of the paediatric department this year.
- (b) Cases of cerebral palsy. Only those that are not severely paralysed, and who can benefit by physio-therapy, education and training would be admitted.
- (c) Post-accident cases who need surgical apparatus, artificial limbs etc.
- (d) Miscellaneous cases e.g. post-operative orthopaedic cases and rheumatoid arthritis, congenital defects including cleft palate.

The above describes the types of cases that will be admitted from the American Hospital. It is hoped that other hospitals, the French and the Government Hospitals will refer suitable cases for admission to the centre. It will therefore be necessary to have some machinery for selection. I emphasised that selection must be made on a medical-educational basis, i.e. the child must be likely to benefit from treatment and from the education given at the centre, and that of course it must be irrespective of creed of the applicant, a condition accepted by Father Cortbawi. How this selection is to be made on a fair and acceptable basis for all the interests concerned must be worked out by the Management Committee, but I suggested that the latter might delegate this to a paediatrician and a surgeon, one from the American, and the other from the French hospital.

In a discussion with the Dean, Dr. Nelson, and Vice-Dean, Dr. Ghantus of the American Medical School I had the assurance that the medical care and supervision of the children at the centre would be undertaken by the staff of the American Hospital.

#### 6. Accommodation for the Centre

In planning the accommodation, which was done in consultation with Dr. Harfouche, Dr. Zellweger and Father Cortbawi, we kept in view that this centre should not only provide for the treatment and education of physically defective children, but also that it should serve as a model for other countries as well as a training ground for personnel working in similar units. The accommodation set out below may seem rather lavish, but if we keep these wider issues in mind, it is not extravagant. The same considerations apply to the provision of equipment and the appointment of personnel which is dealt with in the following sections.

I advised that initially we should plan for a residential unit of about thirty children of both sexes, but that the architectural plan should be such that extensions can be made in the future. It is possible that in addition to the residential there may be a few day pupils. It should be realised that the question of adapting existing buildings does not arise.

##### (a) Children's Accommodation:

###### (i) Dormitories:

- 4 with 6 beds
- 4 with 2 beds

These should be of sufficient size to permit of about 1 metre between adjacent edges of beds.

###### (ii) Sanitary annex to dormitories equipped with 2 shower baths, and 4 long baths and necessary sanitary conveniences.

###### (iii) Classrooms, living rooms and dining rooms.

Five rooms of approximately 6 x 5 metres. Combined use of some of these rooms e.g. for teaching and for recreation, could be made.

##### (b) Physiotherapy Treatment Room:

One room of approx. 12 x 10 metres with an annex in which treatment by baths (see section on equipment) can be carried out.

##### (c) Staff Accommodation:

###### (i) Medical examination room with annex where minor treatment can be carried out and plasters applied. A waiting room for parents would be of advantage.

###### (ii) Nurses quarters:

This should be planned for three nurses and should include single bed rooms, bath and toilet room, and sitting room.

(iii) Residential accommodation must be provided for physiotherapists, and for a technician in charge of the braces and surgical equipment workshop.

(iv) Workshop for technician:

It is possible that accommodation for the technician in surgical equipment, braces etc. could be found in one of the existing workshops, or that an annex to one of the workshops could be built.

All the accommodation used by children should be on ground floor level. Nurses quarters and residential accommodation for physiotherapists could, if necessary, be provided on the first floor.

#### 7. Furniture and Equipment

(a) School, living rooms, residential quarters.

I will not attempt to give a detailed list of what furniture will be needed for living quarters. In the classrooms the aim should be to give individual tables and chairs, some of the latter needing special adjustments to enable children to assume a semi-recumbent position. The design of special chairs or couches must be worked out for individual cases and in this the help of the technician of the surgical equipment shop should prove valuable. Classroom furniture should so far as possible be light, collapsible and easily stored.

Much of this furniture could be made in the workshops of the Cité, providing the raw materials could be supplied.

(b) Physiotherapy room.

This, of course, needs specialized equipment, though again much of this could be made in the workshops under the direction of the technician. Such items are:

- (i) Rib-stalls
- (ii) Parallel bars for walking exercises
- (iii) Couch
- (iv) Massage table
- (v) Wheel chairs. (The use of these would of course not be confined to the physiotherapy room).

In addition to the above some apparatus such as stationary bicycles for leg exercises, which could not be made in the workshops, would have to be provided.

The question of providing exercises and massage under water, a form of treatment which is useful for residual paralysis in polio cases, and in cases of cerebral palsy was discussed with Dr. Zellweger. He regards it essential that facilities for such treatment should be made available, though its provision would be an expensive item.

First and foremost I would put a swimming pool, measuring approximately 5 x 1.1/2 metres, with thermostatic control of water temperature. This is particularly useful in the treatment of cerebral palsy (spastic type). I can give no estimate of the cost of this.

For cases of residual paralysis after poliomyelitis Dr. Zellweger advocates under water pressure massage. I have had not experience of this, but I understand that the apparatus consists of a bath, rather larger than the ordinary size, with a pump which sprays water at a high pressure on the afflicted limb while the patient is immersed. The apparatus is manufactured by a Zurich firm, Benz, and the cost is approximately 2000 Swiss Francs.

If such facilities are to be provided, and in my view a swimming pool at least is necessary, they will have to be placed in an annex to the physiotherapy room.

(c) Braces and Surgical Equipment Shop.

I am unable to advise on the necessary apparatus and equipment for this. Much of the actual construction of apparatus could be done in the workshops of the Cité under the supervision of the technician, and only he, after seeing what is available could advise on what extra pieces of apparatus would be necessary for his own use.

8. Staff

We must consider this from the point of view of immediate needs, i.e. the staff which must be provided before the centre can operate, and of long term needs, i.e. after the centre has been operating for a year or two when one would know more accurately the types of cases it will deal with, and when problems of training and employment of physically defective pupils will arise.

(a) Immediate needs.

(i) Physiotherapists.

There are no physiotherapists at either the American or French Hospitals and so far as can be ascertained, in Lebanon.

In discussion on the general question of physiotherapy with representatives of the American Hospital I suggested that it would be desirable to link up whatever work is done at the Centre with similar work at the hospitals and that the same staff should serve both. This would give increased scope of work which is particularly important from the point of view of training local people. They fully agreed with my view but raised the practical difficulty that there is no available accommodation at the American Hospital at any rate, for physio-therapy. So far as I could ascertain the same holds true of the French Hospital. The American Hospital is contemplating extensions to their out-patient department and it may be possible to establish a physio-therapy department there in the future. For the present therefore we must confine our attention to the needs of the centre when established at the Cité.

It is estimated that one physio-therapist can deal with approximately 8 cases a day. This would mean that for a unit of thirty odd children, some of whom it is true would not need daily treatment, would need the services of two physio-therapists. In assessing the requirements one must take into account the important duties of the physio-therapists in connection with training local people. Dr. Zellweger with whom this matter was discussed was in general agreement, though he stated from the point of view of training he would prefer to have one physio-therapist for four years, than two for two. To provide specialist staff for such a long period may not however conform with the general policy of the World Health Organization. (Dr. Zellweger informed me that

he knew of a physio-therapist, trained in Germany and who has had some experience in England - a Fraulein Hilda Schlippe - who would be willing to consider a temporary post in Beirut).

(ii) Teachers.

For a unit of this size two primary school teachers would be needed, one of whom should have some training in the organization of a teaching method in schools for physically defective children. It seems to me impossible to obtain the services of a teacher from abroad with the requisite experience, and with the necessary knowledge of languages - English, French and Arabic - to assume charge of this school for a limited period. Therefore the only practicable way of meeting this requirement would be to send a selected Lebanese teacher to study the educational problems in schools both day and residential, for physically defective children in Europe or America for a period of 6 months to a year. Dr. Shahla, Prof. of Education of the A.U.B. with whom I discussed this problem would be willing to help in the selection of a suitable candidate. (If it were decided to send a teacher to Great Britain, I should be glad to do what I can in suggesting suitable schools and making the necessary contacts).

(iii) Nurses.

The centre should have a senior nurse, who should be fully trained, and have <sup>had</sup> some experience in the special problems arising with physically defective children. It is desirable therefore that a trained nurse should be sent abroad for a period say for six months to a year to gain experience in residential schools. Father Cortbawi has on his staff a sister who is a fully trained nurse, and whom he would recommend as suitable for the post of Senior Nurse. She is French speaking and it would seem therefore that, if she is sent abroad, it should be to France or Switzerland.

(iv) Technician for surgical appliances, braces, artificial limbs etc.

So far as is known there is no technician in Lebanon. Since there are several craftsmen, who have been trained in the workshops of the Cité, and who would be capable of doing this special work after suitable tuition, it would seem that the best course would be to provide the services of a technician from abroad for a period of 18 months to two years. The training of craftsmen would be an important part of his duties. In making this recommendation I realize that the work for a unit of some 30 children would not keep a technician fully employed. This was discussed with representatives of the American Hospital, and it was agreed that hospital cases including adults should be referred to the technician for any appliances, artificial limbs etc. which may be needed. The shop would, it is hoped, become in time the centre for the supply of surgical and orthopaedic apparatus for the whole country.



(v) Social Worker.

The services of a social worker for the purpose of maintaining liaison between home and pupils, determining the suitability of the home to receive pupils after discharge from the centre, after-care work, and following up those who have been placed in employment seems very desirable and Mr. Grigg, Representative of UN Social Affairs, with whom I discussed the matter gave me to understand that his department would be prepared to consider an application for such an appointment.

(b) Long Term Needs.

(i) Orthopaedic Surgeons.

Although it is of great importance for the country as a whole to have the services of surgeons who have had some special training in orthopaedic work, the establishment of a centre for physically defective children need not be delayed because of the lack of specialized orthopaedic surgeons. The problems of such children are more paediatric than surgical. That is why I place the training of orthopaedic surgeon among the long term rather than the short time needs.

At the American Hospital orthopaedic work is carried out by a general surgeon and, I was given to understand, very competently. At the same time it would seem desirable that at some future date he and others who have similar interest should be given the opportunity of specialist study abroad.

(ii) Speech Therapists.

In an earlier section of this report I mentioned the possibility of post-operative cases of cleft palate being sent for a period to this centre. These and a considerable proportion of cerebral palsy cases, among whom speech defects are common, would need the services of a fully trained speech therapist. I cannot however put such an appointment among the immediate needs. If in course of time the number of children with speech defects reaches, say half a dozen, I would regard the services of a speech therapist as essential.

(iii) Occupational Therapist.

For young children, and in its initial stages this centre will be mainly concerned with young children, I do not regard the services of an occupational therapist as essential. A well trained teacher, with experience of work in special schools of this character should be able to do all that is necessary for young children providing she has medical supervision and guidance.

For older children, and particularly for those that are entering on a course of vocational training, occupational therapy is of value, particularly in relation to various technical skills which a trainee may be called upon to exercise.

(iv) Vocational Guidance Expert

When the time comes for a physically defective pupil to enter vocational training some expert guidance taking into account the physical limitations caused by his disability and the local opportunities for employment in a skilled trade, would be very desirable. This however is but a small part, affecting very few individuals, of the much wider problem of vocational guidance generally, and at this stage I am unable to make any definite recommendation.

9. Vocational Training, Placement and Employment.

The question of provision of special accommodation for the training of physically handicapped pupils does not arise, as the existing workshops for metal work, wood work and printing, are large and exceptionally well equipped and would be quite suitable for the purpose we have in mind. The staffing is on a ratio of about 2 instructors to 10-12 pupils.

The quality of the work turned out, e.g., furniture and printing (in three languages) is of high order and is of considerable commercial value to the institution.

The educational programme for inmates of the orphanage is full time school up to 12-13, then part-time school and part-time training up to about 16 and after this full time training until proficient for employment. A certain number remain at the institution permanently as workmen. This tendency to retain a number of employees permanently must not be allowed to obscure the main purpose of training physically defective pupils, which is to make them self supporting and able to compete with normal persons in the outside world.

An extension in the syllabus of training may be desirable in the future. Light electrical work, which would be very suitable for physically defectives has already been mentioned. Training in other occupations such as fine art, textile design, and clerical work might be kept in mind.

There is no official machinery for vocational guidance and placement in employment. Placement of former pupils of the Cité is done by Father Cortbawi, and he assured us that there was very little difficulty in placing trained persons. With regard to the placement of handicapped persons, he admitted that at first there will be prejudice on the part of employers against their employment. To overcome this must be one of the objects of the training centre.

As has been already stated vocational guidance, placement and employment of handicapped persons is but a small part of the whole problem of employment in Lebanon. The newly formed Ministry of Social Affairs have had this problem under consideration and are about to start a survey on employment in the country as a whole. They have drawn up a questionnaire, which inquires into besides personal details, educational history, form of employment, wages etc. and it is hoped that from the returns received, in most cases from the local mayor, some idea of the employment position may be assessed.

The Ministry is also interested in the education, training and employment of handicapped persons and have formed a Committee consisting of representatives of the Ministry of Health, Ministry of Education, UNO Social Affairs (Mr. Grigg) and various voluntary bodies. This Committee is about to draw up a questionnaire which is to be sent out to mayors of towns and districts requesting information about handicapped persons in the community, including nature and extent of disability, employment etc. The return will be made by the Mayor and local doctor.

In view of this interest in the field of employment by the Ministry of Social Affairs I advised the Director General to apply for help to the International Labour Office. The Director-General said that when by means of these surveys the extent and nature of the problems were envisaged, his Ministry will be glad to avail itself of expert advice.

10. Transport.

Transport problems may arise with regard to the attendance of day pupils, and to the attendance of hospital patients for artificial limbs, surgical instruments etc. The Cité is near two main roads, one to Damascus, the other to Sidon. Given the vehicles, therefore, there would be no difficulty. The hospitals have probably got sufficient transport for the few cases which need attend the surgical appliances shop. For pupils attending the school daily no definite scheme of transport has been worked out though it is possible that the Association of Child Welfare and other voluntary bodies might help. At this stage it is not necessary to produce a "cut and dried" scheme.

11. Conclusions.

The general attitude of the Lebanese Government to the proposals outlined above is one of encouragement without financial commitment. The Ministry of Health has delegated the establishment and running of this centre to the Lebanese Branch of the International Association of Child Welfare and this Association has in its turn appealed for help from Father Cortbawi and the American Hospital. Their appeal has been most generously met. I am confident that these non-governmental persons and bodies could, given the good-will and co-operation of the Government Departments involved establish a centre which could be a model for Eastern Mediterranean countries and a training ground for personnel.

It should be stated that the establishment of such a centre will touch only the fringe of the whole problem of crippling in Lebanon, the extent of which is quite unknown. There are no doubt, many persons in the towns and villages, who because of the shortage of treatment and after-care facilities have reached a state of chronic and incurable crippledom. And while begging is still a not unprofitable occupation the incentive to seek treatment, even if treatment is likely to be effective, is lacking.

This centre will start at the right end, namely with young children who from the point of view of improvement in physical condition and eventual adjustment to life are the most promising. It should become therefore an important agent in preventive medicine.

One must look to the future. If WHO support this project and help in various ways in providing equipment and trained personnel, the centre can run efficiently so long as that support is given. Once it is withdrawn the costs which will be very heavy, will fall mainly on voluntary bodies. At this stage it is hoped that the Government Departments will step in and finance the upkeep of the institution and the education and training of the pupils. This after all is a very common sequence of events in western countries; institutions, particularly those for handicapped children, are started by voluntary bodies but when firmly established as efficient going concerns receive considerable help from government sources, at the same time retaining a certain amount of independence as "voluntary" institutions.

This unit for about 30 children must be regarded only as the first stage of a larger scheme to deal with physically handicapped children in Lebanon.

A centre more than double this size would probably be needed if the problem is to be tackled at all comprehensively. In the initial stages however it would be unwise to attempt to organize a unit larger than the one proposed. The aim should be to build up gradually from the start so that eventually there is produced a centre which will not only serve the needs of Lebanon but will also become a model for Eastern Mediterranean countries and a training ground for personnel.

12. Summary of Recommendations.

- (a) That WHO should support this proposal to establish a centre for physically handicapped children on the lines indicated in the body of the report.
  - (i) That steps should be taken to secure that the centre is a national one, non-sectarian, and ready to consider applications for admission of children from all sources.
  - (ii) That accommodation on the lines indicated in section (6) be provided by Father Cortbawi.
  - (iii) That the medical supervision and follow-up care of children at the centre be provided by the American University Hospital.

If (a) is accepted then certain recommendations concerning the assistance given by WHO and specialized agencies follow. These are:

(b) Furniture and Equipment

That furniture and equipment be provided in accordance with that detailed in section (7). Much of the furniture and some of the equipment could be made in the workshops of the institution, though raw materials would have to be supplied by outside sources. Specialized equipment for the physiotherapy room, and possibly for the surgical equipment shop will have to be obtained from manufactures.

It would seem that the provision of furniture and equipment is a matter for consultation between WHO and UNICEF.

(c) Staff

Specialized staff for the centre (see section 8) must be obtained by temporary appointments, of at least two years duration, or by sending selected persons abroad for training. For the immediate needs the following should be appointed:

- (i) Two physiotherapists
- (ii) One technician for braces, surgical equipment making etc.
- (iii) One social worker

and the following should be sent for training to Europe or America:

- (i) One teacher
- (ii) One nurse

Future as distinct from immediate needs include:

- (i) Fellowship for a surgeon to enable him to study modern orthopaedic technique.

- (ii) The appointment of a speech therapist on a temporary basis.
- (iii) The appointment of an occupational therapist on a temporary basis. The provision of staff appears to be primarily a matter for WHO, though it may not be within its powers to give a fellowship to a teacher. This seems to be a matter for consultation with UNICEF and possibly UNESCO. The provision of a social worker appears to be a matter for UN Social Affairs.

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