# PHYSICAL REHABILITATION PROGRAMME

## ANNUAL REPORT 2007

ICRC

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# 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. It works to fulfil its mandate to protect and assist the millions of people affected by armed conflict and other situations of violence through its 80 delegations and missions around the world.

The term "rehabilitation" refers to a process whose aim is to remove – or to reduce as far as possible – restrictions on the activities of physically disabled persons, and to enable them to become more independent and enjoy the highest possible quality of life in physical, psychological, social and professional terms. Different measures, such as medical care, therapy, psychological support, or vocational training, may be needed to achieve this end. Physical rehabilitation, which involves the provision of assistive devices (prostheses, orthoses, walking aids and wheelchairs) and appropriate physiotherapy, is an important part of the rehabilitation process. It is not an end in itself, but an essential part of all the measures needed to ensure the full integration of disabled persons in society. Restoration of mobility is the first step towards enjoying such basic rights as access to food, shelter and education, getting a job and earning an income, and, more generally, having the same opportunities as other members of society.

Although the ICRC had undertaken some physical rehabilitation activities before 1979, the establishment that year of the Physical Rehabilitation Programme (PRP) marked the beginning of a major commitment in this field. Also in 1979, two operational projects were launched under the PRP. Another important development was the setting up in 1983 of the ICRC Special Fund for the Disabled (SFD). This was done 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. The services provided by the PRP and the SFD are similar in nature; the ICRC's decision to make use of one or the other is influenced primarily by needs and the political context.

Since 1979, the PRP's activities have diversified and expanded throughout the world. This development is due to a variety of factors that have caused the concept of humanitarian assistance in the form of physical rehabilitation to evolve well beyond emergency response, since those in need of physical rehabilitation services will require them for the rest of their lives. Over time, the ICRC has developed a leadership position in physical rehabilitation, mainly because 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 2007.

Information on the activities of the ICRC Special Fund for the Disabled may be obtained from the Fund's Annual Report for 2007 (www.icrc.org/fund-disabled).

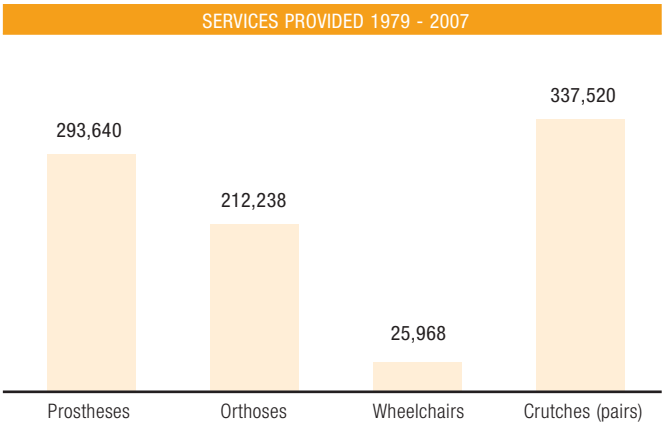
# 1 – INTRODUCTION

Rehabilitation is a process whose aim is to remove – or to reduce as far as possible – restrictions on the activities of persons with disabilities, and to enable them to become more independent and enjoy the highest possible quality of life. Depending on the type of disability, various measures, such as medical care, physical rehabilitation, vocational training, social support, or help in achieving economic self-reliance, may be needed to achieve this end. Physical rehabilitation is an integral part of the rehabilitation process that is necessary to ensure the full participation and inclusion in society of persons with disabilities. It includes the provision of assistive devices such as prostheses, orthoses, walking aids and wheelchairs together with the therapy that will enable disabled persons to make the fullest use of their devices. Physical rehabilitation must also include activities aimed at maintaining, adjusting, repairing and renewing the devices as needed. It is not an end in itself, but an essential part of all the measures needed to ensure the full integration of disabled persons in society. Restoration of mobility is the first step towards enjoying such basic rights as access to food, shelter and education, getting a job and earning an income, and, more generally, having the same opportunities as other members of society.

The main objectives of a national physical rehabilitation programme are to ensure the following: that the services provided are accessible, that they meet existing needs and are of good quality, and that they continue to function in the long term. Physical rehabilitation focuses on helping a person recover the use or improve the functioning of his or her body, with physical mobility as the primary goal. ICRC physical rehabilitation assistance is designed to strengthen the overall physical rehabilitation services of a given country. It aims to improve the accessibility of services and their quality, and to develop national capacities to ensure their long-term availability.

## History

Although the ICRC had undertaken some physical rehabilitation activities before 1979, the establishment of the Physical Rehabilitation Unit that year marked the beginning of a serious commitment in this field. In 1979, two operational projects were implemented under the newly established physical rehabilitation programme.




Since 1979, the ICRC's physical rehabilitation activities have diversified and expanded throughout the world. Between 1979 and 2007, the ICRC Physical Rehabilitation Programme provided support for 121 projects (centres) in 39 countries. Over half the centres were constructed during this period, 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 89 assisted projects in 26 countries in 2007. 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, large numbers of individuals have benefited from physical rehabilitation services such as the provision

of prostheses, orthoses, wheelchairs and walking aids, physiotherapy, and follow-up (repair and maintenance of devices) with the assistance of the ICRC. The infrastructure and expertise developed with the help of the ICRC has benefited patients not only during the period of assistance but also afterwards. The actual number of beneficiaries is thus greater than indicated by the statistics, which do not include patients treated after the ICRC's withdrawal from assisted centres.

## The approach

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). In the conflict-affected countries where the ICRC undertakes its mandated activities, it is not only people directly affected by conflict (those injured by landmines, bombs and other ordnance) who need physical rehabilitation services, but also those indirectly affected – people who become physically disabled because the breakdown of normal health services prevents them from receiving proper care and/or vaccinations. ICRC physical rehabilitation projects are run in close proximity to those who are affected, taking into account their specific vulnerabilities and perception of their needs, as well as local value systems. The projects offer assistance without discrimination to all those in need.

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

- **Improving accessibility:** The ICRC takes all possible measures to ensure that everyone in need of physical rehabilitation services has access to them on an equal-opportunity basis, regardless of social, religious, ethnic or other considerations. Special attention is given to vulnerable groups, such as women and children.
- **Upgrading quality:** The ICRC promotes the application of internally developed guidelines based on international norms. It also promotes a multidisciplinary patient-management approach, which includes physiotherapy. In addition, it sees to it that the ICRC technology used to produce appliances and aids for the disabled remains appropriate and up to date.
- **Ensuring sustainability:** The ICRC works with and strengthens the capacity of a local partner from the start. In addition, whenever necessary, the ICRC ensures project continuity through the Special Fund for the Disabled. This long-term approach does not only take into account the ICRC's residual responsibility; it also reduces the risk of any loss in terms of investment of human resources, capital and materials.

In order to promote these aims, the ICRC provides:

- **Financial/material assistance:** renovation of facilities; donation of machines, tools, equipment, raw materials and components; reimbursement of beneficiaries for travel, accommodation and food expenses; reimbursement of rehabilitation centres for services
- **Technical assistance:** low-cost, high-quality technology; service protocols; specialists (ortho-prosthetists, physiotherapists, etc.) offering service-provision and management support
- **Educational assistance:** direct training of national staff members, and sponsorships enabling them to enhance their technical and administrative skills at recognized regional training centres

ICRC projects set out to contribute to the full inclusion in society of the physically disabled, both during and after the period of assistance. Although its focus is physical rehabilitation, the ICRC Physical Rehabilitation Programme recognizes the need to develop projects in cooperation with others so as to ensure that beneficiaries have access to other services in the rehabilitation chain. In all projects, referral networks are established with local and international organizations directly involved in other parts of the rehabilitation chain. In addition, where the ICRC is carrying out other activities such as hospital support and economic-security projects, coordination is undertaken to ensure that beneficiaries of physical rehabilitation projects have access to proper medical care and to socio-economic projects implemented by the ICRC.

## Developing national capacity

ICRC projects are designed and implemented to strengthen the overall physical rehabilitation services in a given country. For that reason, the ICRC will support national partners (governments, non-governmental organizations or NGOs, etc.) in the provision of physical rehabilitation services. The level of support provided varies from country to country but the aim is always to develop national capacity. However, in certain circumstances, the ICRC may take the place of the authorities entirely. Ninety percent of the ICRC's projects have been, and continue to be, managed in close cooperation with national partners, primarily government authorities. Few centres have been, or continue to be, 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 from a neighbouring country. In 2007, apart from one centre in Pakistan (Muzaffarabad), one centre in Iraq (Erbil), and all seven projects (six physical rehabilitation centres and an orthopaedic component factory) in Afghanistan, assisted centres were either government-run or managed by NGOs.

Although sometimes the withdrawal of the ICRC from functioning rehabilitation projects has been successful, in other cases the result after a year or so has been an empty centre without materials, trained personnel or patients. In countries with limited financial resources, the needs of the disabled, including the need for physical rehabilitation, are seldom given priority. The result is poorly funded and poorly supported centres. Besides the direct impact this has on patients and personnel, it represents a significant loss in terms of investment of human capital and materials. As has already been noted, a person with a disability needs access to functioning rehabilitation services for the rest of his or her life. In order to improve the chances of services continuing to function, the ICRC has adopted a long-term approach in implementing and managing its physical rehabilitation projects. While the top priorities are increasing the accessibility of services and maintaining high quality, the ICRC is always attentive to the need to increase its partners' capacity for managing services from the outset. It does this by providing training and mentoring, by strengthening infrastructure, and by promoting the development and implementation of a national physical rehabilitation policy within the relevant government structure(s).

Since 1979, the ICRC has developed several management tools (stock management, patient management, treatment protocols, etc.) to support managers of assisted centres. In addition, these management tools have been distributed to other organizations working in the same area.

As the quality of services depends largely on the availability of trained professionals, the training component of ICRC-assisted projects has gained in importance over the years. Furthermore, the presence of trained professionals increases the chances of rehabilitation facilities continuing 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 International Society for Prosthetics and Orthotics (ISPO). 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 training in physiotherapy in one country. It has also provided scholarships enabling a number of candidates to be trained at recognized schools in formal prosthetics & orthotics or physiotherapy.

Moreover, even when the ICRC has completely withdrawn from a country, the organization's Special Fund for the Disabled can provide follow-up. This long-term commitment to patients and facilities, unique among aid organizations, is much appreciated by the ICRC's partners at both the level of the centres and at government level. It is one of the ICRC's major strengths.

## Promoting access to other services in the rehabilitation chain

Rehabilitation is a process whose aim is to remove – or to reduce as far as possible – restrictions on the activities of disabled persons, and to enable them to become more independent and enjoy the highest possible quality of life. Various measures, such as medical care, physical rehabilitation, vocational training, social support, and programmes promoting economic self-reliance, may be needed to achieve this end. Physical rehabilitation is thus one measure among many that may be needed to achieve full rehabilitation. Although its focus is physical rehabilitation, the ICRC Physical Rehabilitation Programme recognizes the need to develop projects in cooperation with others so as to ensure that patients have access to other services in the rehabilitation chain

In all projects, referral networks are established with local and international organizations directly involved in other parts of the rehabilitation chain. In addition, where the ICRC is carrying out other activities, such as hospital support and economic-security projects, co-ordination is undertaken to ensure that beneficiaries of physical rehabilitation projects have access to proper medical care and to socio-economic projects implemented by the ICRC.

## Services for mine/ERW (explosive remnants of war) survivors

The ICRC has in the past provided support for 15 of the 24 States party to the Ottawa Convention that have acknowledged their responsibility for landmine survivors (Afghanistan, Albania, Angola, Cambodia, Chad, Colombia, the Democratic Republic of the Congo, Eritrea, Ethiopia, Mozambique, Nicaragua, Sudan, Tajikistan, Uganda and Yemen) and still does so for 11 of them (Afghanistan, Angola, Cambodia, Chad, Colombia, the Democratic Republic of the Congo, Eritrea, Ethiopia, Sudan, Tajikistan, and Yemen). Since 1997, this ICRC-assisted network of centres has provided mine survivors with 102,399 prostheses and 2,254 orthoses, together with appropriate physical therapy. In addition, many survivors received wheelchairs and walking aids.

## The Polypropylene Technology

The ICRC initially used raw materials and machinery imported from established Western suppliers to produce 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 vital role played by the ICRC in making rehabilitative appliances more widely available – by introducing low-cost, high-quality technology – came in 2004 in the form of the Brian Blatchford Prize awarded by the ISPO. The technology developed by the ICRC is now standard practice for the production of prostheses and orthoses and is currently being used by a significant number of organizations involved in physical rehabilitation.

To mark the ICRC's role in developing and promoting appropriate technology, such as the polypropylene technology, a brochure on the subject was published in 2007. It provides the necessary information about the advantages and appropriateness of using this technology for producing prosthetic and orthotic devices in developing countries.

## Support by specialists

Besides developing appropriate technology and training professionals, the ICRC promotes the provision of high-quality services by deploying its specialists. The ICRC has a large pool of international experts: in 2007, it had 41 full-time expatriate ortho-prosthetists and 18 full-time expatriate physiotherapists in the field. No other international organization working in the same field employs as many specialists. Over time, the average number of expatriates per project has decreased from 7 in 1979 to 0.6 in 2007, mainly because of the increased experience both of the ICRC and of the growing number of national trained professionals working in assisted centres.

# 2 – OVERVIEW OF ACTIVITIES IN 2007

In 2007 the ICRC continued its efforts to improve the accessibility of services, enhance the quality of those services and promote their long-term availability.

## IMPROVING THE ACCESSIBILITY OF SERVICES

### *Projects worldwide*

In 2007 the ICRC Physical Rehabilitation Programme assisted 88 projects in 26 countries and one territory: 85 physical rehabilitation centres, two national orthopaedic component factories (in Cambodia and Afghanistan) and one national unit manufacturing crutches (in Iraq). Also in 2007, the ICRC began to provide assistance in Eritrea (three projects), Sri Lanka (one project) and the Gaza Strip (one project). In addition, eight new projects, in countries where the ICRC already had projects, received support during the year: one in Algeria, one in Chad, two in Colombia, two in Iraq, one in Pakistan and one in Yemen. At the beginning of the year, the ICRC ended its support for one project in Lebanon; in June 2007, it ended its support for six projects in Myanmar. During the first half of 2007, the activities of the ICRC physical rehabilitation project in Myanmar were undertaken in accordance with its objectives for the year. However, as a result of restrictions imposed on the ICRC's activities by the government, in June the delegation took the decision to end its assistance to the centres managed by the Ministry of Health (National Rehabilitation Hospital in Yangon, Mandalay General Hospital and Yenanthar Leprosy Hospital in Mandalay) and those managed by the Ministry of Defence (Defence Services Rehabilitation Hospital in Yangon, Pyin Oo Lwin No. 1 Military Hospital in Mandalay and Aung Ban No. 2 Military Hospital in Shan State). At mid-year, however, the ICRC provided the Ministries of both Health and Defence with enough materials to ensure that the activities in the centres under their authority would continue for about a year.

In Algeria, a number of refugees from the Western Sahara were living in camps near the city of Tindouf, more than 2,000 km from any prosthetic or orthotic services. The Polisario Front reported that 450 persons living in these camps were in need of physical rehabilitation services. In 2006, the ICRC signed a cooperation agreement with the public health authorities of the Polisario Front to open a small physical rehabilitation centre in Rabouni, which would provide services to about 100 persons a year. In 2007, the ICRC financed the construction of a new centre within the compound of the Martyr Chreïf centre and beside the physiotherapy department. The choice of location was determined by the fact that numerous disabled persons were living within the centre. The construction and the installation were completed at the end of 2007.

In Eritrea, the ICRC began to provide support in August 2007, to the Ministry of Labour and Human Welfare for the provision of services at the three centres in the country, and to the Ministry of Health for strengthening physiotherapy services in the country. The ICRC made donations of materials, components and tools. In addition, the ICRC furnished the dormitory and the kitchen of the national referral centre in Adi Guadad to ensure that patients at the centre could be accommodated while undergoing treatment. The ICRC also donated physiotherapy equipment to the Adi Guadad centre so that patients receiving prostheses or orthoses would have access to physiotherapy.

In Sri Lanka, as a result of the political situation, disabled persons in the Jaffna district faced many obstacles in getting the physical rehabilitation that they needed. Following an assessment, the ICRC decided to resume its assistance to the Jaffna Jaipur Centre for Disability Rehabilitation in 2007 (assistance was provided between 1999 and 2003). The Jaffna Centre, which was managed by a local NGO, was the only centre providing physical

rehabilitation services in Jaffna. According to the United Nations Development Programme, Jaffna is one of the most mine-affected districts in Sri Lanka.
Government sources reported that there were approximately 8,900 disabled persons in the Jaffna peninsula, of whom more than 4,000 were suffering impaired mobility in some form. Following the signature of a cooperation agreement with the Jaffna centre's board of governors, the ICRC began to provide support for the centre in August 2007.

The Municipality of Gaza operated the only functioning physical rehabilitation centre in the Gaza Strip: the Artificial Limb and Polio Centre in Gaza City. Following a needs assessment, and after the signing of a cooperation agreement, the ICRC began to provide support for the centre in October 2007. Disabled persons in Gaza were among those most at risk and their numbers were disproportionately high among those living in poverty: they were seriously affected by the situation in Gaza. Access to materials and components was made almost impossible for the centre by the situation in Gaza. Following the signature of the agreement, the ICRC donated materials and components, enabling the centre to ensure the provision of services for those in need.

In Chad, to ensure access to services for persons living in the southern part of the country, the ICRC began to lend its assistance to the Maison Notre Dame de la Paix in Moundou. The ICRC, which was already providing support to the Centre d'Appareillage et de Rééducation de Kabalaye (CARK) in N'Djamena, now supports the two functioning centres providing physical rehabilitation services in the country.

In Colombia, in order to ensure access to proper physical rehabilitation services, as well as regular and continuous access for follow-up visits and the upkeep of assistive devices, the ICRC continued to follow its strategy of decentralization. Therefore, in 2007 it began to provide assistance to two more centres, in Cali and Bogotá.

In Iraq, to enhance the accessibility of its services, the ICRC endeavoured to ensure that physical rehabilitation centres had enough materials and components, and that the network of assisted centres covered most of the country so that as few patients as possible would need to travel long distances for treatment. It began to provide support for the Tikrit centre and financial assistance for the construction of a new centre in Falluja. This new centre should make it easier, for people in need in the Al-Anbar governorate, to have access to services.

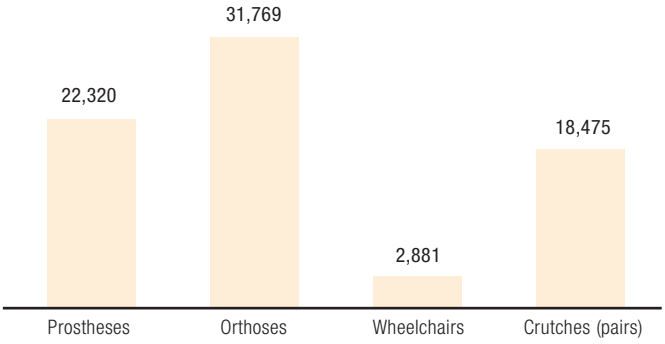
In Yemen, to ensure access to services for those living in the Aden governorate, the ICRC began to support the Aden Physical Rehabilitation Centre. In addition, to enhance access to services for disabled persons in the Sa'ada region, the ICRC established a referral system that allowed them to receive services in Sana'a (the ICRC bore the transportation and lodging expenses of the disabled person's companion).

No services being available in Pakistan-administered Kashmir, the ICRC, after discussions with the authorities, constructed a regional reference physical rehabilitation centre in Muzaffarabad. The construction of the centre was completed during the year and services first provided during the second quarter of 2007. In addition, the ICRC, in collaboration with the Ministry of Health for the North-West Frontier Province and the Hayatabad Paraplegic Centre, implemented a home-care programme with the object of ensuring that persons suffering from spinal-cord injuries could, after their medical treatment had ended, be as self-sufficient as possible.

### *Provision of services*

In 2007, more than 161,000 people benefited from various services at ICRC-assisted centres. These services included production of 22,320 prostheses and 31,769 orthoses, and provision of 2,881 wheelchairs and 18,475 pairs of crutches. No statistics were compiled on the number of persons who were given physiotherapy, but such treatment was available for most of them, and the majority did receive such services. The number of services provided in ICRC-assisted centres in 2007 was greater than in the previous year by an average of 5%. Children and women represented 23% and 17%, respectively, of all those benefiting from services.

SERVICES PROVIDED IN 2007




### *Services for mine/ERW survivors*

In 2007, the ICRC provided support for 11 of the 24 States party to the Ottawa Convention that have acknowledged their responsibility for landmine survivors (Afghanistan, Angola, Cambodia, Chad, Colombia, the Democratic Republic of the Congo, Eritrea, Ethiopia, Sudan, Tajikistan and Yemen). In all these countries, survivors had access to services with the aid of the ICRC. This was also the case with survivors from Azerbaijan, China, the Democratic People's Republic of Korea, Georgia, India, Iraq, Myanmar, Nepal, Pakistan, the Russian Federation, Sri Lanka and the Syrian Arab Republic.

In 2007, the ICRC-assisted network of centres provided 9,729 prostheses for mine survivors (out of a total of 22,320) and 738 orthoses (out of a total of 31,769), along with the appropriate physical therapy. In addition, many survivors received wheelchairs and walking aids. Children and women accounted for 4% and 9%, respectively, of the total number of survivors who had access to prostheses and orthoses. In Afghanistan, Angola, Cambodia, Ethiopia, Iraq, Myanmar and Sudan, the ICRC continued to be the main international organization providing, and assisting in the provision of, physical rehabilitation services.

### *Promoting access to other services in the rehabilitation chain*

Two ICRC physical rehabilitation projects (in Afghanistan and Colombia) had built-in socio-economic components in 2007. The project in Afghanistan combined physical rehabilitation services with activities aimed at the social reintegration of the disabled. In 2007, more than 2,000 persons benefited from various activities aiming at social inclusion (job placement, special education, vocational training, micro-credit, etc.). Since 1993, acting on the conviction that physical rehabilitation is a step towards the social reintegration of a disabled person, the project has pursued a policy of "positive discrimination." In order to set an example, to prove that someone who was disabled was as capable as an able-bodied person, all the centres trained and employed only people with disabilities. At present, practically all 500 employees of the project, male and female, are disabled former patients. In Colombia, the ICRC continued to refer mine survivors to a vocational training centre.

The physical rehabilitation projects in Pakistan (Muzaffarabad) and Iraq (Erbil) worked in close cooperation with programmes of the ICRC's economic security department to promote the social reintegration of disabled persons. In Cambodia, the Democratic Republic of the Congo, Russia (Grozny) and Sri Lanka, the ICRC's physical rehabilitation projects maintained close contact with other organizations promoting vocational training and socio-economic activities. In all other projects, referral networks were established with local and international organizations directly involved in other parts of the rehabilitation chain.

## IMPROVING THE QUALITY OF SERVICES

The training of national professionals and expatriate specialists, support provided by expatriate specialists, improvements in ICRC-developed polypropylene technology, the drafting and implementation of treatment guidelines, the promotion of a multidisciplinary patient-management approach and the emphasis on the quality rather than on the quantity of services provided: all these efforts contributed to the improvement of services.

### *Improvements in ICRC-developed polypropylene technology*

The ICRC Prosthetic and Orthotic Technical Commission, which met for the third time in April, resolved to further develop internal prosthetic and orthotic standards, and to draft technical manuals, protocols and techniques.

Satisfaction with the quality of prosthetic/orthotic components produced by CR Equipements (CRE) was continuously monitored by the ICRC's P&O Technical Coordinator, through systematic feedback from the field. Efforts to improve and further modify the full range of CRE's products were maintained. New models were introduced, such as specific joints for through-knee and hip disarticulation, and the Denis Brown splint, which is used in the treatment of club foot. Efforts to improve the lifespan of the CRE SACH foot continued. In January, following recommendations made by external laboratories, the CRE SACH foot was immediately steamed in dry air for eight hours after injection. This helped to quicken the maturation of the polyurethane and reinforced its resistance to humidity. Systematic quality control was carried out. Further monitoring will be conducted at the projects.

### *Development of guidelines*

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, and for using the alignment jig in the manufacture of lower-limb prostheses, were published and widely distributed among all ICRC assisted-projects and NGOs and among stakeholders involved in providing P&O services in developing countries. Each manual contains material that should be of help in transferring know-how in projects. Spanish translations of these manuals should be available in 2008.

At its annual meeting, held in November, the ICRC Physiotherapy Technical Commission was able to finalize many documents (guidelines, assessment checklists, patients' files, statistic forms and evaluation questionnaires) and to plan the production, in 2008, of a reference manual on physiotherapy. All the documents finalized at the meeting will be gathered in it, as shown below:

- Physiotherapy departments (Standard layout for physiotherapy departments in hospitals, standard layout for physiotherapy departments in rehabilitation centres, and evaluation forms)
- Physiotherapy practice (Assessment checklists, assessment form for hospitals, PRP checkout form, statistic form)
- Patient-management guidelines (Guidelines and practice evaluation)
- Physiotherapy equipment which can be locally produced

- Training tools (Gait-training booklet, illustrations for exercises)
- Course for expatriates (POP & Tractions, Lower-limb amputations)
- Course for national personnel (Lower-limb amputees)

### *Wheelchair services*

The provision of wheelchairs, although they are made available in most assisted projects, has always raised many concerns. First, affordable and individualized wheelchairs remain scarce in many of the countries where the ICRC undertakes its activities. Furthermore, even when wheelchairs are available, they are often not readily adaptable to the needs of users. Another important source of concern is the competence of those who provide the services, and their ability to properly assess the needs of patients and to set out appropriate programmes for their treatment, which includes selecting the proper wheelchair and modifying it to the user's needs.

In order to improve wheelchair services for patients at ICRC-assisted centres, the ICRC has decided to develop, in cooperation with Motivation, a training programme to equip expatriate professionals, ortho-prosthetists and physiotherapists with the knowledge and skills necessary to provide proper services. The main objective of this course is to train ICRC expatriate professionals in wheelchair management, but it would also enable the ICRC's professionals to train and support national personnel afterwards. In 2007, national personnel in Cambodia were given training in the provision of high-quality wheelchair services. Such training is scheduled for a number of other countries in 2008. In addition, with the support of Motivation, the functioning of the ICRC's wheelchair-production chain in Kabul was reviewed and improvements made to it.

### *Developing national capacity in service provision*

While ICRC expatriate specialists (ortho-prosthetists and physiotherapists) continued to give on-the-job training and mentoring in all projects, efforts were maintained to increase the number of qualified national professionals by providing and sponsoring formal training in prosthetics and orthotics and in physiotherapy.

In 2007, 50 persons completed, continued or began formal P&O training, while four others began formal physiotherapy training subsidized by the ICRC. In addition, the ICRC continued to provide formal training in Sudan and Afghanistan and conducted several technical seminars within the framework of assisted projects in the fields of prosthetics and orthotics, physiotherapy and wheelchair services management.

| Project | No. of students | School | Year | Diploma |
|---|---|---|---|---|
| Iraq | 3 | CSPO | 2007 - 2010 | ISPO Cat. II |
| Ethiopia | 2 | TATCOT | 2005 - 2008 | ISPO Cat. II |
| Sudan | 1 | TATCOT | 2007 - 2010 | ISPO Cat. II |
| | 4 | TATCOT | 2006 - 2009 | ISPO Cat. II |
| | 5 | TATCOT | 2006 - 2007 | Single-discipline diploma (Cat. II) |
| | 5 | TATCOT | 2007 - 2008 | Single-discipline diploma (Cat. II) |
| | 2 | Kigali Health Institute | 2007 - 2010 | B.Sc. in physiotherapy |
| China | 2 | CHICOT | 2004 - 2007 | P&O diploma |
| Philippines | 1 | CSPO | 2007 - 2010 | ISPO Cat. II |
| DPR Korea | 5 | CSPO | 2005 - 2008 | ISPO Cat. II |
| | 5 | CSPO | 2007 - 2010 | ISPO Cat. II |
| Cambodia | 2 | Singapore General Hospital | 2007 | Advance certificate in physiotherapy |
| Colombia | 2 | University of Don Bosco | 2007 - 2010 | ISPO Cat. II through distance learning |
| India | 1 | Mobility India | 2007 - 2008 | Lower-limb prosthetics diploma |
| Yemen | 2 | Mobility India | 2004 - 2007 | P&O diploma |
| | 4 | Mobility India | 2006 - 2009 | P&O diploma |
| Russian Federation | 4 | St-Petersburg Social College | 2005 - 2008 | P&O diploma |
| Pakistan | 4 | PIPOS | 2007 - 2010 | ISPO Cat. II |

To improve the quality of P&O services in Afghanistan, the ICRC ran a fourth nine-month training programme to upgrade skills not only for technicians working in ICRC centres but also for those at other centres in the country. The programme will receive the official recognition of the Afghan authorities. In 2007, 19 technicians, four of them working in non-ICRC centres, completed the training. In all, almost 80 technicians, including 27 from non-ICRC assisted centres, have successfully completed the upgrade training, which began in 2006. The ICRC intends to begin a formal three-year training programme (ISPO Cat. II) in Afghanistan in 2008.

In Sudan, a formal three-year training course leading to an internationally recognized diploma, the Sudanese Diploma for Prosthetics and Orthotics, came to an end in August. The curriculum of the course conformed to the ICRC's Certificate of Professional Competency training guidelines and to ISPO standards. The examination was supervised by the ISPO and passed by 14 candidates. The ICRC, in cooperation with the national authorities for prosthetics and orthotics, will conduct the same training course (in lower-limb prosthetics and lower-limb orthotics) in 2008.

***The ICRC also supported the development of P&O professionals by:***

- conducting an eight-week refresher course in lower-limb prosthetics in Eritrea;
- conducting technical seminars in Azerbaijan, Haiti and Georgia;
- sponsoring the attendance of eight technicians at refresher courses offered by the regional training unit of the ICRC Special Fund for the Disabled in Addis Ababa, Ethiopia.

In early September, the ICRC invited several organizations active in the field of physiotherapy – the World Confederation of Physical Therapy (WCPT), the World Health Organization (WHO), the ISPO, Christoffel Blinden Mission and Handicap International France – to attend a meeting in Geneva in order to exchange views on the need for assistant physiotherapists in the field and for their recognition. The meeting was held in support of the ICRC's strategy for developing a modular training programme for assistant physiotherapists. The programme has two main objectives:

- Professionalism: the level of education provided must meet international standards and be recognized by the national educational system, the aim being to produce assistant physiotherapists whose training counts towards degree programmes in physiotherapy.
- Flexibility: a modular approach has been adopted that takes into account various types of patients (amputees, cerebral palsy, post-surgical care, etc.) and the medical facilities available (hospitals, physical rehabilitation centres, community-based rehabilitation centres).

The ICRC is currently working with Handicap International France to develop a modular course for assistant physiotherapists following an ICRC initiative to create such a course based on its training programme in prosthetics and orthotics.

The educational computer-animation video on gait-training for lower-limb amputees (developed in collaboration with the University of Don Bosco) was finished and is now under production, along with the training booklet.

***The ICRC also supported the development of physiotherapy professionals by:***

- conducting one-month training sessions in Afghanistan on clinical reasoning in physiotherapy;
- supporting a two-year training programme for physiotherapists in Afghanistan;
- implementing continuous training for physiotherapists in Chad, North Korea, Ethiopia, India, Sudan and Pakistan;
- conducting refresher courses for physiotherapists in Sri Lanka, Georgia and Azerbaijan;
- sponsoring the training of two Sudanese students for four years at the physiotherapy school in Kigali;
- sponsoring two Cambodian physiotherapists for advanced training in physiotherapy in Singapore.

### *Training of expatriate specialists*

Over 41 expatriate ortho-prosthetists and 18 physiotherapists were involved in providing support for the network of assisted centres in 2007. The expatriate specialists did not directly provide patient services in most of the projects, but advised national personnel on technical and clinical matters. It is important to maintain and develop the specialists' skills and knowledge so that they may continue to provide national personnel with appropriate support. They were therefore given the opportunity to take part in several training programmes in 2007.

A technical seminar on ischial containment sockets for trans-femoral prostheses was held in April, in cooperation with the Bundesfachschule für Orthopädie-Technik in Germany and the Vietnamese Training Centre for Orthopaedic Technologists (VIETCOT) in Hanoi. A German orthopaedic expert supervised the seminar, in which 14 ICRC P&O specialists took part. Three such seminars will be organized in the course of 2008 as part of the continuing training of ICRC specialists.

To further improve wheelchair services, the ICRC asked Motivation to design a training programme to equip ICRC expatriate ortho-prosthetists and physiotherapists with the skills and knowledge necessary for dealing with people requiring wheelchair services and for training national personnel in the provision of such services. Six sessions were held in 2007 and 59 expatriates trained. Two additional sessions have been scheduled for 2008.

## PROMOTING THE LONG-TERM FUNCTIONING OF SERVICES

The ICRC endeavoured throughout the year to ensure the long-term functioning of services not only by supporting training activities, but also by implementing projects in close cooperation with national partners, 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.

### *National partners*

To increase the probability of services continuing after it has itself withdrawn, the ICRC has adopted a long-term approach to implementing and managing its physical rehabilitation projects: implementing projects with national partners is the cornerstone of this strategy. In 2007, of the 89 projects assisted by the ICRC, 50 were undertaken in collaboration with government authorities (ministries of health or of social affairs), 19 with local NGOs, two with private providers, and nine with National Societies. Nine other projects were implemented directly by the ICRC.

### *Supporting national coordination bodies*

***In 2007, the ICRC:***

- provided support for the work of several national coordinating bodies (in Afghanistan, Angola, Cambodia, Colombia, Iraq, Pakistan, and Sudan) in the area of physical rehabilitation;

- actively promoted the establishment of a coordinating body in Ethiopia and Colombia;
- continued to press for the development of national physical rehabilitation policies in Azerbaijan, Georgia and Sudan;
- maintained efforts to enlist the support of other international and non-governmental organizations in countries where the ICRC is supporting physical rehabilitation services.

### *Supporting managerial staff at centres*

The ICRC also helped the managerial staff in assisted centres to improve their management skills and their knowledge of physical rehabilitation. In most of its assisted projects, the ICRC introduced an ISPO cost-calculation system, which enabled managers to draw up budgets for their centres. In addition, close support was given to managers to develop and implement standard working procedures (human resources management, stock management, patient management, etc.).

In Cambodia, the ICRC provided financial support that enabled the managers of the Kompong Speu and Battambang centres to enrol in a three-year management-training course.

## COOPERATION WITH OTHER BODIES

In 2007 the ICRC continued to interact with various bodies – the ISPO, the WCPT and the WHO – that were involved in physical rehabilitation and in disability issues (setting standards for appropriate technology, drawing up guidelines for training P&O personnel in developing countries, etc.). These activities are listed below:

### *Participation in the 12th ISPO World Congress in Vancouver, Canada*

***ICRC representatives gave five presentations at the congress:***

- Improving foot lifespan for developing countries
- Polypropylene welding strength
- ICRC Certificate of Professional Competency
- P&O common approach in low-income countries
- Orthotic fabrication techniques: The ICRC approach

### *Participation in the 15th WCPT World Congress in Vancouver, Canada*

***ICRC representatives gave three presentations at the congress:***

- Short-term effect of physiotherapy rehabilitation on functional performance of lower-limb amputees: A randomized controlled trial in Myanmar
- The programme for spinal-cord-injured paraplegics: Outcomes of a home care programme in Afghanistan
- The ICRC training strategy in physiotherapy: A modular system for an appropriate humanitarian response

Also, Alberto Cairo, the head of the ICRC's physical rehabilitation project in Afghanistan, received a humanitarian award for his work in Afghanistan.

### *International Society for Prosthetics and Orthotics*

- Participation in ISPO board meetings, educational committee and the ad hoc committee for non-industrial countries

### *International NGOs*

- Regular meetings with organizations such as Handicap International, Cambodia Trust, Christoffel Blinden Mission, and Motivation to share information and to coordinate activities

### *Academic institutions in developed and developing countries*

- The ICRC, in cooperation with the physical rehabilitation programme of the Norwegian University of Science and Technology, launched a life-cycle analysis on its polypropylene technology. The study will include a section on the environmental impact of this technology. Based on the study's findings and recommendations, improvements to existing methods of disposing of raw materials and to the recycling process in P&O workshops will be developed
- Contacts were made in Belgium with Mobilab in Geel and with the University of Leuven; both have experts in biomechanics and are abreast of the latest technical developments in prosthetics and orthotics. Plans to launch a biomechanical study, comparing the trans-tibial system produced by using the ICRC's polypropylene technology and the modular system available on the open market, were discussed. It is hoped that the study will get under way by September 2008

### *National and international mine action groups*

- Participation in meetings of the Standing Committee on Victim Assistance and Socio-Economic Reintegration under the Ottawa Convention (inter-sessional meeting in April in Switzerland and the 8th States Parties Meeting in November in Jordan)

The 8th States Parties Meeting brought together more than five hundred representatives from 94 States party to the Mine Ban Convention (out of 156 States Parties) and from international organizations, inter-governmental organizations and agencies, and NGOs. The participants also included representatives from 19 States not party to the treaty. The ICRC was very well represented and active in all the plenary sessions and at the many side events.

In its statement at the 8th States Parties Meeting, the ICRC said that it was encouraged by the increasingly focused and nationally oriented work that had been done by States, under the framework created by the Co-Chairs of the Standing Committee on Victim Assistance, in recent years. The ICRC added that it had not seen tangible improvements in the services available for mine survivors in most affected countries. The ICRC went on to say that it was crucial that affected countries increase their commitment to ensure that their objectives for victim assistance and their plans of action were effectively implemented. In addition, the ICRC stressed the need to monitor progress in implementing plans of action in affected countries, and suggested the newly adopted Convention on the Rights of Persons with Disabilities (Article 33) as a guide for creating a national implementation and monitoring framework.

During the 8th States Parties Meeting, most States Parties with a significant number of mine survivors provided updates on the implementation of their plans of action. The Co-Chairs of the Standing Committee on Victim Assistance (Austria and Sudan) organized a two-day meeting with experts from affected countries, in collaboration with the Implementation Support Unit of the Geneva International Centre for Humanitarian Demining. During the meeting, in which the ICRC took an active part, ways to provide further support for affected countries in completing their plans of action were discussed. A draft Guidelines for Developing a National Plan of Action for Victim-Assistance Programmes was distributed. It is expected that a revised set of guidelines will be submitted at the next inter-sessional meetings, which will be held in Geneva in June 2008.

### *Fédération Africaine des Techniciens Orthoprothésistes (FATO)*

- Participation in the 2007 FATO Congress held in Kigali, Rwanda

### *Pan-African Wheelchair Builders Association (PAWBA)*

- Participation in the 2007 PAWBA Congress held in Moshi, Tanzania

## AROUND THE WORLD

# 3 – PHYSICAL REHABILITATION PROGRAMME

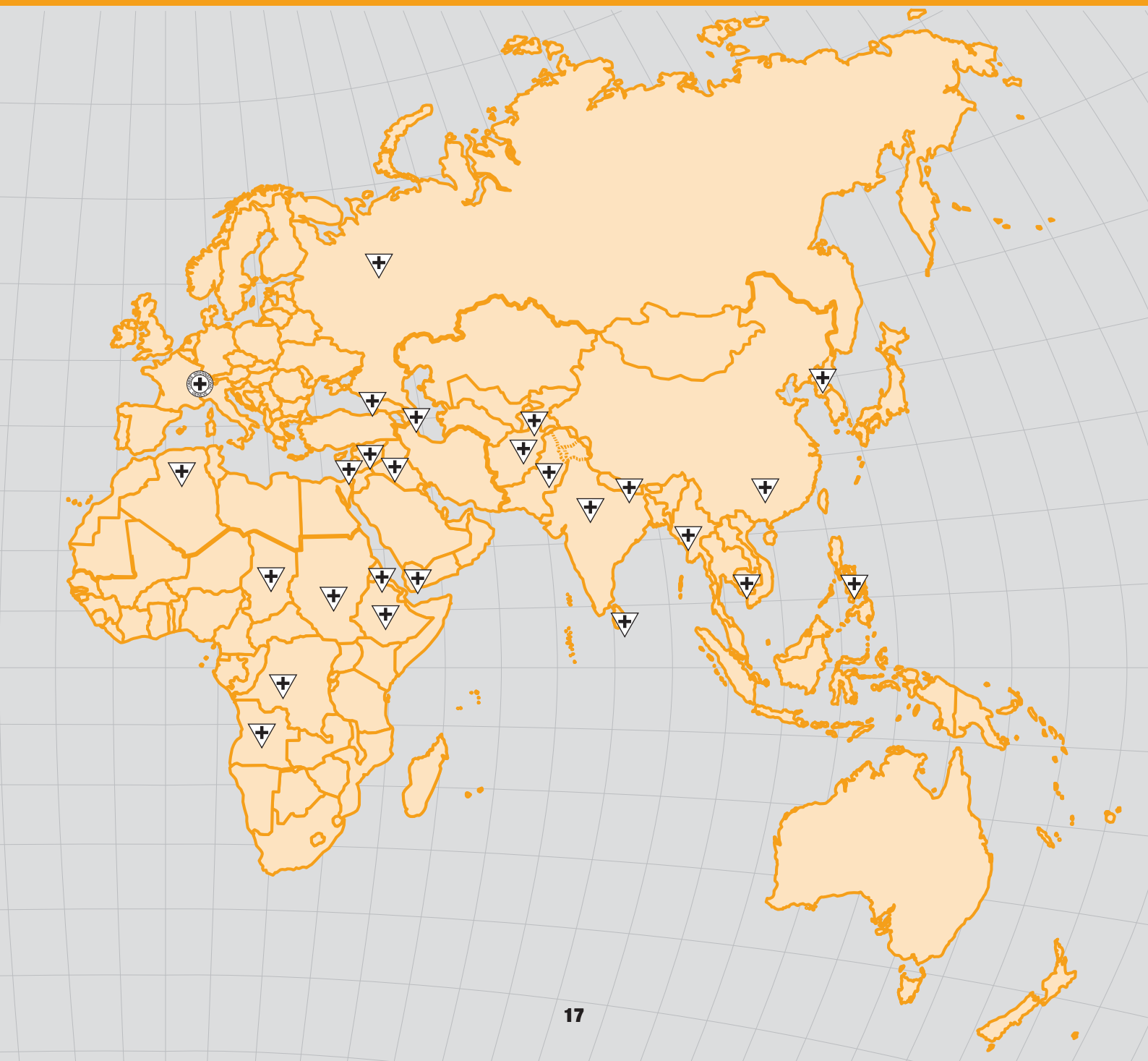
**DELEGATIONS AND MISSIONS**

**Delegations and missions: in more than 80 countries**
**Expatriate staff: 1,402**
**National staff (daily workers not included): 9,927**

ICRC headquarters

ICRC-supported prosthetic/orthotic centres

| | | | |
|---|---|---|---|
| **AFRICA** | 6 | Countries: | **24 projects** |
| **ASIA AND THE PACIFIC** | 11 | Countries: | **32 projects** |
| **EUROPE AND THE AMERICAS** | 5 | Countries: | **13 projects** |
| **MIDDLE EAST AND NORTH AFRICA** | 4 | Countries and one territory: | **19 projects** |
| **TOTAL IN THE WORLD** | 27 | Countries and one territory: | **88 projects** |



# 4 – PROJECT ACTIVITIES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# 4.1 – AFRICA

In 2007, the ICRC provided support for 24 projects in six countries in Africa: Angola (3 projects), Chad (2), the Democratic Republic of the Congo (5), Eritrea (3), Ethiopia (8), and Sudan (3).

In Angola, the provision of physical rehabilitation services fell under the Ministry of Health's Programme for the Rehabilitation of Persons with Physical and Sensorial Disabilities (PNR). The PNR has not managed, since its creation, to fully nationalize the physical rehabilitation centres in the country, and those centres not supported by international organizations struggled to function. There were a significant number of physically disabled persons in the country, but access to services was limited for most of them. Limited transportation and financial resources hindered access to services for those living in rural areas. The ICRC continued to support the Centro Ortopédico Neves Benhinda in Luanda, the Centro Ortopédico Kuito/Bié in Kuito and the Centro de Medecina de Reabilitação Física Dr António Agostinho Neto in Huambo. ICRC-assisted centres produced 708 prostheses (69% of them for mine survivors) and 158 orthoses (0.6% of them for mine survivors) and distributed 924 pairs of crutches and 44 wheelchairs. Children and women represented 20% and 22%, respectively, of the 3,935 persons benefiting from services.

Chad was one of the 24 States party to the Mine Ban Treaty that were identified at the 1st Review Conference (Nairobi, 2004) as having significant numbers of mine survivors. Mines and ERWs continued to pose a threat to people, particularly in the northern and eastern regions of the country. The exact number of disabled persons is yet to be ascertained. Access to physical rehabilitation services remained limited to the only two centres in the country: the Maison Notre Dame de la Paix (MNDP) in Moundou and the Centre d'Appareillage et de Rééducation de Kabalaye (CARK) in N'Djamena, both managed by local NGOs. The ICRC continued to provide support for the CARK and began to do so in 2007 for the MNDP centre. ICRC-assisted centres produced 278 prostheses (65% of them for mine survivors) and 479 orthoses (3% of them for mine survivors) and distributed 589 pairs of crutches and 49 wheelchairs. Children and women represented 47% and 18%, respectively, of the 3,432 persons benefiting from services.

In the Democratic Republic of the Congo, the Ministry of Health, though responsible for physical rehabilitation, did not manage any centres. That was done by either religious organizations or local NGOs, or by private enterprises. The National Community-Based Rehabilitation Programme (PNRBC) was the Ministry of Health's coordinating body in the area of physical rehabilitation, but it did not have the resources to function properly. The ICRC did not provide direct support for centres in the country, but it covered the treatment costs of those directly affected by the conflict. It collaborated with five centres: the Centre de Rééducation pour Handicapé Physique and the Centre Orthopédique Kalembe Lembe in Kinshasa, the Hôpital St-Jean Baptiste Kansele in Mbiji Mayi, the Centre Shirika La Umoja in Goma, and the Centre pour Handicapés Heri Kwetu in Bukavu. The ICRC covered the treatment costs of 947 patients who received 778 prostheses (15% of them for mine

survivors), 387 orthoses (8% of them for mine survivors), 585 pairs of crutches and 15 wheelchairs. Children and women represented 9% and 16%, respectively, of all those benefiting from services.

In Eritrea, physical rehabilitation was the responsibility of the Department of Social Affairs in the Ministry of Labour and Human Welfare. The Department was also responsible for providing other services for the physically disabled, such as social re-integration and vocational training. It had two divisions that were directly linked with physical rehabilitation: the Division of Orthopaedics, which was responsible for providing physical rehabilitation services, and the Division of Rehabilitation, which was responsible for other rehabilitative activities, such as community-based rehabilitation and socio-economic reintegration. The national network of centres included the national referral centre in Asmara (Adi Guadad) and two smaller satellite centres, in Keren and Assab. According to the Ministry of Labour and Human Welfare, approximately 55,000 persons were physically disabled and in need of assistive devices. Beginning in August 2007, the ICRC supported the Ministry of Labour and Human Welfare in providing services at the three centres, and the Ministry of Health in strengthening physiotherapy services in the country.

In Ethiopia, the responsibility, for ensuring that physical rehabilitation services would be available to persons with disabilities, rested with the Ministry of Labour and Social Affairs. However, it was the regional Bureaus of Labour and Social Affairs who were in charge of the provision of services in each region. Services were provided through a network of centres managed either by the regional Bureau of Labour and Social Affairs or by local NGOs. Access to physical rehabilitation services remained difficult, not only because of the limited number of centres but also because most disabled persons could not afford either or both the cost of transportation and of accommodation during treatment. The ICRC continued its support for eight physical rehabilitation centres in Harar, Dessie, Mekele, Arba Minch, Asela, Bahir Dar, Addis Ababa and Menegesha. ICRC-assisted centres produced 2,316 prostheses (35% of them for mine survivors) and 3,870 orthoses (17% of them for mine survivors) and distributed 3,658 pairs of crutches and 591 wheelchairs. Children and women represented 15% and 25%, respectively, of the 10,209 persons benefiting from services.

In Sudan, the responsibility for providing physical rehabilitation services in the northern regions of the country rested with the National Authority for Prosthetics and Orthotics (NAPO), a State body affiliated to the Ministry of Social Welfare and Social Development. The NAPO managed the national referral centre in Khartoum and satellite centres in Dongola, Kassala, Kadugli, Nyala and Damazin. The Ministry of Gender, Social Welfare and Religious Affairs was in charge of providing physical rehabilitation services in southern Sudan. According to the UN Mine Action Office in Sudan, a total of 4,043 Sudanese have been identified as being mine/ERW victims. In 2007, 72 new victims were registered. The ICRC continued to provide support for the Khartoum national referral centre and the Nyala centre, both managed by the NAPO. It also continued to provide support for the Ministry of Gender, Social Welfare and Religious Affairs, to ensure the provision of services in southern Sudan. ICRC-assisted centres produced 1,440 prostheses (12% of them for mine survivors) and 1,159 orthoses and distributed 848 pairs of crutches. Children and women represented 20% and 23%, respectively, of the 3,945 persons benefiting from services.

In all, ICRC-assisted projects provided services for nearly 22,400 people in Africa. Children and women represented 22% and 23%, respectively, of all those benefiting from services. A total of 5,520 prostheses, including 1,737 (31%) for mine survivors, and 6,053 orthoses, including 434 (7%) for mine survivors, were produced and 6,615 pairs of crutches and 699 wheelchairs distributed.

# ANGOLA


| | |
|---|---|
| *National partner* | |
| Ministry of Health | |
| *Location of projects* | |
| Luanda, Huambo and Kuito | |
| *Patient services in 2007* | |
| Patients attending the centres | 3,935 |
| New patients fitted with prostheses | 170 |
| New patients fitted with orthoses | 81 |
| Prostheses | 708 |
| Orthoses | 158 |
| Wheelchairs | 44 |
| Crutches (pairs) | 924 |
| *Beginning of assistance: 1979* | |

In Angola, the provision of physical rehabilitation services fell under the Ministry of Health's Programme for the Rehabilitation of Persons with Physical and Sensorial Disabilities (PNR). The PNR has not, since its creation, managed to fully nationalize the physical rehabilitation centres in the country, and those centres not supported by international organizations struggled to function. There were a significant number of physically disabled persons in the country, and access to services was limited for most of them. Limited transportation and financial resources hindered access to services for those living in rural areas. The ICRC continued to support the Centro Ortopédico Neves Benhinda in Luanda, the Centro Ortopédico Kuito/Bié in Kuito, and the Centro de Medecina de Reabilitação Física Dr António Agostinho Neto in Huambo.

The ICRC continued also to donate materials and components to the three centres in 2007. Despite continuous efforts to facilitate accessibility of services – covering the transportation costs of most patients at the Kuito and Huambo centres (and of the family members accompanying them, when necessary) and making representations to the authorities – fewer persons were treated at the centres than in 2006. ICRC-assisted centres produced 708 prostheses (69% of them for mine survivors) and 158 orthoses (0.6% of them for mine survivors) and distributed 924 pairs of crutches and 44 wheelchairs. Children and women represented 20% and 22%, respectively, of the 3,935 persons benefiting from services.

Despite the PNR's inability to carry out the activities that it had planned, the ICRC decided to maintain its support: it concentrated on developing the abilities of the managerial staff of the assisted centres and on efforts to increase the involvement of the provincial authorities. The ICRC conducted a training programme in which the managerial staff of the centres was introduced to the ISPO's cost-calculation system and the patient-management system (PMS) developed by the ICRC. Use of the latter enabled patients' files to be updated. Employing these two methods should bring about improvements in the registration of patients and in follow-up. The ISPO's cost-calculation system will equip the centres' staff to draw up realistic budgets. However, without more financial support from the Angolan authorities, the centres will not be able to function properly.

### *In 2008, the ICRC intends to:*

- halt its support to the physical rehabilitation sector in Angola by the third quarter of the year at the latest
- continue to enhance the quality of services by maintaining the support provided by expatriate ortho-prosthetists and by conducting a training course in wheelchair-services management
- continue to provide direct support for those in need of services (covering the cost of transportation) until assistance for facilitating access to services comes to a halt
- promote the long-term functioning of services by providing support and training for the managerial staff of assisted centres

# CHAD


| | |
|---|---|
| *National partners* | |
| Secours Catholique et de Développement (N'Djamena) | |
| Maison Notre Dame de la Paix (Moundou) | |
| *Location of projects* | |
| N'Djamena and Moundou | |
| *Patient services in 2007* | |
| Patients attending the centres | 3,432 |
| New patients fitted with prostheses | 127 |
| New patients fitted with orthoses | 105 |
| Prostheses | 278 |
| Orthoses | 479 |
| Wheelchairs | 49 |
| Crutches (pairs) | 589 |
| *Beginning of assistance: 1981* | |

Chad was one of the 24 States party to the Mine Ban Treaty that were identified at the 1st Review Conference (Nairobi, 2004) as having significant numbers of mine survivors. Mines and ERWs continued to pose a threat to people, particularly in the northern and eastern regions of the country. The exact number of disabled persons is yet to be ascertained. Access to physical rehabilitation services remained limited to the only two centres in the country: the Maison Notre Dame de la Paix (MNDP) in Moundou and the Centre d'Appareillage et de Rééducation de Kabalaye (CARK) in N'Djamena, both managed by local NGOs. The ICRC continued to provide support for the CARK and began to do so in 2007 for the MNDP centre.

The ICRC ensured access to services by undertaking a number of different activities. For the benefit of those living in southern Chad, the ICRC began to work in cooperation with the Maison Notre Dame de la Paix in Moundou. Assisted centres were provided with raw materials and components. In addition, the ICRC established a referral system for disabled persons from eastern and northern Chad and financed their transportation to N'Djamena and accommodation there while undergoing treatment. About 70 persons from these regions had access to physical rehabilitation services in 2007. Finally, the ICRC also financed the treatment of some patients at the CARK. ICRC-assisted centres produced 278 prostheses (65% of them for mine survivors) and 479 orthoses (3% of them for mine survivors) and distributed 589 pairs of crutches and 49 wheelchairs. Children and women represented 47% and 18%, respectively, of the 3,432 persons benefiting from services.

The quality of the services provided by both centres was enhanced by the technical and clinical mentoring given by specialists from the ICRC (an ortho-prosthetist and a physiotherapist). In addition, the ICRC provided financial support for five staff members from the centres to attend P&O refresher courses given by the regional training unit of the ICRC Special Fund for the Disabled in Addis Ababa, Ethiopia.

To enhance the long-term functioning of services, the ICRC continued to actively support both centres in their efforts to find additional sources of income.

### *In 2008, the ICRC intends to:*

- enhance the quality of services by providing continued support from an expatriate ortho-prosthetist and a physiotherapist and by sponsoring the enrolment of personnel from assisted centres in refresher courses given by the regional training unit of the ICRC Special Fund for the Disabled in Addis Ababa
- facilitate access to services by continuing to support both the CARK in N'Djamena and the MNDP centre in Moundou, by operating a referral system for disabled persons from eastern and northern Chad and covering the costs of transportation and accommodation for them, and by providing financial support for the construction of a dormitory at the CARK
- promote the long-term functioning of services by supporting assisted centres in their efforts to find additional sources of income, and by continuing to help make their managerial staff become self-sufficient

# DRC

## DEMOCRATIC REPUBLIC OF THE CONGO


| | |
|---|---|
| *National partners* | |
| Red Cross Society of the Democratic Republic of the Congo, Ministry of Health, and local NGOs | |
| *Location of projects* | |
| Kinshasa (2), Mbiji Mayi, Goma and Bukavu | |
| *Patient services in 2007* | |
| Patients receiving services with direct support from the ICRC | 947 |
| New patients fitted with prostheses | 572 |
| New patients fitted with orthoses | 217 |
| Prostheses | 778 |
| Orthoses | 387 |
| Wheelchairs | 15 |
| Crutches (pairs) | 585 |
| *Beginning of assistance: 1998* | |

The conflict in the Democratic Republic of the Congo, which has lasted for more than a decade, has caused serious disruptions to health services and severe damage to medical facilities; in many areas, services were either non-existent or inadequate. The Ministry of Health, though responsible for physical rehabilitation, did not manage any centres. That was done by either religious organizations or local NGOs, or by private companies. The National Community-Based Rehabilitation Programme (PNRBC) was the Ministry of Health's coordinating body in the area of physical rehabilitation, but it did not have the resources to function properly. The ICRC did not provide direct support for centres in the country, but it covered the treatment costs of those directly affected by the conflict. After identifying and assessing patients, the ICRC referred them to centres with which it had cooperation agreements: the Centre de Rééducation pour Handicapé Physique and the Centre Orthopédique Kalembe Lembe in Kinshasa, the Hôpital St-Jean Baptiste Kansele in Mbiji Mayi, the Centre Shirika La Umoja in Goma, and the Centre pour Handicapés Heri Kwetu in Bukavu.

The ICRC donated imported components and raw materials and components while the centres procured locally available materials. The amounts reimbursed by the ICRC included the costs of manufacturing the devices, of providing physiotherapy and of walking aids. Indirectly, this scheme promoted the long-term functioning of the centres by generating income that allowed them to cover their operating costs and provide services for other groups. Throughout 2007, the ICRC worked cooperatively with local organizations to reach those in need. For example, the ICRC reimbursed the transportation expenses of 140 persons identified by the KIBA in the Kasaï region. It covered the treatment costs of 947 patients who received 778 prostheses (15% of them for mine survivors), 387 orthoses (8% of them for mine survivors), 585 pairs of crutches and 15 wheelchairs. Children and women represented 9% and 16%, respectively, of all those benefiting from services. The ICRC provided financial support for the Heri Kwetu centre in Bukavu that enabled women and children to have access to socio-economic projects.

The quality of the services provided by the centres was enhanced by the support provided by ICRC orthoprosthetists (expatriate and national). The ICRC sponsored training for three technicians in refresher courses at the regional training unit of the ICRC Special Fund for the Disabled in Addis Ababa. In addition, the ICRC distributed a video on the handling and treatment of lower-limb amputees.

To ensure the long-term functioning of services, the ICRC continued to provide support for the Association des Centres pour Handicapés d'Afrique Centrale and to maintain regular contact with the National Community-Based Rehabilitation Programme.

### *In 2008, the ICRC intends to:*

- facilitate access to services by continuing to give patients direct support (reimbursement of the cost of treatment), by strengthening cooperation with local NGOs and associations, the UN Mine Action Centre and the Direction des Œuvres Sociales Militaires of the Ministry of Defence, with a view to identifying those in need of services, and by donating equipment to centres as needed
- enhance the quality of services by continuing to provide support in the form of an expatriate ortho-prosthetist, by sponsoring training for staff in refresher courses at the regional training unit of the Special Fund for the Disabled in Addis Ababa, and by organizing a national seminar on physical rehabilitation services
- promote the long-term functioning of services by participating in national forums

# ERITREA


| | |
|---|---|
| *National partners* | |
| Ministry of Labour and Human Welfare | |
| Ministry of Health | |
| *Location of projects* | |
| Adi Guadad, Keren and Assab | |
| *Patient services in 2007* | *No statistics available* |
| Patients attending the centres | |
| New patients fitted with prostheses | |
| New patients fitted with orthoses | |
| Prostheses | |
| Orthoses | |
| Wheelchairs | |
| Crutches (pairs) | |
| *Beginning of assistance: 2007* | |

In Eritrea, physical rehabilitation was the responsibility of the Department of Social Affairs in the Ministry of Labour and Human Welfare. The Department was also responsible for providing other services for the physically disabled, such as social re-integration and vocational training. It had two divisions that were directly linked with physical rehabilitation: the Division of Orthopaedics, which was responsible for providing physical rehabilitation services, and the Division of Rehabilitation, which was responsible for other rehabilitative activities, such as community-based rehabilitation and socio-economic reintegration. The national network of centres included the national referral centre in Asmara (Adi Guadad), and two smaller satellite centres, in Keren and Assab. According to the Ministry of Labour and Human Welfare, approximately 55,000 persons were physically disabled and in need of assistive devices. Beginning in August 2007, the ICRC provided support for the Ministry of Labour and Human Welfare in providing services at the three centres, and for the Ministry of Health in strengthening physiotherapy services in the country.

The ICRC also donated raw materials, components and tools that enabled the network of centres to provide services. In addition, the ICRC furnished the dormitory and kitchen of the national referral centre (Adi Guadad), ensuring that patients at the centre could be accommodated while undergoing treatment. Besides this, the ICRC donated physiotherapy equipment to the Adi Guadad centre so that patients receiving prostheses or orthoses would have access to physiotherapy as well.

The quality of the services provided in ICRC-assisted centres was enhanced by the support provided by ICRC specialists (an ortho-prosthetist and a physiotherapist). The ICRC also conducted an eight-week refresher course in lower-limb prostheses. The ICRC's physiotherapist worked with representatives from the Ministry of Health to develop a plan of action for strengthening the physiotherapy services at the Ministry's hospitals and within the network of physical rehabilitation centres.

### *In 2008, the ICRC intends to:*

- facilitate access to services by donating raw materials, components, tools, and parts for wheelchairs, which will enable the network of centres to provide services
- enhance the quality of services by providing support in the form of expatriate specialists (an ortho-prosthetist and a physiotherapist), by implementing refresher courses in physiotherapy, and by exploring the feasibility of providing formal training in prosthetics and orthotics and in physiotherapy

# ETHIOPIA


| | |
|---|---|
| *National partners* | |
| Ministry of Labour and Social Affairs, Tigrean Disabled Veterans Association, Arba Minch Rehabilitation Centre, Cheshire Services Ethiopia, Prosthetic & Orthotic Centre | |
| *Location of projects* | |
| Addis Ababa, Harar, Mekele, Dessie, Arba Minch, Asela, Menagesha and Bahir Dar | |
| *Patient services in 2007* | |
| Patients attending the centres | 10,209 |
| New patients fitted with prostheses | 1,430 |
| New patients fitted with orthoses | 2,849 |
| Prostheses | 2,316 |
| Orthoses | 3,870 |
| Wheelchairs | 591 |
| Crutches (pairs) | 3,658 |
| *Beginning of assistance: 1979* | |

In Ethiopia, the responsibility for ensuring that physical rehabilitation services would be available to disabled persons rested with the Ministry of Labour and Social Affairs. However, it was the regional Bureaus of Labour and Social Affairs who were in charge of the provision of services in each region. Services were provided through a network of centres managed either by the regional Bureau of Labour and Social Affairs or by local NGOs. Access to physical rehabilitation services remained difficult, not only because of the limited number of centres but also because most disabled persons could not afford either or both the cost of transportation and of accommodation during treatment. The ICRC continued its support for eight physical rehabilitation centres in Harar, Dessie, Mekele, Arba Minch, Asela, Bahir Dar, Addis Ababa and Menegesha.

Raw materials and components were donated to centres, which ensured the provision of services. In addition, the ICRC provided direct support to disabled persons by reimbursing the centres for patients' registration fees (6,000 persons), transportation costs (2,364 persons) and expenses for food (2,537 persons). This was done in order to enhance disabled persons' access to services. In October 2007, the ICRC decided to halt its support for the Harar centre. Several representations made by the ICRC, to both regional authorities and those at the centres, for support in making the centres function, had no effect. The ICRC was left with no choice other than to halt its support. ICRC-assisted centres produced 2,316 prostheses (35% of them for mine survivors) and 3,870 orthoses (17% of them for mine survivors) and distributed 3,658 pairs of crutches and 591 wheelchairs. Children and women represented 15% and 25%, respectively, of the 10,209 persons benefiting from services.

The quality of services provided at ICRC-assisted centres was enhanced by the continued mentoring of ICRC ortho-prosthetists and physiotherapists, and by the abilities of the technicians who graduated from an ICRC-conducted training programme. With the ICRC's support, two persons completed their training at the Tanzanian Training Centre for Orthopaedic Technologists (TATCOT) and were given employment at the centres.

The ICRC provided support for centres and for the authorities, at both regional and national levels, to promote the long-term functioning of services. Expatriates provided ongoing support for the managerial staff at the centres. The ICRC also maintained regular contacts with regional Bureaus of Labour and Social Affairs. In addition, the ICRC played an active part in a workshop organized by the Ministry of Labour and Social Affairs, whose purpose was to develop a national strategy for the provision of physical rehabilitation services.

### *In 2008, the ICRC intends to:*

- enhance the quality of services through continued support provided by expatriate ortho-prosthetists and physiotherapists and by promoting multidisciplinary patient-management
- facilitate access to services by giving patients direct support (reimbursement of the costs of transportation and food and of registration fees), by donating the necessary raw materials and components, and by looking for ways to create access to services for disabled persons because the Harar centre is not functioning
- promote the long-term functioning of services by maintaining support for the centres' managerial staff, by developing, with each Bureau of Labour and Social Affairs, a plan for handing over responsibilities in stages, and by actively assisting the Ministry of Labour and Social Affairs to develop a national strategy for the provision of physical rehabilitation services in Ethiopia

# SUDAN


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| *National partners* | |
| National Authority for Prosthetics and Orthotics | |
| Ministry of Gender, Social Welfare and Religious Affairs of the Government of South Sudan | |
| *Location of projects* | |
| Khartoum, Nyala, and Juba | |
| *Patient services in 2007* | |
| Patients attending the centres | 3,945 |
| New patients fitted with prostheses | 675 |
| New patients fitted with orthoses | 511 |
| Prostheses | 1,440 |
| Orthoses | 1,159 |
| Crutches (pairs) | 848 |
| *Beginning of assistance: 1985* | |

In Sudan, the responsibility for providing physical rehabilitation services in the northern regions of the country rested with the National Authority for Prosthetics and Orthotics (NAPO), a State body affiliated to the Ministry of Social Welfare and Social Development. The NAPO managed the national referral centre in Khartoum and satellite centres in Dongola, Kassala, Kadugli, Nyala and Damazin. The Ministry of Gender, Social Welfare and Religious Affairs was in charge of providing physical rehabilitation services in southern Sudan. According to the UN Mine Action Office in Sudan, a total of 4,043 Sudanese have been identified as being mine/ERW victims. In 2007, 72 new mine/ERW victims were registered. The ICRC continued to provide support for the Khartoum national referral centre and the Nyala centre, both managed by the NAPO. It also continued to provide support for the Ministry of Gender, Social Welfare and Religious Affairs, to ensure the provision of services in southern Sudan.

To improve accessibility to services, the ICRC made donations of the necessary raw materials and components to the centres. It also covered the costs of transportation and accommodation for disabled persons receiving treatment at the Juba and Nyala centres. In southern Sudan, where the existing Juba centre was not able to meet the needs of the disabled by itself, the ICRC began construction of a new referral centre in Juba. The new centre should be able to meet the demands placed on it and is expected to start functioning in the last quarter of 2008. ICRC-assisted centres produced 1,440 prostheses (12% of them for mine survivors) and 1,159 orthoses and distributed 848 pairs of crutches. Children and women represented 20% and 23%, respectively, of the 3,945 persons benefiting from services.

A formal three-year training course leading to an internationally recognized diploma, the Sudanese Diploma for Prosthetics and Orthotics, came to an end in August. Its curriculum conformed to the ICRC's Certificate of Professional Competency training guidelines and to ISPO standards. The examination was supervised by the ISPO and passed by 14 candidates. The ICRC also provided scholarships for 17 persons to begin, continue or complete formal P&O training at TATCOT (15 candidates) or formal physiotherapy training at the Kigali Health Institute (2 candidates). All these activities were undertaken so as to develop national capacity for providing high-quality services and are essential in order to ensure the long-term functioning of services.

A number of other activities were also undertaken, with the object of promoting the long-term functioning of services: active participation in developing the Victim Assistance Strategic Framework (under the Mine Ban Treaty), regular managerial meetings to improve administrative procedures, participation in the meetings of various coordinating bodies, etc.

### *In 2008, the ICRC intends to:*

- enhance the quality of services by conducting another three-year training course (in collaboration with the NAPO), by continuing to provide scholarships, and by maintaining the support given by its ortho-prosthetists and physiotherapists
- facilitate access to services by providing support for the NAPO and its Nyala, Kadugli, Kassala and Damazin satellite centres, by maintaining support for the existing Juba centre until the new referral centre there starts functioning, by covering the costs of transportation, accommodation and food for some patients
- promote the long-term functioning of services by maintaining the support that it provides the NAPO for the management of physical rehabilitation activities, and by assisting the Ministry of Gender, Social Welfare and Religious Affairs in the physical rehabilitation activities undertaken in southern Sudan

# 4.2 – ASIA

In 2007 the ICRC provided support for 32 projects in eleven countries in Asia: Afghanistan (7 projects), Cambodia (3), China (3), the Democratic People's Republic of Korea (2), India (2), Myanmar (7), Nepal (1), Pakistan (4), Philippines (1), Sri Lanka (1) and Tajikistan (1).

Afghanistan was the only country in which the ICRC had completely taken over from the authorities the task of ensuring access to rehabilitation services. There was no formal cooperation agreement with the Afghan authorities. Nevertheless, cooperation between the ICRC and the Ministry of Public Health, the Ministries of Social Affairs and Martyrs and Disabled and of Education, hospitals, health facilities, branches of the Afghan Red Crescent Society, local associations of the disabled, and NGOs, was continuous. In 2007, the ICRC continued to manage six physical rehabilitation centres throughout the country and one orthopaedic component factory in Kabul. The ICRC's physical rehabilitation project in Afghanistan combined the provision of physical rehabilitation services with activities aimed at the social reintegration of the disabled. More than 60,000 persons benefited from various services at ICRC-managed centres and more than 2,000 disabled persons received aid through the various activities of the social inclusion programme (job placement, special education, vocational training, micro-credit, etc.).

In Cambodia, although several government ministries had a role in disability issues, it was the Ministry of Social Affairs, Veterans and Youth Rehabilitation that had been entrusted with the responsibility for providing physical rehabilitation and training in vocational skills to disabled persons. The decrease in the number of new mine/UXO casualties that began in 2006 continued in 2007: 347 accidents were reported in 2007 (29% less than in 2006) by the Cambodian Mine/UXO Victim Information System. Of these accidents, 62% occurred in the six northern and western provinces (Oddar Meanchey, Banteay Meanchey, Battambang, Pailin, Pursat and Kompong Speu) covered by the two regional physical rehabilitation centres supported by the ICRC. The ICRC maintained its support for the centres in Battambang and Kompong Speu, and for the orthopaedic component factory in Phnom Penh. More than 10,500 persons benefited from various services provided by ICRC-assisted centres. In addition, the orthopaedic component factory in Phnom Penh continued to provide components for all the centres in Cambodia, thus ensuring proper care for about 15,000 persons annually.

The Chinese province of Yunnan, adjacent to Vietnam and Myanmar, is a multi-ethnic province with about 25 different minority groups. It is considered to be the least economically developed province in the country. Since 2004, the Yunnan branch of the Red Cross Society of China has been operating a physical rehabilitation centre in Yunnan, which provides, free of charge, services to landmine survivors and destitute amputees. The centre has registered a total of 1,319 amputees in Wenshan, Honghe, Nujiang, Baoshan, Dehong and Lincang prefectures/districts. The ICRC continued its support for the centre, which is in Kunming, and for its two repair workshops in Malipo (opened in 2005) and Kaiyuan (opened in 2006). In all, 617 persons benefited from various services provided by the ICRC-assisted centre or its repair workshops.

The ICRC has been providing assistance for the Ministry of Public Health in the Democratic People's Republic of Korea since 2002, for the development of physical rehabilitation services at its centre in Songrim (30 km from Pyongyang). Since 2005, it has provided the same kind of support for the newly established facility in Rakrang managed by the Military Medical Bureau of the People's Armed Forces. In 2007, the ICRC maintained its support for both the Songrim and the Rakrang centres. With ICRC support an outreach programme was begun at the Songrim centre, with the aim of providing follow-up for those who had received services and, when needed, to perform repairs on the spot. More than 1,100 persons benefited from various services provided at ICRC-assisted centres.

India is now the 12th wealthiest nation in the world, with a gross domestic product of 785.46 billion US dollars. However, most people in the country, particularly in the state of Jammu and Kashmir, are yet to benefit from India's wealth. Mines were laid in various parts of the country affected by violence, most of them along India's border with Pakistan and on the Line of Control in Jammu and Kashmir. In certain instances, they were laid in cultivated farmlands. Although demining activities had taken place, there were sporadic reports of civilian casualties. Their exact number was not established, as no comprehensive method for gathering data existed. In 2007, the ICRC continued to back the efforts of the Indian Red Cross Society to improve accessibility of services in Jammu and Kashmir by providing support for the P&O departments at the Jammu Governmental Medical College and the Bone and Joint Hospital in Srinagar. In all, 1,218 persons benefited from various services provided at ICRC-assisted centres.

In Myanmar, government restrictions imposed on the ICRC continued to prevent the organization from discharging its mandate in accordance with its standard working procedures, which are internationally recognized and which the Myanmar authorities had accepted in previous years. In June, the ICRC was left with no choice but to publicly denounce significant and repeated violations of international humanitarian law committed against civilians and against detainees who were being used as porters, in some conflict-affected border areas. The delegation adapted its physical rehabilitation activities to the situation. During the first half of the year, activities in the area of physical rehabilitation were undertaken in accordance with the ICRC's objectives for 2007. In June, as a result of restrictions imposed on the ICRC's activities by the government, the delegation decided to end its assistance to the three centres managed by the Ministry of Health and the three others managed by the Ministry of Defence. At mid-year, the ICRC provided both Ministries with enough materials to ensure that activities in all the centres under their supervision would continue for about a year. Support for the Hpa-an Orthopaedic Rehabilitation Centre, run jointly by the Myanmar Red Cross Society and the ICRC, was maintained.

In Nepal, there was no government-run apparatus for providing physical rehabilitation services. Such services were provided mainly through the support of organizations such as the Nepal Fellowship International, which runs the Green Pasture Hospital in Pokhara. The Ministry of Social Welfare, though in charge of the rehabilitation of persons suffering impaired mobility, was not involved in the direct provision of services. Access to physical rehabilitation remained a major concern, since many patients lived in remote areas, at some considerable distance from any, even the most limited, public network for providing physical rehabilitation. Patients had to take long journeys, lasting from one day to several days, in order to reach services. The ICRC has been supporting the P&O and the physiotherapy departments of the Green Pasture Hospital in Pokhara since 2004. In 2007, more than 1,100 persons benefited from various services provided at the ICRC-assisted centre.

In Pakistan, political turmoil hampered accessibility to services in most regions where the ICRC provides assistance for physical rehabilitation services. Since the 2005 earthquake, physical rehabilitation in Pakistan has received more attention and support from both the authorities and international organizations. However, the network of centres providing physical rehabilitation services remained inadequate for existing needs. The primary objectives of the ICRC's physical rehabilitation projects in Pakistan were to increase accessibility, and to raise the quality, of services for disabled persons in Baluchistan, the North-West Frontier Province (NWFP) and Pakistan-administered Kashmir. In 2007 the ICRC maintained its support for the Rawalpindi Artificial Limb Centre (managed by the Fauji Foundation), the Pakistan Institute of Prosthetic and Orthotic Sciences in Peshawar, and the Baluchistan Community Rehabilitation Centre, which was run by the Christian Hospital in Quetta. In addition, the new centre constructed by the ICRC in Muzaffarabad began functioning in 2007. More than 2,000 persons benefited from various services provided at ICRC-assisted centres. In addition, 351 Afghan refugees were referred to the ICRC centre in Jalalabad, Afghanistan, the cost of transportation being borne by ICRC Pakistan and that of treatment by ICRC Afghanistan.

In the Philippines, national provisions regarding physical disablement and rehabilitation appeared impressive at first glance (in terms of protective legislation, designated committees, etc) but were undermined by the inadequacy of the services available to persons suffering impaired mobility. There were several physical rehabilitation centres throughout the country. Since 2000, the ICRC has provided financial support and facilitated medical treatment for about 2,000 persons; among them, over 200 persons have been fitted with prostheses, which enabled them to recover their mobility. The ICRC was, until June 2007, referring those in need to three centres: the Living Witness of Hope Centre in Zamboanga, the Cotabato Centre and the Davao Jubilee Centre. After an assessment was carried out it was decided to refer

patients only to the Davao centre because of its comprehensive treatment approach. In 2007, the ICRC ensured access to services for 37 persons.

As a result of the political situation in the country, disabled persons in the Jaffna district of Sri Lanka faced many obstacles in getting the physical rehabilitation that they needed. Following an assessment, the ICRC decided to resume its assistance to the Jaffna Jaipur Centre for Disability Rehabilitation in 2007 (assistance was provided between 1999 and 2003). The Jaffna Centre, which was operated by a local NGO, was the only centre providing physical rehabilitation services in Jaffna. According to the United Nations Development Programme, Jaffna is one of the most mine-affected districts in Sri Lanka. According to government sources, there were approximately 8,900 disabled persons in the Jaffna peninsula, of whom more than 4,000 were suffering impaired mobility in some form. Following the signature of a cooperation agreement with the centre's board of governors, the ICRC began to provide support for the Jaffna centre in August 2007. Since then, 230 persons have benefited from various services provided at the centre.

In Tajikistan, physical rehabilitation services were available at the Dushanbe Physical Rehabilitation Centre managed by the Ministry of Labour and Social Protection. To ease access to services, the Dushanbe centre operated three satellite workshops in Kulob, Khorog and Khujand, whose particular function was to repair devices belonging to those living in neighbouring areas. In 2007, the ICRC maintained its support for the Dushanbe centre and its three workshops. More than 1,200 persons benefited from various services provided at the ICRC-assisted centre.

In all, ICRC-assisted projects provided services for nearly 84,000 persons in Asia. Children and women represented 19% and 15%, respectively, of all those benefiting from services. A total of 10,807 prostheses, including 6,272 (58%) for mine survivors, and 13,534 orthoses, including 134 (1%) for mine survivors, were produced and 9,501 pairs of crutches and 1,690 wheelchairs distributed.

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# AFGHANISTAN


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| *National partner* | |
| None | |
| *Location of projects* | |
| Kabul (2), Mazar-i-Sharif, Herat, Jalalabad, Gulbahar, Faizabad | |
| *Patient services in 2007* | |
| Patients attending the centres | 60,153 |
| New patients fitted with prostheses | 829 |
| New patients fitted with orthoses | 4,483 |
| Prostheses | 4,217 |
| Orthoses | 9,819 |
| Wheelchairs | 956 |
| Crutches (pairs) | 4,730 |
| *Beginning of assistance: 1987* | |

Afghanistan was the only country in which the ICRC had completely taken over from the authorities the task of ensuring access to rehabilitation services. There was no formal cooperation agreement with the Afghan authorities. Nevertheless, cooperation between the ICRC and the Ministry of Public Health, the Ministries of Social Affairs and Martyrs and Disabled and of Education, hospitals, health facilities, branches of the Afghan Red Crescent Society, local associations of the disabled, and NGOs, was continuous. The exact number of disabled persons in the country is yet to be determined, but going by various estimates, it might be anywhere from 700,000 to 2,000,000; whatever the figure, there can be no doubt that all of them struggle to survive. Physical rehabilitation services were available through a network of 14 centres, only one of which was managed by the Afghan authorities; all the others were run by international organizations. In 2007, the ICRC continued to manage six physical rehabilitation centres throughout the country and one orthopaedic component factory in Kabul.

Access to rehabilitation services (and health services in general) was made difficult by a number of obstacles: lack of awareness, ignorance, absence of professionalism among medical personnel, prejudiced views on physical disability, poverty, distances within the country and difficulties in transportation, violence, ethnic and political divisions, etc. While ICRC assistance aims to remove some of these obstacles, much work needs to be done to further enhance accessibility to services and to allow persons with disabilities to play an active role within their communities. In addition to managing six physical rehabilitation centres, the ICRC maintained its efforts to improve accessibility to services by donating components to four non-ICRC centres, by taking field trips to inform people about the services that were available, maintaining and strengthening a referral network (especially important in areas where no services were available), and promoting close ties with hospitals, health centres and other organizations. Under the ICRC's home care programme for paraplegics with spinal-cord injuries, 1,096 persons received assistance during 4,678 home visits. The ICRC also ran a special physiotherapy programme for children with cerebral palsy. More than 60,000 persons benefited from various services at ICRC-managed centres. These services included the provision of 4,217 prostheses (70% of them for mine survivors) and 9,819 orthoses (0.7% of them for mine survivors), and of 956 wheelchairs and 4,730 pairs of crutches. In addition, the majority of those who were given assistive devices also received appropriate physiotherapy. Children and women represented 23% and 15%, respectively, of all those benefiting from services.

The ICRC's physical rehabilitation project in Afghanistan combined the provision of physical rehabilitation services with activities aimed at the social reintegration of the disabled. More than 2,000 disabled persons received aid through the various activities of the social inclusion programme (job placement, special education, vocational training, micro-credit, etc.). Since 1993, acting on the conviction that physical rehabilitation was a step towards the social reintegration of a disabled person, the project has pursued a policy of "positive discrimination." In order to set an example, to prove that someone who is disabled is as capable as an able-bodied person, all the centres train and employ only people with disabilities. At present, almost all 500 employees of the project, male and female, are disabled former patients. Efforts were made to create more opportunities for disabled women. While the results were good in the area of physical rehabilitation, they were much poorer in that of social reintegration, where women were confronted by prejudice and led segregated lives (for instance, less than 5% of all the micro-credit that was distributed went to disabled women who were not readily permitted to start a business; girls were often not permitted by their families to study or get jobs). Nevertheless, disabled female patients were offered vocational training, micro-loans, and courses.

The ICRC maintained its support for the professional development of national P&O technicians and physiotherapists working in ICRC-managed centres. Besides the ongoing mentoring and other forms of support provided by ICRC ortho-prosthetists and physiotherapists, the ICRC provided support, in cooperation with the

Ministry of Public Health, for a two-year training course in physiotherapy, which ended in December. In addition, the ICRC ran the last nine-month training programme, for upgrading skills (recognized by the Afghan authorities), not only for technicians working in ICRC centres but also for those at other centres in the country. Nineteen technicians completed the programme. Also, the quality of components and wheelchairs produced at the Kabul factory was upgraded.

To ensure the long-term functioning of services, it is vital that the proper local authorities take over responsibility for the programme. Unfortunately, the authorities showed little enthusiasm for the idea. However, as ICRC-employed personnel are likely to play an important role in any handover, senior Afghan employees were trained and given new responsibilities. The process is far from over and the ICRC will continue to make efforts to ensure that eventually all physical rehabilitation programmes will be locally managed.

### *In 2008, the ICRC intends to:*

- enhance the quality of services by starting a formal three-year training course in prosthetics and orthotics, by continuing to make improvements to the components produced at the Kabul factory, by maintaining its support for the training of physiotherapists, by providing ongoing support from ICRC expatriate ortho-prosthetists and physiotherapists, and by continuing to upgrade the component factory
- facilitate access to services by continuing to support the six centres and their activities, by conducting outreach visits, by maintaining a good working relationship with health-care facilities and with other organizations, by supporting the development of referral networks (especially in areas where no service is available), and by continuing to donate components to non-ICRC centres
- promote the social reintegration of disabled persons by continuing its social inclusion programme

# CAMBODIA


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| *National partner* | |
| Ministry of Social Affairs, Veterans and Youth Rehabilitation | |
| *Location of projects* | |
| Phnom Penh, Battambang and Kompong Speu | |
| *Patient services in 2007* | |
| Patients attending the centres | 10,841 |
| New patients fitted with prostheses | 507 |
| New patients fitted with orthoses | 606 |
| Prostheses | 1,793 |
| Orthoses | 1,657 |
| Wheelchairs | 602 |
| Crutches (pairs) | 1,920 |
| *Beginning of assistance: 1991* | |

In Cambodia, although several government ministries had a role in disability issues, it was the Ministry of Social Affairs, Veterans and Youth Rehabilitation that had been entrusted with the responsibility of providing physical rehabilitation and training in vocational skills to disabled persons. As a result of the Ministry's efforts, long-awaited legislation on disability issues was finally approved by the Council of Ministers, paving the way for its adoption by the National Assembly. In addition, Cambodia signed the UN Convention on the Rights of Persons with Disabilities on 1 October 2007. The decrease in the number of new mine/UXO casualties that began in 2006 continued in 2007: 347 accidents were reported in 2007 (29% less than in 2006) by the Cambodian Mine/UXO Victim Information System. Of these accidents, 62% occurred in the six northern and western provinces (Oddar Meanchey, Banteay Meanchey, Battambang, Pailin, Pursat and Kompong Speu) covered by the two regional physical rehabilitation centres supported by the ICRC. The decrease in new mine casualties must not obscure the significance of the total number of mine/ERW survivors in Cambodia. The Cambodian Socio-Economic Household Survey of 2004, the most up-to-date source of information available regarding physical disablement in Cambodia, estimated the disability rate in Cambodia at 4.7 percent, which means that roughly 664,000 Cambodians suffer some form of physical disability. Of this group, 153,203 suffer some form of impaired mobility and require assistive devices; 89% of them live in rural areas. The ICRC maintained its support for the centres in Battambang and Kompong Speu, and for the orthopaedic component factory in Phnom Penh.

The two ICRC-assisted centres in Battambang and Kompong Speu remained the most important providers of physical rehabilitation services in Cambodia; according to the national statistics for 2006, which were published in May 2007, they were responsible for the provision of roughly 40% of all services in 2006. The factory in Phnom Penh remained the sole producer of orthopaedic components and walking aids, which it continued to supply, free of charge, to all 11 centres in the country and to the Cambodian School of Prosthetics & Orthotics. To enhance accessibility to services, the ICRC continued to provide direct support for users (reimbursing, together with the Ministry of Social Affairs, the costs of transportation, and of accommodation at the centres, for patients), maintained its support for the centres' outreach programmes, and provided support for the development of a comprehensive network of potential partners within the catchments of the centres. Both centres extended their outreach programmes: 9,441 patients were examined, 1,927 devices repaired and 380 wheelchairs and 2,059 pairs of crutches distributed. Managers of the outreach programmes and of the centres significantly widened their network of contacts so that more persons and institutions could be made aware of the services available at the centres. ICRC-assisted centres produced 1,793 prostheses (87% of them for mine survivors) and 1,657 orthoses (2.5% of them for mine survivors). Children and women represented 9.5% and 12%, respectively, of the 10,841 persons benefiting from services. In addition, the orthopaedic component factory in Phnom Penh continued to provide components for all the centres in Cambodia, thus ensuring proper care for about 15,000 persons annually.

To improve the quality of the services provided, the ICRC continued to develop the capacity of national personnel in the provision of services. Besides providing ongoing mentoring for all personnel, ICRC orthoprosthetists and physiotherapists conducted a two-week training course on wheelchairs and postural seating for all P&O technicians and physiotherapists working at assisted centres. In addition, the ICRC sponsored training for two physiotherapists in a programme to upgrade skills, which was conducted in Cambodia in cooperation with the Postgraduate Allied Health Institute at Singapore General Hospital .

Throughout 2007 the ICRC continued to promote the long-term functioning of services by actively participating in the work of several committees dealing with disability issues and by supporting the work of professional associations of P&O technicians and physiotherapists. In addition, the ICRC provided scholarships for the managers of both centres, enabling them to study for bachelor's degrees in business

management. The Ministry of Social Affairs presented a three-year plan for the gradual takeover of all financial responsibility for the management of physical rehabilitation services in Cambodia, a positive step towards increasing national ownership of the programme.

***In 2008, the ICRC intends to:***

- continue to enhance the quality of services by maintaining the assistance provided by ICRC ortho-prosthetists and a physiotherapist, and through active support for further development of the national capacity to deliver services
- facilitate access to services by maintaining its support for the Battambang and Kompong Speu centres and the Phnom Penh component factory, by supporting the centres' outreach programmes, by providing direct support for patients and by supporting the development of referral networks in the areas covered
- promote the long-term functioning of services through its active participation in the work of the Physical Rehabilitation Committee, by continuing to transfer management responsibilities to Ministry of Social Affairs personnel in the centres, and by continuing to urge the Ministry to increase its financial contribution for physical rehabilitation services

# CHINA


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| *National partner* | |
| Red Cross Society of China, Yunnan branch | |
| *Location of projects* | |
| Kunming, Malipo and Kaiyuan | |
| *Patient services in 2007* | |
| Patients attending the centres | 617 |
| New patients fitted with prostheses | 237 |
| New patients fitted with orthoses | 0 |
| Prostheses | 290 |
| Orthoses | 1 |
| Wheelchairs | 3 |
| Crutches (pairs) | 25.5 |
| *Beginning of assistance: 2003* | |

The Chinese province of Yunnan, adjacent to Vietnam and Myanmar, is a multi-ethnic province with about 25 different minority groups. It is the least economically developed province in the country. The two major providers of physical rehabilitation in the Yunnan province were the Yunnan Bureau of Civil Affairs and the Chinese Disabled People's Federation. The Bureau of Civil Affairs operated one large physical rehabilitation facility in Kunming and the Disabled People's Federation managed eight centres throughout the province. Since 2004, the Yunnan branch of the Red Cross Society of China has been managing a physical rehabilitation centre in Yunnan, which provides, free of charge, services to landmine survivors and destitute amputees. The centre has registered a total of 1,319 amputees in Wenshan, Honghe, Nujiang, Baoshan, Dehong and Lincang prefectures/districts. The three main reasons for amputation were: unspecified traumatic injuries (29%), road accidents (29%) and landmines (23%). The ICRC continued its support for the centre, which is in Kunming, and for its two repair workshops in Malipo (opened in 2005) and Kaiyuan (opened in 2006). In all, 617 persons benefited from various services provided by the ICRC-assisted centre or its repair workshops.

In 2007 the Yunnan centre produced 290 prostheses and one orthosis. Children and women represented 2% and 18%, respectively, of the 617 persons who had access to services. In addition, roughly 10% of all the patients belonged to minority groups. Figures for mine casualties/survivors were not publicly available, but since its opening, the Yunnan centre has registered 294 landmine survivors and 18 other conflict-related victims. Landmine survivors received 22 prostheses (8%) out of a total of 290. In 2007, two new amputees, injured during the year by an anti-personnel mine, were fitted with assistive devices at the Kunming centre.

An ICRC physiotherapist assisted in organizing a two-month refresher training course in theory and practice for three national assistant physiotherapists. The last two ICRC-sponsored students studying at the China Training Centre for Orthopaedic Technologists completed their training and joined the clinical team during the year. The quality of services was actively supported throughout the year by the mentoring of an ICRC ortho-prosthetist.

The ICRC continued to promote the long-term functioning of services by strengthening the capacity of the Yunnan Red Cross branch to manage physical rehabilitation activities.

***In 2008, the ICRC intends to:***

- consolidate the quality of services through support from ICRC ortho-prosthetists and by providing a refresher course on alignment for lower-limb prostheses
- facilitate access to services by continuing to support the activities of the centre in Kunming and its two repair workshops
- promote the long-term functioning of services by supporting the Yunnan Red Cross branch in taking full responsibility for managing all activities relating to the provision of physical rehabilitation services

# DPRK DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA


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|---|---|
| *National partners* | |
| Red Cross Society of the DPRK, Ministry of Public Health and Ministry of Defence | |
| *Location of projects* | |
| Songrim and Pyongyang | |
| *Patient services in 2007* | |
| Patients attending the centres | 1,135 |
| New patients fitted with prostheses | 682 |
| New patients fitted with orthoses | 16 |
| Prostheses | 1,020 |
| Orthoses | 14 |
| Wheelchairs | 60 |
| Crutches (pairs) | 747 |
| *Beginning of assistance: 2002* | |

The ICRC has been providing assistance for the Ministry of Public Health in the Democratic People's Republic of Korea since 2002, for the development of physical rehabilitation services at its centre in Songrim (30 km from Pyongyang). Since 2005, it has provided the same kind of support for the newly established facility in Rakrang managed by the Military Medical Bureau of the People's Armed Forces. The Ministry of Public Health managed a network of rehabilitation facilities within the country, while the Rakrang centre was the only one run by the Military Medical Bureau. Accurate statistics on the number of people requiring physical rehabilitation services were not available. In 2007, the ICRC maintained its support for both the Songrim and the Rakrang centres.

To improve accessibility to services, the ICRC continued to donate the raw materials, equipment and components needed to ensure the provision of services in both centres. With ICRC support an outreach programme was begun at the Songrim centre, with the aim of providing follow-up for those who had received services and, when needed, to perform repairs on the spot. Two visits were made during which 97 persons were examined and 72 devices repaired. This was organized by the Ministry of Public Health in close cooperation with the DPRK Red Cross Society. More than 1,100 persons benefited from various services provided at ICRC-assisted centres. These services included the provision of 1,020 prostheses (1.3% of them for mine survivors) and 14 orthoses (7% of them for mine survivors), and 60 wheelchairs and 747 pairs of crutches. In addition, most of those who received devices were also given the appropriate physiotherapy treatment. Children and women represented 2% and 15%, respectively, of all those benefiting from services.

The quality of services at ICRC-assisted centres was supported by in-house training and mentoring of national personnel by ICRC ortho-prosthetists and physiotherapists. In addition, the ICRC continued to sponsor the training of five persons at the Cambodian School of Prosthetics and Orthotics in Phnom Penh, and provided scholarships for five others to begin P&O training at the School.

### *In 2008, the ICRC intends to:*

- enhance the quality of services by maintaining support and mentoring by ICRC ortho-prosthetists and physiotherapists, by continuing to sponsor persons for formal training in P&O and in physiotherapy, and by conducting a short course in upper-limb prostheses and wheelchair-service management
- facilitate access to services by continuing its support for the Songrim and Rakrang physical rehabilitation centres, and by assisting the Ministry of Public Health and the National Society in managing the outreach programme
- promote the long-term functioning of services by strengthening the national capacity for provision and management of physical rehabilitation services

# INDIA


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|---|---|
| *National partner* | |
| Indian Red Cross Society | |
| *Location of projects* | |
| Jammu and Srinagar | |
| *Patient services in 2007* | |
| Patients attending the centres | 809 |
| New patients fitted with prostheses | 124 |
| New patients fitted with orthoses | 31 |
| Prostheses | 139 |
| Orthoses | 34 |
| Wheelchairs | 20 |
| Crutches (pairs) | 20 |
| *Beginning of assistance: 2004* | |

India is now the 12th wealthiest nation in the world, with a gross domestic product of 785.46 billion US dollars. However, most people in the country, particularly in the state of Jammu and Kashmir, are yet to benefit from India's wealth. Mines were laid in various parts of the country affected by violence, most of them along India's border with Pakistan and on the Line of Control in Jammu and Kashmir. In certain instances, they were laid in cultivated farmlands. Although demining activities had taken place, there were sporadic reports of civilian casualties. Their exact number was not known, as no comprehensive method for gathering data existed. Access to services for disabled persons was promoted through the Equal Opportunities, Protection of Rights and Full Participation Act of 1995 and through the Scheme of Assistance to Disabled Persons for Purchase / Fitting of Aids / Appliances, which enabled the organizations that qualified to receive the financial support that would allow them to provide services either free of charge or at the least possible expense to patients, depending on their income. Physical rehabilitation services in India were under the supervision of the Rehabilitation Council of India, a statutory body under the Ministry of Social Justice and Empowerment. In 2007, the ICRC continued to back the efforts of the Indian Red Cross Society to improve accessibility of services in Jammu and Kashmir by providing support for the P&O departments at the Jammu Governmental Medical College and the Bone and Joint Hospital in Srinagar.

With support from the ICRC and the Indian Red Cross, the assisted centre produced 139 prostheses (12% of them for mine survivors) and 34 orthoses and distributed 20 pairs of crutches and 20 wheelchairs. Children and women represented 6% and 26%, respectively, of the 1,218 persons benefiting from services. ICRC support in 2007 consisted of the donation of P&O materials, equipment and components, of physiotherapy equipment, and of wheelchairs and walking aids. In addition, the ICRC provided its support for the production of an information brochure to raise public awareness of the services available at the Bone and Joint Hospital in Srinagar.

The quality of the services provided in the centres was ensured by continued on-the-job training and mentoring by ICRC expatriate and national ortho-prosthetists and an expatriate physiotherapist. The ICRC also sponsored one person from the Bone and Joint Hospital in Srinagar for an 18-month training course in lower-limb prosthetics at the Mobility India centre in Bangalore.

The ICRC continued to promote the long-term functioning of services by strengthening the capacity of the Indian Red Cross, and that of the managerial staff at the two centres, in the provision of physical rehabilitation.

### *In 2008, the ICRC intends to:*

- enhance the quality of services through continued on-the-job training and mentoring by ICRC expatriate and national ortho-prosthetists and an expatriate physiotherapist, and continued sponsorship of persons for P&O training at Mobility India
- facilitate access to services by maintaining its support for the Indian Red Cross in providing assistance to the P&O departments at the Jammu Governmental Medical College and the Bone and Joint Hospital in Srinagar
- promote the long-term functioning of services by continuing to strengthen the capacity of the Indian Red Cross, and that of the managerial staff at the two centres, in the provision of physical rehabilitation

# MYANMAR


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| *National partners* | |
| Myanmar Red Cross Society, Ministry of Health and Ministry of Defence | |
| *Location of projects* | |
| Yangon (2), Mandalay, Yenethar, Pyin Oo Lwyn, Aungban and Hpa-an | |
| *Patient services in 2007* | |
| Patients attending the centres | 5,945 |
| New patients fitted with prostheses | 994 |
| New patients fitted with orthoses | 542 |
| Prostheses | 2,255 |
| Orthoses | 1,228 |
| Wheelchairs | 1,593 |
| Crutches (pairs) | 20 |
| *Beginning of assistance: 1986* | |

In Myanmar, government restrictions imposed on the ICRC continued to prevent the organization from discharging its mandate in accordance with its standard working procedures, which are internationally recognized and which the Myanmar authorities had accepted in previous years. The ICRC made repeated attempts to re-establish a substantive dialogue with the authorities but to no avail. It was unable to resume meaningful dialogue with the government either on humanitarian issues that had been previously raised or on its mandate and standard working procedures. Taking stock of the situation, the ICRC closed down three field offices (Taunggyi, Kyaing Tong, Mawlamyaing) during the first half of 2007. In June, it was left with no choice but to publicly denounce significant and repeated violations of international humanitarian law committed against civilians, and against detainees who were being used as porters, in some conflict-affected border areas. The delegation adapted its physical rehabilitation activities to the situation.

During the first half of the year, activities in the area of physical rehabilitation were undertaken in accordance with the ICRC's objectives for 2007. In June, as a result of restrictions imposed on the ICRC's activities by the government, the delegation decided to end its assistance to the three centres managed by the Ministry of Health[1] and the three others managed by the Ministry of Defence.[2] At mid-year, the ICRC provided both Ministries with enough materials to ensure that the activities in all the centres under their supervision would continue for about a year. Support for the Hpa-an Orthopaedic Rehabilitation Centre, run jointly by the Myanmar Red Cross Society and the ICRC, was maintained. The centre, which deals primarily with landmine victims and patients referred via the Outreach Prosthetic Programme, is located in the capital of the state of Kayin, the scene of much of the residual conflict in Myanmar. Beginning in June, the outreach programme, which is run by the Myanmar Red Cross, was streamlined: it confined its activities to areas close to the Hpa-an Orthopaedic Rehabilitation Centre in southern Myanmar (Mon State, Kayin State and Thanintharyi Division; in 2006 the programme extended its coverage to the townships of eastern Bago Division: Kyaukkyi, Shwekyin and Htantapin), and stopped referring patients to government-run medical facilities.

Most of those who benefited from the ICRC's activities were war-wounded amputees: in 2007, landmine survivors in Myanmar accounted for 64% (66% in 2006) of all those fitted with prostheses. In all, 110 persons from Eastern Bago Division, 96 from Kayin State, 60 from Mon State and 27 from Thanintharyi Division benefited from services provided by the Hpa-an Orthopaedic Rehabilitation Centre.

According to statistical data and information made available by the Ministry of Health centres, following the reduction in the assistance provided by the ICRC, access to services became difficult for disabled persons: most of them could not afford the cost of transportation to the centres or of food, let alone the cost of their treatment.

***In 2008, unless there is a significant breakthrough in its relations with the authorities, the ICRC intends to:***

- facilitate access to services by continuing to support the activities of the Hpa-an Orthopaedic Rehabilitation Centre and by supporting the Myanmar Red Cross's Outreach Prosthetic Programme
- conduct technical visits to centres managed by the Ministry of Health, on a quarterly basis, to follow up on the continuity of services

1. National Rehabilitation Hospital in Yangon, Mandalay General Hospital and Yenanthar Leprosy Hospital in Mandalay
2. Defence Services Rehabilitation Hospital in Yangon, Pyin Oo Lwin No. 1 Military Hospital in Mandalay and Aung Ban No. 2 Military Hosptial in Shan State

# NEPAL


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| *National partner* | |
| Green Pasture Hospital | |
| *Location of project* | |
| Pokhara | |
| *Patient services in 2007* | |
| Patients attending the centre | 1,144 |
| New patients fitted with prostheses | 73 |
| New patients fitted with orthoses | 114 |
| Prostheses | 85 |
| Orthoses | 125 |
| Crutches (pairs) | 84 |
| *Beginning of assistance: 2004* | |

In Nepal, there was no government-run apparatus for providing physical rehabilitation services. Such services were provided mainly through the support of organizations such as the Nepal Fellowship International (assisted by the ICRC), Handicap International France and other national NGOs. The Ministry of Social Welfare, though in charge of the rehabilitation of persons suffering impaired mobility, was not involved in the direct provision of services. Access to physical rehabilitation remained a major concern, since many patients lived in remote areas, at some considerable distance from any, even the most limited, public network for providing physical rehabilitation. Patients had to take long journeys, lasting from one day to several days, in order to reach services. The Green Pasture Hospital in Pokhara celebrated its 50th anniversary in 2007. The ICRC has been supporting the P&O and physiotherapy departments at the Green Pasture Hospital in Pokhara since 2004.

Accessibility to services was enhanced throughout the year in different ways. First, with the support of the ICRC and with cooperation from the Nepalese Red Cross Society, the Green Pasture Hospital organized four outreach visits to follow-up 78 persons who had been receiving services. With the financial support of the ICRC (reimbursement for treatment), the P&O department of the Green Pasture Hospital provided services for more than 1,100 persons and produced 85 prostheses and 125 orthoses in 2007. Finally, the ICRC reimbursed 128 persons for transportation expenses. Children and women represented 12% and 27%, respectively, of the 1,144 persons benefiting from services.

Nepal has not acceded to the Mine Ban Treaty. However, in the Comprehensive Peace Agreement of November 2006, the parties committed to neither use nor transport mines and to assist each other in marking and clearing the landmines and booby-traps used during the conflict. Landmine/ERW casualties dropped from 169 in 2006 to 98 in 2007. Most casualties occurred in the central region of Nepal, followed by the mid-western and far western regions. On the whole, assistance to survivors remained insufficient to meet needs, and survivors had to go to private hospitals in the capital where treatment was not free of charge. In 2007, the Green Pasture Hospital provided prostheses for three mine/ERW survivors, which represented 3.5% of its total production of prostheses.

The quality of the services provided was supported by an ICRC ortho-prosthetist for a period of three months, during which the multi-disciplinary approach involving the physiotherapy and orthopaedic departments was strengthened. In addition, three groups, each consisting of a physiotherapist and a P&O technician, were sent to ICRC-assisted centres in Cambodia for a period of six weeks. The aim was to give them intensive clinical practice. The clinical staff underwent training in wheelchair modification/adaptation.

### *In 2008, the ICRC intends to:*

- enhance the quality of services through continued support by an ICRC ortho-prosthetist, by sending P&O technicians and physiotherapists for clinical practice in Cambodia, and by sponsoring one person for formal P&O training (ISPO Cat.II) at the Cambodian School of Prosthetics and Orthotics
- facilitate access to services by continuing its support for the P&O department of the Green Pasture Hospital, by reimbursing patients for the costs of their treatment, transportation and accommodation, and by supporting field follow-up visits by hospital personnel

# PAKISTAN


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|---|---|
| *National partners* | |
| Fauji Foundation, Quetta Christian Hospital and the Pakistan Institute of Prosthetic and Orthotic Sciences | |
| *Location of projects* | |
| Peshawar, Muzaffarabad, Quetta and Rawalpindi | |
| *Patient services in 2007* | |
| Patients attending the centres | 2,157 |
| New patients fitted with prostheses | 464 |
| New patients fitted with orthoses | 308 |
| Prostheses | 501 |
| Orthoses | 502 |
| Wheelchairs | 17 |
| Crutches (pairs) | 193 |
| *Beginning of assistance: 2004* | |

In Pakistan, political unrest hampered accessibility to services in most regions where the ICRC provides assistance for physical rehabilitation services. Although Pakistan is one of the fastest growing economies in Asia, the benefits of economic growth were not felt within the disability services sector. Since the 2005 earthquake, physical rehabilitation in Pakistan has received more attention and support from both the authorities and international organizations. However, the network of centres providing physical rehabilitation services remained inadequate for existing needs. The census of 1998 found that the disability rate per 1,000 persons was 25.4 in rural and 25.9 in urban areas. In absolute terms, however, the number of disabled persons in rural areas was twice that in urban areas. No reliable data on mine casualties were available, but mines clearly continued to pose a threat. According to Landmine Monitor Report 2007, 488 casualties occurred in 2006: 203 persons were killed and 285 others injured. Most of the casualties occurred in Baluchistan and in the Federally Administered Tribal Areas. The primary objectives of the ICRC's physical rehabilitation projects in Pakistan were to increase accessibility of services and to raise the quality of services for disabled persons in Baluchistan, the North-West Frontier Province (NWFP) and Pakistan-administered Kashmir. In 2007 the ICRC maintained its support for the Rawalpindi Artificial Limb Centre (managed by the Fauji Foundation), the Pakistan Institute of Prosthetic and Orthotic Sciences in Peshawar, and the Baluchistan Community Rehabilitation Centre, which was run by the Christian Hospital in Quetta. In addition, the new centre constructed by the ICRC in Muzaffarabad began functioning in 2007.

To enhance accessibility to services, the ICRC implemented several activities within the different assisted centres: donation of material and components, reimbursement of transportation costs, covering the cost of treatment for patients referred by the ICRC to the Pakistan Institute of Prosthetic and Orthotic Sciences, etc. As no services were available in Pakistan-administered Kashmir, the ICRC, after discussions with the authorities, began work on a regional referral physical rehabilitation centre in Muzaffarabad. The construction of the centre was completed during 2007 and services first provided during the second quarter of the year. In addition, the ICRC, working in co-operation with the Ministry of Health for the North-West Frontier Province and with the Hayatabad Paraplegic Centre, developed a home care programme to ensure that persons suffering from spinal-cord injuries would, when their treatment was over, be as self-sufficient as possible. ICRC-assisted centres produced 501 prostheses (48% of them for mine survivors) and 502 orthoses (4% of them for mine survivors) and distributed 193 pairs of crutches and 17 wheelchairs. Children and women represented 16% and 20%, respectively, of the 2,157 persons benefiting from services. In addition, 351 Afghan refugees were referred to the ICRC centre in Jalalabad, Afghanistan, the cost of transportation being borne by ICRC Pakistan and that of treatment by ICRC Afghanistan.

The quality of the services provided at the centres was improved by the continued mentoring and on-the-job training provided by ICRC ortho-prosthetists and physiotherapists. In addition, the ICRC sponsored four persons for formal P&O training at the Pakistan Institute of Prosthetic and Orthotic Sciences in Peshawar.

### *In 2008, the ICRC intends to:*

- enhance the quality of services through continued support from ICRC ortho-prosthetists and an ICRC physiotherapist, by continuing sponsorship of the four persons undergoing training in P&O at the Institute in Peshawar, and by raising the professional expertise of those involved in the home care programme
- facilitate access to services by continuing to cover the cost of treatment for patients at the Institute in Peshawar, by continuing to donate materials and components to the Baluchistan Community Rehabilitation Centre, by maintaining its support to the home care programme, and by supporting the provision of services at the centre in Muzaffarabad

# PHILIPPINES


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| *National partners* | |
| Local NGOs | |
| *Location of projects* | |
| Zamboanga, Cotobato and Davao | |
| *Patient services in 2007* | |
| Patients referred by the ICRC | 37 |
| New patients fitted with prostheses | 29 |
| Prostheses | 30 |
| Wheelchairs | 2 |
| Crutches (pairs) | 45.5 |
| *Beginning of assistance: 2000* | |

In the Philippines, national provisions regarding physical disablement and rehabilitation appeared impressive at first glance (in terms of protective legislation, designated committees, etc.) but were undermined by the inadequacy of the services available to persons suffering impaired mobility. The National Committee for the Welfare of Disabled People bears the principal responsibility for providing support for the physically disabled. This was a Manila-based State body with strong regional representation. It had some implementing capacity but its duties were mainly advisory. The Department of Health had an office in charge of matters related to physical disablement, but was itself almost entirely decentralized and served essentially in an advisory capacity. Funds to implement recommendations should be provided at the regional/provincial level, but that rarely happened. There was no national plan for the provision of physical rehabilitation services. However, a new law stipulated that 1% of a municipality's budget must be allocated for assistive devices. In practice, services were provided mainly by charitable organizations, and a large number of national and international organizations provided financial aid and/or ran projects to assist disabled persons. There were several physical rehabilitation centres throughout the country. Since 2000, the ICRC has provided financial support and facilitated medical treatment for about 2000 persons; among them, over 200 persons were fitted with prostheses, which enabled them to recover their mobility. The ICRC was, until June 2007, referring those in need to three centres: the Living Witness of Hope Centre in Zamboanga, the Cotabato Centre and the Davao Jubilee Centre. After an assessment was carried out it was decided to refer individuals only to the Davao centre because of its comprehensive treatment approach.

In 2007, the ICRC referred a total of 37 lower-limb amputees to the centres mentioned above (1 to Zamboanga and 36 to Davao). The ICRC met their expenses, for transportation, lodging, food, and for their treatment. Children and women represented 5% and 11%, respectively, of all those benefiting from services.

To enhance the quality of the services provided at the Davao Jubilee Centre, the ICRC sponsored one person for formal training in prosthetics and orthotics at the Cambodian School of Prosthetics and Orthotics in Phnom Penh.

### *In 2008, the ICRC intends to:*

- facilitate access to services for victims of the internal conflict by continuing to subsidize the provision of prostheses (first fittings and replacements), to cover patients' expenses for transportation, lodging and food, as well as the cost of repairs to their assistive devices
- ensure the quality of services by providing support from ICRC ortho-prosthetists and by continuing to sponsor the trainee at the School of Prosthetics and Orthotics in Phnom Penh

# SRI LANKA


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|---|---|
| *National partner* | |
| Jaffna Jaipur Centre for Disability Rehabilitation | |
| *Location of project* | |
| Jaffna | |
| *Patient services in 2007 (August – December)* | |
| Patients attending the centre | 231 |
| New patients fitted with prostheses | 11 |
| New patients fitted with orthoses | 14 |
| Prostheses | 67 |
| Orthoses | 23 |
| Wheelchairs | 9 |
| Crutches (pairs) | 19 |
| *Beginning of assistance: August 2007* | |

As a result of the political situation In the country, disabled persons in the Jaffna district of Sri Lanka faced many obstacles in getting the physical rehabilitation that they needed. Following an assessment, the ICRC decided to resume its assistance to the Jaffna Jaipur Centre for Disability Rehabilitation in 2007 (assistance was provided between 1999 and 2003). The Jaffna Centre, which was operated by a local NGO, was the only centre providing physical rehabilitation services in Jaffna. According to the United Nations Development Programme, Jaffna is one of the most mine-affected districts in Sri Lanka. According to government sources, there were approximately 8,900 disabled persons in the Jaffna peninsula, of whom more than 4,000 were suffering impaired mobility in some form. Following the signature of a cooperation agreement with the centre's board of governors, the ICRC began to provide support for the Jaffna centre in August 2007.

In Sri Lanka, physical rehabilitation was the responsibility of the Directorate of Rehabilitation for Youth, Elderly, Disabled and Displaced in the Ministry of Health; however, the Ministry of Social Services and Social Welfare was also actively involved in the same area and their activities often overlapped. How responsibilities were divided between the two was not clear, but it could be said that, roughly speaking, the Ministry of Health was responsible for setting out guidelines and providing hospital-based physiotherapy services while the Ministry of Social Services was responsible mainly for providing assistive devices and financial support for disabled persons. After signing the UN Convention on the Rights of Persons with Disabilities on 30 March 2007, the Ministry of Social Services appointed a National Council for the Protection of the Rights of Persons with Disabilities.

Distances in the Jaffna peninsula are small, but high prices, an irregular bus service and the density of check points could make even a trip of a few kilometres very difficult and time-consuming. In order to make services more accessible, the ICRC covered, as needed, the costs of transportation for persons going to the centre. The difficulties encountered by the centre in procuring needed materials and components also affected the accessibility of services. Everything – people, vehicles, and goods – that entered Jaffna had to be inspected and cleared by the military authorities; transportation was difficult and expensive because the roads were closed. For that reason, the ICRC provided all the necessary materials and components and took over responsibility for clearing and transporting goods. More than 230 persons benefited from various services provided with the assistance of the ICRC (between August and December 2007); the centre provided services for a total of 600 persons during the year. These services included the provision of 163 prostheses (67 with ICRC assistance) and 51 orthoses (23 with ICRC assistance), 19 wheelchairs (9 with ICRC assistance) and 106 pairs of crutches (19 with ICRC assistance). Of the prostheses that were distributed, 47% were provided specifically for mine survivors. In addition, most of those who received devices were also given appropriate physiotherapy treatment.

### *In 2008, the ICRC intends to:*

- enhance the quality of services by maintaining the support provided by an expatriate ortho-prosthetist and a physiotherapist and by conducting short training courses in several areas of P&O and physiotherapy
- facilitate access to services by continuing to reimburse patients for their transportation expenses as needed, by supporting the organization of outreach visits and by donating raw materials and components
- promote the long-term functioning of services by supporting its partner organization in improving working procedures and methods of generating income

# TAJIKISTAN


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|---|---|
| *National partners* | |
| Ministry of Labour and Social Protection | |
| The Red Crescent Society of Tajikistan | |
| *Location of project* | |
| Dushanbe | |
| *Patient services in 2007* | |
| Patients attending the centre | 1,218 |
| New patients fitted with prostheses | 149 |
| New patients fitted with orthoses | 51 |
| Prostheses | 410 |
| Orthoses | 131 |
| Wheelchairs | 1 |
| Crutches (pairs) | 126 |
| *Beginning of assistance: 2004* | |

Tajikistan had legislation protecting the rights of persons with disabilities and providing them with medical care, physical rehabilitation, socio-economic reintegration and pensions. Physical rehabilitation services were available at the Dushanbe Physical Rehabilitation Centre managed by the Ministry of Labour and Social Protection. To ease access to services, the Dushanbe centre ran three satellite workshops in Kulob, Khorog and Khujand, whose particular function was to repair devices belonging to those living in neighbouring areas. Landmines continued to cause injuries even as demining activities continued. Exact figures for casualties were not available. In 2007, the ICRC maintained its support for the Dushanbe centre and its three workshops.

Besides donating raw materials and components, the ICRC provided support for several activities that were undertaken to enhance accessibility to services. It continued to provide direct assistance to those in need of services, by covering their expenses for transportation and food when they were treated at the centre. The Red Crescent Society of Tajikistan continued to identify persons with impaired mobility and refer them to the centre; it also provided follow-up for them. It did all this through its local branches. In 2007, the Tajik Red Crescent visited 112 patients. The ICRC-assisted centre produced 410 prostheses (10% of them for mine survivors) and 131 orthoses and distributed 126 pairs of crutches and 1 wheelchair. Children and women represented 27% and 22%, respectively, of the 1,218 persons benefiting from services.

The quality of services was maintained and enhanced by regular mentoring provided by an ICRC ortho-prosthetist during three visits. Despite reduced expatriate support, the quality of the services provided remained high, on the whole. This attests to the technical self-sufficiency of the national staff.

Throughout 2007, the ICRC continued to support the Ministry of Labour and Social Protection in the implementation of its strategy to ensure the long-term functioning of the centre. It continued to mobilize other actors, such as the Tajikistan Mine Action Centre, to support the Ministry in managing physical rehabilitation activities. The centre's managerial staff continued to receive support in the form of visits from an ICRC ortho-prosthetist.

### *In 2008, the ICRC intends to:*

- enhance the quality of services through regular mentoring visits by an ICRC ortho-prosthetist and through the provision of support by an ICRC physiotherapist for two months
- facilitate access to services by continuing to donate imported raw materials and components to the Dushanbe centre and its satellite workshops, by continuing to meet the transportation expenses of those being treated at the centre, and by continuing to support the follow-up services provided by the Tajik Red Crescent
- promote the long-term functioning of services by maintaining its support for efforts by the Ministry of Labour and Social Protection to find additional sources of funding, and by continuing to support the Ministry's gradual takeover of responsibilities

# 4.3 – EUROPE AND THE AMERICAS

In 2007 the ICRC provided support for 13 projects in five countries in Europe and in the Americas: Azerbaijan (3 projects), Colombia (6), Georgia (2), Haiti (1) and the Russian Federation (1).

Physical rehabilitation services in Azerbaijan were 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) and two decentralized facilities in Ganja and Nakhchivan. Access to orthopaedic services for disabled persons in Azerbaijan was provided for in national legislation. In 2007, the ICRC continued its support for the Ahmedly centre and for the centres in Ganja and Nakhchivan. Despite its sustained efforts, the ICRC failed to obtain a plan of action for physical rehabilitation services from the Ministry of Labour and Social Protection. As a result, in July the ICRC informed the Minister that it had decided to withdraw its direct support for physical rehabilitation services in the country.

In Colombia, free access to physical rehabilitation or humanitarian assistance for those in need was provided by the Ministry of Social Protection through the Fiduciaria del Fondo de Solidaridad y Garantia or through Acción Social. Besides the complicated administrative procedures, the main obstacles before disabled persons in need of assistance were: incomplete personal files; inability to meet the expenses of transportation to the physical rehabilitation centre, of accommodation, fees etc.; the constraints imposed by living in remote rural areas; restrictions on their movement for security reasons; not being aware of their rights and of the procedures that had to be followed, etc. In order to ensure that victims had access to proper physical rehabilitation services, and regular and continuous access to follow-up visits and to maintenance for their devices, the ICRC followed a system of decentralization in Colombia. In 2007 the ICRC worked in close cooperation with existing rehabilitation facilities in Bogotá, Cúcuta, Cartagena, Cali and Medellín. When it was needed, the ICRC assisted disabled persons undergoing treatment at the centres by meeting the expenses for their transportation and accommodation.

In Georgia, physical rehabilitation services were provided through a network of centres managed by the Ministry of Labour, Health and Social Affairs, private companies or local NGOs such as the Georgian Foundation for Prosthetic and Orthopaedic Rehabilitation (GEFPOR). The Ministry dealt with several issues relating to the rehabilitation and integration into society of disabled persons. In 2007, the Coalition for Independent Living (a coalition of NGOs including GEFPOR) and the Ministry of Health developed a position paper on the social integration of disabled persons. In Abkhazia, the Ministry of Health provided services at the Gagra Physical Rehabilitation Centre and at its repair workshop in Gali. The ICRC's physical rehabilitation project in Georgia consisted of three major components: support for GEFPOR in Tbilisi, support for the Gagra centre in Abkhazia and a referral service for patients from South Ossetia (the ICRC covered the cost of devices for them).

Haiti is often described as the poorest country in the Western hemisphere. The capital, Port-au-Prince, has endured waves of violence since 2004. The prevailing insecurity, lack of infrastructure and high health-care

costs were all factors that prevented more than half of all Haitians from having access to basic medical services. Disabled persons were confronted with a number of obstacles: difficulties in obtaining medical care, not having the money to pay for such care or for assistive devices, and geographical barriers. The Conseil National de Réhabilitation des Handicapés, in the Ministry of Social Affairs and Labour, was in charge of all matters pertaining to physical rehabilitation, but it did not provide any support for physical rehabilitation centres. There were two centres in Haiti that provided P&O services in 2007: the Healing Hands for Haiti Foundation and the Centre St Vincent pour Enfants Handicapés, both in Port-au-Prince. In 2007, the ICRC maintained its support for the Healing Hands centre, which produced 21 prostheses and 88 orthoses and distributed 32 pairs of crutches and 35 wheelchairs. Children and women represented 26% and 43%, respectively, of the 4,021 persons benefiting from services.

In the Russian Federation, disability issues were dealt with by the Federal Agency for Health and Social Development, which was attached to the Ministry of Health and Social Development. It was the Ministry that allocated funds for the provision of rehabilitation services in the Federation. According to the Chechen Pension Fund there were over 67,000 disabled persons in Chechnya, including nearly 20,000 children, in 2006. As of July 2007, 3,076 casualties of mine and explosive remnants of war had been recorded by UNICEF in Chechnya. In 2007, the ICRC continued its support for the Grozny Prosthetics and Orthotics Centre in Chechnya, with the aim of developing the centre's capacity to provide proper physical rehabilitation services of quality.

In 2007, ICRC-supported projects provided services for more than 25,000 persons in Europe and in the Americas. Children and women represented 26% and 13%, respectively, of all those benefiting from services. A total of 1,945 prostheses, including 371 (19%) for mine survivors, and 3,224 orthoses, including 22 (0.7%) for mine survivors, were provided and 1,898 pairs of crutches and 464 wheelchairs distributed.

# AZERBAIJAN


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|---|---|
| *National partner* | |
| Ministry of Labour and Social Protection | |
| *Location of projects* | |
| Baku, Ganja, and Nakhchevan | |
| *Patient services in 2007* | |
| Patients attending the centres | 19,068 |
| New patients fitted with prostheses | 211 |
| New patients fitted with orthoses | 707 |
| Prostheses | 1,342 |
| Orthoses | 2,065 |
| Wheelchairs | 428 |
| Crutches (pairs) | 3,243 |
| *Beginning of assistance: 1994* | |

Physical rehabilitation services in Azerbaijan were 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) and two decentralized facilities in Ganja and Nakhchivan. Access to orthopaedic services for disabled persons in Azerbaijan was provided for in national legislation. In 2007, the ICRC continued its support for the Ahmedly centre and for the centres in Ganja and Nakhchivan. Despite its sustained efforts, the ICRC failed to obtain a plan of action for physical rehabilitation services from the Ministry of Labour and Social Protection. As a result, in July the ICRC informed the Minister that it had decided to withdraw its direct support for physical rehabilitation services in the country.

In 2007, the ICRC promoted accessibility of services by donating raw materials and components. It also ensured that Chechen refugees living in Azerbaijan had access to services. ICRC-assisted centres produced 1,342 prostheses (9% of them for mine survivors) and 2,065 orthoses (0.5% of them for mine survivors) and distributed 3,243 pairs of crutches and 428 wheelchairs. Children and women represented 26% and 7%, respectively, of the 19,068 persons benefiting from services

The quality of services was improved through the continued support provided by an ICRC ortho-prosthetist and several technical seminars in the field of orthotics.

During 2007 numerous meetings took place between representatives of the Ministry of Labour and Social Protection and the ICRC to discuss the implementation of recommendations resulting from an assessment of physical rehabilitation services carried out by an external consultant in 2005 with financial support from the ICRC. Despite the ICRC's efforts, no progress, in the direction proposed by the assessment, took place. The ICRC therefore decided to withdraw its direct support for physical rehabilitation services in the country at the end of 2007. However, the ICRC will maintain contact with the Ministry of Labour and Social Protection so as to be able to assess the situation within the country.

### *In 2008, the ICRC intends to:*

- ensure access to services for refugees living in Azerbaijan
- closely monitor accessibility to services
- provide technical support through two visits by ICRC experts
- complete a survey of local organizations working in the area of physical rehabilitation and share the findings in order to promote interaction among all concerned

# COLOMBIA


| | |
|---|---|
| *National partners* | |
| Ministry of Social Protection | |
| Local NGOs (CIREC in Bogota and Foundation REI in Cartagena) | |
| Private providers (Orthopraxis in Medellín and Ortopédica American in Cali) | |
| *Location of projects* | |
| Bogotá (2), Cartagena, Cúcuta, Medellín, and Cali | |
| *Patient services in 2007* | |
| Patients receiving support from the ICRC | 41 |
| New patients fitted with prostheses | 39 |
| New patients fitted with orthoses | 2 |
| Prostheses | 36 |
| Orthoses | 4 |
| *Beginning of assistance: 2006* | |

In Colombia, the Housing and Population Census of 2005, conducted by the National Statistics Department, found that 6.3% of the population were physically disabled in some way. Of this number, 29.3% suffered impaired mobility and 14.6% could make only limited use of their hands and arms. A total of 111 P&O facilities were registered at the Chamber of Commerce: 42% of them were located in Bogota and 31% in Medellin and Cali. Besides the complicated administrative procedures, the main obstacles before disabled persons in need of assistance were: inability to meet the expenses of transportation to the physical rehabilitation centre, of accommodation, fees etc.; the constraints imposed by living in remote rural areas; restrictions on their movement for security reasons; not being aware of their rights and of the procedures that had to be followed, etc. Colombia continued to report the highest number of mine/ERW/IED casualties in the world. In 2007 Antipersonnel Mine Observatory recorded about 900 new mine/ERW/IED casualties.

The initial aim of the ICRC project was to increase accessibility to physical rehabilitation services for survivors of mine/ERW/IED-related accidents. Visits to cooperating institutions and other facilities, and an assessment of extant services, confirmed the necessity of expanding the programme. The ICRC decided to offer its assistance to all persons not covered by any government-run health-care programme. In order to ensure that victims had access to proper physical rehabilitation services, the ICRC followed a system of decentralization in Colombia. In 2007 the ICRC worked in close cooperation with existing rehabilitation facilities in Bogotá, Cúcuta, Cartagena, Cali and Medellín. When it was needed, the ICRC assisted disabled persons undergoing treatment at the centres by covering their expenses for transportation and accommodation.

To ensure that the quality of services was maintained, the ICRC provided equipment to refurbish facilities and the expertise required for appropriate physical rehabilitation services. In addition, the ICRC took an active part in committees working on protocols and service standards. As a step towards ensuring the long-term functioning of services, the ICRC sponsored the enrolment of two technicians from the Centro Integral de Rehabilitación de Colombia in a distance-learning programme at the University of Don Bosco in El Salvador.

The ICRC provided support for national authorities in establishing standards for physical rehabilitation services and creating a training programme for orthopaedic technicians. Its efforts resulted in the establishment of an inter-institutional committee for prosthetics and orthotics in the spring of 2007. The purpose of the committee, which is attached to the Ministry of Social Protection, is to develop a strategy to improve the quality and availability of P&O services in Colombia.

### *In 2008, the ICRC intends to:*

- continue to cooperate with the Norwegian Red Cross in a comprehensive mine-action project in Colombia involving, in addition to physical rehabilitation, data gathering, support for the socio-economic reintegration of survivors into society, mine-risk reduction and public education
- facilitate access to services by maintaining its support for the six physical rehabilitation centres it supported in 2007, by covering the costs of transportation and accommodation for disabled persons undergoing treatment, and by strengthening the existing referral network
- enhance the quality of services by providing scholarships for formal P&O training at the University of Don Bosco and through continued support from an ICRC ortho-prosthetist
- promote the long-term functioning of services by providing support in managing physical rehabilitation activities for the national authorities and for the managerial staff of local centres

# GEORGIA


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|---|---|
| *National partners* | |
| Georgian Foundation for Prosthetic and Orthopaedic Rehabilitation, Ministry of Health of Abkhazia | |
| *Location of projects* | |
| Tbilisi and Gagra | |
| *Patient services in 2007* | |
| Patients attending the centres | 1,170 |
| New patients fitted with prostheses | 107 |
| New patients fitted with orthoses | 302 |
| Prostheses | 337 |
| Orthoses | 718 |
| Wheelchairs | 1 |
| Crutches (pairs) | 245 |
| *Beginning of assistance: 1994* | |

In Georgia, physical rehabilitation services were provided through a network of centres managed by the Ministry of Labour, Health and Social Affairs, private companies or local NGOs such as the Georgian Foundation for Prosthetic and Orthopaedic Rehabilitation (GEFPOR). The Ministry dealt with a number of issues relating to the rehabilitation and integration into society of disabled people. In 2007, the Coalition for Independent Living (a coalition of NGOs including GEFPOR) and the Ministry of Health developed a position paper on the social integration of disabled persons. In Abkhazia, the Ministry of Health provided services at the Gagra Physical Rehabilitation Centre and at its repair workshop in Gali. The ICRC's physical rehabilitation project in Georgia consisted of three major components: support for GEFPOR in Tbilisi, support for the Gagra centre in Abkhazia and a referral service for patients from South Ossetia (the ICRC covered the cost of devices for them).

In 2007, the GEFPOR centre in Tbilisi provided 266 prostheses and 697 orthoses. In all, 825 persons benefited from services provided at the centre. Through its Patient Support System, the ICRC covered the cost of 325 devices (34% of the total production of the centre) provided for patients at the GEFPOR centre. The Gagra centre in Abkhazia, with the support of the ICRC, provided 71 prostheses and 21 orthoses. In all, 345 persons benefited from services provided at the centre. In addition, six persons from South Ossetia received services with the support of the ICRC, three at the GEFPOR centre and three others at the Vladikavkaz Orthopaedic Centre in the Russian Federation. ICRC-assisted centres produced 337 prostheses (20% of them for mine survivors) and 718 orthoses. Children and women represented 30% and 12%, respectively, of the 1,170 persons benefiting from services.

The quality of services was improved through the yearly course, on treatment for patients fitted with orthoses and for lower-limb amputees, provided by an ICRC physiotherapist as well as by the multidisciplinary team approach. Two physiotherapists from the GEFPOR centre and three others from other medical centres in Tbilisi attended the course. In addition, seminars on hip disarticulations and upper-limb prostheses were held at the GEFPOR centre, with the support of the ICRC ortho-prosthetist.

In 2007, in both Tbilisi and Gagra, the ICRC initiated or implemented a number of different activities aimed at the gradual transfer of all responsibilities (managerial, technical and financial) to its local partners. The managerial staff at GEFPOR continued to struggle to improve the centre's prospects for raising funds. However, positive signals from new donors provided reasons for optimism about the future. Despite their difficult economic situation, the authorities in Abkhazia continued to increase support for physical rehabilitation services.

### *In 2008, the ICRC intends to:*

- enhance the quality of services by providing continued support by ICRC ortho-prosthetists, by conducting physiotherapy refresher courses, and by giving several seminars in prosthetics and orthotics
- facilitate access to services by continuing to cover the costs of treatment for a certain number of patients at the GEFPOR centre, by covering the costs of treatment at the Vladikavkaz centre or the GEFPOR centre for patients from South Ossetia, and by donating raw materials and components to the Gagra centre
- promote the long-term functioning of services through continued assistance for the consolidation of GEFPOR, by providing continued support for the Ministry of Labour, Health and Social Affairs 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

# HAITI


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| *National partner* | |
| Healing Hands for Haiti Foundation | |
| *Location of project* | |
| Port-au-Prince | |
| *Patient services in 2007 (January - October)* | |
| Patients attending the centre | 4,021 |
| New patients fitted with prostheses | 45 |
| New patients fitted with orthoses | 95 |
| Prostheses | 21 |
| Orthoses | 88 |
| Wheelchairs | 35 |
| Crutches (pairs) | 32 |
| *Beginning of assistance: 2006* | |

Haiti is often described as the poorest country in the Western hemisphere. The capital, Port-au-Prince, has endured waves of violence since 2004. Civilians suffer the consequences of these clashes among armed factions. The prevailing insecurity, lack of infrastructure and high health-care costs were all factors that prevented more than half of all Haitians from having access to basic medical services. The population of Haiti was estimated at eight million, of which disabled persons made up approximately 10 percent. Disabled Haitians were confronted with a number of obstacles: difficulties in obtaining medical care, not having the money to pay for such care or for assistive devices, and geographical barriers. The Conseil National de Réhabilitation des Handicapés, in the Ministry of Social Affairs and Labour, was in charge of all matters pertaining to physical rehabilitation, but it did not provide any support for physical rehabilitation centres. There were two centres in Haiti that provided P&O services in 2007: the Healing Hands for Haiti Foundation and the Centre St Vincent pour Enfants Handicapés, both in Port-au-Prince. Access to the centres for patients in remote areas was made difficult by problems of transportation, lack of information and inadequate financial resources. In 2007, the ICRC maintained its support for the Healing Hands centre.

The ICRC donated raw materials and components to the Healing Hands centre, enabling it to provide services without depending on donations of second-hand components from the United States. As patients had to pay for services, the ICRC's donations allowed the centre to provide high-quality services at affordable rates. Between January and October, the ICRC-assisted centre produced 21 prostheses and 88 orthoses and distributed 32 pairs of crutches and 35 wheelchairs. Children and women represented 26% and 43%, respectively, of the 4,021 persons benefiting from services.

The quality of services was enhanced by the support provided by an ICRC ortho-prosthetist in the course of two visits. During one of his visits, the ICRC specialist conducted a refresher course on lower-limb prostheses. In addition, the ICRC made it possible for a technician to visit CAPADIFE, the SFD-assisted centre in Managua.

### *In 2008, the ICRC intends to:*

- enhance the quality of services provided by the Healing Hands centre through the continued support of an ICRC ortho-prosthetist
- promote the accessibility of services by continuing to donate raw materials and components, and by developing ways to boost the centre's productivity
- promote the long-term functioning of services by assisting the Healing Hands foundation in its efforts to look for other sources of funds

# RUSSIAN FEDERATION


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|---|---|
| *National partner* | |
| Ministry of Health and Social Development | |
| *Location of project* | |
| Grozny | |
| *Patient services in 2007* | |
| Patients attending the centre | 799 |
| New patients fitted with prostheses | 69 |
| New patients fitted with orthoses | 236 |
| Prostheses | 206 |
| Orthoses | 349 |
| *Beginning of assistance: 2002* | |

In the Russian Federation, disability issues were dealt with by the Federal Agency for Health and Social Development, which was attached to the Ministry of Health and Social Development. It was the Ministry that allocated funds for the provision of rehabilitation services in the Federation. According to the Chechen Pension Fund there were over 67,000 disabled persons in Chechnya, including almost 20,000 children, in 2006. As of July 2007, 3,076 casualties of mine and explosive remnants of war had been recorded by UNICEF in Chechnya. In 2007, the ICRC continued its support for the Grozny Prosthetics and Orthotics Centre in Chechnya, with the aim of developing the centre's capacity to provide proper physical rehabilitation services of quality.

The Grozny centre depended largely on timely allocations from the Social Insurance Fund, the main governmental body responsible for providing money for activities such as those undertaken by the centre. The signing of a contract between the Fund and the centre took place only in late February, with the result that the centre was not able to provide services for the first two months of the year; it began to do so in March. To disseminate information on the centre's activities, the ICRC, in cooperation with the managerial staff of the centre, had 1,000 leaflets printed, and these were distributed in the republic. With the ICRC's support the Grozny centre produced 206 prostheses (75% of them for mine survivors) and 349 orthoses. Children and women represented 37% and 15%, respectively, of the 799 persons benefiting from services.

In 2007, the ICRC continued to sponsor the formal training of four Chechens in prosthetics and orthotics at the St Petersburg Social College. The Albrecht Scientific and Practical Prosthetic Centre in St Petersburg agreed to give the trainees further practical training. An ICRC orthoprosthetist conducted three technical training courses for the technicians at the Grozny centre. An ICRC physiotherapist made a visit to assess the needs of the centre's physiotherapy department and to develop a strategy that will be implemented in 2008.

### *In 2008, the ICRC intends to:*

- enhance the quality of services by continuing its training activities, including sponsorship of four persons receiving formal P&O training, by providing support to the physiotherapist working at the centre, and through continued on-the-job training and mentoring by ICRC ortho-prosthetists
- facilitate access to services by continuing to strengthen the capacity of the Grozny centre and by organizing regular coordination meetings with other agencies and the authorities

# 4.4 – MIDDLE EAST AND NORTH AFRICA

In 2007 the ICRC provided support for 19 projects in four countries and one territory in the Middle East and North Africa: Algeria (2 projects), Iraq (12), Gaza (1), Syria (1) and Yemen (3).

Algeria had a nationwide network of facilities providing physical rehabilitation services in 2007. However, services were available only to those registered with the national social security system. Physically disabled persons not covered by the system could not 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 affordable assistive devices for those not covered by social security. In 2007 a number of refugees from the Western Sahara were living in camps near the city of Tindouf, more than 2,000 km from any prosthetic or orthotic services. In 2006, the ICRC signed a cooperation agreement with the public health authorities of the Polisario Front to open a small physical rehabilitation centre in Rabouni, which would provide services to about 100 persons a year. In 2007, the ICRC maintained its support for the Ben Aknoun P&O department, which produced 13 prostheses and 56 orthoses during the year. Children and women represented 9% and 17%, respectively, of the 66 persons benefiting from services. In addition, the ICRC financed the construction of a new centre within the compound of the Martyr Chreïf centre in Rabouni.

The only functioning physical rehabilitation centre in the Gaza Strip, the Artificial Limb and Polio Centre in Gaza City, was run by the Municipality of Gaza. Disabled persons in Gaza were among those most at risk and their numbers were disproportionately high among those living in poverty: they were seriously affected by the situation in Gaza. Following a needs assessment, and after the signing of a cooperation agreement, the ICRC began to provide support for the centre in October 2007. Access to materials and components was made almost impossible for the centre by the situation in Gaza. Following the signature of the agreement, the ICRC donated materials and components, enabling the centre to ensure the provision of services for those in need. Between November and December 2007 the ICRC-assisted centre produced 9 prostheses and 27 orthoses and distributed 13 pairs of crutches. Children and women represented 64% and 12%, respectively, of the 50 persons benefiting from services.

Despite the uncertainties of the security situation in Iraq, more persons had access to services in 2007 than in the previous year. Apart from the assisted centres in Baghdad, all the other centres saw an increase in the number of patients they treated. Physical rehabilitation services in Iraq were provided by a network of centres distributed throughout the governorates. Both in number and in capacity the centres are no longer adequate. In 2007, those in need of P&O services faced two main difficulties: accessibility to the services and the quality of the services provided. For most persons, accessibility to services was a major problem, caused mainly by the prevailing security situation and the steep rise in costs for transportation and accommodation. In 2007 the ICRC

provided various kinds of support for three centres in Baghdad, two in northern Iraq (in Mosul and Erbil), and others in Najaf, Hilla, Tikrit and Basrah. It also provided support for the P&O Training School and the Ministry of Health's Al-Salam crutches production unit, both in Baghdad. In addition, the ICRC began to provide support for the construction of a new centre in Falluja. Besides a few organizations providing limited support, mainly in northern Iraq, the ICRC was the only organization providing assistance in the area of physical rehabilitation. ICRC-assisted centres produced 2,522 prostheses (32% of them for mine survivors) and 6,447 orthoses (2% of them for mine survivors) and distributed 362 pairs of crutches and 28 wheelchairs. Children and women represented 28% and 17%, respectively, of the 23,202 persons benefiting from services.

Access to physical rehabilitation services in Syria has improved over the years. In 2007 services were provided through several centres run by the Ministry of Health and the Ministry of Defence, by international organizations and by the Palestine Red Crescent Society. The Yarmouk centre, operated by the Palestinian Red Crescent, is the most well known. It provided services free of charge and without discrimination, and disabled persons came to the centre from throughout Syria. In 2007, the ICRC continued to support the activities of this centre. With technical and financial support from the ICRC, the Yarmouk centre provided reasonably priced services or, for those who could not afford to pay, services at no charge, for more than 658 individuals. The centre produced 322 prostheses (15% of them for mine survivors) and 155 orthoses (2% of them for mine survivors) and distributed 11 pairs of crutches. Children and women represented 20% and 19%, respectively, of all those benefiting from services.

In Yemen, physical rehabilitation centres were operated by the Ministry of Public Health and Population and the Ministry of Social Affairs. Support for the physical rehabilitation programme in the country was provided by the ICRC – the only foreign organization to do so – and two nationally recognized Yemeni organizations: the Social Fund for Development and the Fund for the Care and the Rehabilitation of the Disabled. In 2007, the ICRC continued to provide support to the National Artificial Limbs and Physiotherapy Centre in Sana'a and the Al-Mukalla Centre in Mukalla and began to support the Aden Physical Rehabilitation Centre. ICRC-assisted centres produced 1,171 prostheses (43% of them for mine survivors) and 2,517 orthoses (0.3% of them for mine survivors) and distributed 26 pairs of crutches and 28 wheelchairs. Children and women represented 43% and 22%, respectively, of the 4,863 persons benefiting from services.

In all, ICRC-supported projects provided services in 2007 for almost 29,000 persons in the Middle East and North Africa. Children and women represented 30% and 18%, respectively, of all those benefiting from services. A total of 4,037 prostheses, including 1,349 (33%) for mine survivors, and 9,312 orthoses, including 155 (1.7%) for mine survivors, were provided and 411 pairs of crutches and 56 wheelchairs distributed.

# ALGERIA


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|---|---|
| *National partners* | |
| Ministry of Health | |
| Public Health Authority of the Polisario Front | |
| *Location of projects* | |
| Algiers and Rabouni | |
| *Patient services in 2007* | |
| Patients attending the centres | 66 |
| New patients fitted with prostheses | 11 |
| New patients fitted with orthoses | 56 |
| Prostheses | 13 |
| Orthoses | 56 |
| *Beginning of assistance: 2002* | |

Algeria had a nationwide network of facilities providing physical rehabilitation services in 2007. However, services were available only to those registered with the national social security system. Physically disabled persons not covered by the system could not 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 affordable assistive devices for those not covered by social security. In 2007 a number of refugees from the Western Sahara were living in camps near the city of Tindouf, more than 2,000 km from any prosthetic or orthotic services. The Polisario Front reported that 450 persons living in these camps were in need of physical rehabilitation services. All past attempts to transfer them to Algiers or Spain for services had failed because of the impossibility of ensuring follow-up services in the long term. In 2006, the ICRC signed a cooperation agreement with the public health authorities of the Polisario Front to open a small physical rehabilitation centre in Rabouni, which would provide services to about 100 persons a year. This should ensure the provision of services in the long-term: new fittings, repairs, follow-up and physiotherapy.

In 2007, the ICRC maintained its support for the Ben Aknoun P&O department, which produced 13 prostheses and 56 orthoses during the year. Children and women represented 9% and 17%, respectively, of the 66 persons benefiting from services. Discussions were held with various parties about employing the workshop as a site for the P&O school of Algiers, so that trainees at the school might become proficient in the use of affordable technology. No concrete result in this regard has been achieved yet.

In 2007, the ICRC financed the construction of a new centre within the compound of the Martyr Chreïf centre, beside the physiotherapy department. The choice of location was determined by the fact that numerous disabled persons were living within the centre. The construction and the installation were completed at the end of 2007. The public health authorities of the Polisario Front will select the members of the staff that will work with ICRC specialists.

### *In 2008, the ICRC intends to:*

- continue discussions with various actors in Algiers in order to find ways to ensure the long-term provision of services by the centre
- promote the involvement of the P&O school in the centre in order to provide access to affordable technology and to improve the quality of practical training for students
- start providing physical rehabilitation services in Rabouni by producing prostheses and orthoses and by making physiotherapy available for an average of 100 displaced persons a year

# GAZA


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|---|---|
| *National partner* | |
| Municipality of Gaza | |
| *Location of project* | |
| Gaza City | |
| *Patient services in 2007 (November and December)* | |
| Patients attending the centre | 50 |
| New patients fitted with prostheses | 12 |
| New patients fitted with orthoses | 23 |
| Prostheses | 9 |
| Orthoses | 27 |
| Crutches (pairs) | 13 |
| *Beginning of assistance: 2007* | |

The only functioning physical rehabilitation centre in the Gaza Strip, the Artificial Limb and Polio Centre in Gaza City, was run by the Municipality of Gaza. Disabled persons in Gaza were among those most at risk and their numbers were disproportionately high among those living in poverty: they were seriously affected by the current situation in Gaza. Following a needs assessment, and after the signing of a cooperation agreement, the ICRC began to provide support for the centre in October 2007.

Access to materials and components was made almost impossible for the centre by the political situation in Gaza. Following the signature of the agreement, the ICRC donated raw materials and components, enabling the centre to ensure the provision of services for those in need. Between November and December 2007 the ICRC-assisted centre produced 9 prostheses and 27 orthoses and distributed 13 pairs of crutches. Children and women represented 64% and 12%, respectively, of the 50 persons benefiting from services.

In addition, to improve the quality of the services provided, the ICRC assigned an ortho-prosthetist and a physiotherapist to provide support for national personnel.

### *In 2008, the ICRC intends to:*

- ensure access to physical rehabilitation services for those in need by donating the raw materials and components needed to produce prostheses and orthoses
- improve the quality of services by working closely with national personnel, by providing the support necessary to develop physiotherapy services at the centre and by supporting physiotherapy departments in hospitals

# IRAQ


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|---|---|
| *National partners* | |
| Ministry of Health, Ministry of Higher Education and Iraqi Red Crescent Society | |
| *Location of projects* | |
| Baghdad (5), Najef, Hilla, Tikrit, Basrah, Falluja, Mosul, Erbil | |
| *Patient services in 2007* | |
| Patients attending the centres | 23,202 |
| New patients fitted with prostheses | 1,760 |
| New patients fitted with orthoses | 5,060 |
| Prostheses | 2,522 |
| Orthoses | 6,447 |
| Wheelchairs | 28 |
| Crutches (pairs) | 362 |
| *Beginning of assistance: 1993* | |

Despite the uncertainties of the security situation in Iraq, more persons had access to services in 2007 than in the previous year. Apart from the assisted centres in Baghdad, all the other centres saw an increase in the number of patients they treated. The main responsibility for physical disability issues lay with the Ministry of Health. The Ministry of Social Affairs was responsible for the welfare of disabled persons. Together, the ministries were unable to cope with the needs of the disabled because of both the huge demand for services and the scarcity of such services. Physical rehabilitation services in Iraq were provided by a network of centres distributed throughout the governorates. Both in number and in capacity the centres are no longer adequate.

The Republic of Iraq acceded to the Mine Ban Treaty in mid-August 2007 and this will enter into force on 1 February 2008. In 2007, those in need of P&O services faced two main difficulties: accessibility to the services and the quality of the services provided. For most persons, accessibility to services was a major problem, caused mainly by the prevailing security situation and the steep rise in costs for transportation and accommodation. The provision of adequate services was hampered by the lack of well-trained professionals at the centres and the limited possibilities for upgrading skills.

In 2007 the ICRC provided various kinds of support for three centres in Baghdad, two in northern Iraq (in Mosul and Erbil), and others in Najaf, Hilla, Tikrit and Basrah. It also provided support for the P&O Training School and the Ministry of Health's Al-Salam crutches production unit, both in Baghdad. In addition, the ICRC began to provide support for the construction of a new centre in Falluja. Besides a few organizations providing limited support, mainly in northern Iraq, the ICRC was the only organization providing assistance in the area of physical rehabilitation.

To increase accessibility to services, the ICRC endeavoured to ensure that the centres had enough raw materials and components, and that the network of assisted centres covered most of the country so that as few patients as possible would need to travel long distances for treatment. In addition, in Erbil the ICRC covered the transportation costs of those seeking treatment at the centre. The construction of the Falluja centre should make services more accessible for disabled persons in the Al-Anbar governorate. ICRC-assisted centres produced 2,522 prostheses (32% of them for mine survivors) and 6,447 orthoses (2% of them for mine survivors) and distributed 362 pairs of crutches and 28 wheelchairs. Children and women represented 28% and 17%, respectively, of the 23,202 persons benefiting from services.

In addition, the ICRC enhanced the quality of the services provided by organizing training sessions in P&O and physiotherapy, through continued support from ICRC expatriates and national personnel, and by sponsoring three persons for formal training at the Cambodian School for Prosthetics and Orthotics in Phnom Penh.

### *In 2008, the ICRC intends to:*

- enhance the quality of services by organizing training sessions in P&O, physiotherapy and wheelchair services, through continued support from ICRC expatriates and national personnel, and by continuing to provide scholarships for persons to continue or to begin formal training in prosthetics and orthotics
- facilitate access to services by continuing to donate raw materials and components to the 12 assisted centres, by creating and distributing an information brochure, by covering transportation costs for those undergoing treatment at the centres, and by closely monitoring the situation in the country with a view to determining the extent to which available services were meeting needs
- 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

# SYRIA


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| *National partner* | |
| Palestine Red Crescent Society | |
| *Location of project* | |
| Yarmouk (Damascus suburb) | |
| *Patient services in 2007* | |
| Patients attending the centre | 658 |
| New patients fitted with prostheses | 179 |
| New patients fitted with orthoses | 155 |
| Prostheses | 322 |
| Orthoses | 265 |
| Crutches (pairs) | 11 |
| *Beginning of assistance: 1983* | |

Access to physical rehabilitation services in Syria has improved over the years. In 2007 services were provided through several centres run by the Ministry of Health and the Ministry of Defence, by international organizations and by the Palestine Red Crescent Society. The centre in Yarmouk, operated by the Palestinian Red Crescent, is the most well known. It provided services free of charge and without discrimination, and disabled persons came to the centre from throughout Syria. The problem of mines and explosive remnants of war in Syria dates from the Israeli/Arab wars. There were several contaminated areas in the Golan Heights, with around 100 affected communities. In 2007, the ICRC continued to support the activities of the Yarmouk centre.

With technical and financial support from the ICRC, the Yarmouk centre provided reasonably priced services or, for those who could not afford to pay, services at no charge, for more than 658 individuals. Patients were referred to the centre by organizations such as the Palestinian Red Crescent, the Syrian Arab Red Crescent, the Syrian Society for the Physically Disabled and the United Nations Relief and Works Agency. The centre produced 322 prostheses (15% of them for mine survivors) and 155 orthoses (2% of them for mine survivors) and distributed 11 pairs of crutches. Children and women represented 20% and 19%, respectively, of all those benefiting from services.

After supporting the Yarmouk centre for 25 years, the ICRC decided to halt its support at the end of 2007. The decision was taken chiefly for these reasons: the presence of other service providers, which obviated the need for the ICRC's presence; the lack of commitment shown by the Palestinian Red Crescent to improve the provision of services at the centre (i.e. improving the quality of physiotherapy); and the disinclination of the Palestinian Red Crescent to work with the ICRC to formulate an exit strategy.

# YEMEN


| | |
|---|---|
| *National partners* | |
| Ministry of Public Health and Population, Ministry of Social Affairs | |
| *Location of projects* | |
| Sana'a, Mukalla and Aden | |
| *Patient services in 2007* | |
| Patients attending the centres | 4,863 |
| New patients fitted with prostheses | 1,503 |
| New patients fitted with orthoses | 2,045 |
| Prostheses | 1,171 |
| Orthoses | 2,517 |
| Wheelchairs | 28 |
| Crutches (pairs) | 26 |
| *Beginning of assistance: 2002* | |

In Yemen, physical rehabilitation centres were operated by the Ministry of Public Health and Population and the Ministry of Social Affairs. Support for the physical rehabilitation programme in the country was provided by the ICRC – the only foreign organization to do so – and two nationally recognized Yemeni organizations: the Social Fund for Development and the Fund for the Care and the Rehabilitation of the Disabled. Landmine casualties continued to occur: there were at least 18 new mine/ERW casualties in the first half of the year. In 2007, the ICRC continued to provide support for the National Artificial Limbs and Physiotherapy Centre in Sana'a and the Al-Mukalla Centre in Mukalla and began to support the Aden Physical Rehabilitation Centre.

The ICRC promoted accessibility of services by donating raw materials and components to all assisted centres, by establishing a referral system for ensuring access to services at the Sana'a centre for those living in the Sa'ada region (the ICRC covered the costs of transportation and accommodation for the patient's companion), and by supporting the Aden centre so that it could continue to provide services. ICRC-assisted centres produced 1,171 prostheses (43% of them for mine survivors) and 2,517 orthoses (0.3% of them for mine survivors) and distributed 26 pairs of crutches and 28 wheelchairs. Children and women represented 43% and 22%, respectively, of the 4,863 persons benefiting from services.

The quality of services provided at the Sana'a, Mukalla and Aden centres was maintained through continued support from an ICRC ortho-prosthetist, who provided on-the-job training and monitoring. In 2007, two P&O technicians completed their training at Mobility India in Bangalore and returned to Yemen. Their presence enhanced the quality of the services provided. In addition, the ICRC continued to sponsor four persons already receiving formal P&O training at Mobility India.

### *In 2008, the ICRC intends to:*

- facilitate access to services by continuing to donate raw materials and components so that the Sana'a, Mukalla and Aden centres can provide services and by covering the costs of transportation and accommodation for the physically disabled from Sa'ada
- enhance the quality of services by providing regular support for all centres through an ICRC ortho-prosthetist (with the Aden centre receiving special attention), by continuing to sponsor four trainees at Mobility India and by beginning the sponsorship of two more persons at the same institution

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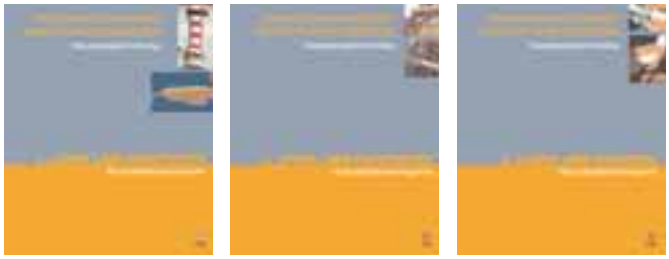
# ANNEX – ICRC PUBLICATIONS

## Manufacturing Guidelines

In 2007, 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, and for using the alignment jig in the manufacture of lower-limb prostheses, were published and widely distributed among all ICRC-assisted projects and NGOs and among stakeholders involved in providing P&O services in developing countries. Each manual contains material that should be of help in transferring know-how in projects.



These guidelines can be downloaded at the ICRC website by using the link below:

http://www.icrc.org/Web/Eng/siteeng0.nsf/html/p0868

## ICRC Polypropylene Technology

To mark the ICRC's role in developing and promoting appropriate technology, such as the polypropylene technology, a brochure on the subject was published in 2007. It provides the necessary information about the advantages and appropriateness of using this technology for producing prosthetic and orthotic devices in developing countries.

The brochure can be downloaded at the ICRC website by using the link below:

http://www.icrc.org/Web/Eng/siteeng0.nsf/html/p0913

## 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 International Red Cross and Red Crescent 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 Movement.

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International Committee of the Red Cross
19, avenue de la Paix
1202 Geneva, Switzerland
**T** + 41 22 734 60 01 **F** + 41 22 733 20 57
**E**-mail: shop.gva@icrc.org
**www**.icrc.org


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