

# PHYSICAL REHABILITATION PROGRAMME

ANNUAL REPORT 2005



ICRC



# CONTENTS

<b>FOREWORD .....</b>	<b>5</b>
<b>1 – INTRODUCTION .....</b>	<b>7</b>
<b>2 – AROUND THE WORLD: PHYSICAL REHABILITATION PROGRAMME .....</b>	<b>14</b>
<b>3 – PROGRAMME ACTIVITIES .....</b>	<b>16</b>
3.1 Africa .....	17
3.2 Asia .....	24
3.3 Europe and the Americas .....	36
3.4 Middle East and North Africa .....	40



# FOREWORD

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. Established in 1863, the ICRC is at the origin of the International Red Cross and Red Crescent Movement. The ICRC works to fulfil its mandate to protect and assist the millions of people affected by armed conflict and other situations of violence through its delegations and offices in 80 countries, 1,519 expatriates in the field, 800 headquarters staff and over 11,000 delegation employees.

Physical rehabilitation programmes help restore the dignity of amputees and other disabled persons, not only by restoring them to an upright position but also by reintegrating them into their families and communities and enabling them to work and gain an education. Although the ICRC conducted some physical rehabilitation activities before 1979, the establishment of the Physical Rehabilitation Unit that year marked the beginning of a major commitment in this field. In the same year, two operational projects were launched under the newly established Physical Rehabilitation Programme. A second important event was the setting up in 1983 of the ICRC Special Fund for the Disabled (SFD), on the recommendation of the International Conference held in 1981, the International Year of the Disabled. The mission of the SFD is to ensure the continuity of the ICRC's operational programmes for disabled people affected by conflict and to support physical rehabilitation centres in developing countries.

Since 1979, the ICRC's physical rehabilitation activities have diversified and expanded worldwide. This development is due to a variety of factors which have caused the concept of humanitarian assistance in the form of physical rehabilitation to evolve well beyond mere emergency responses, since those in need of physical rehabilitation services will need those services for the rest of their lives. Over time, the ICRC has developed a leadership position in physical rehabilitation, mainly on the basis of the scope of its activities worldwide, 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 provided physical rehabilitation support, such services were previously either minimal or non-existent. In most cases, the support provided by the ICRC has served as a basis for the establishment of a national rehabilitation service dispensing care to those in need.

This report describes the worldwide activities of the ICRC Physical Rehabilitation Programme in 2005.

Information on the activities of the ICRC Special Fund for the Disabled may be obtained from the Fund's Annual Report for 2005 ([sfd.gva@icrc.org](mailto:sfd.gva@icrc.org)).



# 1 – INTRODUCTION

Conflict and other situations of violence have a direct effect on the general health of the population (increase in incidence of injuries), on health services (collapse of the system owing to lack of personnel, facilities and financial resources), and on the link between needs and the provision of services (accessibility). Physical rehabilitation services in these situations are required not only for those directly affected by the conflict (people wounded by landmines, bombs and other ordnance) but also for those indirectly affected (individuals who become physically disabled because of the breakdown of the normal health system, leaving them without proper care and/or access to vaccination).

The term “rehabilitation” refers to a process aimed at enabling persons with disabilities to reach and maintain their optimum functional levels in physical, sensory, intellectual, psychological and/or social terms, thus providing them with the means to change their lives and gain a greater degree of independence. Physical rehabilitation involves the provision of assistive devices (prostheses, orthoses, walking aids and wheelchairs) and appropriate physiotherapy. Physical rehabilitation is not an objective in itself, but an essential part of all the measures needed to ensure the full integration of persons with disabilities in society.

Physical rehabilitation services are available in most countries, but are often insufficient, in terms of either quantity or quality, to meet the needs. Because of the multitude of other priorities, the needs of people with disabilities, including the need for physical rehabilitation, are rarely a priority for governments of low-income countries. One of the characteristics of persons with physical disabilities is that most of them cannot be cured; their disability is permanent, and if they are to continue playing a role in society they will need to have access to functioning rehabilitation services for the rest of their lives. After receiving assistive devices,

beneficiaries will have to have these devices repaired and/or replaced on regular basis. The rather complicated nature of physical rehabilitation services, and the challenges associated with sustaining such services, makes the establishment and development of a physical rehabilitation programme a long-term commitment.

The ICRC Physical Rehabilitation Programme endeavours to respond to the basic physical rehabilitation needs of disabled persons affected by conflict and other situations of violence in the most timely, humane and professional way possible. These basic needs include access to high-quality, appropriate and long-term physical rehabilitation services (prostheses, orthoses, physiotherapy, walking aids and wheelchairs). Through the support they provide for national physical rehabilitation programmes, and through the orthopaedic devices and physiotherapy (PT) services provided by national centres, ICRC projects set out to contribute to the socio-economic inclusion in society of the physically disabled, both during and after the period of ICRC assistance.

ICRC physical rehabilitation projects are implemented through a combination of different modes of action (substitution, support, mobilization and persuasion) so as to optimize their impact. The mode of action used to respond to the needs of the physically disabled, and the level and type of assistance to be provided, is directly dependent on the urgency and magnitude of the needs, whether or not it is possible to work with a local partner, and the ICRC’s overall analysis of the situation.

The decision to act entirely as a substitute for the authorities is exceptional, and hinges on the urgency and the gravity of the needs to be met. This mode of action is chosen mainly when the needs are great and the relevant authorities are unable (or unwilling) to meet them, or where no such authorities exist.

The preferred mode of action in the majority of physical rehabilitation projects is the provision of support for local partners. This is the best way of preserving existing structures over the long term. An effort is made to mobilize third parties, either to give assistance themselves or to help persuade the authorities to do so. This approach can be especially useful in complementary areas such as medical care or psychological or socio-economic support. The ICRC is also proactive in mobilizing other actors involved in the rehabilitation process (medical care, socio-economic support, vocational training, etc.), with a view to giving a greater number of persons with disabilities access to a comprehensive rehabilitation process. The effort to persuade the authorities to fulfil their responsibilities is a permanent feature of the ICRC approach, as physical rehabilitation is generally a low priority. ICRC physical rehabilitation projects organize and support seminars which bring together all those involved in physical rehabilitation in the country concerned in order to develop, promote and implement national physical rehabilitation policy.



The activities of ICRC physical rehabilitation projects are planned and conducted with the primary aim of improving the accessibility of services for the physically disabled, upgrading the quality of those services, and ensuring their long-term availability.

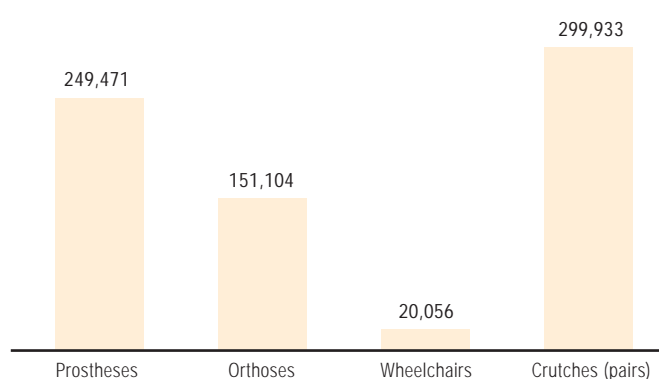
### Accessibility of services

The ICRC takes all necessary measures to ensure that those in need of services have access to physical rehabilitation centres and that the principle of equal opportunities prevails. Activities designed to improve

the accessibility of services are both structure-oriented (construction/renovation of facilities, donation of materials, components, equipment, etc.) and patient-oriented (reimbursement of transport and accommodation costs, covering the cost of services provided by centres, etc.). Over the years, the ICRC has modified its strategy in this respect, shifting the focus from those directly affected by conflict (mainly persons with amputations resulting from mine injuries, bullet wounds and other trauma) to include those indirectly affected (mainly non-amputees requiring services because of the collapse of the health system). ICRC-supported programmes assist all potential service users without discrimination.

Between 1979 and 2005, the ICRC Physical Rehabilitation Programme provided support for 103 projects (centres) in 37 countries. Over half of the centres were newly built, frequently with substantial ICRC co-funding of construction and equipment costs. The programme's operational activities expanded from two centres in two countries in 1979 to a total of 72 assisted projects in 23 countries in 2005. A direct result of this steady increase in the number of assisted centres is the increase in the number of beneficiaries receiving services. Since 1979, close to 230,000 individuals have benefited from physical rehabilitation services (prostheses, orthoses and physiotherapy) with the assistance of the ICRC. Furthermore, many have received walking aids or wheelchairs. The infrastructure and expertise which the ICRC has helped develop has benefited the patients treated not only during the period of assistance but also afterwards. Thus the true number of beneficiaries is higher than indicated in the statistics, which do not include patients treated after the ICRC's withdrawal from the assisted centres.

SERVICES PROVIDED 1979-2005



Although in 2005 the figures relating to services for non-amputees continued to increase in comparison to those for amputees, the ICRC remains the main organization providing services for mine survivors. Since 1997, the proportion of prostheses manufactured specifically for mine survivors among all prostheses produced has been approximately 60%. In addition, a number of mine survivors have received wheelchairs.



## Quality of services

In order to improve the quality of the services received by patients, the ICRC promotes the application of its own guidelines, which are based on international standards. Emphasis is also placed on the training of professionals, a multidisciplinary patient management approach, and the quality rather than the quantity of services provided. Related activities include training of personnel and support from expatriate specialists.

Initially the ICRC used imported materials and machinery from established Western suppliers for the production of prosthetic and orthotic components. However, it soon started developing a new technology using polypropylene as the basic material, thus bringing down the cost of rehabilitation services. Recognition for the major role played by the ICRC in making rehabilitative appliances more widely available with the introduction of low-cost, high-quality technology came in 2004 with the award of the Brian Blatchford Prize by the International Society of Prosthetics Orthotics (ISPO). The technology developed by the ICRC is now standard for the production of prostheses and orthoses and is currently used by a significant number of organizations involved in physical rehabilitation.

Over the years, the training component of ICRC-assisted projects has gained in importance, as the quality of services depends largely on the availability of trained professionals. Furthermore, the presence of trained professionals increase the chances that rehabilitation facilities will continue to function in the long term. In 2003, an in-house training package for orthotic/prosthetic technicians (Certificate of Professional Competency – CPC) was developed by the ICRC and recognized by the ISPO. The CPC programme was subsequently introduced in Ethiopia and Sudan. In 2004, a training policy was established for personnel working in ICRC-assisted centres. Since 1979 the ICRC has run formal prosthetic and orthotic (P&O) training programmes leading to a diploma in more than 10 countries, and formal PT training in one country. It has also provided sponsorship enabling a number of candidates to receive formal P&O training at recognized schools.

In addition to its development of appropriate technology and its involvement in the training of professionals, the ICRC promotes provision of quality services by the deployment of specialists. With a large international pool of experts (in 2005, 45 full-time expatriate ortho-prosthetists and 15 full-time expatriate physiotherapists from 24 countries), the ICRC employs by far the largest number of specialists among the international organizations working in the same field. Over time, the average number of expatriates has decreased from seven to one per project, mainly because of the experience gained both by the ICRC and by the increasing number of national trained professionals working in assisted centres.

## Long-term functioning of services

In order to promote the long-term functioning of assisted projects, the ICRC works together with a local partner from the start, provides capacity-building aid for the partner, and ensures the follow-up of projects.



Ninety percent of projects have been and continue to be managed in close cooperation with national partners, primarily government authorities. Few centres have been or are still run by the ICRC alone. There are two situations in which the latter option may be adopted: when there is no suitable partner at the outset, and when a centre is set up to treat patients coming from a neighbouring country.

Although the withdrawal of the ICRC from functioning rehabilitation projects has sometimes been successful, in other cases the result after a year or so has been an empty centre with no materials, no trained personnel and no patients. As mentioned previously, the multitude of priorities facing governments of low-income countries means that the needs of people with disabilities, including the need for physical rehabilitation, are rarely a major concern, and the result is a lack of funding and support for centres. Apart from the direct impact on patients and personnel, this represents a significant loss in terms of investment of human capital and materials. As already pointed out, a person with a disability needs access to functioning rehabilitation services for the rest of his/her life. In order to improve the chances that services will continue to function,

therefore, the ICRC has adopted a long-term approach in the implementation and management of its physical rehabilitation projects. While the top priorities are to increase the accessibility of services and maintain high quality, the ICRC always bears in mind the need to increase its partners' capacity to manage services from the outset. This is done through training and mentoring, strengthening of infrastructure, and promoting the development and implementation of a national physical rehabilitation policy within the relevant government structure(s).

Long-term functioning of services depends on financial, technical and organizational factors. In terms of finance, the ICRC's polypropylene technology helps keep running costs as low as possible. In organizational terms, the ICRC has developed management tools (stock management, patient management, treatment protocols, etc.) to help with the management of centres. In technical terms, providing support for the training of professional ortho-prosthetists and physiotherapists helps enhance the quality of the treatment provided.

Moreover, once the ICRC has completely withdrawn from a country, follow-up can be provided by the ICRC Special Fund for the Disabled. This long-term commitment for the benefit of patients and facilities, which is unique among aid organizations, is much appreciated by the ICRC's partners at both centre level and government level. It is also one of the ICRC's major strengths.

## OVERVIEW OF ACTIVITIES IN 2005

In 2005 the ICRC continued its efforts to improve the accessibility of services, to enhance the quality of those services and to promote their long-term availability.

### Improving the accessibility of services

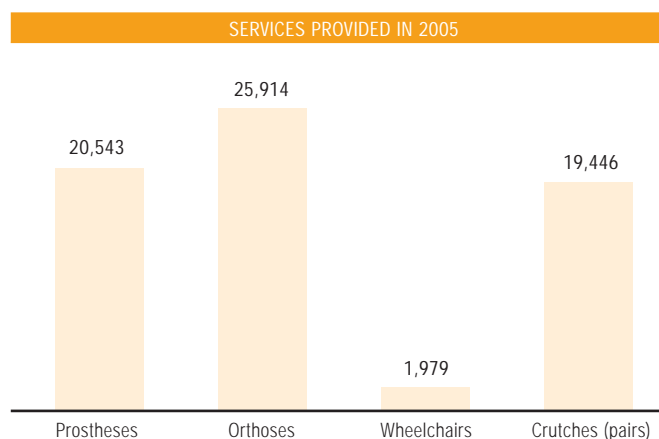
In 2005 the ICRC Physical Rehabilitation programme assisted 72 projects in 23 countries: 69 physical rehabilitation centres; two national orthopaedic component factories (Cambodia and Afghanistan); and one national unit manufacturing crutches (Iraq). Ten additional projects received support during the year: one in Cambodia; one in India; one in the Democratic People's Republic of Korea; one in Myanmar; two in Pakistan; two in Iraq; one in Ethiopia; and one in the Democratic Republic of the Congo.

In Cambodia, the Kompong Speu Physical Rehabilitation Centre received assistance to maintain the national capacity for provision of services. In Pakistan, where access to services was difficult for patients living in the area bordering Afghanistan and in Pakistan-administrated Kashmir, cooperation was initiated with two centres, one in Peshawar and one in Rawalpindi, in order to improve accessibility to services for those living in these

areas. Following the major earthquake in October, the ICRC increased the capacity of the Pakistan Institute of Prosthetic and Orthotic Sciences (PIPOS) in Peshawar and the Artificial Limb Centre in Rawalpindi by donating materials, components and equipment. In addition, following an assessment of needs and consultation with the authorities, the ICRC decided to build a new centre in Muzaffarabad, which should be operational in 2006. In Ethiopia, as part of its commitment to supporting the authorities, the ICRC began giving assistance to the newly built Asela Physical Rehabilitation Centre.

In Iraq, despite major security constraints, the ICRC maintained its support for seven centres and started to give assistance to the Hilla Centre. Support was also given to the P&O Training School in Baghdad and to the Ministry of Health for the running of the Al-Salam crutches production unit, also in Baghdad. In the Democratic Republic of the Congo an agreement was signed with the Centre Shirika La Umoja in Goma, under which the ICRC will refer patients to the centre and cover the cost of treatment. In India, the Indian Red Cross Society received additional support in its efforts to increase the accessibility to services in Srinagar. In the Democratic People's Republic of Korea, the ICRC supported the efforts of the Ministry of Defence to improve access to services at the newly built Rakrang Physical Rehabilitation Centre. In Myanmar, the ICRC began giving assistance to the Aungban No. 2 Military Hospital.

Throughout the year, close to 140,000 people benefited from various services at ICRC-assisted centres. These services included production of 20,543 prostheses and 25,914 orthoses, and provision of 1,979 wheelchairs and 19,446 pairs of crutches. No statistics were compiled on the number of patients who were given physiotherapy, but this type of treatment was available for most of them, and the majority did receive such services. As compared with 2004, the number of services provided in ICRC-assisted centres increased by an average of 19%. Of the total number of prostheses produced by those centres, 52% were for mine survivors. The proportion of orthoses produced for mine survivors, while remaining low in comparison with prostheses, increased to 1.5%.



## Improving the quality of services

### P&O services

The ICRC's P&O Technical Commission met in Geneva in November, and focused on the further development of internal P&O standards and of various technical manuals, protocols and techniques. The level of field satisfaction regarding the quality of prosthetic/orthotic components produced by CREquipements SA (CRE) was continuously monitored throughout the year with systematic feedback from the projects, and efforts to improve and further develop the full range of products were maintained. A new series of orthotic sidebars, a special foot for long trans-tibial amputation, and special joints for hip and through-knee disarticulation were designed. By the end of the year pre-production models were being tested in ICRC-assisted projects. On the basis of recommendations received from external laboratories and institutes, significant progress was made in improving the quality of the CRE SACH foot. The manufacturing process using polyurethane was reviewed and upgraded and better and more systematic quality control was introduced, together with new foot packaging. The life span of the foot was monitored in field projects.

During the year, nine manuals containing manufacturing guidelines for different types of orthopaedic devices using polypropylene technology were finalized. The manufacturing guidelines for trans-tibial, trans-femoral, partial foot, trans-humeral and trans-radial prostheses, and ankle-foot, knee-ankle and patellar-tendon-bearing orthoses, were translated into French, together with instructions on the use of the alignment jig in the manufacture of lower-limb prostheses. On the basis of the content of the manuals, training materials were prepared to facilitate the transfer of expertise in projects receiving ICRC support. These training materials are currently in use at the training unit of the ICRC Special Fund for the Disabled in Ethiopia and at the Cambodian School for Prosthetics and Orthotics in Phnom Penh. It is intended that they will be widely circulated both within and outside the ICRC during the course of 2006.

To further improve the mentoring provided for national personnel by expatriate ortho-prosthetists, the ICRC will develop and conduct (2006–2007), in cooperation with training institutions, short upgrading courses for expatriates covering the following topics: trans-femoral sockets; orthotic management of spinal cord injuries; and management of poliomyelitis.

While ICRC ortho-prosthetists continued to give on-the-job training and mentoring in all projects, efforts were maintained to increase the number of qualified P&O professionals, through provision of and sponsorship for formal training. In 2005, 36 candidates completed, continued or began formal P&O training subsidized by the ICRC.

To improve the quality of P&O services in Afghanistan, during the year the ICRC ran a second nine-month upgrading training programme, which will lead to an official recognition by the authorities, for technicians working not only in ICRC centres but also in other centres in the country. In 2005, 19 technicians, eight of them working in non-ICRC centres, completed the training. A third training programme began in December.

Project	No. of students	School	Year	Diploma
Angola	2	TATCOT	2004 - 2005	LLO Certificate
Ethiopia	4	TATCOT	2002 - 2005	ISPO Cat. II
	2	TATCOT	2005 - 2008	ISPO Cat. II
Sudan	3	TATCOT	2003 - 2006	ISPO Cat. II
China	2	CHICOT	2003 - 2006	P&O Diploma
	2	CHICOT	2004 - 2007	P&O Diploma
DPR Korea	5	CSPO	2005 - 2008	ISPO Cat. II
India	2	Mobility India	2004 - 2005	LL P&O Diploma
	2	Mobility India	2005 - 2006	LLP Diploma
Myanmar	3	CSPO	2003 - 2006	ISPO Cat. II
Yemen	2	Mobility India	2004 - 2006	P&O Diploma
Russian Federation	6	St Petersburg Social College	2005 - 2008	P&O Diploma
Indonesia	1	CSPO	2004 - 2007	ISPO Cat. II

In Ethiopia, the Training Course in Prosthetics and Orthotics, conducted in cooperation with the Ministry of Labour and Social Affairs, ended in February 2005, and the graduates received formal recognition by the ISPO. The training programme was based on the ICRC-developed Certificate of Professional Competency (CPC). A six-month upgrading training programme was also carried out to improve the skills and knowledge of technicians already working in the centres. Nineteen technicians were trained under this programme, which started in June and ended in December 2005.

In Sudan, the upgrading training programme introduced in 2004 continued. Thirteen technicians were trained in prosthetics or orthotics, some of them in both. In addition, in cooperation with the National Authority for Prosthetics and Orthotics (NAPO), a three-year training programme based on the ICRC's CPC training format was launched. The Sudanese Training Programme in Prosthetics and Orthotics, in which 12 newly recruited personnel are enrolled, will include CPC Module 1 (lower-limb prosthetics) and Module 2 (lower-limb orthotics). NAPO has submitted a request to ISPO for recognition of the programme.

### Physiotherapy services

The ICRC Physiotherapy Technical Commission, a permanent body set up to prepare treatment guidelines and technical tools in order to upgrade physiotherapy (PT) services in ICRC-assisted physical rehabilitation centres and hospitals, met once in 2005. Patient management guidelines for lower- and upper-limb amputations, poliomyelitis, nerve injuries (including



spinal cord injuries), back pain, cerebral palsy, club foot, lower- and upper-limb fracture, burns and respiratory difficulties were drawn up or are in preparation. For each subject, refresher courses in the form of manuals are prepared. In addition, the commission is preparing a catalogue of equipment that can be made locally. This catalogue includes illustrations and blue-print drawings which make it possible to produce physiotherapy equipment on the spot.

With a view to further improving the quality of physiotherapy, the ICRC made contact with various PT schools in developing countries to explore the possibility of subsidizing training for national personnel working in assisted centres.

As for expatriate ortho-prosthetists, it is important to maintain and develop their skills and knowledge so that they can improve the support they give to national personnel. Three short courses in the application and management of plaster of Paris immobilization and limb traction in lower-limb amputees, gait analysis and gait training, and the management of club foot (Ponseti method) will be held in 2006 and 2007.

#### ***Throughout the year the ICRC:***

- Sponsored one physiotherapist from Angola to receive one-week training in the management of cerebral palsy in Tanzania
- Supported the establishment of physiotherapy departments in Ethiopia's regional physical rehabilitation centres



- Organized a one-month physiotherapy upgrading training programme in Sudan
- Organized two training sessions in Afghanistan to introduce the Bobath concept
- Gave support for a two-year training programme for physiotherapists and a nine-month upgrading programme in Afghanistan
- Organized two-month refresher courses in assisted centres in Cambodia
- Organized a one-month refresher course in the management of scoliosis and lower-limb amputees in Tbilisi, Georgia
- Organized a one-month refresher course in the management of lower-limb amputees in Gagra, Georgia
- Organized a one-month refresher course in the management of scoliosis in Baku, Azerbaijan

#### ***Wheelchair services***

While wheelchairs are provided in most ICRC-assisted projects, this has always raised many concerns. First, the availability of affordable and appropriate wheelchairs continues to be a problem in many of the countries where the ICRC is providing assistance in the area of physical rehabilitation. Furthermore, even when wheelchairs are available, very often they are not easily modifiable to meet the needs of the users. Another significant cause for concern is the ability of the professionals providing services to make a proper assessment of the needs of the patient and to define an appropriate treatment plan, including selection of the wheelchair and the necessary modifications. In order to improve wheelchair services for patients attending ICRC-assisted centres, the ICRC began working in cooperation with the Motivation organization.

A small-scale, six-month field test of Motivation Worldmade wheelchairs was launched in Angola with the aim of providing the ICRC with an opportunity to test the wheelchair, to become familiar with the technology, and to determine whether the wheelchair could be used in assisted projects. The field test began in November 2005 and is due to be completed in April 2006.

To further improve wheelchair services, the ICRC asked Motivation to design a training programme for ICRC expatriates, to give them the necessary knowledge and skills to offer support for wheelchair services in assisted projects. The first training session is due to be held at the Motivation training unit in Sri Lanka during the second half of 2006.

## Promoting the long-term functioning of services

Throughout the year the ICRC endeavoured to ensure the long-term functioning of services not only by supporting training activities but also by continuing to develop management tools, providing support for the work of existing national physical rehabilitation coordinating bodies, and promoting the development of national policies for the provision of physical rehabilitation services.

The ICRC-developed patient management database (Patient Management System – PMS) continued to be improved, and a training package (manual and exercises) was produced to promote use of the database in assisted projects. Several options are being considered for the design of a computerized stock management system for use by national partners in assisted centres. Following the development by ISPO of a cost calculation system, the ICRC decided to promote its use in assisted projects and set up a training programme for expatriates so that they in turn could train national personnel to use the system.

The ICRC also provided subsidies allowing three national personnel to attend a seminar on the management of physical rehabilitation centres, held in Dakar by the *Fédération Africaine des Techniciens Orthoprothésistes* (FATO).

In 2005, the ICRC provided support for the work of several national coordinating bodies in the area of physical rehabilitation:

- the Physical Rehabilitation Committee in Cambodia
- the *Programme National de Réadaptation à Base Communautaire* in the Democratic Republic of the Congo
- the National Programme for Rehabilitation in Angola
- the Physical Rehabilitation Committee in Iraq

It also actively promoted the establishment of coordinating bodies in Myanmar, China and the Russian Federation. An external consultant was engaged to provide the authorities in Azerbaijan and Georgia with recommendations on development of a national policy for provision of physical rehabilitation services.

The last ICRC Physical Rehabilitation Round Table, held in May 2005, focused on the topic “Ensuring long-term services provision”. During the week-long meeting, relevant issues and ideas were discussed. The meeting brought together Physical Rehabilitation (PRP) staff from ICRC headquarters, heads of PRP projects, and representatives of several other organizations, including the World Health Organization (WHO), Handicap International, the International Labour Organization, and the Georgian Foundation for Prosthetic Orthopaedic Rehabilitation, all of whom had the opportunity to present and discuss their respective approaches.

## Cooperation with other bodies

In 2005 the ICRC continued to interact with various bodies involved in physical rehabilitation, as follows:

- WHO (participation in the Medical Rehabilitation Guidelines meeting held in October)
- ISPO (participation in several meetings)
- *Kinésithérapeutes du Monde* (KdM) (efforts to improve the quality of treatment at the *Centre d'Appareillage et de Rééducation Kabalaye* in N'djamena, Chad)
- the *Fédération Africaine des Techniciens Orthoprothésistes* (promotion and development of physical rehabilitation services in Africa)
- the Motivation organization (improvement of wheelchair services)
- The University of Don Bosco, El Salvador (production of a video on gait training for lower-limb amputees)
- The Standing Committee on Victim Assistance and Socio-Economic Reintegration, set up under the Ottawa Convention (participation in several meetings)

In addition, the ICRC maintained contacts with other organizations providing physical rehabilitation assistance, such as Handicap International, the Cambodia Trust, the Vietnam Veterans of America Foundation, etc.

## AROUND THE WORLD

# 2 – PHYSICAL REHABILITATION PROGRAMME

### DELEGATIONS AND MISSIONS

Delegations and missions: in more than 80 countries

Expatriate staff: 1,519

National staff (daily workers not included): 10,291



ICRC headquarters



ICRC-supported prosthetic/orthotic centres



<b>AFRICA</b>	6 Countries:	<b>24 projects</b>
<b>ASIA AND THE PACIFIC</b>	9 Countries:	<b>27 projects</b>
<b>EUROPE AND THE AMERICAS</b>	3 Countries:	<b>6 projects</b>
<b>MIDDLE EAST AND NORTH AFRICA</b>	5 Countries:	<b>15 projects</b>
<b>TOTAL IN THE WORLD</b>	23 Countries:	<b>72 projects</b>



## 3 – PROGRAMME ACTIVITIES



## 3.1 – AFRICA

In 2005, the ICRC provided support for 24 projects in five countries, including Angola (3 projects), Chad (1 project), Ethiopia (8 projects), Democratic Republic of the Congo (4 projects) and Sudan (8 projects, including Lokichokio in Kenya).

In Angola, the authorities estimate that over 105,000 people, 70,000 to 80,000 of them survivors of landmine explosions, are in need of physical rehabilitation services, and landmines remain a threat for the population. Despite the efforts made by the Ministry of Health through the National Programme for Rehabilitation, the physical rehabilitation system is still unable to reach those in need of services and to cope with the great demand for services. In 2005 the ICRC continued to support the Ministry of Health in the provision of services in Luanda (Centro Ortopédico Neves Bendinha), Huambo (Centro de Medicina de Reabilitação Física Dr António Agostinho Neto) and Kuito (Centro Ortopédico Kuito/Bié), and to provide direct assistance for patients by covering transport costs and thus ensuring their access to services.

In Chad, the conflict in the neighbouring Sudanese region of Darfur continues to have considerable repercussions, particularly in the eastern region. The total number of mine/ERW (explosive remnants of war) casualties in Chad is not known; however the Landmine Impact Survey provides some information, giving a total of 1,688 casualties from January 1998 to May 2001. The ICRC provides support for the Centre d'Appareillage et de Rééducation Kabalaye (CARK) in N'Djamena, one of the two centres providing physical rehabilitation services

in Chad. It also gives patients direct support by reimbursing the cost of treatment at CARK. In 2005 the ICRC set up a referral system which enables patients from the eastern region to have access to services at CARK.

In the Democratic Republic of the Congo, after a decade of negative growth the country's economy is picking up. However, the general population is not benefiting from this upturn and their situation continues to deteriorate. As a result many people, including the physically disabled, remained reliant on aid organizations to meet their basic needs. Physical rehabilitation services are provided through a network of local NGOs which do not have the financial means to provide services free of charge. The ICRC does not provide these centres with direct support, but gives direct assistance to patients by covering the cost of services provided at the Centre Orthopédique Kalembe Lembe in Kinshasa, the Centre de Rééducation pour Handicapé Physique in Kinshasa, the Hôpital St-Jean Baptiste Kansele in Mbihi Mayi, and the Centre Shirika La Umoja in Goma.

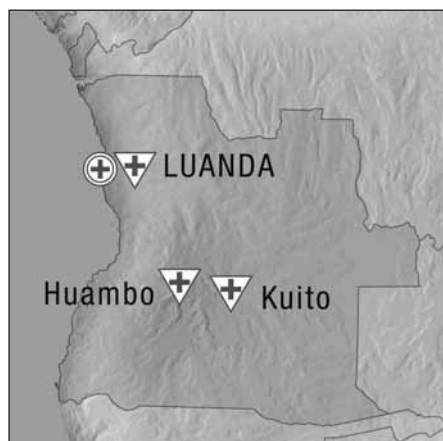
Ethiopia has an estimated 360,000 disabled people in need of physical rehabilitation services. The general situation of physical rehabilitation has improved with investment by the Emergency Demobilization and Reintegration Project (EDRP) in regional centres. However, access to centres is difficult for most of those in need of services. In 2005 the ICRC gave support to six regional physical rehabilitation centres located in Harar, Desse, Mekele, Arba Minch, Asela and Addis Abeba, and provided sporadic support for two additional centres in

Addis Ababa. Direct assistance to patients was provided by covering the cost of transport to the centres, and in some cases by reimbursing the centres for the services provided. In addition, the ICRC ran training programmes to promote training of P&O professionals.

In Sudan, WHO estimates that some 80,000 persons are in need of physical rehabilitation services, including 20,000 amputees having sustained conflict-related injuries. With the support of the ICRC, the National Authority for Prosthetics and Orthotics (NAPO) operates a rehabilitation centre in Khartoum and five satellite workshops in Damazin, Dongola, Kadugli, Kassala and Nyala. The ICRC also runs a centre in Lokichokio, Kenya, which was set up in 1992 to provide access to services for those coming from southern Sudan. With the new political situation in Sudan, the Lokichokio Orthopaedic Workshop will be closed in 2006, and the ICRC will increase its support to the Juba Orthopaedic Workshop to ensure access to services for the physically disabled living in the south. The ICRC also organizes P&O training programmes in Sudan.

In Africa as a whole, projects assisted by the ICRC produced a total of 5,097 prostheses and 4,282 orthoses and delivered 7,349 pairs of crutches and 190 wheelchairs in 2005. Among the total number of prostheses produced 2,218 (44%) were for mine survivors and among the total number of orthoses produced 126 (3%) were for mine survivors.

## ANGOLA



### National partner

Ministry of Health

### Location of projects

Luanda, Huambo and Kuito

### Patient services in 2005

Patients attending the centres	7,680
New patients fitted with prostheses	428
New patients fitted with orthoses	77
Prostheses	1,262
Orthoses	136
Wheelchairs	56
Crutches (pairs)	2,492

Beginning of assistance: 1979

Following the 2002 Luena peace agreement, Angola is slowly moving towards normality after three decades of conflict. However, the country's physical rehabilitation system is still unable to reach those in need of services or to cope with the great demand (the authorities estimate that over 105,000 persons are in need of services). Landmines remain a major problem, and it is difficult for those in need of services, to reach the network of centres (11 centres). With the political stabilization of the country, organizations that are assisting the Angolan authorities in the area of physical rehabilitation are changing their mode of action from substitution to a more supportive mode. As the authorities are gradually taking over responsibility for this matter, through the Ministry of Health (MoH) National Programme for Rehabilitation (PNR) and the National Commission on Demining and Humanitarian Assistance (CNIDAH), the ICRC is revising its approach, shifting the emphasis from involvement in the day-to-day management of assisted centres to facilitating access to the centres and improving the quality of services they provide.

The ICRC actively supports the work of the PNR, whose objectives include development and operation of a physical rehabilitation structure capable of coping with the considerable needs of the physically disabled in Angola. The ICRC continues to play a key role in forums organized by the PNR, with a view to promoting the development and strengthening

the management of physical rehabilitation activities nationwide. In 2005, when the PNR launched training activities for prosthetic and orthotic (P&O) professionals with the support of the University of Don Bosco in El Salvador, the ICRC decided to halt its sponsorship activities and to support the training programmes run by the PNR. However, in 2005 two technicians sponsored by the ICRC successfully completed a one-year training course in lower-limb orthotics at TATCOT (Tanzania Training Centre for Orthopaedic Technologists). To further improve the quality of services provided at the three centres assisted by the ICRC, expatriate ortho-prosthetists give ongoing support and an expatriate physiotherapist spent three months on the spot. Access to services remains a major obstacle for most patients, mainly because of the lack of public transport and lack of funds. In 2005, the ICRC continued to cover transport costs for more than 1,000 patients. In addition, the ICRC has continued to press for establishment of a system that would give patients easier access to services.

The three ICRC-assisted centres accounted for about 50% of the total services provided by the 11 centres in Angola in 2005. With support from the ICRC, the three centres produced 1,262 prostheses (83% for mine survivors) and 136 orthoses (10% for mine survivors), and distributed 2,492 pair of crutches and 56 wheelchairs.

### In 2006, the ICRC will:

- enhance the quality of services through continued support by expatriate ortho-prosthetists and a physiotherapist, and by encouraging the PNR to organize upgrading training for P&O professionals
- facilitate access to services by continuing to give direct assistance to patients (reimbursement of transport costs) and to press the CNIDAH, the Angolan Red Cross, provincial authorities, etc. to find a sustainable solution for increasing access to services
- promote the long-term functioning of services by providing continued support for the activities of the PNR and by strengthening the managerial autonomy of the assisted centres

## CHAD



### National partner

Secours Catholique et de Développement (SECADEV)

### Location of project

N'Djamena

### Patient services in 2005

Patients attending the centres	1,824
New patients fitted with prostheses	97
New patients fitted with orthoses	106
Prostheses	186
Orthoses	196
Wheelchairs	0
Crutches (pairs)	322

Beginning of assistance: 1981

The conflict in the neighbouring Sudanese region of Darfur continues to have considerable repercussions in Chad, particularly in the eastern region. Although demining operations are under way in Chad, people continue to be injured by landmines and other explosive remnants of war (ERW). The total number of mine/ERW casualties in Chad is not known, but the Landmine Impact Survey provides some information on the subject, reporting a total of 1,688 casualties between January 1998 and May 2001, of whom 50% were killed. There are only two centres providing physical rehabilitation services in Chad: one in Moundou, covering the south, and the other in N'djamena, covering the north. Both centres are managed by local NGOs.

The ICRC provides financial, material and technical support for the *Centre d'Appareillage et de Rééducation de Kabalaye* (CARK) in N'Djamena. The centre is run by *Secours Catholique et de Développement* (SECADEV). In recent years CARK has been beset by internal problems, due mainly to the financial difficulties of SECADEV. To ensure the long-term functioning and financial autonomy of CARK, the ICRC continued to donate all the materials and components needed for the centre's entire production. This will reduce running costs until CARK is able to generate sufficient income to cover all expenses relating to the management of its activities. The centre's income currently covers the cost of salaries, utilities, etc. but not the cost of materials. In addition, the ICRC

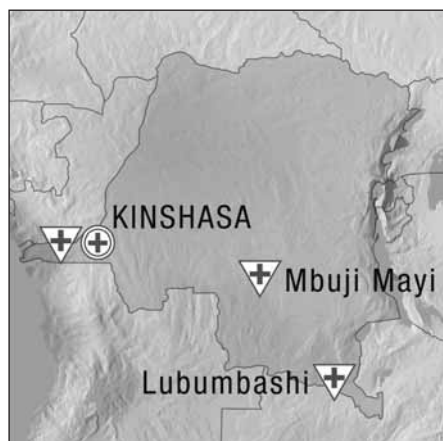
delegation actively supported CARK in its efforts to find additional sources of income. The ICRC also paid for CARK staff members to attend the one-week seminar on the management of physical rehabilitation services held by the *Fédération Africaine des Techniciens Orthoprothésistes* (FATO) in Dakar.

The quality of the prosthetic and orthotic (P&O) services provided by CARK received support in the form of regular visits from an ICRC ortho-prosthetist (two missions in 2005). As the quality of overall patient management was suffering from lack of proper space for physiotherapy, especially gait training, the ICRC covered the cost of an external gait training area within the CARK compound. In addition, discussions were held with *Kinésithérapeutes du Monde* (KdM) to find ways of upgrading the skills of national personnel in the area of patient management. In a country as large as Chad, access to services is a major difficulty for most patients in need of services. In 2005, the ICRC reimbursed the cost of treatment for 116 patients. Also with ICRC support, CARK produced 186 prostheses (51% for mine survivors) and 196 orthoses (7% for mine survivors), and provided 322 pairs of crutches. To further improve the accessibility of services, the ICRC initiated discussions with the *Haut Commissariat National au Déminage* (HCND) to ensure that persons injured by landmines and ERW had proper access. At the same time, a referral system was set up for patients coming from the eastern part of the country.

### In 2006, the ICRC will:

- enhance the quality of services by providing continued support from an expatriate ortho-prosthetist, by cooperating with KdM to improve patient management, and by sponsoring four candidates to attend refresher courses at the Special Fund for the Disabled (SFD) regional training unit in Addis Ababa
- facilitate access to services by continuing to give direct assistance to patients (reimbursing the cost of treatment), by operating a referral system for patients coming from the eastern part of Chad, and by cooperating with the HCND to ensure that victims of landmines/ERW have access to services
- promote the long-term functioning of services by donating all materials and components needed by CARK, supporting the efforts of CARK to find additional sources of income, and strengthening CARK's managerial autonomy



**DRC****DEMOCRATIC REPUBLIC OF THE CONGO***National partners*

DRC Red Cross (COKL), Ministry of Health (SJBK), and local NGO (CHRP and Shirika La Umoja)

*Location of projects*

Kinshasa (2), Mbuji Mayi and Goma

*Patient services in 2005*

New patients fitted with prostheses	583
New patients fitted with orthoses	218
Prostheses	648
Orthoses	226
Wheelchairs	6
Crutches (pairs)	430

*Beginning of assistance: 1998*

After a decade of negative growth, the economy of the Democratic Republic of the Congo (DRC) is picking up, and foreign investors are starting to invest in the country. The DRC saw growth of between 5.8 and 7% in 2005. However, the general population does not benefit from this upturn and their situation continues to deteriorate. As a result many people, including the physically disabled, remained reliant on aid organizations to meet their basic needs. Nevertheless, efforts to rebuild the DRC's infrastructure continue, and, with the improvement of the security situation, the number of physically disabled persons seeking access to services has increased. Physical rehabilitation services are provided through a network of local NGOs, who do not have the means to provide services free of charge. The Ministry of Health *Programme National de Réadaptation à Base Communautaire* (PNRBC), which was launched in 2002, is still struggling, because of financial constraints, to define a strategy in this area. While not providing support directly to the PNRBC, the ICRC will continue to participate in forums organized by the programme.

The beneficiaries of ICRC projects include people, both military and civilian, directly affected by the conflict. Up to the present, the ICRC has identified more than 900 potential beneficiaries. To facilitate access to services, the ICRC reimburses the cost of treatment in four centres.

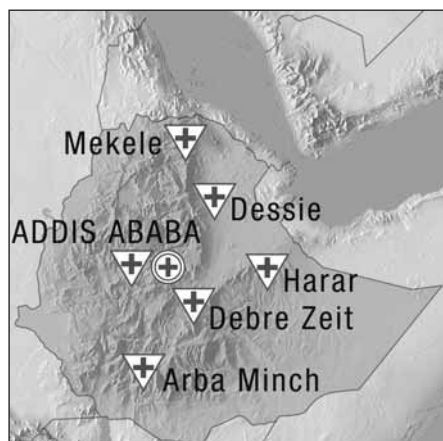
Since 2002 it has been cooperating with the *Centre de Rééducation pour Handicapé Physique* (CRHP), the *Centre Orthopédique Kalembe Lembe* (COKL) and the St-Jean Baptiste Kansele Hospital (SJBK), and in 2005 it concluded a cooperation agreement with the Centre Shirika La Umoja in Goma to facilitate access for those living in the eastern part of the country. Following identification and assessment of patients by the ICRC, they are referred to one of these centres, which provide services as defined in the agreement with the ICRC. The ICRC donates components and imported raw materials, while the centres secure locally available materials. The amounts reimbursed include the cost of manufacturing the devices, physiotherapy and walking aids. Indirectly, this scheme promotes the long-term functioning of the centres by generating income allowing them to cover their running costs.

In 2005, with the support of the ICRC, more than 800 persons had access to physical rehabilitation services. For these patients 648 prostheses (19% for mine survivors) and 226 orthoses (15% for mine survivors) were produced and 430 pair of crutches and 6 wheelchairs delivered. The quality of the services provided by the centres continued to be maintained by a national ortho-prosthetist employed by the ICRC and supported by regular visits from an ICRC ortho-prosthetist (three missions in 2005).

**In 2006, the ICRC will:**

- facilitate access to services by continuing to give patients direct support (reimbursement of the cost of treatment) and by strengthening cooperation with local NGOs and associations, the UN Mine Action Centre (UNMACC) and the *Direction des Oeuvres Sociales Militaires* (DOSM) of the Ministry of Defence, with a view to identifying those in need of services
- enhance the quality of services by providing a local and an expatriate ortho-prosthetist, and by sponsoring three candidates to attend refresher courses at the Special Fund for the Disabled (SFD) regional training unit in Addis Ababa
- promote the long-term functioning of services through participation in forums organized by the PNRBC

## ETHIOPIA



### National partners

Ministry of Labour and Social Affairs – MoLSA – in Harar, Desse, Asela and Micililand (Addis Ababa)  
 Tigrean Disabled Veterans Association (TDVA) in Mekele  
 Arba Minch Rehabilitation Centre (NGO) in Arba Minch

### Location of projects

Addis Ababa (3), Harar, Mekele, Desse, Arba Minch, Asela

### Patient services in 2005

Patients attending the centres	10,193
New patients fitted with prostheses	886
New patients fitted with orthoses	1,780
Prostheses	1,804
Orthoses	2,517
Wheelchairs	111
Crutches (pairs)	2,637

Beginning of assistance: 1979

Ethiopia has an estimated 360,000 disabled people in need of physical rehabilitation services. Access to rehabilitation centres is difficult, as poverty-stricken disabled people simply do not have the means to cover the cost of transport to the centres or accommodation during treatment. The World Bank estimates that 46% of the country's population is living below the poverty line, with a daily income of less than 1 USD. The ICRC provides support for six regional physical rehabilitation centres, located in Harar, Desse, Mekele, Arba Minch, Asela and Addis Ababa. It also gives sporadic support to two additional centres in Addis Ababa.

The general situation of physical rehabilitation in the country received a boost with investment by the Emergency Demobilization and Reintegration Project (EDRP) in five regional centres (Asela, Harar, Arba Minch, Desse and Mekele). The EDRP's commitment includes the provision of supplies and raw materials for all centres. Under the auspices of the EDRP, 20 new physiotherapy assistants and 18 new prosthetic and orthotic (P&O) technicians were trained and 19 working P&O technicians followed an upgrading training programme. The training programme for the new P&O technicians was carried out in cooperation with the ICRC and was based on the ICRC-developed Certificate of Professional Competency (CPC). The training programme ended in January 2005, and the graduates received formal recognition by the

International Society of Prosthetics Orthotics (ISPO). Nineteen technicians were trained during the upgrading training programme, which was run by the ICRC and lasted from June to December 2005. To further increase the number of trained professionals, the ICRC sponsored six trainees at Tanzania Training Centre for Orthopaedic Technologists (TATCOT). Throughout 2005, the quality of services provided in all centres was maintained by support from ICRC ortho-prosthetists and physiotherapists. In view of the low level of training of the physiotherapy assistants working in Arba Minch and the Addis Ababa Prosthetic-Orthotic Centre (POC), it was decided to concentrate on these two facilities in order to establish reliable services, instead of following the original plan to set up physiotherapy departments in four centres (Harar, Asela, Arba Minch and the POC).

In terms of the accessibility of services, much-needed materials and components were donated to ensure that the centres were capable of providing treatment, and direct assistance was given to patients. This took the form of reimbursement of the cost of transport, registration and accommodation, and reimbursement of the cost of treatment for 411 patients attending Mekele Physical Rehabilitation Centre (PRC) and 229 attending the POC in Addis Ababa. In these eight assisted centres, in addition to the services provided during the upgrading training pro-

gramme, 1,804 prostheses (48% for mine survivors) and 2,517 orthoses (3% for mine survivors) were produced and 2,637 pairs of crutches and 111 wheelchairs were provided.

### In 2006, the ICRC will:

- enhance the quality of services through continued support by expatriate ortho-prosthetists and physiotherapists and by continuing to sponsor candidates to receive formal training in P&O at TATCOT (two candidates to continue their training and four new grants budgeted)
- facilitate access to services by giving patients direct support (reimbursement of the cost of transport and accommodation), by donating the necessary materials and components, and by continuing to press for the development of a sustainable solution for increasing the accessibility of services
- promote the long-term functioning of services by providing continued support for the centres' Directorates

## SUDAN



### National partner

National Authority for Prosthetics and Orthotics

### Location of projects

Khartoum and its five satellites (Damazin, Kadugli, Nyala, Kassala and Dongola), Juba and Lokichokio (Kenya)

### Patient services in 2005

Patients attending the centres	1,810
New patients fitted with prostheses	438
New patients fitted with orthoses	532
Prostheses	1,197
Orthoses	1,207
Wheelchairs	17
Crutches (pairs)	2,934

Beginning of assistance: 1985

In January 2005, the Sudanese government and the Sudan People's Liberation Movement/Army (SPLM/A) signed a comprehensive north-south peace agreement, ending 21 years of internal armed conflict. After two decades of fighting, poverty is widespread in southern Sudan and little infrastructure remains. Meanwhile there has been a deterioration in the security situation in the western Sudanese region of Darfur, resulting in the disruption of the rural-based economy and public services. According to WHO there are some 80,000 individuals in Sudan who need physical rehabilitation services, including 20,000 amputees having sustained conflict-related injuries. With the support of the ICRC, the National Authority for Prosthetics and Orthotics (NAPO) runs a rehabilitation centre in Khartoum and five satellite workshops in Damazin, Dongola, Kadugli, Kassala and Nyala. The ICRC also runs a centre in Lokichokio (Kenya), which was opened in 1992 to cater for patients coming from southern Sudan. With the new political situation in Sudan, the Lokichokio Orthopaedic Workshop will be closed in 2006, and the ICRC will increase its support for the Juba Orthopaedic Workshop so as to ensure access to services for the physically disabled living in the south.

To improve the accessibility of services, between 2002 and 2003 the ICRC helped NAPO set up its five satellite workshops. While all satellites continued to receive technical support from ICRC ortho-prosthetists, Damazin, Kadugli and

Nyala received increased assistance in 2005, especially Nyala, where the accommodation capacity was increased to receive patients coming from remote areas. In the south, the ICRC continued to assist the Juba workshop, enabling it to continue to function, but most patients were transported to Lokichokio as Juba did not have the capacity to meet the demand. In the ICRC-assisted centres in 2005, 1,197 prostheses (7% for mine survivors) and 1,207 orthoses (none for mine survivors) were produced, and 2,934 pairs of crutches and 17 wheelchairs were provided.

While the quality of services in all assisted facilities was ensured by ICRC ortho-prosthetists and physiotherapists, a further major step in the promotion of quality was taken with the launching of in-country training programmes and the sponsoring of three candidates to receive prosthetic and orthotic (P&O) training at Tanzania Training Centre for Orthopaedic Technologists (TATCOT). The in-country training included: an upgrading training programme in P&O, during which 13 technicians were trained in prosthetics or orthotics (some of them in both); and the Sudanese Training in Prosthetics and Orthotics (SDPO) programme, under which 12 newly recruited personnel started a three-year course based on the ICRC-developed Certificate of Professional Competency (CPC) training format. The training course includes CPC Module 1 (lower-limb prosthetics) and Module 2 (lower-limb orthotics).

### In 2006, the ICRC will:

- enhance the quality of services by continuing its training activities, including sponsorship of trainees, and through the continued support of its ortho-prosthetists and physiotherapists
- facilitate access to services by continuing to strengthen the capacity of NAPO and its satellite workshops (especially Nyala), by strengthening the capacity of the workshop in Juba (where a new centre will be built), so that it can replace the Lokichokio centre which is due to be closed in 2006, and by continuing to cooperate with other organizations working in Sudan
- promote the long-term functioning of services by providing continued support to NAPO for the management of physical rehabilitation activities

## 3.2 – ASIA

In 2005, the ICRC provided support for 27 projects in nine countries in Asia: Afghanistan (7 projects), Cambodia (3 projects), China (1 project), Democratic People's Republic of Korea (2 projects), India (2 projects), Myanmar (7 projects), Nepal (1 project), Pakistan (3 projects) and Tajikistan (1 project).

In Afghanistan, large areas are still affected by security problems. Afghanistan's health indicators are some of the worst in the world, and two decades of war have left the health-care system, including physical rehabilitation services, in disarray. Landmines/ERW continued to pose a threat to the population. While no accurate figures for the number of people in need of physical rehabilitation, including those injured by landmines, are available, it is obvious that the national health system, still struggling to rebuild the country's most basic services, is not yet in a position to provide services for them. In 2005 the ICRC managed six physical rehabilitation centres throughout the country and one orthopaedic component factory in Kabul.

Cambodia is still rebuilding its infrastructure after more than three decades of conflict. Cambodia ranks second among the 84 countries around the world that are contaminated by landmines. While the number of new casualties decreased as compared with 2004, there were 862 mine incidents during the year, most of them in the north-western provinces. Physical rehabilitation services are provided through a network of 11 centres managed by the Ministry of Social Affairs (MoSA). Two of these centres, the Battambang Physical Rehabilitation Centre and the Kompong Speu Physical Rehabilitation Centre, received ICRC support. The Phnom Penh Orthopaedic Component Factory, managed by the MoSA, was also given support.

The Chinese province of Yunnan, adjacent to Vietnam and Myanmar, is considered to have a lower level of economic development than the country's other provinces. According to government sources, there are about 280,000 disabled people in the province. While landmines located near the Sino-Vietnamese border do not pose a major threat to the population, there are a number of mine survivors in Yunnan province. Physical rehabilitation services are provided by the Ministry of Social Affairs, by a network of centres managed by the Chinese Disabled People's Federation (DPF), and by the Physical Rehabilitation Centre run by the China Red Cross Society's Yunnan branch (YRCS). In 2005, the ICRC provided support for the activities of the YRCS centre.

The Ministry of Public Health (MoPH) of the Democratic People's Republic of Korea estimates that there are more than 36,000 lower-limb and some 28,000 upper-limb amputees in the country. The MoPH national physical rehabilitation sector has only one national centre, the Hamhung Orthopaedic Factory, two repair workshops, in Suncheon and Pyongyang, and two regional centres, the Hamhung Orthopaedic Rehabilitation Centre and the Songrim Physical Rehabilitation Centre. To provide services for the military (including demobilized personnel) and their families, the Ministry of Defence Military Medical Bureau (MMB) opened the Rakrang Physical Rehabilitation Centre in 2005. During the year the ICRC provided support for both the Songrim and the Rakrang centres.

In India, the state of Jammu & Kashmir (J&K) has an estimated population of 8-9 million. With the improvement of relations between India and Pakistan, security has improved along the Line of Control (LoC) in J&K state.



However, some areas along India's border with Pakistan (in Punjab and Rajasthan) and along the LoC are still contaminated with landmines laid during past conflicts between the two countries. While no accurate figure for the number of victims is available, there are frequent press reports about mine injuries. The Indian Red Cross Society (IRCS), while not directly managing the physical rehabilitation centre in J&K, provides support for the prosthetic and orthotic (P&O) departments at the Jammu Governmental Medical College (GMC) and at the Bone and Joint Hospital in Srinagar. At the request of the IRCS, the ICRC began to assist the National Society in its efforts to facilitate access to services at the P&O departments in Jammu and Srinagar.

Physical rehabilitation services in Myanmar have depended largely on ICRC support since 1986. In 2005 the ICRC continued to assist seven centres in the country: three under the management of the Ministry of Defence (the Defence Service Rehabilitation Hospital in Yangon, Pyin Oo Lwyn No. 1 Military Hospital in Mandalay Division and Aungban No. 2 Military Hospital in Shan state); three under the management of the Ministry of Health (the National Rehabilitation Hospital in Yangon, Mandalay General Hospital and Yenanthar Leprosy Hospital in the Mandalay Division); and the Hpa-an Orthopaedic Rehabilitation Hospital in Kayin state, under the joint management of the ICRC and the Myanmar Red Cross Society (MRCS).

In Nepal, an internal conflict between government forces and the Communist Party of Nepal-Maoist (CPN-M) has been going on since 1996. For many reasons, some of them related to the internal conflict, access to physical rehabilitation services remains a problem for most disabled patients. Such services are provided through a network of 12 centres, most of which are located in the main cities. This makes it even more difficult for disabled people to gain access to services, as the majority of patients cannot afford the cost of transport, not to mention the cost of treatment. In 2005 the ICRC provided support for the P&O department of the Green Pasture Hospital.

In Pakistan there are large numbers of people with conflict-related disabilities. Many are Afghan refugees living in the areas along the border with Afghanistan, but Pakistanis have also fallen victim to the ongoing tension in the area. Mines/ERW continued to pose a threat for the population in Pakistan-administrated Kashmir. Following the earthquake of October 2005, the number of people in need of physical rehabilitation services rose sharply, mainly in Pakistan-administrated Kashmir and the North-West Frontier Province (NWFP). Pakistan has a number of physical rehabilitation facilities, but most of them are far from the remote areas near the border with Afghanistan, and there are none at all in Pakistan-administrated Kashmir. In 2005, the ICRC provided support for the Rawalpindi Artificial Limb Centre (managed by the Fauji Foundation), the Pakistan Institute of Prosthetic and Orthotic Sciences (PIPOS) in Peshawar, and the

Baluchistan Community Rehabilitation Centre (BCRP) run by the Christian Hospital in Quetta.

In Tajikistan, there are no accurate figures for the number of disabled people in need of physical rehabilitation services. However, the Ministry of Labour and Social Protection (MoLaSP) estimates that there are more than 1,000 amputees in the country and upwards of 2,000 people with other motor disabilities. There is one physical rehabilitation centre in Tajikistan, the Dushanbe Physical Rehabilitation Centre (DPRC), which is run by the MoLaSP. The Dushanbe centre has three satellite workshops, in Kulob, Khorog and Khujand, which carry out repairs on P&O devices in remote areas. In 2005, the ICRC provided support for the DPRC and its three satellite workshops.

In all, projects assisted by the ICRC in Asia produced a total of 10,388 prostheses and 11,553 orthoses, and provided 9,064.5 pairs of crutches and 1,567 wheelchairs. Among the total number of prostheses produced 6,862 (66%) were for mine survivors, while among the total number of orthoses produced 121 (1%) were for mine survivors.

## AFGHANISTAN



### National partner

None

### Location of projects

Kabul (2), Mazar-i-Sharif, Herat, Jalalabad, Gulbahar, Faizabad

### Patient services in 2005

Patients attending the centres	55,877
New patients fitted with prostheses	1,066
New patients fitted with orthoses	4,680
Prostheses	4,511
Orthoses	9,462
Wheelchairs	927
Crutches (pairs)	5,531.5

Beginning of assistance: 1987

Large parts of Afghanistan are affected by security problems. The country's health indicators are some of the worst in the world, and two decades of war have left the health-care system, including physical rehabilitation services, in disarray. Landmines/ERW continued to pose a threat to the population. While no accurate figures for the number of people in need of physical rehabilitation, including those injured by landmines, are available, it is obvious that the national health system, still struggling to rebuild the country's most basic services, is not yet in a position to provide services for them. In 2005 the ICRC managed six physical rehabilitation centres throughout the country and one orthopaedic component factory in Kabul.

The quality of prosthetic and orthotic (P&O) services in centres managed by the ICRC is maintained by ICRC ortho-prosthetists and physiotherapists. To further improve the quality of services, the ICRC ran a nine-month upgrading training programme, leading to official recognition of the participants' qualifications by the authorities, for technicians working not only in ICRC centres but also in other facilities in Afghanistan. In 2005, 19 technicians completed the training, eight of them working in non-ICRC centres. A third training programme began in December 2005. In addition, the ICRC supports a nine-month training course for physiotherapists (six graduates in 2005), and runs internal physiotherapy courses (20 trainees), based on national standards, and two post-graduate physio-

therapy courses. From early 2005 the components factory was upgraded in order to improve the quality of the components produced.

More than 55,000 patients received services from the network of ICRC-managed centres, including prostheses, orthoses, physiotherapy, wheelchairs, and walking aids. In 2005 these centres produced 4,511 prostheses (71% for mine survivors) and 9,462 orthoses (0.4 % for mine survivors), and provided 5,531.5 pairs of crutches and 927 wheelchairs. The Kabul Component Factory delivered 576 prosthetic knee joints and 921 alignment systems to most other centres in the country.

The ICRC's physical rehabilitation programme in Afghanistan combined provision of physical rehabilitation services with activities aimed at the social reintegration of the disabled. During the year more than 1,500 people received aid through the different activities of the social inclusion programme (job placement, special education, vocational training, micro-credit, etc.). Under the Home Care Programme for paraplegics with spinal cord injuries, 925 individuals received more than 3,200 home visits.

### In 2006, the ICRC will:

- enhance the quality of services by continuing to conduct training sessions for P&O technicians and physiotherapists, by providing ongoing support from ICRC expatriates ortho-prosthetists and physiotherapists, and by continuing to upgrade the component factory
- facilitate access to services by continuing to support the six centres

## CAMBODIA



### National partner

Ministry of Social Affairs (MoSA)

### Location of projects

Phnom Penh, Battambang and Kompong Speu

### Patient services in 2005

Patients attending the centres	7,846
New patients fitted with prostheses	910
New patients fitted with orthoses	735
Prostheses	1,970
Orthoses	1,285
Wheelchairs	501
Crutches (pairs)	1,229.5

Beginning of assistance: 1991

Cambodia is still rebuilding its infrastructure after more than three decades of conflict. Cambodia ranks second among the 84 countries around the world that are contaminated by land-mines. While the number of new casualties decreased as compared with 2004, there were 862 mine incidents during the year, most of them in the north-western provinces. Physical rehabilitation services are provided through a network of 11 centres managed by the Ministry of Social Affairs (MoSA). Two of these centres, the Battambang Physical Rehabilitation Centre and the Kompong Speu Physical Rehabilitation Centre, received assistance from the ICRC. The Phnom Penh Orthopaedic Component Factory, managed by the MoSA, was also given ICRC support.

To improve the accessibility of services in Cambodia, the ICRC began to provide support for the Kompong Physical Rehabilitation Centre at the beginning of 2005. Following renovation, started in 2004, the centre reopened in mid-January and was fully operational within a few months. The Battambang Physical Rehabilitation Centre continued to be the major service provider, accounting for approximately 24% of all physical rehabilitation work done in Cambodia. Outreach visits by staff of the Battambang centre continued in 2005, with more than 20 visits during which 3,277 patients received services (mainly repairs). In Kompong Speu, the outreach programme started in December. The Phnom Penh Orthopaedic Component Factory continued to provide the necessary

components to all centres in Cambodia, thus ensuring proper care for about 15,000 patients annually. In 2005 the ICRC-assisted centres produced 1,970 prostheses (89% for mine survivors) and 1,285 orthoses (5% for mine survivors), and delivered 1,229.5 pairs of crutches and 501 wheelchairs.

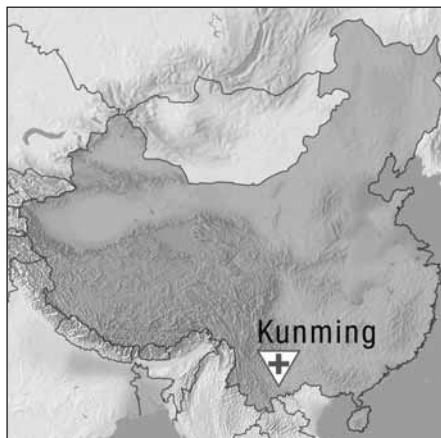
The quality of the services provided in the ICRC-assisted centres is ensured by ICRC ortho-prosthetists. To improve quality, the ICRC actively supported the organization of further education programmes for prosthetic and orthotic (P&O) and physiotherapy professionals working in the different centres. An ICRC physiotherapist conducted a two-month refresher course in both assisted centres. In 2005 two physiotherapists from Kompong Speu and one from Battambang were enrolled, with ICRC support, in an upgrading training programme conducted in Cambodia in cooperation with the Singapore General Hospital Postgraduate Allied Health Institute.

Throughout 2005 the ICRC continued to promote the long-term functioning of services through active participation in the work and forums of the Physical Rehabilitation Committee, through continued appeals to MoSA to increase its financial investment in the management of physical rehabilitation services in the country, and through its active support for the work of the Cambodian Association of Prosthetists and Orthotists and the Cambodian Physiotherapists Association.

### In 2006, the ICRC will:

- enhance the quality of services through continued assistance by ICRC ortho-prosthetists and a physiotherapist, and through active support for the national further education programme for P&O and physiotherapy professionals
- facilitate access to services by continuing its support for the Battambang and Kompong Speu centres and the Phnom Penh component factory, and by supporting outreach visits from both centres
- promote the long-term functioning of services through its active participation in the work of the Physical Rehabilitation Committee, and by continuing representations to MoSA, urging it to increase its financial participation in the provision of physical rehabilitation services

## CHINA

*National partners*

China Red Cross Society, Yunnan branch (YRCS)

*Location of projects*

Kunming

*Patient services in 2005*

Patients attending the centres	373
New patients fitted with prostheses	368
New patients fitted with orthoses	0
Prostheses	380
Orthoses	1
Wheelchairs	5
Crutches (pairs)	14.5

*Beginning of assistance: 2003*

The Chinese province of Yunnan, adjacent to Vietnam and Myanmar, is considered to have a lower level of economic development than the country's other provinces. According to government sources, there are approximately 280,000 disabled people in the province. While landmines located near the Sino-Vietnamese border do not pose a major threat to the population, there are a number of mine survivors in Yunnan province. Physical rehabilitation services are provided by the Ministry of Social Affairs, by a network of centres managed by the Chinese Disabled People's Federation (DPF) and by the Physical Rehabilitation Centre run by the China Red Cross Society's Yunnan branch (YRCS). In 2005, the ICRC provided support for the activities of the YRCS centre.

In 2005, to improve the accessibility of services, the ICRC gave the YRCS Physical Rehabilitation Centre assistance for the opening of a repair workshop in Malipo. This workshop enables patients fitted at the YRCS centre to have access to repairs close to their homes. Discussions were held with other service providers on the setting up of a network of repair workshops in the province. This cooperation was necessary to ensure that the repair workshops would provide services to patients wherever they had received their prosthetic and orthotic (P&O) devices. In 2005 the YRCS Physical Rehabilitation Centre produced 380 prostheses

(25% for mine survivors) and one orthosis. In addition, the centre delivered five wheelchairs and 14.5 pairs of crutches.

The quality of the services provided in the ICRC-assisted centres is supported by on-the-job training and mentoring by ICRC ortho-prosthetists. To further improve quality, an ICRC physiotherapist carried out a three-month mission to provide support for the national physiotherapists working at the centre. Throughout 2005 the ICRC continued to sponsor four candidates to attend formal P&O training at the China Training Centre for Orthopaedic Technologists (CHICOT) in Beijing. Teachers from CHICOT came to the YRCS centre to receive training in the use of polypropylene technology, with the aim of including the subject in the training centre's curriculum.

Throughout 2005 the ICRC continued to promote the long-term functioning of services by strengthening the capacity of the YRCS to manage physical rehabilitation activities. Training in patient identification was given to YRCS staff coming from several regions of Yunnan. The Director of the centre received continued assistance in the running and management of the facility, and national personnel were trained in stock management and patient registration procedures.

***In 2006, the ICRC will:***

- enhance the quality of services through support from ICRC ortho-prosthetists and an ICRC physiotherapist, and through continued sponsorship of four candidates receiving P&O training at CHICOT
- facilitate access to services by continuing to support the decentralization of services through the setting up, in cooperation with other service providers, of a network of repair workshops, by providing support for the activities of the YRCS centre, and by helping the YRCS to assess needs in the prefectures neighbouring Myanmar
- promote the long-term functioning of services by strengthening the capacity of the YRCS to manage all activities relating to the provision of appropriate physical rehabilitation services



**DPRK****DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA***National partners*

DPRK Red Cross Society, Ministry of Public Health (MoPH) and Ministry of Defence (MoD)

*Location of projects*

Songrim and Pyongyang

*Patient services in 2005*

Patients attending the centres	550
New patients fitted with prostheses	347
New patients fitted with orthoses	9
Prostheses	496
Orthoses	11
Wheelchairs	84
Crutches (pairs)	675.5

*Beginning of assistance: 2002*

The Ministry of Public Health (MoPH) of the Democratic People's Republic of Korea estimates that there are more than 36,000 lower-limb and some 28,000 upper-limb amputees in the country. The MoPH national physical rehabilitation sector has one national centre, the Hamhung Orthopaedic Factory, two repair workshops, in Suncheon and Pyongyang, and two regional centres, the Hamhung Orthopaedic Rehabilitation Centre and the Songrim Physical Rehabilitation Centre. To provide services to the military (including demobilized personnel) and their families, the Ministry of Defence Military Medical Bureau opened the Rakrang Physical Rehabilitation Centre in 2005. During the year the ICRC provided support for both the Songrim and the Rakrang centres.

During the year the ICRC improved the accessibility of services by donating materials, components and equipment, thus allowing assisted centres to cater for over 500 patients. The Rakrang Physical Rehabilitation Centre, run by the Ministry of Defence, began to function in December. The ICRC helped increase the national capacity for production of walking aids by giving assistance to the crutches manufacturing unit in Songrim. In ICRC-assisted centres in 2005, 496 prostheses (2% for mine survivors) and 11 orthoses were produced, and 675.5 pairs of crutches and 84 wheelchairs were provided.

The quality of services in the ICRC-assisted centres was supported by on-the-job training and mentoring of national personnel by ICRC ortho-prosthetists and physiotherapists. To further improve the quality of services, the ICRC sponsored the formal prosthetic and orthotic (P&O) training of five candidates at the Cambodian School of Prosthetics and Orthotics (CSPO) in Phnom Penh.

***In 2006, the ICRC will:***

- enhance the quality of services by maintaining on-the-job training and mentoring by ICRC ortho-prosthetists and a physiotherapist, by continued sponsorship of five candidates receiving P&O training at the CSPO, and by examining the possibility of sponsoring additional candidates for training in P&O and physiotherapy
- facilitate access to services by continuing its support for the Songrim and Rakrang Physical Rehabilitation Centres, and by assisting the MoPH and the National Society in the implementation of a follow-up programme
- promote the long-term functioning of services by strengthening the national capacity for provision and management of physical rehabilitation services

## INDIA

*National partner*

Indian Red Cross Society (IRCS)

*Location of projects*

Jammu and Srinagar

*Patient services in 2005*

Patients attending the centres	332
New patients fitted with prostheses	68
New patients fitted with orthoses	4
Prostheses	71
Orthoses	5
Wheelchairs	8
Crutches (pairs)	9

*Beginning of assistance: 2004*

The state of Jammu & Kashmir (J&K) has an estimated population of 8-9 million. With the improvement of relations with Pakistan, security has improved along the Line of Control (LoC) in J&K. However, some areas along India's border with Pakistan (in Punjab and Rajasthan) and along the LoC are still contaminated with landmines laid during past conflicts between the two countries. While no accurate figure for the number of victims is available, there are frequent press reports about mine injuries. The Indian Red Cross Society (IRCS), while not directly managing the physical rehabilitation centre in J&K, provides support for the prosthetic and orthotic (P&O) departments at the Jammu Governmental Medical College (GMC) and at the Bone and Joint Hospital in Srinagar. At the request of the IRCS, the ICRC began to assist the National Society in its efforts to facilitate access to services at the P&O departments in Jammu and Srinagar.

In 2005 the ICRC provided the IRCS with additional support to improve the accessibility of services at the P&O department of the Bone and Joint Hospital in Srinagar. ICRC assistance included donation of materials, components and equipment. The first patient to attend the IRCS/ICRC project in Srinagar was

assessed in December. In Jammu, the ICRC continued to support the involvement of the IRCS in the GMC P&O department, donating materials and components. In 2005, with the support of the IRCS and the ICRC, the GMC produced 71 prostheses (40% for mine survivors) and five orthoses. In addition, eight wheelchairs and nine pairs of crutches were delivered.

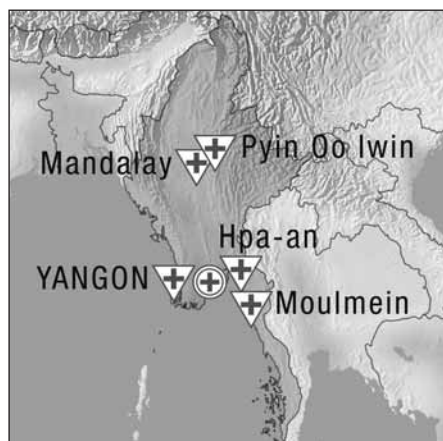
The quality of the services provided in the centres is ensured by continued on-the-job training and mentoring by ICRC ortho-prosthetists. In 2005, two ICRC-sponsored candidates from GMC completed their P&O training at the Mobility India centre in Bangalore. In addition, the ICRC sponsored two additional candidates from the Bone and Joint Hospital to started training in prosthetics at Mobility India. To further improve the quality of services, an ICRC physiotherapist carried out a three-month mission at the GMC to increase coordination between the college's P&O and physiotherapy departments.

Throughout 2005, the ICRC continued to promote the long-term functioning of services by strengthening the capacity of the IRCS and the directorates of the two centres to manage physical rehabilitation activities.

***In 2006, the ICRC will:***

- enhance the quality of services through continued on-the-job training and mentoring by ICRC ortho-prosthetists, by continuing to sponsor candidates to receive P&O training at Mobility India, and through a three-month mission by an ICRC physiotherapist
- facilitate access to services by continuing to support the IRCS in its assistance to the P&O departments of the GMC and the Bone and Joint Hospital
- promote the long-term functioning of services by strengthening the capacity of the IRCS to manage all activities relating to the provision of appropriate physical rehabilitation services

## MYANMAR



### National partners

Myanmar Red Cross Society (Hpa-an), Ministry of Health (Yangon, Mandalay, Yenanthar) and Ministry of Defence (Yangon, Pyin Oo Lwyn and Aungban)

### Location of projects

Yangon (2), Mandalay, Yenanthar, Pyin Oo Lwyn, Aungban and Hpa-an

### Patient services in 2005

Patients attending the centres	3,612
New patients fitted with prostheses	1,129
New patients fitted with orthoses	125
Prostheses	2,181
Orthoses	193
Crutches (pairs)	1,272

Beginning of assistance: 1986

Physical rehabilitation services in Myanmar have depended largely on ICRC support since 1986. In 2005 the ICRC continued to support seven centres in the country: three under the management of the Ministry of Defence (Defence Service Rehabilitation Hospital in Yangon, Pyin Oo Lwyn No. 1 Military Hospital in Mandalay Division and Aungban No. 2 Military Hospital in Shan state); three under the management of the Ministry of Health (National Rehabilitation Hospital in Yangon, Mandalay General Hospital and Yenanthar Leprosy Hospital in the Mandalay Division); and the Hpa-an Orthopaedic Rehabilitation Hospital in Kayin state, under the joint management of the ICRC and the Myanmar Red Cross Society (MRCS).

In 2005, to improve the accessibility of services in Myanmar, the ICRC donated the necessary materials and components to seven facilities, enabling them to produce 2,181 prostheses (70% for mine survivors) and 193 orthoses (3% for mine survivors), and to deliver 1,271 pairs of crutches. Overall services provided with ICRC support in 2005 showed an increase of 5% over the previous year. In an

effort to improve the accessibility of services, in 2002 the ICRC began to give assistance to the Aungban No. 2 Military Hospital. The MRCS Outreach Prosthetic Programme (OPP) continued to receive support from the ICRC and throughout the year over 800 patients benefited from the OPP's services.

The quality of the services provided in the ICRC-assisted centres was maintained by continued on-the-job training and mentoring by ICRC ortho-prosthetists. To further enhance the quality of services, the ICRC conducted a refresher course in trans-tibial manufacturing procedures. It also continued to sponsor three candidates to attend prosthetic and orthotic (P&O) training at the Cambodia School of Prosthetics and Orthotics (CSPO).

Throughout 2005 the ICRC continued to promote the long-term functioning of services by playing a leading role in the organization of a national physical rehabilitation seminar, aimed at promoting the establishment of a national coordinating body. The ICRC also ran two seminars in patient registration and stock management procedures.

### In 2006, the ICRC will:

- enhance the quality of services through continued support from ICRC ortho-prosthetists, by conducting a technical P&O seminar, and by continuing to sponsor three candidates for P&O training at CSPO
- facilitate access to services by continuing to donate materials and components to the seven centres, by supporting the MRCS Outreach Prosthetic Programme, and by strengthening orthotic services
- promote the long-term functioning of services by organizing an additional physical rehabilitation seminar and by promoting the establishment of a national physical rehabilitation coordinating body

## NEPAL



### National partner

Green Pasture Hospital

### Location of projects

Pokhara

### Patient services in 2005

Patients attending the centres	1,010
New patients fitted with prostheses	123
New patients fitted with orthoses	13
Prostheses	131
Orthoses	13
Crutches (pairs)	28.5

Beginning of assistance: 2004

An internal conflict between government forces and the Communist Party of Nepal-Maoist has been going on in Nepal since 1996. For many reasons, some of them related to the internal conflict, access to physical rehabilitation services remains difficult for most disabled people in the country. Such services are provided through a network of 12 centres, most of which are located in the main cities. This makes it even more difficult for patients to gain access to services, as the majority of them cannot afford the cost of transport, not to mention the cost of treatment. In 2005 the ICRC provided support for the Green Pasture Hospital (GPH) prosthetic and orthotic (P&O) department.

Throughout the year, to improve the accessibility of services, the ICRC donated materials and components to the GPH P&O department and reimbursed the cost of treatment provided by the department for patients included in the ICRC project. In addition, the Nepal Red Cross Society (NRCS) continued to receive ICRC assistance in the identification and registration of patients. In 2005, with the support of the ICRC, the GPH P&O department produced 131 prostheses and 13 orthoses and provided 28.5 pairs of crutches for patients referred by the ICRC.

However, the total production of the department was much higher, especially in terms of orthoses (ICRC reimbursement of orthotic services represented only 10% of total production).

The quality of the services provided in the GPH P&O department was maintained by continued on-the-job training and mentoring by ICRC ortho-prosthetists. To further improve quality, one candidate was sponsored to attend a refresher course in lower-limb prosthetics at the ICRC/SFD (Special Fund for the Disabled) Regional Training Unit in Addis Ababa, Ethiopia. An ICRC physiotherapist conducted a one-month mission on the spot to determine how overall patient management (devices and physiotherapy) could be improved. In 2006, a three-month physiotherapy mission will be carried out to upgrade patient management.

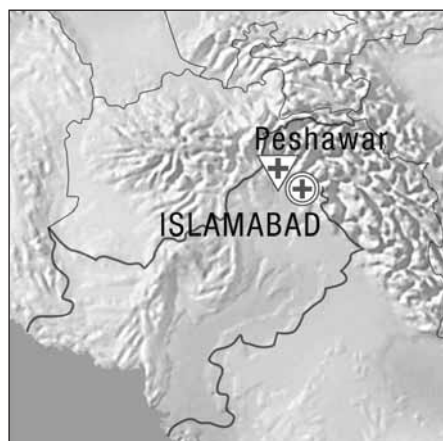
Throughout 2005 the ICRC continued to promote the long-term functioning of services by strengthening the management capacity of the GPH P&O department. Training sessions were held in the management of patient registration and in the use of the International Society of Prosthetics Orthotics (ISPO) cost calculation system.

### In 2006, the ICRC will:

- enhance the quality of services by providing the continued support of ICRC ortho-prosthetists and an ICRC physiotherapist, and by sponsoring one candidate to attend P&O training at Mobility India and at least one candidate to attend a refresher course in Addis Ababa
- facilitate access to services by continuing its support for the GPH P&O department and by strengthening the capacity of the NRCS in the area of patient identification and registration



## PAKISTAN



### National partners

Fauji Foundation, Quetta Christian Hospital and the Pakistan Institute of Prosthetics and Orthotics Sciences

### Location of projects

Peshawar, Quetta and Rawalpindi

### Patient services in 2005

Patients attending the centres	1,897
New patients fitted with prostheses	211
New patients fitted with orthoses	374
Prostheses	301
Orthoses	437
Wheelchairs	41
Crutches (pairs)	126

Beginning of assistance: 2004

In Pakistan there are large numbers of people with conflict-related disabilities. Many are Afghan refugees living in the areas along the border with Afghanistan, but Pakistanis have also fallen victim to the ongoing tension in the area. Mines/ERW continued to pose a threat to the population in Pakistan-administrated Kashmir. Following the earthquake of October 2005, the number of people in need of physical rehabilitation services rose sharply, mainly in Pakistan-administrated Kashmir and the North-West Frontier Province (NWFP). Pakistan has a number of physical rehabilitation facilities, but most of them are far from the remote areas near the border with Afghanistan, and there are none at all in Pakistan-administrated Kashmir. In 2005, the ICRC provided support for the Rawalpindi Artificial Limb Centre (managed by the Fauji Foundation), the Pakistan Institute of Prosthetic and Orthotic Sciences (PIPOS) in Peshawar, and the Baluchistan Community Rehabilitation Centre (BCRP) run by the Christian Hospital in Quetta.

In the NWFP, the ICRC improved the accessibility of services by setting up a referral system for those in need. Patients were referred to PIPOS, where the ICRC covered the cost of their treatment, or to the ICRC centre in Jalalabad, Afghanistan, transport costs being covered by the

ICRC. In Baluchistan the ICRC facilitated access to services by donating materials, components and equipment to the BCRP. In Pakistan-administrated Kashmir, patients were referred to the Artificial Limb Centre (ALC) in Rawalpindi, the ICRC covering the cost of transport and treatment. Following the earthquake the ICRC donated materials, components and equipment to PIPOS and to ALC to increase their capacity in the short term. In the longer term, as needs were already great prior to the earthquake, the ICRC will give assistance for the construction of a new centre in Muzaffarabad. In 2005, with the support of the ICRC, 301 prostheses (70% for mine survivors) and 437 orthoses (6% for mine survivors) were produced in the assisted centres, and 126 pairs of crutches and 41 wheelchairs were provided. In addition, 647 patients were referred to the ICRC centre in Jalalabad.

The quality of the services provided in the centres was maintained by regular visits conducted by ICRC ortho-prosthetists. A two-week training seminar was held at the ALC to prepare for the introduction of polypropylene technology. Throughout 2005 the ICRC continued to promote the long-term functioning of services by providing the Quetta centre with support in the management of physical rehabilitation activities.

### In 2006, the ICRC will:

- enhance the quality of services through continued support from ICRC ortho-prosthetists and an ICRC physiotherapist, and by sponsoring two candidates to attend prosthetic and orthotic (P&O) training at PIPOS
- facilitate access to services by continuing to cover the cost of treatment for patients at PIPOS and ALC, by continuing to donate materials and components to the BCRP, by conducting an outreach programme at the BCRP, and by building a new physical rehabilitation centre in Muzaffarabad
- promote the long-term functioning of services by increasing the capacity of the BCRP Directorate in management of physical rehabilitation services, and by continuing discussions with the Fauji Foundation with a view to the handover of the Muzaffarabad centre

## TAJIKISTAN



### National partners

Ministry of Labour and Social Protection (MoLaSP)

### Location of projects

Dushanbe

### Patient services in 2005

Patients attending the centres	663
New patients fitted with prostheses	121
New patients fitted with orthoses	73
Prostheses	347
Orthoses	146
Wheelchairs	1
Crutches (pairs)	178

Beginning of assistance: 2004

In Tajikistan, there are no accurate figures for the number of disabled people in need of physical rehabilitation services. However, the Ministry of Labour and Social Protection (MoLaSP) estimates that there are more than 1,000 amputees and more than 2,000 people with other motor disabilities in the country. There is one physical rehabilitation centre in Tajikistan, the Dushanbe Physical Rehabilitation Centre (DPRC), which is run by the MoLaSP. The Dushanbe centre has three satellite workshops, in Kulob, Khorog and Khujand, which carry out repairs on prosthetic and orthotic (P&O) devices in remote areas. In 2005, the ICRC provided support for the DPRC and its three satellite workshops.

To improve the accessibility of services, throughout the year the ICRC supported the activities of the DPRC by donating imported materials and components. In addition, with the support of the ICRC, the Red Crescent Society of Tajikistan (RCST) continued to provide follow-up for

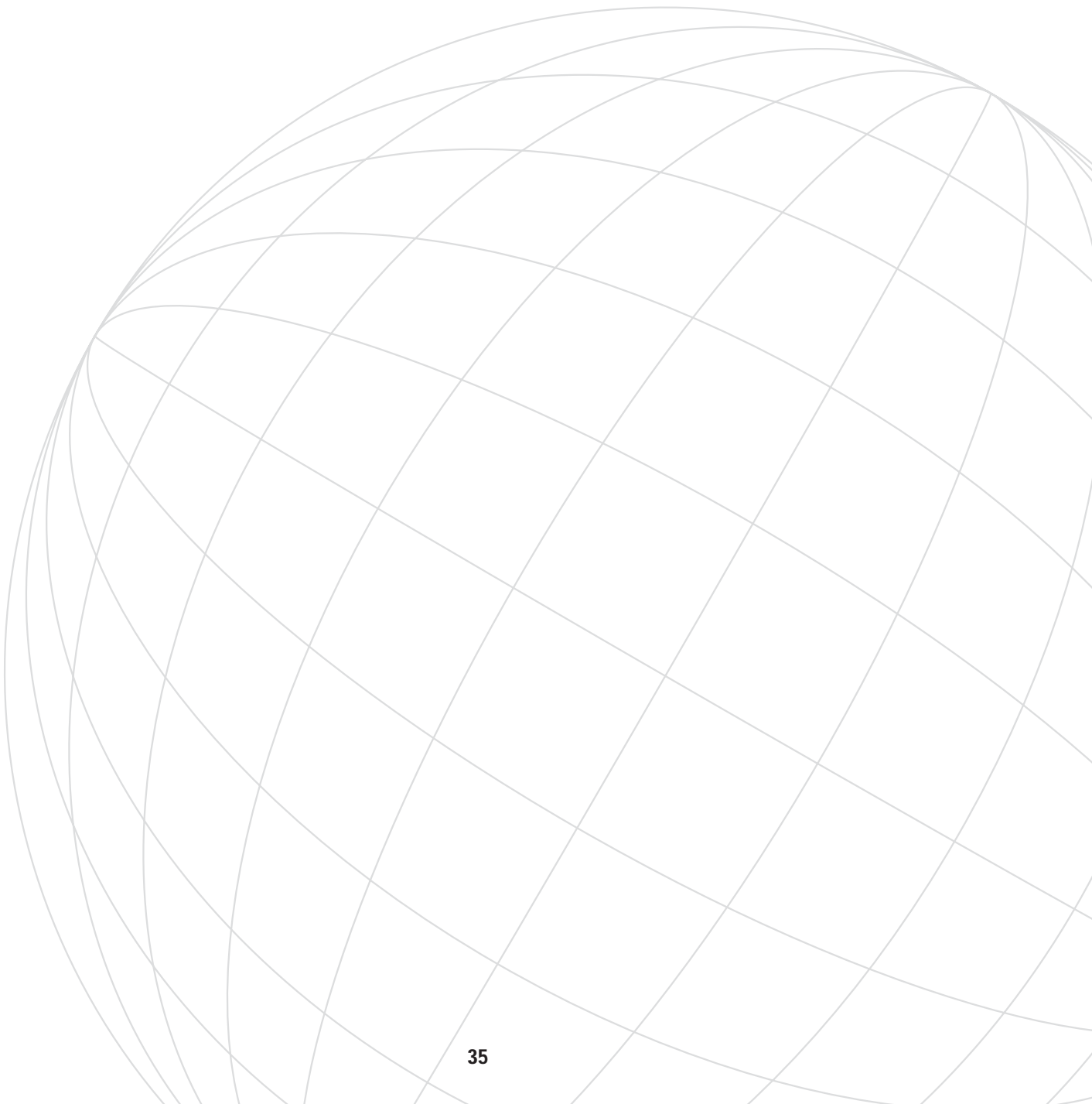
patients. In 2005 the DPRC produced 347 prostheses (10% for mine survivors) and 146 orthoses, and provided 178 pairs of crutches and one wheelchair.

The quality of services in the P&O department of the DPRC was maintained by continued on-the-job training and mentoring by an ICRC ortho-prosthetist. To further improve quality, five technicians working in the DPRC's satellites attended a one-month refresher course organized by the ICRC.

Throughout 2005, the ICRC continued to support the MoLaSP in its efforts to develop a long-term strategy to ensure the long-term functioning of the centre. With the support of the ICRC, additional financial resources were secured, mainly through the United Nations Development Programme (UNDP). In addition, the MoLaSP continued to take greater financial and management responsibility for activities at the DPRC.

### In 2006, the ICRC will:

- enhance the quality of services provided through continued on-the-job training and mentoring by ICRC ortho-prosthetists
- facilitate access to services by continuing to donate imported materials and components, by upgrading the satellite repair workshops, and by continuing to support the RCST's follow-up programme
- promote the long-term functioning of services by supporting the efforts of MoLaSP to find additional sources of funding, and by continuing to support MoLaSP in the gradual take-over of responsibilities



## 3.3 – EUROPE AND THE AMERICAS

In 2005, the ICRC supported six projects in three countries: Azerbaijan (3 projects), Georgia (2 projects), and the Russian Federation (1 project).

While no accurate figures are available for people in need of physical rehabilitation services in Azerbaijan, their number may be estimated at around 40,000 on the basis of the WHO standard (0.5% of the total population). Physical rehabilitation services in Azerbaijan are provided by the Ministry of Labour and Social Protection through a network of three centres: a national centre in Baku, the Ahmedly Prosthetic Orthopaedic Rehabilitation Centre (PORC), and two decentralized facilities in Ganja and Nakhichevan. The network is managed from Baku by the Director and administration of the PORC in cooperation with the local directors. In 2005, the ICRC provided support for the PORC and for the centres in Ganja and Nakhichevan.

In Georgia, according to unofficial data, there are more than 130,000 people with various physical disabilities. A survey conducted by the ICRC revealed that there are some 5,000 amputees in the country. State funds allocated for physical rehabilitation are very limited and cover only a limited range of services, which are far from meeting needs. Since 1994 the ICRC has been providing support for the Tbilisi centre, which since 2004 has been managed by the Georgian Foundation for Prosthetic and Orthopaedic Rehabilitation.

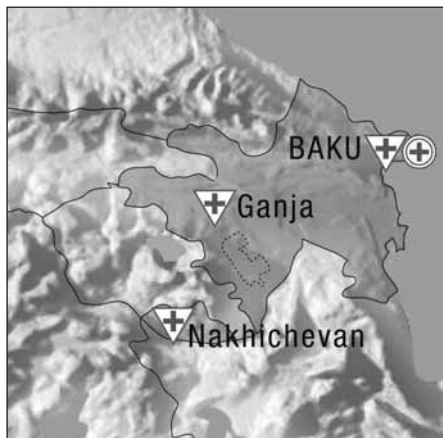
In Abkhazia, while the economic situation continued gradually to improve, in 2005 the authorities were still experiencing difficulty in providing proper physical rehabilitation services. The ICRC has been assisting the

Gagra Orthopaedic Centre, the only provider of such services in Abkhazia, and its repair workshop in Gali since 1994.

The prolonged conflict in Chechnya has disrupted health services for long periods and led to the discontinuation of important public health programmes, including physical rehabilitation. Moreover, the extensive use of landmines and the presence of unexploded ordnance (UXO) during both conflicts in Chechnya continue to pose a threat to those living and travelling within the republic. The number of disabled people requiring physical rehabilitation services in Chechnya is not known, but it is estimated that there are between 5,000 and 6,000 amputees in need of such services. Provision of physical rehabilitation services in the Russian Federation is the responsibility of the Federal Agency for Health and Social Development. In 2002, to ensure the accessibility of physical rehabilitation services, the ICRC began to give assistance to the Grozny Orthopaedic Centre, enabling it to resume its activities. It continued to provide the Grozny Orthopaedic Centre with support in the form of educational and technical assistance throughout 2005.

In Colombia, the ICRC did not provide direct support to physical rehabilitation centres, but covered the cost of treatment for people having difficulty in gaining access to services. During 2005 an assessment was carried out to determine how the accessibility of services could be improved. On the basis of the results, in 2006 the ICRC will begin assisting four centres with the aim of facilitating access to services for mine victims and other people disabled as a result of conflict-related injuries.

## AZERBAIJAN



### National partner

Ministry of Labour and Social Protection (MoLaSP)

### Location of projects

Baku, Ganja, and Nakhichevan

### Patient services in 2005

Patients attending the centres	9,280
New patients fitted with prostheses	203
New patients fitted with orthoses	450
Prostheses	1,248
Orthoses	2,397
Wheelchairs	210
Crutches (pairs)	2,029

Beginning of assistance: 1994

While no accurate figures are available for people in need of physical rehabilitation services in Azerbaijan, their number may be estimated at around 40,000 on the basis of the WHO standard (0.5% of the total population). Physical rehabilitation services in Azerbaijan are provided by the Ministry of Labour and Social Protection (MoLaSP) through a network of three centres: a national centre in Baku, the Ahmedly Prosthetic Orthopaedic Rehabilitation Centre (PORC) and two decentralized centres in Ganja and Nakhichevan. The network is managed from Baku by the Director and administration of PORC in cooperation with the local directors. In 2005, to improve the accessibility of services, the ICRC provided support for the PORC and for the centres in Ganja and Nakhichevan.

During the year the ICRC donated materials and components to all three centres. While other technologies are also used, approximately 50% of the prostheses and most of the orthoses produced are manufactured with polypropylene technology. In 2005 the ICRC-assisted centres produced 1,248 prostheses (10% for mine survivors) and 2,397 orthoses (1% for mine survivors), and provided 2,029 pairs of crutches and 210 wheelchairs. To facilitate access to services for Chechen refugees living in Azerbaijan, the ICRC gained official

approval for Chechens to be treated at the PORC under the supervision of an ICRC ortho-prosthetist. In 2005, Chechens received services at the PORC, with the assistance of the ICRC. During the period 1994–2001, 30% of the amputees receiving services at the former Darnagul centre were mine victims. Throughout 2005, efforts were made to identify the needs of mine victims during discussions with the government and the Azerbaijan National Agency for Mine Action (ANAMA), and through field trips.

Apart from the continued support provided by regular visits from the ICRC ortho-prosthetist, the quality of services was maintained by the running of three technical seminars for prosthetic and orthotic (P&O) technicians and a one-month refresher course in physiotherapy conducted by an ICRC physiotherapist. All seminars were attended by personnel from the three assisted centres.

To help the MoLaSP develop a national policy for provision of physical rehabilitation services, the ICRC funded an assessment mission by an external consultant aimed at devising a more efficient strategy in this area. The consultant's report was submitted to the MoLaSP in December 2005.

### In 2006, the ICRC will:

- enhance the quality of services through the continued support of ICRC ortho-prosthetists, and by organizing an additional refresher course in physiotherapy, conducted by an ICRC physiotherapist
- improve the accessibility of services by donating materials and components, by continuing to facilitate access to services for Chechen refugees, by helping the MoLaSP to set up a small P&O unit at the Children's Rehabilitation Centre, and by organizing a seminar to achieve better coordination among the different players involved in these activities
- promote the long-term functioning of services through continued support for the MoLaSP in the implementation of a national policy for provision of physical rehabilitation services



## GEORGIA



### National partners

Georgian Foundation for Prosthetic Orthopaedic Rehabilitation (GEFPOR), Ministry of Health (MoH)

### Location of projects

Tbilisi and Gagra

### Patient services in 2005

Patients attending the centres	1,077
New patients fitted with prostheses	124
New patients fitted with orthoses	247
Prostheses	343
Orthoses	653
Wheelchairs	5
Crutches (pairs)	446

Beginning of assistance: 1994

In 2005, Georgia continued to receive international support for the economic and social reform process. Nevertheless, over half of the population (approximately 54%) lives below the poverty line. State funds allocated for physical rehabilitation are very limited and cover only a limited range of services, which are far from meeting needs. Since 1994 the ICRC has been providing support for the Tbilisi centre, which since 2004 has been managed by the Georgian Foundation for Prosthetic and Orthopaedic Rehabilitation (GEFPOR). In Abkhazia, while the economic situation continued gradually to improve, in 2005 the authorities were still experiencing difficulty in providing proper physical rehabilitation services. The ICRC has been assisting the Gagra Orthopaedic Centre, the only provider of such services in Abkhazia, and its repair workshop in Gali since 1994.

During the year the ICRC facilitated access to services by reimbursing the cost of treatment for approximately 60% of the patients attending the GEFPOR centre in Tbilisi. In total, 765 patients attended the centre for various services, including the fitting of 263 prostheses and 615 orthoses. In Abkhazia, with the support of the ICRC (donation of materials and components), 312 patients had access to services, including provision of 80 prostheses and 38 orthoses. Together the ICRC-assisted centres produced 343 prostheses (20% for mine survivors) and 653 orthoses (0.1% for mine survivors). In addition,

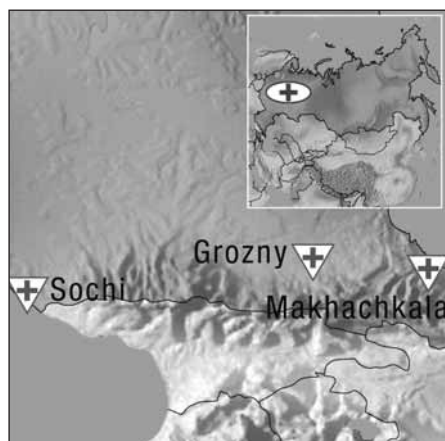
446 pairs of crutches and five wheelchairs were provided. Following an assessment carried out in the South Ossetia region, agreement was reached between the local authorities, the Vladikavkaz Orthopaedic Centre (Russian Federation) and the ICRC whereby the local authorities cover the cost of transport and accommodation for patients, the Vladikavkaz centre provides the services, and the ICRC covers the cost of treatment. The quality of the services provided in both centres was maintained by regular visits from ICRC ortho-prosthetists. In addition, to improve physiotherapy, in each centre an ICRC physiotherapist held a one-month refresher course in the management of lower-limb amputees.

The ICRC promoted the long-term functioning of services in different ways throughout 2005. As well as providing continued support to the GEFPOR Directorate in the management of activities, it paid for a Georgian management consultancy group to develop, together with the GEFPOR, a strategy for financial sustainability, including fundraising. The ICRC also funded an external consultant to conduct an assessment and draw up recommendations for the Ministry of Labour, Health and Social Affairs (MoLH&SA) on the development of a national physical rehabilitation policy. In Abkhazia, a seminar was organized for the authorities with the aim of finding ways for them to assume greater responsibility for the management of services.

### In 2006, the ICRC will:

- enhance the quality of services by providing continued support by ICRC ortho-prosthetists, by conducting physiotherapy refresher courses, and by covering costs for four technicians from Gagra to attend technical seminars (organized by the ICRC) in the Russian Federation
- facilitate access to services by covering the cost of treatment for approximately 60% of the patients attending the GEFPOR centre, by covering the cost of treatment for patients coming from South Ossetia to the Vladikavkaz centre, and by donating materials and components to the Gagra Orthopaedic Centre
- promote the long-term functioning of services through continued assistance for the consolidation of the GEFPOR, by providing continued support for the MoLH&SA in its efforts to develop a national physical rehabilitation policy, and by assisting the Abkhaz authorities in the development and implementation of a long-term strategy to ensure the sustainability of the Gagra centre

## RUSSIAN FEDERATION



### National partner

Federal Agency for Health Development and Social Development (FAHSD)

### Location of projects

Grozny

### Patient services in 2005

Patients attending the centres	963
New patients fitted with prostheses	117
New patients fitted with orthoses	93
Prostheses	268
Orthoses	55
Crutches (pairs)	12

Beginning of assistance: 2002

The prolonged conflict in Chechnya has disrupted health services for long periods and led to the suspension of important public health programmes, including physical rehabilitation. In addition, the extensive use of landmines and the presence of unexploded ordnance during both conflicts in Chechnya continue to pose a threat to those living and travelling within the republic. The number of disabled people requiring physical rehabilitation services in Chechnya is not known, but it is estimated that between 5,000 and 6,000 amputees are in need of such services. Provision of physical rehabilitation services in the Russian Federation is the responsibility of the Federal Agency for Health and Social Development (FAHSD). In 2002, to ensure the accessibility of physical rehabilitation services, the ICRC began to give assistance to the Grozny Orthopaedic Centre, enabling it to resume its activities. Throughout 2005, the ICRC continued to provide the Grozny Orthopaedic Centre with support in the form of educational and technical assistance.

As the authorities allocate sufficient funds to cover the running costs of the centre, including materials and components, ICRC support focuses on capacity building, to help the centre provide appropriate physical rehabilitation services. Since the return in late 2004 of eight technicians, newly trained with the support of the ICRC, the number of patients attending the centre has been steadily increasing, and there are now over 2,000 patients registered. In 2005, a

total of 953 patients received various services at the Grozny Orthopaedic Centre; 268 prostheses (75% for mine survivors), 55 orthoses (none for mine survivors) and 12 pairs of crutches were provided.

As the number of prosthetic and orthotic (P&O) professionals is insufficient to cope with the demand, the ICRC gave support for six more candidates to enrol in a three-year training programme at the St Petersburg Social College, and cooperation was established with the Albrecht Scientific and Practical Prosthetic Centre in St Petersburg to give the trainees further practical training. As patients from Chechnya continued to receive services from centres located in neighbouring republics, the ICRC maintained regular contact with several centres in the region. To improve the quality of the services provided, the ICRC conducted a one-week technical seminar (knee disarticulation prostheses) at the Vladikavkaz Orthopaedic Centre, which was attended by P&O professionals from Grozny and from other centres in the region. In addition, an ICRC ortho-prosthetist conducted regular visits to the Grozny centre to provide support for the P&O technicians working there.

To improve coordination and avoid duplication of activities between the different actors working in the physical rehabilitation sector, and to make the best possible use of available resources and skills to help those in need of services, the ICRC took the initiative of organizing inter-agency/FAHSD meetings.

### In 2006, the ICRC will:

- enhance the quality of services by continuing its training activities, including sponsorship of six candidates to receive P&O training, by organizing regional technical seminars, and through the continued support of ICRC ortho-prosthetists
- facilitate access to services by continuing to strengthen the capacity of the Grozny Orthopaedic Centre and by organizing regular inter-agency/FAHSD coordination meetings

## 3.4 – MIDDLE EAST AND NORTH AFRICA

In 2005, the ICRC supported 15 projects in five countries: Algeria (1 project), Iraq (10 projects), Lebanon (1 project), Syria (1 project) and Yemen (2 projects).

Algeria has a nationwide network of facilities providing physical rehabilitation services. These services, however, are available only to those registered under the national social security system. Physically disabled people not covered by the system cannot afford the cost of services. In 2001 the ICRC signed an agreement with the Ministry of Health and the Algerian Red Crescent Society to establish a centre at the Ben Aknoun hospital in Algiers which would produce prosthetic and orthotic (P&O) devices at affordable prices to address the needs of those not covered by social security. The ICRC continued to support the activities of the P&O department at the Ben Aknoun hospital in 2005.

In Iraq, armed hostilities between multinational/Iraqi government forces and insurgents continued throughout 2005, and the demand for physical rehabilitation services remained high. The Ministry of Health (MoH) estimates that there are a million disabled people in the country, including 70,000 amputees. However, people in need of physical rehabilitation often have to wait for long periods before receiving treatment as the centres do not have the capacity to cope with the demand. Many of them lack trained personnel and the components required to produce P&O devices. In addition, the poor security conditions in some regions of Iraq severely restrict access to services, and some centres have been badly damaged in the hostilities. In 2005,

despite major security constraints, the ICRC maintained its assistance to eight centres countrywide. It also provided support for the P&O Training School and the MoH Al-Salam crutches production unit, both in Baghdad.

In Lebanon, the generally stable situation allowed disabled Lebanese nationals to have access to adequate physical rehabilitation services through a network of more than 30 service providers around the country. As there are no State-run facilities, the services for Lebanese are provided by the private sector and NGOs, with financial support from the Ministry of Health and the social security system. However, Palestinian refugees living in Lebanon do not have access to physical rehabilitation under the Lebanese health and social welfare system. In 2005, ICRC gave support to the Sidon Orphan Welfare Society centre in Sidon, which provides services for Palestinian refugees. It also gave direct support to Palestinian patients by covering the cost of their treatment at the Sidon centre.

In Syria, physical rehabilitation services are provided through several centres run by the Ministry of Health and the Ministry of Defence and through private workshops. Alongside the Syrian network, the Palestine Red Crescent Society in Syria continued to manage a P&O centre in Yarmouk ensuring access to services for Palestinian refugees living in Syria. The estimated number of Palestinian refugees in Syria is around half a million, and approximately one third are living in the Yarmouk area. According to a survey carried out in 2005, the

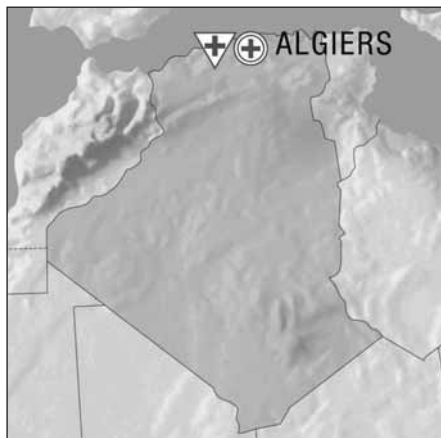


Palestinian population in Syria includes more than 5,000 disabled people, among whom 52% were in need of physical rehabilitation services. The ICRC continued its support for the Yarmouk centre in 2005, enabling it to provide services at reasonable cost or, for those who could not afford the expense, free services.

In Yemen, the Landmine Impact Survey completed in July 2000 recorded a total of 4,904 mine/UXO (unexploded ordnance) casualties, including 2,560 people killed and 2,344 injured. Physical rehabilitation services are available at centres run by the Ministry of Public Health and Population in Sana'a, Aden, Taiz, Hodeidah and Mukalla. In 2005, the ICRC assisted the National Artificial Limbs and Physiotherapy Centre in Sana'a and the Al-Mukalla Centre in Mukalla. ICRC support included donation of material and components, technical support provided by an ICRC ortho-prosthetist, and educational support in the form of sponsorship of two candidates to receive P&O training.

During the year, projects assisted by the ICRC in the Middle East and North Africa produced a total of 3,199 prostheses and 6,974 orthoses and provided 541.5 pairs of crutches. Among the total number of prostheses produced 1,066 (33%) were for mine survivors, while among the total number of orthoses produced, 132 (2%) were for mine survivors.

## ALGERIA



### National partner

Ministry of Health

### Location of projects

Algiers

### Patient services in 2005

Patients attending the centres	69
New patients fitted with prostheses	24
New patients fitted with orthoses	37
Prostheses	30
Orthoses	37

### Beginning of assistance: 2002

Algeria has a nationwide network of facilities providing physical rehabilitation services. These services, however, are available only to those registered under the national social security system. Physically disabled people not covered by the system cannot afford the cost of services. In 2001 the ICRC signed an agreement with the Ministry of Health (MoH) and the Algerian Red Crescent Society to establish a centre which would produce prosthetic and orthotic (P&O) devices at affordable prices to address the needs of those not covered by social security. This led to the setting up of a P&O department at the Ben Aknoun hospital in Algiers. Initially the project included provision of services for physically disabled Sahrawis living in the eastern part of Algeria, but this part of the project was discontinued at the beginning of 2004.

In 2005 ICRC continued its support for the Ben Aknoun P&O department. This small-scale department produced 30 prostheses (13% for mine survivors) and 37 orthoses (none for mine survivors) during the year.

Discussions were held with the MoH on ways of further facilitating access to services for physically disabled people who could not afford the cost of services. While the MoH expressed satisfaction with the Ben Aknoun project and showed willingness to develop such activities, nothing tangible materialized. One possible strategy for improving the accessibility of services is to train Algerian P&O professionals in the use of polypropylene technology.

### In 2006, the ICRC will:

- maintain the quality of services through regular visits by the ICRC regional ortho-prosthetist based in Amman
- facilitate access to services by continuing to donate raw materials and components to the Ben Aknoun centre for persons unable to meet treatment costs, and by continuing discussions with the MoH on facilitating access to services for people with limited financial means in other parts of the country

## IRAQ

*National partners*

Ministry of Health (Baghdad 4 projects, Najaf, Hilla, Basra),  
Ministry of Higher Education (Baghdad) and Iraqi Red Crescent Society (Mosul),

*Location of projects*

Baghdad (5), Najaf, Hilla, Basra, Mosul, Erbil

*Patient services in 2005*

Patients attending the centres	30,113
New patients fitted with prostheses	1,403
New patients fitted with orthoses	3,993
Prostheses	2,529
Orthoses	5,374
Wheelchairs	7
Crutches (pairs)	515

*Beginning of assistance: 1993*

Armed hostilities between multinational/Iraqi government forces and insurgents continued throughout 2005. After a relative lull in the violence in February and March, insurgent attacks increased from May onwards. The demand for physical rehabilitation services remains high in Iraq. The Ministry of Health (MoH) estimates that there are a million disabled people in the country, including 70,000 amputees. However, people in need of services often have to wait for long periods, as the physical rehabilitation centres do not have the capacity to cope with the demand. Many of them lack trained personnel and the components required to produce prosthetic and orthotic (P&O) devices. In addition, the poor security conditions in some regions of Iraq severely restrict access to services, and some centres have been badly damaged in the hostilities. In 2005, despite major security constraints, the ICRC maintained its assistance to eight centres country-wide. It also provided support for the P&O Training School and the MoH Al-Salam crutches production unit, both in Baghdad.

ICRC support included donation of both locally available and imported materials needed for the production of P&O devices, and all the equipment needed to set up a crutches production unit in the Al-Salam centre. The ICRC also gave financial

and technical assistance for the running, in cooperation with the MoH, of two seminars. The first, held in Erbil, brought together representatives of all the centres to discuss the organization of physical rehabilitation services in Iraq. The second, held at the University of Jordan Rehabilitation College, focused on the provision of spinal orthoses. This second seminar was attended by more than 13 technicians from Iraq, and the trainers included Iraqi and Jordanian doctors and ortho-prosthetists. The ICRC also actively supported the work of the Physical Rehabilitation Committee, made up of representatives of the MoH, the Ministry of Higher Education (MoHE) and the ICRC.

The quality of services was maintained by national ICRC ortho-prosthetists, although in most cases, owing to security constraints, it was impossible to monitor the situation closely in all centres. Despite the fact that some centres had to stop working for several months, overall production statistics show a slight increase as compared with 2004. In 2005, with the support of the ICRC, 2,529 prostheses (40% for mine survivors) and 3,993 orthoses (2% for mine survivors) were produced, and 515 pairs of crutches and seven wheelchairs were provided by the assisted centres.

***In 2006, the ICRC will:***

- enhance the quality of services by organizing training sessions in P&O and physiotherapy, and through continued support from ICRC expatriates and national personnel
- facilitate access to services by continuing to donate raw materials and components to the 10 assisted centres, and by closely monitoring the situation in the country and the possibilities for providing the necessary support
- promote the long-term functioning of services through continued support for the MoH, the MoHE and the Iraqi Red Crescent in the management of physical rehabilitation activities

## LEBANON



### National partner

Sidon Orphan Welfare Society

### Location of projects

Saida

### Patient services in 2005

Patients attending the centres	120
New patients fitted with prostheses	2
New patients fitted with orthoses	6
Prostheses	25
Orthoses	21

Beginning of assistance: 1982

Despite a period of political turmoil triggered by the assassination of former Lebanese prime minister Rafik Hariri, the generally stable situation in Lebanon allowed disabled Lebanese nationals to have access to adequate physical rehabilitation services through a network of more than 30 service providers around the country. As there are no State-run facilities, services for the Lebanese are provided by the private sector and NGOs with financial support from the Ministry of Health and the social security system. However, Palestinian refugees (estimated at 394,532) living in 12 camps in Lebanon do not have access to physical rehabilitation under the Lebanese health/social welfare system. The United Nations Relief & Works Agency (UNRWA), Norwegian People's Aid (NPA), the Al-Karama Association for Disabled (KAD, a Palestinian NGO) and the ICRC provide support for disabled Palestinians by covering the cost of their treatment.

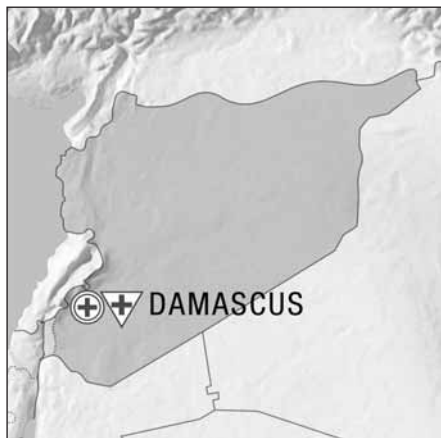
While in the past the ICRC supported the provision of services regardless of the nationality of the beneficiaries in three assisted centres, a few years ago it decided to focus on Palestinians, who were experiencing difficulty in having access to services. In 2005 the ICRC maintained its support for one project, as compared with three in 2004. The Sidon Orphan Welfare Society (SOWS) operates in Sidon and two neighbouring Palestinian camps, including the largest one, Ain Al-Helweh. ICRC support included donation of materials and components and reimbursement of services provided by the SOWS to Palestinians. In 2005 the ICRC covered the cost of treatment for close to 50 patients, who received 25 prostheses and 21 orthoses.

Following an assessment carried out in 2005, the ICRC decided to concentrate from 2006 on helping Palestinians gain access to orthotic services, as prosthetic services are provided by several organizations. This decision should have no adverse effect on the SOWS, as the centre has sufficient sources of funding to ensure its long-term functioning.

### In 2006, the ICRC will:

- maintain the quality of services through regular visits to the SOWS by the regional ICRC ortho-prosthetist based in Amman
- facilitate access to services by continuing to donate raw materials and components to the SOWS, thus enabling it to provide Palestinians with orthotic services, by reimbursing the cost of orthotic treatment only, and by continuing to cooperate with all organizations involved in physical rehabilitation

## SYRIA



### National partner

Palestinian Red Crescent Society

### Location of projects

Yarmouk (suburbs of Damascus)

### Patient services in 2005

Patients attending the centres	777
New patients fitted with prostheses	178
New patients fitted with orthoses	144
Prostheses	351
Orthoses	268
Crutches (pairs)	26.5

Beginning of assistance: 1983

In Syria, physical rehabilitation services are provided through several State-run centres (Ministry of Health and Ministry of Defence) and private workshops. In addition to the Syrian network, the Palestine Red Crescent Society (PRCS) in Syria continued to manage a prosthetic and orthotic (P&O) centre in Yarmouk ensuring access to services for Palestinian refugees living in Syria. While the primary purpose of the centre when it was opened was to provide services for Palestinians, the centre also caters for Syrian nationals, as the existing centres were unable to meet the needs of the physically disabled in the country. However, the situation should improve, as the Syrian Red Crescent began construction of a new centre with the assistance of the Iranian Red Crescent. The estimated number of Palestinian refugees in Syria is around half a million, approximately one third of whom live in the Yarmouk area. According to a survey carried out in 2005, there are more than 5,000 disabled Palestinians living in Syria, 52% of them in need of physical rehabilitation services.

With the technical and financial support of the ICRC, the Yarmouk centre was able to provide services for more than 770 patients at reasonable cost. Moreover, 20% of the patients received services free of charge because of their hardship situation. ICRC support included the donation of imported and locally available materials and components. While the PRCS is able to cover most running costs (utilities, salaries, etc.), it does not have sufficient funds to cover the cost of materials and components. In 2005, 351 prostheses (12% for mine survivors) and 268 orthoses (none for mine survivors) were produced, and 26.5 pairs of crutches were provided.

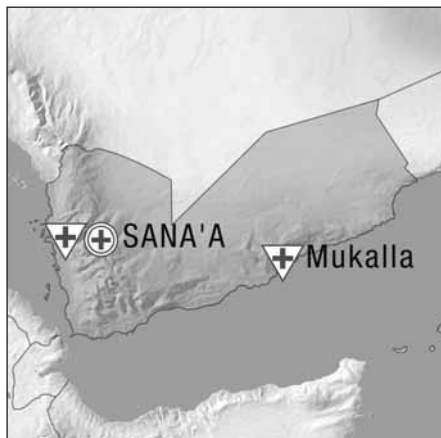
Throughout the year the quality of services provided at the Yarmouk centre was maintained by continued support from an ICRC ortho-prosthetist. Regular on-the-job training was provided, with a special focus on lower-limb orthoses. Despite ICRC representations urging the centre to strengthen its capacity in the area of physiotherapy, patients still had no access to proper physiotherapy services. In 2005 the ICRC assisted the centre's management by introducing a computerized patient registration system and a stock management protocol.

### In 2006, the ICRC will:

- enhance the quality of services by organizing training sessions in P&O and physiotherapy, and through continued support from ICRC expatriates and national personnel
- facilitate access to services by continuing to donate raw materials and components to the 10 assisted centres, and by closely monitoring the situation in the country and the possibilities for providing the necessary support
- promote the long-term functioning of services through continued support for the Ministry of Health, the Ministry of Higher Education and the Iraqi Red Crescent in the management of physical rehabilitation activities



## YEMEN



### National partner

Ministry of Public Health and Population (MoPHP)

### Location of projects

Sana'a and Mukalla

### Patient services in 2005

Patients attending the centres	1,025
New patients fitted with prostheses	251
New patients fitted with orthoses	925
Prostheses	264
Orthoses	1,274

### Beginning of assistance: 2002

Yemen ratified the Ottawa treaty banning landmines in 1998 and launched its Mine Action Programme the same year. The National Mine Action Committee, set up in 1998, is a steering committee responsible for national mine action strategy, while the Yemen Executive Mine Action Centre (YEMAC), established in 1999, is in charge of implementing and coordinating mine action across the country. The Landmine Impact Survey completed in July 2000 recorded a total of 4,904 mine/UXO (unexploded ordnance) casualties (2,560 people killed and 2,344 injured). Physical rehabilitation services are available at MoPHP centres in Sana'a, Aden, Taiz, Hodeidah and Mukalla. The ICRC provides support for the National Artificial Limbs and Physiotherapy Centre in Sana'a and the Al-Mukalla Centre in Mukalla.

In 2005, ICRC assistance included donation of materials and components, the technical services of an ICRC ortho-prosthetist, and educational support in the form of sponsorship of two candidates to attend

prosthetic and orthotic (P&O) training at Mobility India. At the Sana'a centre, devices are produced using different technologies; polypropylene is used mainly for those who cannot afford to pay for the more expensive production methods. About 75% of production involves polypropylene technology in the Sana'a centre, while in Al-Mukalla only polypropylene technology is used. In 2005, 264 polypropylene prostheses (7% for mine survivors) and 1,274 orthoses (none for mine survivors) were produced.

During the year the MoPHP approached the ICRC with a request for support for two additional centres, in Taiz and Aden, starting in 2006. This request will be given further consideration in 2006.

The quality of services provided at both centres was maintained throughout 2005 by continued support from an ICRC ortho-prosthetist, who provided on-the-job training. To further improve quality, the ICRC continued to sponsor two candidates receiving P&O training; both should complete their training by December 2006.

### In 2006, the ICRC will:

- enhance the quality of services through continued support to both centres by the ICRC ortho-prosthetist, and by sponsoring four additional candidates to receive P&O training at Mobility India
- facilitate access to services by continuing to donate raw materials and components so that the centres can provide services at affordable cost, and by conducting an evaluation of unmet needs, in term of physical rehabilitation, in Taiz and Aden

## **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.



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