

PHYSICAL REHABILITATION PROGRAMME

ANNUAL REPORT

2011



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

The Convention on the Rights of People with Disabilities, which seeks to promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedoms, requires States Parties to take effective measures to ensure that people with disabilities have access to rehabilitation services (Article 26) and to mobility devices (Article 20). Ensuring access to physical rehabilitation, which involves providing physiotherapy and mobility devices (prostheses, orthoses, walking aids and wheelchairs), is the general objective of the ICRC's Physical Rehabilitation Programme. The term "rehabilitation" refers to a process aimed at removing – or reducing as far as possible – restrictions on the activities of people with disabilities and at enabling 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 and vocational training, may be needed for this. Physical rehabilitation is an important part of the rehabilitation process. It is not an objective in itself but an essential part of fully integrating people with disabilities in society. Restoring mobility is the first step towards enjoying such basic rights as access to food, shelter and education, finding a job and earning an income and, more generally, having the same opportunities as other members of society.

Since 1979 the ICRC's physical rehabilitation activities have diversified and expanded throughout the world.

Between 1979 and 2011 the ICRC's Physical Rehabilitation Programme provided support for more than 150 projects (centres) in 48 countries and one territory. Since 1979 large numbers of individuals have benefited from physical rehabilitation services such as the provision of 374,575 prostheses, 392,218 orthoses, 35,998 wheelchairs, 400,021 pairs of crutches, physiotherapy and follow-up (repair and maintenance of devices) with the assistance of the ICRC.

In 2011 the Physical Rehabilitation Programme assisted 92 projects in 27 countries and one territory, and more than 222,000 people benefited from various services at ICRC-assisted centres. The services included the production of 19,740 prostheses and 52,832 orthoses, the provision of 3,492 wheelchairs and 15,650 pairs of crutches and the provision of appropriate physiotherapy treatment for 79,889 persons. An average of 10% more people received services in ICRC-assisted centres in 2011 than in the previous year. Children represented 27% and women 18% of the beneficiaries.

Over time, the ICRC has acquired a leadership position in physical rehabilitation, mainly because of the scope of its activities, the development of its in-house technology, its acknowledged expertise and its long-term commitment to assisted projects. In most countries where the ICRC has provided physical rehabilitation support, such services were previously either minimal or non-existent. In most cases, ICRC support has served as a basis for establishing a national rehabilitation service that cares for those in need.

In addition to its operational Physical Rehabilitation Programme, the ICRC provides support for physical rehabilitation through its Special Fund for the Disabled. Created in 1983, the Fund provides support similar to the Programme. It is primarily the political context and the specific needs that decide which channel the ICRC uses in a given situation. The Fund's mission is to provide sup-

port for physical rehabilitation in low-income countries, with priority for projects formerly implemented by the ICRC. In 2011 the Fund assisted 59 projects in 27 countries. Throughout 2011 it contributed to the rehabilitation of close to 15,000 people worldwide, which included the fitting of 7,382 prostheses and 10,388 orthoses. The centres supported by the Fund also distributed 425 wheelchairs and 3,751 pairs of crutches to people with disabilities. Overall, 22% of all assisted amputees

were mine victims, the ratio of mine victims to amputees being especially high in Viet Nam and Nicaragua.

This report describes the worldwide activities of the ICRC's Physical Rehabilitation Programme in 2011.

Information on the activities of the Special Fund for the Disabled may be obtained from the Fund's Annual Report for 2011 (www.icrc.org/fund-disabled).



Narendra Shreshtha/ICRC

1 – INTRODUCTION

Article 26 of the Convention on the Rights of People with Disabilities, which seeks to promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedoms, requires States Parties to “take effective and appropriate measures (...) to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life.” The Article also calls on States to organize, strengthen and extend comprehensive rehabilitation services and programmes. Rehabilitation is a process whose aim is to remove – or to reduce as far as possible – restrictions on the activities of people with disabilities and 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 indispensable element in ensuring the full participation and inclusion in society of people with disabilities. It includes the provision of mobility devices such as prostheses, orthoses, walking aids and wheelchairs together with the therapy that will enable people with disabilities 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.

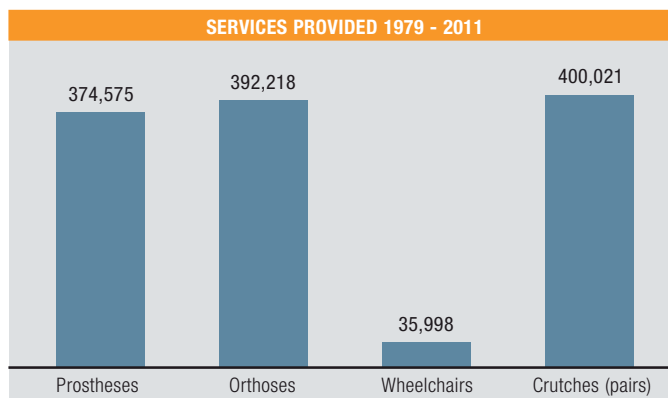
Article 20 of the UN Convention on the Rights of Persons with Disabilities requires States Parties to take effective measures to ensure that people with disabilities have access to mobility devices. Restoration of mobility, through the use of devices such as prostheses and orthoses, is the first step towards enjoying such basic rights as access to food, shelter and education, finding a job and earning an income, and, more generally, having the same opportunities as other members of society. These mobility devices are a matter of equity for people with disabilities as they facilitate participation in education, work, family and community.

The 2011 World Report on Disability, published by the World Health Organization and the World Bank, gives a list of barriers faced by people with disabilities to access physical rehabilitation services. These include the lack of national plans or strategies, the lack of service provision (and if services exist, they are often located in major cities only), the lack of trained professionals and the cost of services (including the cost of transport to access services).

Ensuring access to appropriate physical rehabilitation, which involves providing physiotherapy and mobility devices (prostheses, orthoses, walking aids and wheelchairs), is the general objective of the ICRC’s Physical Rehabilitation Programme. ICRC assistance in the area of physical rehabilitation is designed to overcome the different barriers to accessing services faced by people with disabilities. This is done by:

- ▶ working closely with local partners;
- ▶ supporting national authorities in the management, development and implementation of national physical rehabilitation services;
- ▶ supporting service providers to ensure that they have the means to provide services;
- ▶ increasing and strengthening human resources for physical rehabilitation; and
- ▶ ensuring that people have access to services by subsidizing the cost of travel to access services, the cost of accommodation and food while receiving services and the cost of services provided at centres.

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. Two operational projects were implemented in 1979 under the newly established Physical Rehabilitation Programme.



Since 1979 the ICRC's physical rehabilitation activities have diversified and expanded worldwide. Between 1979 and 2011 the ICRC's Physical Rehabilitation Programme provided support for more than 150 projects in 48 countries and one territory. Over half the centres were newly built, frequently with substantial ICRC co-funding of construction and equipment. The programme's operational activities expanded from two centres in two countries in 1979 to a total of 92 assisted projects in 27 countries and one territory in 2011. A direct result of this steady growth in the number of assisted centres is the rise in the number of persons 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. People with disabilities who have received services keep benefiting from the infrastructure and expertise developed by the ICRC, not only during the period of assistance but afterwards, too. Thus, the true number of beneficiaries is higher than indicated in the statistics, which do not include patients treated after the ICRC's withdrawal from the assisted centres.

APPROACH

The Physical Rehabilitation Programme strives to meet the basic physical rehabilitation needs of people with disabilities affected by conflict and other situations of violence and to do this in the most prompt, humane and professional way possible. These basic needs include access to high-quality, appropriate and long-term physical rehabilitation services (prostheses, orthoses, walking aids, wheelchairs and physiotherapy). In the conflict-racked countries where the ICRC carries out its mandate, it is not only people directly affected by the conflict (those injured by landmines, bombs and other ordnance) who need physical rehabilitation but also people indirectly affected – people who become physically disabled because the breakdown of normal health services prevents them from receiving proper care and/or vaccinations. The projects assisted by the ICRC offer services to all those in need.

ICRC physical rehabilitation projects are planned and implemented in such a way as to strengthen the physical rehabilitation services offered in the country concerned, the primary aims being to improve access to services for

people with disabilities, to upgrade the quality of those services and to ensure their long-term availability.

- **Improving access:** The ICRC takes all possible measures to ensure that everyone in need of physical rehabilitation has equal access to it, regardless of social, religious, ethnic or other considerations. Special attention is given to vulnerable groups, such as women and children, according to the context.
- **Improving 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 people with disabilities remains appropriate and up to date.
- **Ensuring sustainability:** The ICRC works with the local partner and strengthens its capacity (managerial and technical) from the start. In addition, whenever necessary, the ICRC ensures project continuity through the Special Fund for the Disabled. This long-term approach not only takes into account the ICRC's residual responsibility but also reduces the risk of loss in terms of human resources, capital and materials invested.

In order to achieve these aims, the ICRC takes a twin-track approach: assistance is given to both the national system and to users of its services. Assistance to the national system aims to ensure that the system has the means to provide services. It includes support at centre level to ensure that centres have the capacity to provide and manage services. This support may include construction/renovation of facilities, the donation of machines, tools, other equipment, raw materials and components, developing local human resources and supporting the development of a national strategy for physical rehabilitation. Assistance is also provided for the pertinent national authorities to manage and supervise activities related to physical rehabilitation. Assistance for users is intended to ensure that they have access to the services. That includes covering travel, accommodation and food expenses, the cost of treatment at the centres and, when needed, the cost of implementing specific activities to overcome inequality in accessing services among vulnerable groups.

ICRC projects aim to help bring about the full integration of people with disabilities into society, both during and after the period of assistance. Although its focus is on physical rehabilitation itself, the ICRC's Physical Rehabilitation Programme recognizes the need to work with others 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 that are directly involved in other segments of the rehabilitation chain. In addition, where the ICRC is engaged in activities such as hospital support and economic-security projects, steps are taken 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 supports local partners (governments, NGOs, etc.) in providing these services. The level of support varies from one country to another but the aim is always to develop national capacity, technical and managerial. However, in certain circumstances the ICRC may substitute entirely for the authorities. Ninety per cent of the ICRC's projects have been, and continue to be, managed in close cooperation with local partners, primarily government authorities. Few centres have been or are run by the ICRC alone. There are two situations in which this may happen: when there is no suitable partner at the outset and when a centre is set up to treat patients from a neighbouring country. In 2011, apart from one centre in Pakistan (Muzaffarabad), one centre in Iraq (Erbil) and all eight projects in Afghanistan, assisted centres were either government-run or managed by NGOs, National Red Cross/Red Crescent Societies or private entrepreneurs.

The ICRC's withdrawal from functioning rehabilitation projects has been successful in a number of instances; on some occasions, however, 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 people with disabilities, including rehabilitation, are seldom given priority. The result is poorly funded and poorly supported centres. Besides the impact on people with disabilities and personnel, this represents a significant loss in terms of investment of human capital and materials. As noted above, people with disabilities need access to functioning rehabilitation services for the rest of their lives. In order to improve the chances of services continuing to function, the ICRC pursues a long-term approach when setting up and managing its projects. While assistance is given to increase access to and improve the quality of the services, the ICRC is always attentive to fostering its partners' managerial and technical capacity from the outset. It does this by training and mentoring, by improving facilities and by promoting an effective physical rehabilitation policy within the government.

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

Since the quality and the long-term availability of services depend largely on a ready supply of trained professionals, the training component within ICRC-assisted projects has gained in importance over the years. The presence of trained professionals also 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) programmes leading to a diploma in more than 12 countries, as well as formal training in physiotherapy in one country. It has also provided scholarships enabling a number of candidates to be trained in P&O or physiotherapy at recognized schools. Over the years, support from the ICRC, either through scholarships or through formal training programmes, has led to more than 360 persons becoming P&O professionals and to more than 60 becoming physiotherapy professionals.

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

PROMOTING ACCESS TO OTHER SERVICES IN THE REHABILITATION CHAIN

The aim of rehabilitation is to remove – or to reduce as far as possible – restrictions on the activities of people with disabilities 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. Physical rehabilitation, though indispensable in the restoration of mobility, is only one of many measures needed to achieve full rehabilitation. Although its focus is physical rehabilitation, the ICRC's Physical Rehabilitation Programme recognizes the need to develop its partners' understanding of the overall rehabilitation process and the needs of people with disabilities to ensure that such persons have access to other measures that promote their full integration in society.

In all projects, several activities are implemented whose aim is to promote access to other services included in the rehabilitation chain. They include, for example, supporting national events linked to disability issues, developing referral networks with local and international organizations directly involved in other parts of the rehabilitation chain and supporting the development of national strategies for tackling disability issues. In addition, where the ICRC is carrying out other activities, such as hospital support and economic-security projects, coordination is needed to ensure that beneficiaries of physical rehabilitation projects have access to proper medical care and to ICRC socio-economic projects.

ASSISTANCE FOR SURVIVORS OF MINES AND EXPLOSIVE REMNANTS OF WAR (ERW)

A total of 26 States party to the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their

Destruction (Mine Ban Convention) have acknowledged their responsibility for numerous landmine survivors: over the years, the ICRC has provided support for 18 of them (Afghanistan, Albania, Angola, Burundi, Cambodia, Chad, Colombia, the Democratic Republic of the Congo, Eritrea, Ethiopia, Guinea-Bissau, Iraq, Mozambique, Nicaragua, Sudan, Tajikistan, Uganda and Yemen) and is still supporting 12 of them (Afghanistan, Burundi, Cambodia, Chad, Colombia, the Democratic Republic of the Congo, Ethiopia, Guinea-Bissau, Iraq, Sudan, Uganda and Yemen). Since 1997 the ICRC-assisted network of centres has furnished 132,663 prostheses for mine survivors and 4,343 orthoses along with physical therapy. In addition, many survivors have received wheelchairs and walking aids, not only in the countries mentioned above but in most countries where the ICRC's Physical Rehabilitation Programme has provided assistance.

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

devices more widely available – by introducing low-cost, high-quality technology – came in 2004 in the form of the Brian Blatchford Prize awarded by ISPO. The technology developed by the ICRC is now standard practice for the production of prostheses and orthoses and is being used by a significant number of organizations involved in physical rehabilitation.

To mark the ICRC's role in developing and promoting better technology such as polypropylene, a brochure on the subject was published in 2007. It contains information about the suitability of this technology for developing countries and the advantages to be gained from its use.

SPECIALIST SUPPORT

Besides developing technologies and training professionals, the ICRC uses its specialists to promote high-quality services. It has by far the largest international pool of experts – drawn from more than 25 countries – among the international organizations working in the same field. Over time, the average number of expatriates per project has dropped from seven (in 1979) to approximately 0.8 in 2011, mainly because of the ICRC's greater experience and the growing number of locally trained professionals working at assisted centres.



Till Mayer/ICRC

2 – OVERVIEW OF ACTIVITIES IN 2011

In 2011 the ICRC continued its efforts to improve access to services, to enhance their quality and to promote their long-term availability.

IMPROVING ACCESSIBILITY

Throughout the year, the ICRC continued to improve access to services by applying its twin-track approach: assistance is given to both the national system and users of its services. Assistance for the national system aims to ensure that the system has the means to provide services, while assistance for users is intended to overcome barriers faced by them when seeking to access services.

Support for service provision and users of services

In 2011 the Physical Rehabilitation Programme assisted 92 projects in 27 countries and one territory: apart from the two local component factories (in Cambodia and Afghanistan), the local unit manufacturing crutches in Iraq and the P&O Institute in Iraq, all projects were rehabilitation centres. In 2011 the ICRC also began to provide physical rehabilitation assistance in Bangladesh (1 project) and in Libya (1 project). In addition, it started cooperating with two additional centres in India. It ended its support for Georgia (2 projects).

In Africa, the ICRC provided support for 29 projects in 10 countries. In south-west Algeria, where Sahrawi refugees live, the ICRC continued to provide support for the activities of the Centre Martyr Chereïf, managed by the Polisario Front's Public Health Authority. It offered physical rehabilitation for the Sahrawi population living in refugee camps. In 2011 the centre conducted outreach visits in the different camps in order to identify potential beneficiaries, to follow up those who have already received services, to perform basic repairs and to disseminate information on the services provided by

the centre. A specific outreach programme for children with cerebral palsy was implemented during the year. In Burundi, the ICRC continued to support the activities of the Institut Saint Kizito in Bujumbura and improved its capacity by renovating the P&O department, refurbishing the physiotherapy area and constructing dormitories. In Chad, it provides support for the only two centres in the country, the Maison Notre Dame de la Paix in Moundou and the Centre d'Appareillage et de Rééducation de Kabalaye in N'Djamena (CARK). Through the referral systems implemented in eastern and northern Chad, 88 persons with disabilities from those regions received treatment at the CARK, with ICRC support. In those regions, the ICRC conducted a campaign (through the radio) to inform people of the accessibility of services with the support of the ICRC. In the Democratic Republic of the Congo, the ICRC donated material and components to ensure that the centres were able to provide the services, covered the cost of transport and accommodation for most of those it helped and strengthened its referral network by continuing to work closely with several international NGOs. In Ethiopia, the ICRC continued to provide support for seven rehabilitation centres, subsidized the cost of transport and accommodation for those attending the centre and supported referral/outreach programmes.

In Guinea-Bissau, the ICRC continued to support the Ministry of Public Health in the management and operation of the Centro de Reabilitação Motora, which started to provide services in March 2011, following completion of the renovation work. In Libya, the ICRC started to provide assistance for the Benghazi Rehabilitation Centre, managed by the Ministry of Social Affairs, in August. The Benghazi Rehabilitation Centre had ended its P&O services in 2008 but, with the support of the ICRC, was able to resume them in 2011. In South Sudan, the ICRC continued supporting the Ministry of Gender, Child and Social Welfare in the management and operation of the Juba Physical

Rehabilitation Reference Centre, which served as the referral centre for the entire country of South Sudan. Throughout the year, several activities were conducted with the aim of improving accessibility: subsidizing the cost of transport and accommodation for those attending the centre, developing a referral system, conducting some outreach visits and supporting information campaigns (radio and information leaflet). In Sudan, the ICRC continued supporting the national referral centre in Khartoum of the National Authority for Prosthetics and Orthotics (NAPO) and its branches in Damazin, Dongola, Gedaref, Kadugli, Kassala and Nyala. It also supported the activities of the NAPO mobile clinic. In Uganda, the ICRC continued supporting the activities of the Fort Portal Orthopaedic Centre and the Mbale Orthopaedic Centre and facilitated access to services for direct victims of conflict from the Karamoja region.

In Asia, the ICRC provided support for 30 projects in 11 countries. In Afghanistan, it continued to manage seven rehabilitation centres throughout the country and one component factory in Kabul (which also produces wheelchairs). In addition, it continued to manage a special programme for people with spinal cord injuries (home care programme) and its work to promote the social inclusion of people with disabilities. In Bangladesh, the ICRC started to support the activities of the Centre for the Rehabilitation of the Paralyzed (CRP) located in Savar. ICRC projects aimed at ensuring access to appropriate physical rehabilitation services for the most vulnerable people with disabilities. In Cambodia, the ICRC continued its cooperation with the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) in support of the Battambang Regional Physical Rehabilitation Centre, the Kompong Speu Regional Physical Rehabilitation Centre and the Phnom Penh Orthopaedic Component Factory. In 2011, to enhance the accessibility of services, the ICRC continued to provide direct support for the beneficiaries (reimbursing, together with the Ministry of Social Affairs, the cost of transport and of accommodation at the centres), maintained its support for the centres' outreach programmes and provided support for the development of a comprehensive network of potential partners within the centres' catchment areas.

In China, the ICRC continued to provide support for the Yunnan Orthopaedic Rehabilitation Centre and its two repair workshops, allowing services to be moved closer to beneficiaries living far from Kunming. In the Democratic People's Republic of Korea, the ICRC continued to assist the Ministry of the People's Armed Forces by providing support for the Rakrang Physical Rehabilitation Centre. In India, the ICRC continued to provide support for the Artificial Limb Centre (ALC Srinagar) of the Bone and Joint Hospital (Srinagar), the Artificial Limb Centre (ALC Jammu) of the Governmental Medical College (Jammu) and the District Disability Rehabilitation Centre (DDRC) in Dimapur. In addition, the ICRC started to provide support for two centres: the P&O department of the Voluntary Medicare Society in Srinagar and the Physical Rehabilitation Reference Centre (PRRC) in

Raipur. In both cases, the assistance provided in 2011 focused mainly on the renovation of infrastructures and donation of equipment; both centres are scheduled to start providing services in 2012.

In Myanmar, the ICRC continued to support the Hpa-an Orthopaedic Rehabilitation Centre, run jointly by the Myanmar Red Cross Society and the ICRC. During 2011, the relationship between the ICRC and the government improved and, as a consequence, meetings with the Director of the Directorate of Defence Medical Services and the Minister of Health took place in June and September 2011 respectively to discuss a possible resumption of ICRC support for centres under their Ministries. The go-ahead was given for an ICRC expatriate to conduct technical visits to those six structures and the visits took place between September and October 2011. The ICRC intends to resume its support for those centres in 2012. In Nepal, the ICRC continued its support for the P&O department of the Green Pastures Hospital in Pokhara and the Yerahity Rehabilitation Centre in Kathmandu, managed by the Nepalese Army. In 2011 the ICRC reimbursed the expenses incurred by several patients in travelling to and from the two assisted centres. It also reimbursed the cost of services provided by assisted centres for victims of the recent conflict and conducted a follow-up camp in Butwal in cooperation with the Green Pastures Hospital and Partnership for New Life.

In Pakistan, the ICRC maintained its support for the Pakistan Institute of Prosthetic and Orthotic Sciences (PIPOS) in Peshawar, the PIPOS Rehabilitation Service Programme (PRSP) including its four satellite centres in Khyber Pachtunkwa (KPK) and five in the north-west of the country (managed under the auspices of CHAL, a local NGO), the Hayatabad Paraplegic Centre in Peshawar, the Quetta Christian Hospital Rehabilitation Centre, and the Muzaffarabad Physical Rehabilitation Centre, the latter being managed by the ICRC. In the Philippines, the ICRC continued to cooperate with the Davao Jubilee Foundation in providing support for its physical rehabilitation centre, the Davao Jubilee Rehabilitation Centre. In 2011 the ICRC continued to strive to meet, more comprehensively, the needs of conflict-affected patients on Mindanao and by doing this, to improve access to appropriate physical rehabilitation services for all those who need them. In addition to reimbursing the rehabilitation costs and travel expenses of victims of the conflicts, it also promoted the professional development of centre staff, sponsoring a formal training course in prosthetics and orthotics and practical training abroad and providing on-the-job training. In Sri Lanka, the ICRC continued supporting the Jaffna Jaipur Centre for Disability Rehabilitation (JJCDR), which offered a broad range of services, including the provision of prosthetics, orthotics, various mobility aids (wheelchairs, tricycles, crutches, etc.), physiotherapy, microcredit and financial support for disabled students. It was the only centre providing physical rehabilitation on the Jaffna peninsula. In addition, to the services provided by the JJCDR, the ICRC initiated and subsidized the cost of treatment for detainees (48) provided through the Sanasuma Centre, as

well as for people with disabilities from the south at the Navajeevana Centre in Tangalle (29) and covered the cost of transport for some people with severe disabilities who received treatment at the Vavuniya Centre.

In the Americas, the ICRC provided support for 12 projects in four countries. In Colombia, the ICRC continued to work with eight institutions spread throughout the country: the Centro Integral de Rehabilitación de Colombia (CIREC) in Bogotá, the Centro de Rehabilitación Cardioneuromuscular in Cúcuta, the Fundación REI para la Rehabilitación Integral in Cartagena, Orthopraxis Ltda and the San Vicente de Paúl University Hospital in Medellín, the University Hospital del Valle and Ortopédica Americana in Cali and the Hospital Universitario de Santander in Bucaramanga. In addition to cooperating with various institutions providing services, the ICRC continued to work closely with the Directorate of Social Welfare of the Ministry of Health, which dealt with physical rehabilitation services, and provided ongoing support for national institutions to implement training in P&O (the Servicio Nacional de Aprendizaje and the Centro Don Bosco). Through donations of machinery, tools, equipment and materials, as well as technical and managerial assistance, on-the-job mentoring and scholarships, the ICRC contributed to improving access to physical rehabilitation for 26,819 persons with disabilities in Colombia.

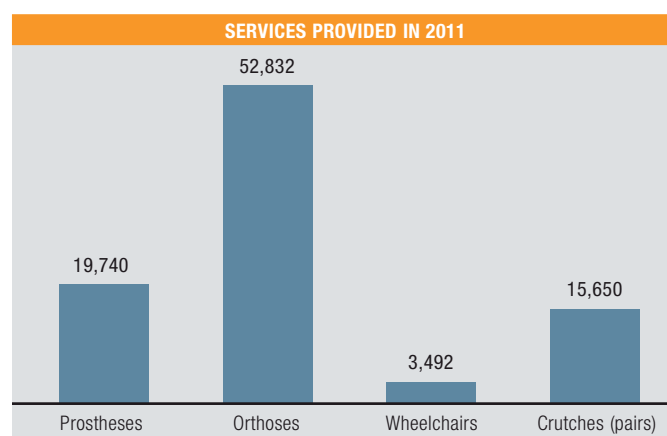
The ICRC projects in Mexico and Guatemala were part of a regional effort by the organization to ensure access to suitable rehabilitation services for migrants. Many of these migrants suffer serious injury while travelling north in dangerous conditions and have little chance of gaining access to physical rehabilitation. The strategy and approach employed in Mexico and Guatemala complement those implemented in Honduras, El Salvador and Nicaragua. In all those countries, the ICRC, after identifying migrants in need of physical rehabilitation services, refers them to one of the assisted centres, where it then covers the cost of treatment, transport and accommodation. Migrants fitted with devices in, say, Mexico, are informed, before being returned to their countries of origin, of how they may continue to receive services through the network centres assisted by the ICRC or the ICRC Special Fund for the Disabled in the various countries. In addition to ensuring access to physical rehabilitation services for 12 persons in Mexico and 17 in Guatemala, the ICRC covered the cost of treatment for 23 Honduran migrants who received services (26 prostheses) at centres (3) assisted by the ICRC Special Fund for the Disabled and the cost of treatment for four Salvadorians (4 prostheses) at one centre also assisted by the ICRC Special Fund for the Disabled.

In Georgia (and *de facto* entities), the ICRC has provided assistance aimed at developing national capacities to provide appropriate physical rehabilitation services since 1994. This assistance has been provided for the centre in Tbilisi managed by the Georgian Foundation for Prosthetic Orthopaedic Rehabilitation (GEFPOR) and for the centre in Gagra managed by the Department

of Technical Orthopaedics of the Abkhazian Ministry of Health. After 17 years of support, the ICRC suspended its assistance for the two centres, believing that they both have all the necessary means to provide effective physical rehabilitation services.

In the Near and Middle East, the ICRC supported 19 projects in two countries and one territory. In Gaza, the ICRC continued to provide assistance for the Artificial Limb and Polio Centre (ALPC) in Gaza city, which is managed by the Municipality of Gaza. The ICRC completed its post-surgical physiotherapy project at the European Gaza Hospital and the Nasser Hospital and started to work with Kamal Odwan Hospital. The programme's general objective was to ensure access to physical rehabilitation in the Gaza Strip (support for the ALPC) and to post-surgical rehabilitation focused on physiotherapy (support for hospitals). In Iraq, the ICRC continued to support 13 facilities around the country, 10 of them managed by the Ministry of Health: four in Baghdad (Al-Wasity Hospital, Sadr Al Qanat P&O Centre, Baghdad Centre and Al-Salam Crutch Production Unit) and one each in Fallujah, Basra, Najaf, Hilla, Nasiriya and Tikrit. One was managed by the Ministry of Higher Education (the P&O Institute) and one by the Ministry of Defence (Baghdad). In addition, the ICRC continued to manage the Erbil Physical Rehabilitation Centre. Throughout the year, the ICRC implemented several activities to increase accessibility to services; they included completing the construction of a new centre, including a dormitory, in Nassiriya (October), donating raw materials and components to all assisted centres and covering the cost of transport and accommodation for the most destitute. In Yemen, the ICRC continued supporting the National Artificial Limbs and Physiotherapy Centre in Sana'a, the Artificial Limbs and Physiotherapy Centre in Mukalla, the Orthopaedic Workshop and Rehabilitation Centre in Taiz and the Limb-fitting Workshop and Rehabilitation Centre in Aden. No activities were implemented in Sa'ada, although there were plans to start the construction of a new centre. Throughout the year, implementation of the planned activities was hampered by the prevailing security situation.

Services provided



In 2011 more than 222,000 people benefited from various services at ICRC-assisted centres. The services included the production of 19,740 prostheses and 52,832 orthoses, the provision of 3,492 wheelchairs and 15,650 pairs of crutches and the provision of appropriate physiotherapy treatment for nearly 80,000 persons. Ten per cent more people received services at ICRC-assisted centres in 2011 than in the previous year. Children represented 27% and women 18% of the beneficiaries.

Ensuring equal access to services

The ICRC takes all possible measures to ensure that everyone in need of physical rehabilitation has equal access to it, regardless of social, religious, ethnic or other considerations. Special attention is given to vulnerable groups, such as women and children, according to the context. Throughout the year, specific activities were implemented in projects to overcome inequality in accessing services for specific groups such as women, children and minority groups. This included organizing outreach visits targeting those groups, supporting the implementation and functioning of separate clinical areas for women when needed, the provision of scholarships to increase the number of women professionals, etc.

Services for mine/ERW survivors

In 2011 the ICRC provided assistance for 12 (Afghanistan, Burundi, Cambodia, Chad, Colombia, the Democratic Republic of the Congo, Ethiopia, Guinea-Bissau, Iraq, Sudan, Uganda and Yemen) of the 26 States party to the Mine Ban Convention that had acknowledged their responsibility for landmine survivors. In all those countries, survivors' access to services was facilitated by the ICRC. This was also the case for survivors from China, the Democratic People's Republic of Korea, Georgia, Guatemala, India, Myanmar, Nepal, Pakistan and Sri Lanka.

In 2011 the ICRC-assisted network of centres provided 7,402 prostheses and 311 orthoses specifically for mine survivors (out of respective totals of 19,740 and 52,832) and also ensured access to physiotherapy treatment for 9,006 survivors (out of a total of 79,889 persons receiving physiotherapy treatment). In addition, many survivors were provided with wheelchairs and walking aids. Children accounted for 3% and women 7% of the total number of survivors who received prostheses and orthoses. In Afghanistan, Cambodia, Chad, Colombia, the Democratic Republic of the Congo, Ethiopia, Iraq, Myanmar, Sudan and Yemen, the ICRC continued to be the main international organization providing, and assisting in the provision of, physical rehabilitation.

Improving access to appropriate clubfoot services

In 2011 the ICRC formalized its efforts to enhance clubfoot services as part of its assisted physical rehabilitation

projects. Guidelines have been produced internally to standardize the ICRC's approach for children affected by clubfoot; the Ponseti method was recognized as the best approach to be implemented in ICRC projects. Activities were therefore reinforced in countries where ICRC had already conducted clubfoot projects (Afghanistan, Cambodia, Ethiopia, Nepal and Pakistan). Contacts were established and discussions held with a view to participating in the Global Clubfoot Initiative (GCI), an international initiative to reduce the consequences of clubfoot worldwide.

Promoting access to other services in the rehabilitation chain

The project in Afghanistan combined physical rehabilitation with activities aimed at reintegrating people with disabilities into society. In 2011 more than 2,500 people benefited from various activities promoting social inclusion (job placement, special education, vocational training, microcredit, etc.). Since 1993, acting on the conviction that physical rehabilitation is a step towards a disabled person's reintegration into society, the project has pursued a policy of "positive discrimination." In order to set an example and prove that a person with disabilities is as capable as an able-bodied person, all the centres have trained and employed only people with disabilities. At present, almost all 600 employees of the project, male and female, have disabilities.

In Cambodia, to ensure access to economic reintegration programmes, social workers from the Ministry of Social Affairs, Veterans and Youth Rehabilitation employed at assisted centres facilitated the enrolment of 44 persons with disabilities in socio-economic programmes. In Nepal, the ICRC maintained close contact with the Nepal Red Cross Society, which runs a micro-economic initiative programme for victims of the conflict who have lost their mobility. Furthermore, the International Nepal Fellowship, in conjunction with Partnership for Rehabilitation, provided socio-economic integration and vocational training programmes. During the follow-up camp in Butwal, the ICRC Psycho-Social Programme team was present to assess vocational training needs. In Pakistan, through ICRC's micro-economic initiative project implemented in Muzaffarabad, participation and empowerment of people with disabilities within the mainstream of society was encouraged. Through this project, 150 people with disabilities who received services at the Muzaffarabad Physical Rehabilitation Centre had access to grants and vocational training. In Iraq, the ICRC's micro-economic initiative programme enabled 374 beneficiaries at the Erbil centre to set up an income-generating scheme. In Bangladesh, the ICRC provided financial support for several people with disabilities to gain access to socio-economic reintegration projects. At all other assisted centres, referral networks were set up with local and international organizations directly involved in other parts of the rehabilitation chain.

Supporting organizations for people with disabilities

In 2011 the ICRC maintained and, in some cases, provided support for DPOs in several countries where it provided assistance, including Cambodia, Chad, Ethiopia, India and Sudan. In Chad, the ICRC also contributed to promoting the rights of people with disabilities by supporting the organization of two events, the national day of people with disabilities in Moundou and the handi-sport day in N'Djamena. In India, a forum of rehabilitation organizations, including organizations for rehabilitation professionals and for people with disabilities, was established in Nagaland State, while in Jammu and Kashmir the ICRC succeeded in finding a local partner able to assist the association for people with disabilities in reorganizing its board. ICRC also supported organizations for people with disabilities in Jammu and Kashmir and in Dimapur during the celebration of International Disabled Day on 3 December 2011.

Improving the quality of the services provided

A number of factors helped to improve services: enhancing local technical and clinical capacity, the skills contributed by expatriate specialists, improvements in ICRC-developed polypropylene technology, treatment guidelines, promoting a multidisciplinary patient-management approach and placing emphasis on the quality rather than the quantity of the services provided.

Enhancing local capacity

While ICRC expatriates (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 local professionals by providing and sponsoring training in prosthetics, orthotics and physiotherapy and by conducting short-term courses to update and refresh the skills and knowledge of those already working in those fields. Since the quality depends largely on the availability of trained professionals, the training component of ICRC-assisted projects has gained in importance over the years. In addition, the presence of trained professionals enhances access to services and increases the chances of rehabilitation facilities continuing to function in the long term. In 2011 51 persons completed, continued or began P&O or physiotherapy courses subsidized by the ICRC. The ICRC also completed its training programme in Sudan and continued to conduct formal P&O training in Afghanistan and in Ethiopia.

Project	No. of students	School	Year	Diploma
Iraq	2	CSPO ¹	2008-2011	ISPO Cat. II
	3	CSPO	2009-2012	ISPO Cat. II
	1	TATCOT ²	2009-2013	ISPO Cat. I
	3	NCPO ³	2010-2015	Master's
South Sudan	1	TATCOT	2011-2014	ISPO Cat. II
	1	TATCOT	2011-2015	ISPO Cat. I
	2	St Mary's University	2009-2012	BSc Physiotherapy
Nepal	1	CSPO	2008-2011	ISPO Cat. II
	2	CSPO	2010-2013	ISPO Cat. II
	1	CSPO	2011-2014	ISPO Cat. II
Philippines	1	CSPO	2011-2014	ISPO Cat. II
Guinea-Bissau	2	ENAM	2011-2014	ISPO Cat. II
India	1	Mobility India	2011-2012	ISPO Cat. II (single discipline)
	2	Mobility India	2010-2011	ISPO Cat. II (single discipline)
Yemen	3	Mobility India	2008-2011	ISPO Cat. II
	2	Mobility India	2010-2013	ISPO Cat. II
Pakistan	2	PIPOS ⁴	2007-2011	ISPO Cat. II
	3	PIPOS	2011-2015	ISPO Cat. II
	1	TATCOT	2009-2013	ISPO Cat. I
	1	TATCOT	2011-2014	ISPO Cat. I
	2	CSPO	2011-2014	ISPO Cat. II
Gaza	3	Mobility India	2010-2011	ISPO Cat. II (single discipline)
	2	Mobility India	2011-2012	ISPO Cat. II (single discipline)
Myanmar	2	CSPO	2010-2013	ISPO Cat. II
Chad	3	ENAM ⁵	2010-2013	ISPO Cat. II
	3	ENAM	2011-2014	ISPO Cat. II
Cambodia	1	TATCOT	2010-2013	ISPO Cat. I

¹ Cambodian School for Prosthetics and Orthotics.

² Tanzania Training Centre for Orthopaedic Technologists.

³ National Centre for Prosthetics and Orthotics (Strathclyde University, Glasgow).

⁴ Pakistan Institute of Prosthetic and Orthotic Sciences.

⁵ Ecole Nationale des Auxiliaires Médicaux.

In 2011 the ICRC continued to work on the development of a training package for physiotherapy assistants (PTAs). The proposed teaching method, inspired by the ICRC training programme in prosthetics and orthotics (ISPO Cat. II), was designed to meet two main criteria: (a) professionalism – the level of education provided must conform to international standards and must be recognized by the national educational system, the aim being to produce physiotherapy assistants whose training would count towards degree programmes in physiotherapy; (b) flexibility – a modular approach was adopted that took account of various types of patient (amputees, cerebral palsy, post-surgical care, etc.) and the facilities available (hospitals, physical rehabilitation centres, etc.). The ICRC selected five priority areas: amputations; peripheral-nerve injuries; central-nerve injuries; paediatrics (cerebral palsy and clubfoot); and hospital care (fractures, burns and respiratory disorders). Each area is dealt with in one module. The modules may be taken either independently or all together by students who have completed the 12th grade.

In Afghanistan, the ICRC continued to conduct a three-year P&O course in conjunction with the Ministry of

Public Health. Twenty-one trainees were enrolled for this course conducted at the ICRC facility in Kabul. The first examination (Module 1: Lower-Limb Prosthetics) took place in March 2010, under supervision by ISPO, which formally recognized the module. The second examination (Module 2: Lower-Limb Orthotics) took place in March 2011 under the supervision of ISPO, which gave the module formal recognition. The third examination (Module 3: Upper-Limb P&O and Spinal Orthotics) is scheduled for February 2012.

The Sudanese Diploma for Prosthetics and Orthotics (SDPO) training programme, which started in 2008 and ended in January 2011, was conducted by the ICRC in cooperation with the National Authority for Prosthetics and Orthotics (NAPO), El Geraif College and the Ministry of Higher Education and Scientific Research. The training programme included two modules: Module 1: Lower-Limb Prosthetics and Module 2: Lower-Limb Orthotics. The examination for Module 1 took place in November 2009; all 11 students passed the final module examinations under supervision by ISPO, which formally recognized Module 1. The examination for Module 2 took place in January 2011, again under the supervision of ISPO. Ten students successfully completed Module 2 (also recognized by ISPO); three of them came from South Sudan and returned to work at the centre in Juba after completing the course. All students who successfully completed the Modules were awarded an ISPO certificate.

In Ethiopia, the ICRC continued, in conjunction with the Ministry of Labour and Social Affairs, the Technical and Vocational Education and Training (TVET) system, the Ministry of Health, the Ministry of Education and the Black Lion Hospital, to conduct a multi-year course in P&O, in which 23 students, from all over the country, are enrolled. The training programme started in March 2010 and should end in early 2014. The course has been accredited by the Technical and Vocational Educational and Training system in Ethiopia and follows the ICRC's Certificate of Professional Competency training package, the aim being to obtain ISPO recognition in the future.

Improving access to appropriate and quality physiotherapy services

Physiotherapy is an important element of the overall physical rehabilitation process; it can ensure that individuals are physically prepared for the fitting process (pre-prosthetic/orthotic training) and given guidance in the use of the device (through gait training and functional training). Over the years, the ICRC has developed an effective approach to national capacity building in the provision of appropriate and quality physiotherapy services. This approach encompasses numerous activities, of which the following are essential:

- Supporting the development and/or implementation of physiotherapy departments at assisted centres;
- Supporting the professional development of existing physiotherapy professionals by developing and conducting short courses and by making available

- physiotherapist specialists to support the activities of physiotherapy departments;
- Supporting the development of treatment protocols and guidelines;
- Providing scholarships for formal training in physiotherapy.

Throughout the year, several approaches were used to enhance physiotherapy services at the assisted centres and physiotherapy as a profession. While ICRC physiotherapists continued to provide on-the-job training and mentoring in all projects, efforts were maintained to increase and update the skills and knowledge of those already working. This was done by:

- providing daily mentoring and support at assisted centres;
- supervising physiotherapy students from Ahfad University for Women (Khartoum) during their internship at the NAPO centre in Khartoum;
- providing lectures in training programmes for physiotherapist assistants at St Mary's University (South Sudan) and for physiotherapists at the University of Gondar (Ethiopia);
- conducting short refresher/upgrading courses for physiotherapists working at assisted centres in Burundi, Chad, Colombia, Gaza, Guinea-Bissau and Iraq;
- sponsoring physiotherapists (3) to attend short-term training provided by the ICRC Special Fund for the Disabled; and
- giving support for 40 physiotherapists working with ICRC to attend upgrading training provided by the Afghan Association of Physiotherapy (AAPT) and the Ministry of Health.

The ICRC also promoted the development of physiotherapy services by refurbishing the physiotherapy department at the Institut Saint Kizito in Burundi and by continuing its support for the Davao Jubilee Rehabilitation Centre in the Philippines, the NAPO Rehabilitation Centre in Khartoum (Sudan), the Artificial Limb and Polio Centre in Gaza and several centres in India.

In addition to fostering the development of physiotherapy services at assisted centres, the ICRC maintained and supported several national professional associations in work to enhance the profession (Afghanistan, Cambodia, Chad, Colombia, Democratic Republic of the Congo, Ethiopia, Gaza, Sudan and Yemen) and worked closely with several training institutions (Afghanistan, Colombia, Ethiopia and Sudan).

The ICRC's Physiotherapy Technical Commission continued its work to develop the ICRC Physiotherapy Reference Manual, treatment protocols and guidelines for physiotherapists.

Improving access to appropriate and quality P&O services

The ICRC's approach to national capacity building in the provision of appropriate and quality prosthetics and

orthotics services encompasses numerous activities, of which the following are essential:

- ▶ Supporting the development and/or implementation of P&O departments at assisted centres;
- ▶ Supporting the professional development of existing P&O professionals by developing and conducting short courses and by making available P&O specialists to support the activities of P&O departments;
- ▶ Supporting the development of treatment protocols and guidelines (including the further enhancement of the ICRC-developed polypropylene technology);
- ▶ Providing scholarships for formal training in P&O and/or conducting formal training in P&O, following the ICRC-developed training package; the Certificate of Professional Competency.

Throughout the year, several approaches were used to enhance P&O services at the assisted centres and P&O as a profession. While ICRC ortho-prosthetists continued to provide on-the-job training and mentoring in all projects, efforts were maintained to increase and update the skills and knowledge of those already working.

The ICRC promoted professional development for P&O practitioners by:

- ▶ providing daily mentoring and support at assisted centres;
- ▶ supervising P&O students from PIPOS (Pakistan) during their internship at ICRC-assisted centres;
- ▶ conducting short refresher/upgrading courses for P&O professionals working at assisted centres in Colombia, the Democratic Republic of the Congo, India, Iraq, Nepal and the Philippines; and
- ▶ giving support for P&O professionals (12) to attend short-term training provided by the ICRC Special Fund for the Disabled.

In addition to fostering the development of P&O services at assisted centres, the ICRC maintained and supported several national professional associations in work to enhance the profession (Afghanistan, Cambodia, Chad, Colombia, Democratic Republic of the Congo, Ethiopia and India) as well as working closely with and providing support for several training institutions (Cambodia, Colombia, Iraq and Pakistan).

Throughout the year, the ICRC continued to support orthopaedic component factories in Afghanistan and Cambodia. In Afghanistan, the factory distributed its products, free of charge, to 13 centres, seven of which are managed by the ICRC, while the remaining six were managed by international NGOs. In Cambodia, the factory managed by the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) continued to provide components for all physical rehabilitation centres in Cambodia (11), thus ensuring proper care for all persons receiving services at centres throughout the country. In addition, the quality of the prosthetic/orthotic components produced by CR Equipements SA was monitored throughout the year via systematic

feedback from field projects. Research continued with a view to upgrading and furthering developing the entire range of products.

Efforts were consistently made by the ICRC P&O Technical Commission to promote and develop internal P&O standards and new technical manuals. Manufacturing guidelines continued to be developed.

Improving access to appropriate and quality wheelchair services

The ICRC's approach to national capacity building in the provision of appropriate and quality wheelchair services encompasses numerous activities, of which the following are essential:

- ▶ Supporting the development and/or implementation of wheelchair departments at assisted centres;
- ▶ Supporting the professional development of PT and P&O professionals by developing and conducting courses in the management of wheelchair services and by making available specialists to support the activities of wheelchair departments;
- ▶ Selecting appropriate technology (applicable to both locally manufactured and imported wheelchairs);
- ▶ Providing scholarships for training programmes in wheelchairs services.

Throughout the year, wheelchair services at the assisted centres were enhanced by several means. While ICRC specialists continued to provide on-the-job training and mentoring in all projects, efforts were maintained to increase and update the skills and knowledge of those already working. This was done by:

- ▶ providing daily mentoring and support at assisted centres;
- ▶ conducting short courses in several countries;
- ▶ constructing a wheelchair workshop at the Juba Physical Rehabilitation Reference Centre (South Sudan);
- ▶ continuing to upgrade the wheelchair production unit in Kabul, including the development of a tricycle attachment;
- ▶ translating a leaflet developed by Motivation – *Health & Mobility Guide for Wheelchair Users* – into several languages;
- ▶ implementing, in conjunction with Motivation UK, a project named “Appropriate Assistive Devices” in Ethiopia, Pakistan and South Sudan; Motivation provided the products and the ICRC provided training and ensured that the services provided were appropriate (see below for details).

The overall project objective was to provide mobility and seating products and services for people with disabilities in the conflict-affected countries of Ethiopia, Pakistan and Sudan. The overall impact of the project was to enhance the quality of life of people with disabilities and their families by improving levels of basic survival

and of independent mobility, reducing secondary health complications, improving self-esteem and promoting inclusion in social life. The project focused on three primary objectives:

- To increase capacity for mobility and seating service provision;
- To enhance the quality of mobility and seating service provision;
- To achieve sustainable funding for future mobility and seating service provision.

In each country, the focus was not only on increasing the number of products being delivered to users but also on ensuring that each product is provided through a professional service that meets World Health Organization (WHO) standards for the assessment, assembly and fitting of mobility and seating products, as outlined in WHO “Guidelines on the provision of manual wheelchairs in less resourced settings” (published in 2008). To achieve these objectives, the project included:

- setting up/expanding mobility and seating services by providing training in mobility and seating product assessment, assembly and fitting;
- delivering products through professional services in each country as well as maintaining and improving the quality of the service delivery; and
- developing and implementing a sustainability action plan in partnership with other stakeholders.

PROMOTING THE LONG-TERM FUNCTIONING OF SERVICES

Throughout the year the ICRC endeavoured to ensure long-term services not only by providing support for training but also by implementing projects in close cooperation with local partners, by continuing to develop management tools, by supporting the work of bodies coordinating local rehabilitation and by promoting the development of national policies for the provision of physical rehabilitation services.

Local partners

To help services to continue functioning after it has withdrawn, the ICRC has adopted a long-term approach to implementing and managing its rehabilitation projects. Implementing projects with local partners is the cornerstone of this strategy. Of the 92 projects assisted by the ICRC in 2011, 53 had been undertaken in conjunction with governments (ministries of health or of social affairs), 20 with local NGOs, three with private entities and six with National Societies. Ten other projects were implemented directly by the ICRC.

The ICRC conducted several activities to ensure the long-term sustainability of services:

- In Burundi, the ICRC continued to support the directorate of the assisted centre in the management

of the centre and in its efforts to mobilize the authorities concerned and actively participated in the development of the Strategic Plan for the Development of Medical Rehabilitation 2011-2015 elaborated by the Ministry of Public Health.

- In Chad, the ICRC supported the Ministry of Social Affairs, National Solidarity and Family in the organization of a national conference on synergy actions in favour of people with disabilities in Chad, which will be held early 2012.
- In Ethiopia, the ICRC supported the drafting of a plan of action for the practical implementation of the national physical rehabilitation strategy.
- In Guinea-Bissau, the ICRC continued to work closely with the Ministry of Public Health to strengthen its capacity to implement, coordinate and manage physical rehabilitation activities.
- In South Sudan, the ICRC also supported the Ministry of Gender, Child and Social Welfare in its efforts to develop a national disability policy.
- In Sudan, the ICRC supported the Ministry of Welfare and Social Security, the National Council for Persons with Disabilities and the National Union of Physically Disabled in mapping actors working in the disability sector with a view to establishing a network of all stakeholders.
- In Afghanistan, the ICRC maintained close contact with the relevant authorities and helped to develop national P&O guidelines. It also took part in the Disability Stakeholder Commission Group, a working group set up by the Ministry of Martyrs, Disabled and Social Affairs to promote reintegration into society.
- In Cambodia, the ICRC continued implementing its strategy for strengthening the capacity of the Ministry of Social Affairs, Veterans and Youth Rehabilitation at central and provincial levels to manage all activities at the centres and at the component factory.
- In India, the ICRC continued to promote the long-term functioning of services by strengthening the capacity of the various partners, i.e. the Indian Red Cross Society and the boards of directors of assisted centres.
- In Pakistan, the ICRC continued to implement its strategy for strengthening technical and managerial capacities with the aim of ensuring the long-term functioning of services.
- In Colombia, the ICRC continued working closely with national institutions and with the management of the assisted centres to promote the long-term functioning of services. Throughout the year, several activities were implemented at national and centre levels. At the national level, they included mobilization and cooperation with other interested parties, ongoing support for the Ministry of Health in regulating the provision of physical rehabilitation services and ongoing support for national institutions to implement training in P&O (the Servicio Nacional de Aprendizaje and the Centro Don Bosco).
- In Gaza, the ICRC supported the work of the Physical Rehabilitation Unit of the Ministry of Health to develop and implement physiotherapy protocols,

provided managerial support for the Board of Directors of the assisted centre and continued to lobby for the recognition of the P&O profession.

- In Iraq, the ICRC continued to work with ministries involved in rehabilitation and actively participated in meetings of the Higher Committee for Physical Rehabilitation. In addition, the ICRC provided support to strengthen the capacity of the P&O Institute in Baghdad.
- In Yemen, the ICRC continued to work in close cooperation with the Ministry of Public Health and Population and promoted greater coordination between the stakeholders.

Supporting management at centres

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

Throughout the year, ICRC specialists helped the managers of the assisted centres to improve management of stock and orders, administration of the annual budget and fund allocation, organization of machinery and equipment maintenance, patient management (by means of a database) and wheelchair services. In Cambodia, the ICRC continued to provide financial support, which also enabled the manager of the Battambang centre to enrol in a three-year management training course.

COOPERATION WITH OTHER BODIES

In order to set technology standards, draw up guidelines for training professionals and further develop the field of physical rehabilitation, the ICRC continued interacting with various bodies involved in physical rehabilitation and disability issues (ISPO, the World Confederation for Physical Therapy, WHO and the International Society of Physical and Rehabilitation Medicine) as set out below.

International Society for Prosthetics and Orthotics (ISPO)

The Physical Rehabilitation Programme maintained close contact with ISPO throughout the year. This included participation in the ISPO board meeting, educational committee meetings, inspections and evaluations of schools and several other activities conducted by ISPO.

World Confederation of Physical Therapy (WCPT)

The Physical Rehabilitation Programme maintained close contact with WCPT throughout the year. This

included participation in the WCPT World Congress in June 2011 and holding several discussions on assisting national physiotherapist associations and on training for physiotherapist assistants.

World Health Organization – Disability and Rehabilitation Team (DAR)

The Physical Rehabilitation Programme (PRP) maintained close contact with the DAR throughout the year. The PRP actively participated in the development of the “Joint position paper on the provision of mobility devices in less-resourced settings” published in 2011. The paper outlines what needs to be done in the areas of policy, service provision, human resource capacity development and technology to improve access to mobility devices for people with disabilities and for older people.

International non-governmental organizations

In addition to the regular and ongoing contacts maintained at field level between the ICRC and other organizations, the Physical Rehabilitation Programme held regular meetings at headquarters level with organizations such as Handicap International, the Cambodia Trust, Johanniter-Unfall-Hilfe, the Christoffel-Blindenmission (CBM), Global Clubfoot Initiative (GCI) and Motivation in order to share information and to coordinate activities.

Academic institutions in developed and developing countries

In 2011 the ICRC continued to interact with several training institutions to improve the ICRC-developed polypropylene technology and to provide support for the professional development of people working in the field of physical rehabilitation. The institutions and support activities included:

- The Norwegian University of Science and Technology: initiating a life-cycle analysis of the polypropylene technology;
- Geneva University Hospital: performing a biomechanical study comparing CR-SACH-foot performance with a SACH foot purchased on the open market;
- The University of Gondar (Ethiopia) and St Mary's University (South Sudan): participation in the training of physiotherapy professionals;
- The Cambodian School of Prosthetics and Orthotics (CSPO): participating in the Board of Study meeting and as external evaluators;
- The Servicio Nacional de Aprendizaje (SENA) and the Centro Don Bosco in Colombia: providing support for the development of formal training in P&O;
- The Physiotherapy School of Kabul: implementing an upgrading course;

- The Pakistan Institute of Prosthetics and Orthotic Sciences (PIPOS): providing support for their P&O training programmes;
- The Ministry of Higher Education of Iraq: providing support to strengthen the P&O institute.

National and international forums on victim assistance

Throughout the year, the Physical Rehabilitation Programme participated in forums on victim assistance held under the different weapons treaties (Mine Ban Convention, Cluster Munitions Convention, Convention on Conventional Weapons (CCW), etc.). In 2011 the Physical Rehabilitation Programme participated in the work prescribed by the Mine Ban Convention, which included meetings of the Standing Committee on Victim Assistance and Socio-Economic

Reintegration, as well as the 11th States Parties Meeting held in Phnom Penh (Cambodia).

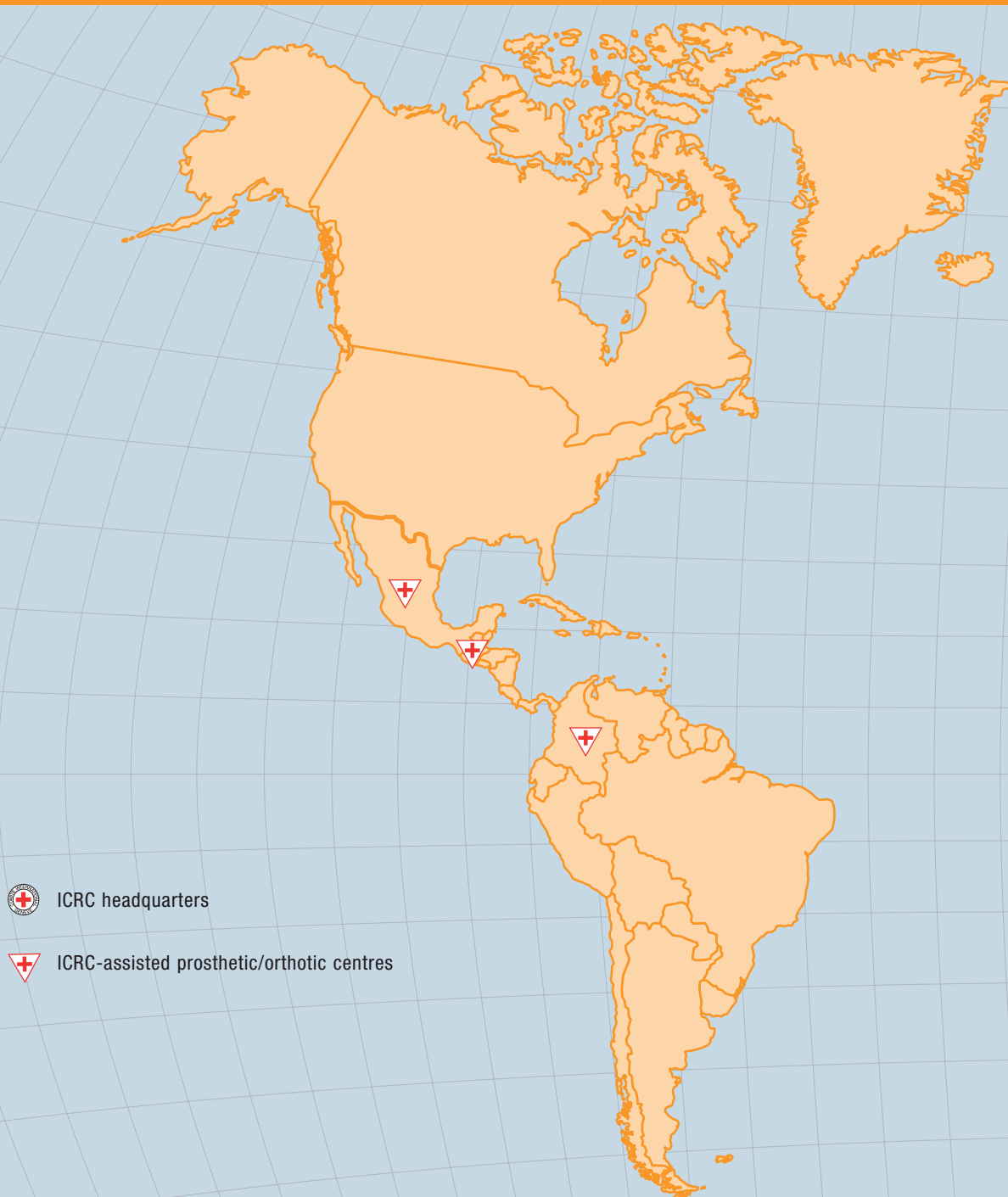
African Federation of Orthopaedic Technicians (FATO)

The ICRC's Physical Rehabilitation Programme (PRP) and the ICRC Special Fund for the Disabled signed an agreement with FATO, under which both organizations would work to improve and promote access to appropriate rehabilitation services in Africa. Under this agreement, the PRP actively supported the organization of the 6th International Congress of FATO, held in Arusha (Tanzania). The PRP sponsored numerous candidates from all assisted countries in Africa and from Pakistan and India. In addition, a PRP representative was a member of the Scientific Committee.

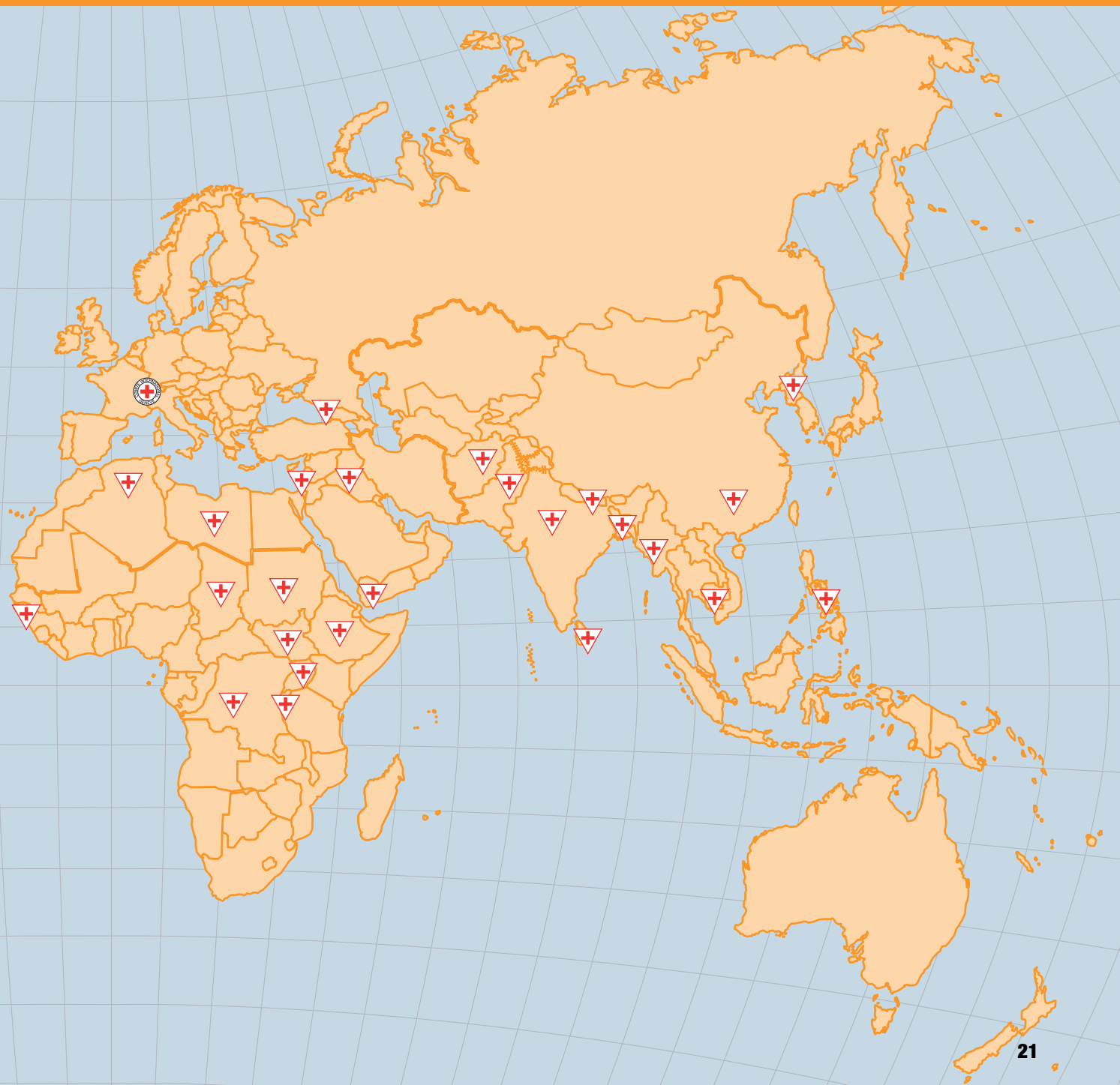


Boris Heger/ICRC

3 – PHYSICAL REHABILITATION PROGRAMME: AROUND THE WORLD



AFRICA	10 countries	29 projects
ASIA AND THE PACIFIC	11 countries	30 projects
EUROPE AND THE AMERICAS	4 countries	14 projects
NEAR AND MIDDLE EAST	2 countries and 1 territory	19 projects
TOTAL	27 countries and 1 territory	92 projects



4 – PROJECT ACTIVITIES

4.1 – AFRICA



ICRC SUPPORT IN AFRICA AT A GLANCE

In 2011 the ICRC provided support for 29 projects in 10 countries:

Algeria (1), Burundi (1), Chad (2), the Democratic Republic of the Congo (5), Ethiopia (7), Guinea-Bissau (1), Libya (1), Sudan (8), South Sudan (1) and Uganda (2).

- In Libya, the ICRC signed an agreement to support the activities of the Benghazi Rehabilitation Centre.
- In Chad, the ICRC continued providing support for a referral system for people with disabilities from eastern Chad.
- In Guinea-Bissau, the Centro de Reabilitação Motora started to provide services with the support of the ICRC.

Services provided

Patients attending the centres	23,494
New patients fitted with prostheses	2,435
New patients fitted with orthoses	2,719
Prostheses delivered	5,106
Orthoses delivered	5,327
Wheelchairs distributed	864
Walking aids distributed (pairs)	5,214
Patients receiving appropriate physiotherapy services	12,522

Children represented 31% and women 20% of all those benefiting from services.

In Sudan, the ICRC supported the activities of the NAPO mobile clinic.

In South Sudan, the ICRC supported campaigns to disseminate information about the activities of the Juba Physical Rehabilitation Reference Centre.

Developing national capacities

Ten candidates were sponsored for formal training in P&O and two candidates for formal training in physiotherapy.

In Sudan, the ICRC conducted, jointly with NAPO, a formal course in P&O; 10 students successfully completed the entire course.

In Ethiopia, the ICRC continued, in conjunction with the Ministry of Labour and Social Affairs, the Ministry of Health, the Ministry of Education and the Black Lion Hospital to conduct a multi-year course in prosthetics and orthotics (23 candidates enrolled).

Promoting the long-term functioning of services

In Burundi, the ICRC continued to support the directorate of the assisted centre in the management of the centre and in its efforts to mobilize the authorities concerned.

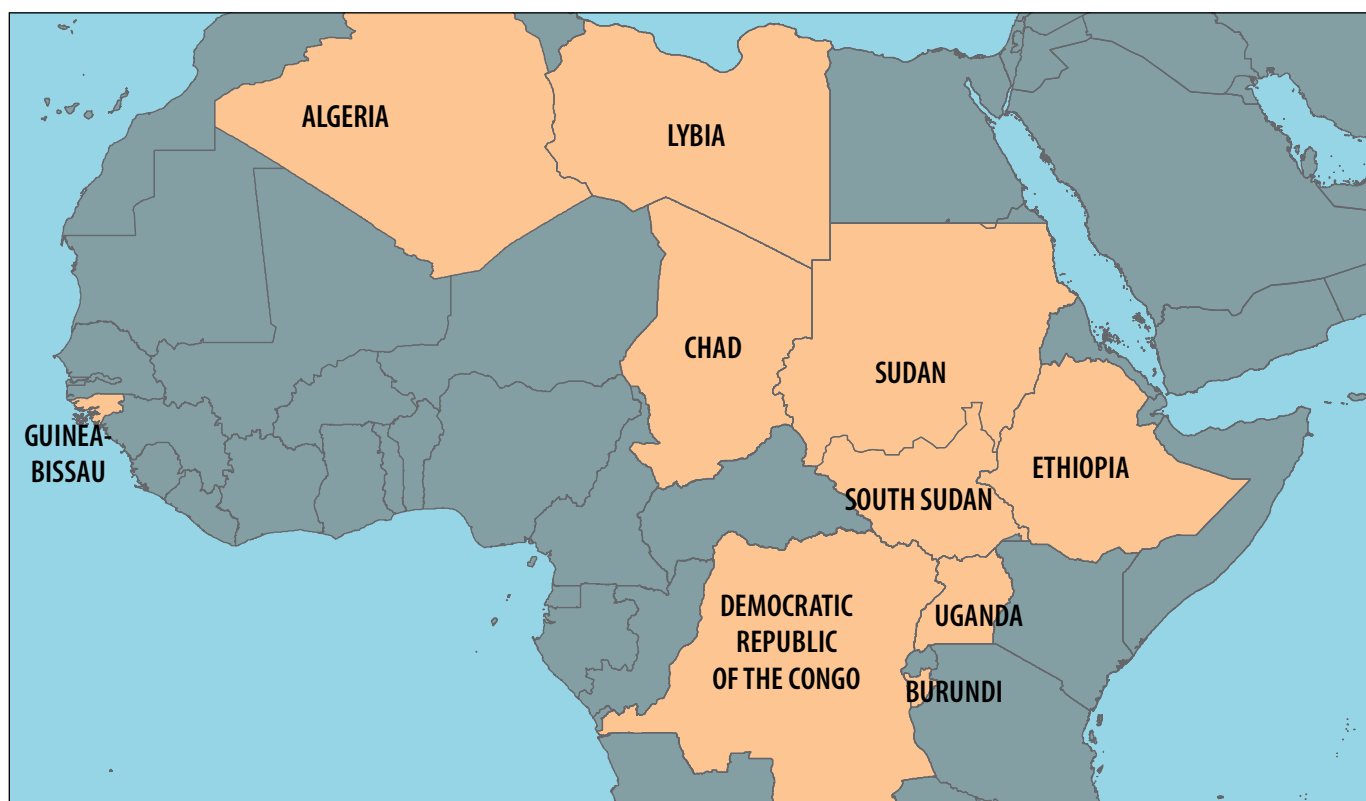
In Chad, the ICRC supported the Ministry of Social Affairs, National Solidarity and Family in the organization of a national conference on synergy actions in favour of people with disabilities in Chad, which will be held early in 2012.

In Ethiopia, the ICRC supported the drafting of a plan of action for practical implementation of the national physical rehabilitation strategy.

In Guinea-Bissau, the ICRC continued to work closely with the Ministry of Public Health to strengthen its capacity to implement, coordinate and manage physical rehabilitation activities.

In South Sudan, the ICRC also supported the Ministry of Gender, Child and Social Welfare in its efforts to develop a national disability policy.

In Sudan, the ICRC supported the Ministry of Welfare and Social Security, the National Council for Persons with Disabilities and the National Union of Physically Disabled in mapping actors working in the disability sector with a view to establishing a network of all stakeholders.



In 2011 the ICRC continued to provide support for the activities of the Centre Martyr Chereïf, managed by the Polisario Front's Public Health Authority. The centre is located in the desert, some 5 km from Rabouni, where the Front has its administrative headquarters. It provides physical rehabilitation for the Sahrawi population living in refugee camps. There are five camps – four of them within a radius of 35 km from Rabouni (27 Febrero, Auserd, El Ayun, Smara), while Dakhla is situated 150 km from Rabouni. The Ministry of Public Health (MoPH) is the main body responsible for disability issues and physical rehabilitation services. Throughout the year, the ICRC implemented several activities aimed at increasing the accessibility of services. These activities included donating materials and components needed to enable the centre to provide services, establishing a referral network with the hospitals and conducting outreach visits in the different camps in order to identify potential beneficiaries, to provide follow-up services for those who have already received services, to perform basic repairs and to disseminate information on the services provided by the centre. A total of 531 people with disabilities received various services from the ICRC-assisted centre, including 342 who received services at the centre itself and 189 who received services during the outreach visits. The services provided included the production of 20 prostheses (75% for mine survivors) and 64 orthoses (11% for mine survivors), the provision of 11 wheelchairs and 45 pairs of crutches and the provision of physiotherapy treatment for 511 persons. Children represented 20% and women 33% of all beneficiaries. A specific outreach programme for children with cerebral palsy was implemented during the year. The aims of these visits are to improve information and awareness, to provide self-management tools and, as needed, to organize referrals to the centre. During 2011, two such visits took place, in which a total of 57 children/mothers participated.

In Burundi, the ICRC continued to work in conjunction with the Institut Saint Kizito (ISK) in Bujumbura, which is managed by a religious community, the aim being to provide physical rehabilitation services for people from the centre's catchment areas, Bubanza, Bujumbura Rural, Cibitoke, Muramvya and Mujumbura Mairie Provinces, four of which are the areas in Burundi that are presumed to be the most severely contaminated by weapons. To improve the accessibility of services, the ICRC conducted several activities, which included the renovation of the P&O department, the refurbishment of the physiotherapy area and the construction of dormitories for external patients at the Institute's facilities, and donated materials, components and equipment. In all, 2,493 people benefited from the various services provided by the ICRC-assisted centre. The services included the production of 2 prostheses and 123 orthoses, the provision of 4 wheelchairs and 10 pairs of crutches and the provision of physiotherapy treatment for 2,145 persons. Children represented 93% and women 3% of the 2,493 beneficiaries.

In Chad, the ICRC continued supporting the only two centres providing P&O services in the country, the Maison Notre Dame de la Paix (MNDP) in Moundou (southern Chad) and the Centre d'Appareillage et de Rééducation de Kabalaye (CARK) in N'Djamena (central Chad),

both managed by local NGOs. The ICRC also continued supporting a referral system for people with disabilities from eastern Chad and financed their transportation to N'Djamena and, as needed, their accommodation while under treatment. Throughout the year, several activities were implemented by the ICRC to improve accessibility to services. Assisted centres were provided with raw materials and components allowing them to provide services. Through the referral systems implemented in eastern and northern Chad, 88 persons with disabilities from these regions received treatment at the CARK, with ICRC support. In these regions, the ICRC conducted a campaign (through the radio) to disseminate information about the possibility of accessing services with the support of the ICRC. The ICRC also subsidized the treatment of 354 persons at the CARK. In total, over 4,538 people benefited from various services at ICRC-assisted centres in 2011. The services included the production of 412 prostheses (76% of them for mine survivors) and 467 orthoses (10% of them for mine survivors), the provision of 93 wheelchairs and 493 pairs of crutches and the provision of physiotherapy treatment for 2,389 persons. Children represented 42% and women 18% of the 4,538 beneficiaries.

In the Democratic Republic of the Congo, the ICRC continued to work in conjunction with the Hôpital St-Jean Baptiste Kansele in Mbuji Mayi, the Centre Shirika La Umoja in Goma, the Cliniques Universitaires de Kinshasa and the Centre pour Handicapés Heri Kwetu in Bukavu. The ICRC stopped working with the Centre Orthopédique Kalembe Lembe in Kinshasa in March as it was not possible to reach an agreement for renewing the cooperation agreement. As in previous years, the ICRC did not provide direct support for centres in the country but covered the treatment costs of people directly affected by the conflict. After identifying and assessing patients, the ICRC referred them to centres with which it had cooperation agreements. In 2011, 634 persons with disabilities received 356 prostheses (13% of them for mine survivors), 57 orthoses (9% of them for mine survivors), 23 wheelchairs and 261 pairs of crutches and 367 had access to appropriate physiotherapy services with the support of the ICRC. Children represented 7% and women 17% of the beneficiaries.

In Ethiopia, the ICRC continued its support for seven physical rehabilitation centres in Arba Minch, Asela, Bahir Dar, Dessie, Dire Dawa, Mekele and Menagesha, which were managed by regional governments through their labour and social affairs departments (Asela, Bahir Dar and Dessie), by local NGOs with the financial participation of BoLSA (Arba Minch and Mekele) or independently by an NGO (Dire Dawa and Menagesha). In conjunction with the Ministry of Labour and Social Affairs, the Ministry of Health, the Ministry of Education and the Black Lion Hospital, it also continued to conduct a multi-year course in prosthetics and orthotics in which 23 candidates are enrolled. The ICRC conducted several activities aimed at improving accessibility, i.e. helping with the cost of transport and accommodation for those attending the centre, supporting referral/outreach programmes and donating materials and components to ensure that all assisted centres had the means of providing services. The ICRC provided

direct support for people with disabilities by covering their registration fees at the centres (4,287 persons), transport costs (4,129 persons) and food expenses (4,085 persons). In total, more than 8,930 people benefited from various services at ICRC-assisted centres in 2011. The services included the production of 2,127 prostheses (25% of them for mine survivors) and 2,891 orthoses (0.3% of them for mine survivors), the provision of 631 wheelchairs and 3,457 pairs of crutches and the provision of physiotherapy treatment for 4,599 persons. Children represented 22% and women 22% of the 8,939 beneficiaries. Throughout the year, wheelchair services were enhanced through cooperation with Motivation UK. Motivation UK donated the wheelchairs, while the ICRC provided training for the centre personnel and financial support for the construction of a wheelchair service area.

In Guinea-Bissau, the ICRC continued supporting the Ministry of Public Health in the management and operation of the Centro de Reabilitação Motora (CRM), which served as the national referral centre. Most of the ICRC's activities in 2011 were directed at the completion of renovation and construction work, the installation of new equipment and preparations for resuming the provision of services, which started in March 2011. Access to physical rehabilitation services remains difficult for several reasons including the lack of service providers, the lack of professionals to provide the services and the lack of financial resources to cover the cost of services for people with disabilities. The ICRC conducted several activities aimed at improving accessibility, i.e. helping with the cost of transport for those attending the centre, supporting information campaigns (radio and information leaflet) and donating materials and components for all assisted centres to ensure that CRM had the means to provide services. In total, 150 people benefited from various services at the ICRC-assisted centre. The services included the production of 25 prostheses (68% for mine survivors) and 14 orthoses, the provision of 1 wheelchair and 22 pairs of crutches and the provision of physiotherapy treatment for 48 persons. Children represented 21% and women 24% of the 150 beneficiaries.

In Libya, the ICRC started in August to provide assistance for the Benghazi Rehabilitation Centre, which is managed by the Ministry of Social Affairs (MoSA). The Benghazi Rehabilitation Centre (BRC), which stopped its P&O activities in 2008, was the only functional centre with the capacity to resume production of P&O devices and to provide rehabilitation services for people with disabilities in the country. An agreement was signed between the MoSA and the ICRC to provide assistance for the BRC in order to ensure access to services for people with disabilities, the focus being on those wounded in the recent conflict. During the period under review, the BRC, with the support of the ICRC, was able to resume its P&O services, which had been at a standstill for years. In total, more than 370 persons benefited from various services at ICRC-assisted centres between August and December 2011. The services included the production of 50 prostheses (22% of them for mine survivors) and 104 orthoses (5% of them for mine survivors) and the provision of physiotherapy treatment for 67 persons. Children represented 17% and women 20% of the 376 beneficiaries.

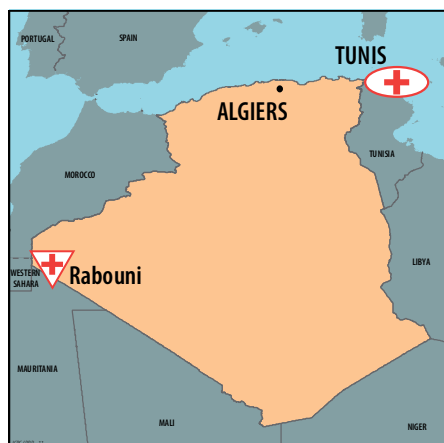
In South Sudan, the ICRC continued supporting the Ministry of Gender, Child and Social Welfare (MoGCSW) in the management and operation of the Juba Physical Rehabilitation Reference Centre (PRRC), which served as the referral centre for the whole of South Sudan. The ICRC conducted several activities aimed at improving accessibility, i.e. helping with the cost of transport and accommodation for those attending the centre, developing a referral system, conducting some outreach visits, supporting information campaigns (radio and information leaflet) and donating materials and components to ensure that the PRRC had the means to provide services. More than 1,440 people benefited from various services at the ICRC-assisted centre. The services included the production of 323 prostheses (28% for mine survivors) and 142 orthoses (0.7% for mine survivors), the provision of 95 wheelchairs and 313 pairs of crutches and the provision of physiotherapy treatment for 728 persons. Children represented 7% and women 21% of the 1,449 beneficiaries. Throughout the year, wheelchair services were enhanced through cooperation with Motivation UK. Motivation UK donated the wheelchairs, while the ICRC provided training for the centre personnel and financial support for the construction of a wheelchair service area.

In Sudan, the ICRC continued supporting the national referral centre in Khartoum of the National Authority for Prosthetics and Orthotics (NAPO) as well as its branches in Damazin, Dongola, Gedaref, Kadugli, Kassala and Nyala. In addition to providing support to operate the centres, the ICRC conducted, jointly with NAPO, a formal course in P&O; 10 students successfully completed the entire course. Throughout the year, the ICRC conducted several activities aimed at improving accessibility, i.e. helping with the cost of transport and accommodation for those attending the Nyala centres, developing a referral system in the Darfur region, donating materials and components for all assisted centres (including NAPO branches) and supporting the activities of the NAPO mobile clinic. More than 3,400 people benefited from various services at ICRC-assisted centres. The services included the production of 1,603 prostheses (6% of them for mine survivors) and 1,067 orthoses, the provision of 3 wheelchairs and 350 pairs of crutches and the provision of physiotherapy treatment for 1,787 persons. Children represented 16% and women 23% of the 3,429 beneficiaries.

In Uganda, the ICRC continued supporting the activities of the Fort Portal Orthopaedic Centre and the Mbale Orthopaedic Centre. The ICRC also continued to work closely with the Ministry of Health in planning a central store whose budget structure would ensure the long-term functioning of all the centres in Uganda. The ICRC conducted several activities aimed at improving access to services, i.e. donating materials and components needed by assisted centres, collaborating with other international organizations, dissemination activities and networking with representatives of organizations for people with disabilities. In all, 955 people benefited from various services at ICRC-assisted centres. The services included the production of 188 prostheses (28% of them for mine survivors) and 398 orthoses, the provision of 3 wheelchairs and 264 pairs of crutches. Children represented 34% and women 24% of the 955 beneficiaries.

ALGERIA

SAHRAWI REFUGEES LIVING IN SOUTH-WESTERN ALGERIA

**National partner**

Public Health Authority of the Polisario Front

Location of projects

Rabouni

Patient services in 2011

Patients attending the centres	531
New patients fitted with prostheses	17
New patients fitted with orthoses	56
Prostheses	20
Orthoses	64
Wheelchairs	11
Crutches (pairs)	45

Beginning of assistance: 2007

In 2011 the ICRC continued to provide support for the activities of the Centre Martyr Chereïf, managed by the Polisario Front's Public Health Authority. The centre is in the desert, some 5 km from Rabouni, where the Front has its administrative headquarters. It provides physical rehabilitation for the Sahrawi population living in refugee camps. There are five camps – four of them within a radius of 35 km from Rabouni (27 Febrero, Auserd, El Ayun, Smara), while Dakhla is situated 150 km from Rabouni. The Ministry of Public Health (MoPH) is the main body responsible for disability issues and physical rehabilitation services.

It was unclear how many people were living in the camps and how many people with disabilities needed access to physical rehabilitation. Before ICRC assistance became available, obtaining access to physical rehabilitation was virtually impossible, as no services were available apart from those provided by NGOs during their sporadic visits. According to estimates published in the *Landmine Monitor Report 2011*, there were 450 mine/ERW survivors living in the Rabouni refugee camps in south-western Algeria. In November 2005, the Polisario Front, through the Geneva Call Deed of Commitment, pledged to unilaterally ban anti-personnel mines. The Deed commits the Polisario Front to banning the use, production, transfer and stockpiling of anti-personnel mines and to cooperating in mine action. Transport remained a major obstacle to accessing rehabilitation services. Within the camps, which are spread over a fairly large area of desert terrain, there is no public transport and, especially for individuals who have mobility impairments, it is difficult to access the local facilities (hospital, health clinic, school for disabled).

In 2011 the ICRC implemented several activities aimed at increasing the accessibility of services, i.e. donating material and components needed to enable the centre to provide services, establishing a referral network with the hospitals and conducting outreach visits to the different camps in order to identify potential beneficiaries, to provide follow-up services for those who have already received services, to perform basic repairs and to disseminate information on the services

provided by the centre. A total of 531 persons with disabilities received various services from the ICRC-assisted centre, including 342 who received services at the centre itself and 189 who received services during the outreach visits. The services provided included the production of 20 prostheses (75% for mine survivors) and 64 orthoses (11% for mine survivors), the provision of 11 wheelchairs and 45 pairs of crutches and the provision of physiotherapy treatment for 511 persons. Children represented 20% and women 33% of all beneficiaries. A specific outreach programme for children with cerebral palsy was implemented during the year. The aims of these visits were to improve information and awareness, to provide tools for self-management and, as needed, to organize referrals to the centre. During 2011, two such visits took place, in which a total of 57 children/mothers participated.

Throughout the year, the ICRC ortho-prosthetist and the physiotherapist provided ongoing mentoring and on-the-job training for the three assistant P&O technicians and the three assistant physiotherapists. Most of the work was carried out by local personnel under ICRC supervision. ICRC specialists also provided the centre director with ongoing mentoring and advice.

In 2012 the ICRC intends to:

- support the Centre Martyr Chereïf by donating materials and components, by broadening the types of services provided and by continuing to support outreach visits in the camps to identify those in need, to perform basic repairs and to support families with children affected by cerebral palsy;
- enhance quality by continuing to provide ICRC ortho-prosthetists and physiotherapists, by furnishing on-the-job training for technicians and physiotherapist-assistants working at the centre and by cooperating with international NGOs and associations which could sponsor visits by international experts; and
- promote the long-term functioning of services by continuing to support the centre director in managing physical rehabilitation.

BURUNDI



National partner

Institut Saint Kizito

Location of project

Bujumbura

Patient services in 2011

Patients attending the centres	2,493
New patients fitted with prostheses	2
New patients fitted with orthoses	81
Prostheses	2
Orthoses	123
Wheelchairs	4
Crutches (pairs)	10

Beginning of assistance: 2010

In 2011 the ICRC continued to work in conjunction with the Institut Saint Kizito (ISK) in Bujumbura, which is managed by a religious community, the aim being to provide physical rehabilitation services for people from the centre's catchment areas, Bubanza, Bujumbura Rural, Cibitoke, Muramvya and Mujumbura Mairie Provinces, four of which are the areas in Burundi that are presumed to be the most severely contaminated by weapons. Burundi signed the UN Convention on the Rights of Persons with Disabilities (and its Optional Protocol) on 27 April 2007 but had not ratified it as of December 2011. There are no current national statistics on the prevalence and incidence of disabilities and handicap in Burundi. A General Census of Population and Housing (RGPH) in 2008 revealed the prevalence of a major handicap in Burundi of 4.5%, with provincial variations from 3% to 7.1%, increasing sharply with age.

The physical rehabilitation sector of Burundi was under the responsibility of the Ministry of National Solidarity, Human Rights and Gender (MoNS). With the implementation of the second stage of the 2005-2015 health reform (the National Health Development Plan II) initiated by the Ministry of Public Health (MoPH) and the recently elaborated Strategic Plan for the Development of Medical Rehabilitation 2011-2015, the MoPH nowadays deals with the area of rehabilitation as well. The network of service providers for mobility aids, orthopaedic devices and related physiotherapy services within the country includes two governmental centres, three centres managed by religious communities (such as the ISK) and two private establishments in the capital. All centres providing services for people with disabilities are members of the Réseau des Centres pour Personnes Handicapées du Burundi – RCPHB. Although the number of service providers for orthopaedic devices increased in 2011, access to appropriate rehabilitation services remains difficult for most of those in need. The main causes remained the same, the lack of facilities and professionals and the cost of treatment (users have to pay for the services).

In 2011, to improve the accessibility of services, the ICRC conducted several activities, which included the renovation of the P&O department, the refurbishment

of the physiotherapy areas and the construction of dormitories for external patients at the Institute's facilities, and donated materials, components and equipment. In all, 2,493 people benefited from the various services provided by the ICRC-assisted centre. The services included the production of 2 prostheses and 123 orthoses, the provision of 4 wheelchairs and 10 pairs of crutches and the provision of physiotherapy treatment for 2,145 persons. Children represented 93% and women 3% of the 2,493 beneficiaries.

The quality of the services provided was enhanced by the technical and clinical mentoring of an ICRC ortho-prosthetist and physiotherapist. ICRC specialists provided on-the-job training and mentoring for the entire staff of the assisted centre. To promote the long-term functioning of services, the ICRC continued to support the ISK directorate in the management of the centre and in the efforts to mobilize the authorities concerned. Throughout the year, the ICRC helped the directorate to reorganize the services, to implement new protocols and to develop an organization chart, including job descriptions. In addition, the real cost of services was calculated and an internal solidarity fund introduced.

In 2012 the ICRC intends to:

- improve access to services by continuing to support the activities of the Institut Saint Kizito, by continuing to donate materials and components for the treatment of destitute beneficiaries, by covering the cost of lodging and by raising awareness of the services available at the assisted centre;
- enhance the quality of services through support and mentoring provided by an ortho-prosthetist and a physiotherapist, both from the ICRC, and by providing scholarships for candidates to attend formal training courses in P&O and in physiotherapy; and
- promote the long-term functioning of services by continuing to support the Institut in its efforts to further improve its management and by supporting the ISK directorate in its work to obtain the support of the authorities concerned and to mobilize potential donors for increased financial contributions.

CHAD

**National partners**

Secours Catholique et de Développement (N'Djamena), Maison Notre Dame de la Paix (Moundou)

Location of projects

Moundou, N'Djamena

Patient services in 2011

Patients attending the centres	4,538
New patients fitted with prostheses	161
New patients fitted with orthoses	172
Prostheses	412
Orthoses	467
Wheelchairs	93
Crutches (pairs)	493

Beginning of assistance: 1981

The ICRC continued supporting the only two centres providing P&O services in the country, the Maison Notre Dame de la Paix (MNDP) in Moundou (southern Chad) and the Centre d'Appareillage et de Rééducation de Kabalaye (CARK) in N'Djamena (central Chad), both managed by local NGOs. The ICRC also continued supporting a referral system for people with disabilities from eastern Chad and financed their transportation to N'Djamena and, as needed, their accommodation while under treatment.

The Ministry of Social Affairs, National Solidarity and Family was responsible for protecting the rights of people with disabilities, including access to rehabilitation services. In 2011 there was no direct involvement by the government in physical rehabilitation and those seeking services had to pay for them. Rehabilitation services were only available in six of the country's twenty regions. The rehabilitation sector included two centres (MNDP and CARK) providing full physical rehabilitation services and six centres providing physiotherapy services only. The Centre National d'Appareillage under the management of the Ministry of Health was inaugurated in December but is not yet operational. As of December 2011, Chad had not signed the UN Convention on the Rights of Persons with Disabilities and the domestic law protecting the rights of people with disabilities, adopted in 2007, remained inoperative, pending the passing of a decree to make it enforceable. Landmines and ERW continued to be a threat for many rural communities. While the total number of mine/ERW survivors in Chad is not known, the National Mine Action Centre estimated that there were at least 3,000 survivors and family members of people killed by mines/ERW in Chad, as reported in the *Landmines and Cluster Munitions Monitor Report 2011*.

Access to rehabilitation remained difficult for most of those in need. The main causes remained the same, the lack of financial support from the social system to cover the cost of treatment, people with disabilities therefore being obliged to pay for the services, the lack of facilities and professionals, the cost of transport (when available) and the security situation. While the exact number of people with disabilities in need of physical rehabilita-

tion services is unknown, it was obvious that the two functioning centres did not have the capacity, in terms of infrastructure and human resources, to meet the needs.

Throughout the year, several activities were implemented by the ICRC to improve accessibility to services. Assisted centres were supplied with raw materials and components to ensure that they could provide services. Through the referral systems implemented in eastern and northern Chad, 88 persons with disabilities from those regions received treatment at the CARK, with ICRC support. In those regions, the ICRC conducted a campaign (through the radio) to disseminate information about the possibility of accessing services with the support of the ICRC. The ICRC also subsidized the treatment of 354 persons at the CARK. In total, over 4,530 persons benefited from various services at ICRC-assisted centres in 2011. The services included the production of 412 prostheses (76% of them for mine survivors) and 467 orthoses (10% of them for mine survivors), the provision of 93 wheelchairs and 493 pairs of crutches and the provision of physiotherapy treatment for 2,389 persons. Children represented 42% and women 18% of the 4,538 beneficiaries. In addition, the ICRC covered the cost of renovation at both centres.

The quality of the services provided by both centres was enhanced by technical and clinical mentoring by ICRC specialists (an ortho-prosthetist and a physiotherapist). ICRC specialists provided on-the-job training and mentoring for the entire staff of both centres. The ICRC also continued sponsoring three persons for training in P&O at the Ecole Nationale des Auxiliaires Médicaux (ENAM) in Lomé (Togo) and started to support the training of an additional three persons for training at the same institution. The training costs for the latter three persons were covered through a cost-sharing scheme between ISPO (which covers tuitions fees) and the ICRC (which covers the remaining related costs such as transport, accommodation, etc.).

To ensure the long-term sustainability of the services, the ICRC continued supporting both centres in their efforts to locate additional sources of income and in their efforts to improve their management. To promote and increase access to services, the ICRC gave both directors support to

submit project proposals to authorities and international NGOs. In fact, some INGOs gave some assistance, although it was still very ad hoc; the challenge will be to make it more institutional. It also continued to pursue advocacy activities with the authorities on the necessity to increase their commitment in the sector. Throughout the year, the ICRC maintained close contact with, and in some cases provided support for, several governmental institutions, including the National Mine Action Centre, with several organizations for people with disabilities and with the Association des Professionnels de l'Orthopédie du Tchad – APORT in their activities to support the sector. The ICRC supported the Ministry of Social Affairs, National Solidarity and Family in the organization of a national conference on synergy actions in favour of people with disabilities in Chad, which will be held early in 2012.

The ICRC also contributed to promoting the rights of people with disabilities in Chad by supporting the organization of two events, the national day of people with disabilities in Moundou and the handi-sport day in N'Djamena.

In 2012 the ICRC intends to:

- enhance the quality of services by continuing to provide an expatriate ortho-prosthetist and a physiotherapist to work closely with the centre's personnel, by continuing to sponsor candidates for formal training in P&O at ENAM and by promoting a multidisciplinary approach;
- facilitate access to services by continuing to support both the CARK in N'Djamena and the Maison Notre Dame de la Paix in Moundou, by operating a referral system for people with disabilities from eastern and northern Chad, by covering their transport and by covering the cost of treatment of some beneficiaries at the CARK; and
- promote the long-term functioning of services by supporting assisted centres in their efforts to find additional sources of income, by continuing to help to make their managerial staff self-sufficient and by maintaining close contact and support for national institutions, for organizations working on behalf of people with disabilities and for APORT.

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

Red Cross Society of the Democratic Republic of the Congo, Ministry of Health, local NGOs

Location of projects

Bukavu, Goma, Kinshasa (2), Mbuji Mayi

Patient services in 2011

Patients receiving services with direct support from the ICRC	634
New patients fitted with prostheses	138
New patients fitted with orthoses	20
Prostheses	356
Orthoses	57
Wheelchairs	23
Crutches (pairs)	261

Beginning of assistance: 1998

In 2011 the ICRC continued to work in conjunction with the Hôpital St-Jean Baptiste Kansele in Mbuji Mayi, the Centre Shirika La Umoja in Goma, the Cliniques Universitaires of Kinshasa and the Centre pour Handicapés Heri Kwetu in Bukavu. The ICRC stopped working with the Centre Orthopédique Kalembe Lembe in Kinshasa in March as it was not possible to reach an agreement for renewing the cooperation agreement. As in previous years, the ICRC did not provide direct support for centres in the country but covered the treatment costs of people directly affected by the conflict. After identifying and assessing patients, the ICRC referred them to centres with which it had cooperation agreements.

Though responsible for physical rehabilitation, the Ministry of Health did not manage any centres and its involvement in rehabilitation remained modest and included paying the salaries of some personnel of some centres (those recognized and registered by the MoH). The National Community-Based Rehabilitation Programme (PNRBC) was the Ministry of Health's coordinating body for physical rehabilitation. In 2011 the PNRBC announced its willingness to develop a national strategy for physical rehabilitation. As of December 2011, the Democratic Republic of the Congo had not signed the UN Convention on the Rights of Persons with Disabilities (CRPD) and the country had no specific legislation for people with disabilities. However, under the leadership of the UN Mine Action Coordination Centre of the Democratic Republic of the Congo (UNMACC), a series of activities was implemented to raise awareness of the necessity of signing the CRPD.

The Democratic Republic of the Congo (DRC) acceded to the Mine Ban Treaty in 2002, becoming a State Party in the same year. The DRC enacted legislation to implement the Mine Ban Treaty in 2011. "Law No. 11/007 implementing the Convention on the Prohibition of the Use, Stockpiling, Production, and Transfer of Antipersonnel Mines and on their Destruction in the Democratic Republic of the Congo" was promulgated by the President on 9 July 2011 and published in the official journal on 15 July 2011. The law contains provisions on victim

assistance. The ICRC maintained close contact with UNMACC throughout the year and participated actively in victim assistance coordination meetings.

Physical rehabilitation services were provided through a network of centres managed by religious organizations or local NGOs. The total number of people with disabilities in need of physical rehabilitation services remained unknown and access to services remained difficult. People with disabilities face numerous barriers, including the lack of funding to cover the cost of transport and of treatment, the lack of service providers, the insufficient capacities of services providers, etc. Throughout the year, the ICRC took several measures to enhance access to services. In Bukavu, Mbuji Mayi and Kinshasa (Cliniques Universitaires), the ICRC donated materials and components to ensure that the centres were able to provide the services, covered the cost of transport and accommodation for most of those it helped, strengthened its referral network by continuing to work closely with several international NGOs and subsidized the cost of treatment for 634 persons with disabilities who needed physical rehabilitation services. In 2011 those 634 persons with disabilities received 356 prostheses (13% of them for mine survivors), 57 orthoses (9% of them for mine survivors), 261 pairs of crutches and 23 wheelchairs and 367 had access to appropriate physiotherapy services with the support of the ICRC. Children represented 7% and women 17% of the beneficiaries.

Service quality was enhanced by the work of ICRC ortho-prosthetists and physiotherapists (expatriate and local). ICRC specialists conducted technical seminars and provided on-the-job mentoring and support. Sponsorship was provided to enable five candidates to attend short courses given by the ICRC Special Fund for the Disabled.

To ensure the long-term functioning of services, the ICRC maintained regular contact with the National Community-Based Rehabilitation Programme. In addition, payment by the ICRC for services at the centres concerned contributed to generating income for those centres, allowing them to provide services for other people with disabilities.

In 2012 the ICRC intends to:

- facilitate access to services by continuing direct support for patients (covering the cost of treatment and transport), by continuing to collaborate with four service providers, by strengthening cooperation with local and international NGOs, the UN Mine Action Centre and Services d'Action Sociale of the Ministry of Defence as a means of identifying people in need of services, by donating material and equipment to centres as needed and by implementing a specific referral programme for people from Kivu;
- improve services by monitoring the quality of rehabilitation at assisted centres through the presence of an ortho-prosthetist and a physiotherapist (both from the ICRC), by sponsoring refresher training for staff and by providing sponsorship to enable candidates to attend formal P&O training at the Ecole Nationale des Auxiliaires Médicaux (ENAM) in Lomé (Togo); and
- promote the long-term functioning of services by participating in local forums, by providing ongoing support for centre managers and by maintaining close contact with the relevant ministries and stakeholders involved in physical rehabilitation.

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

Arba Minch, Asela, Bahir Dar, Dessie, Dire Dawa, Mekele, Menagesha

Patient services in 2011

Patients attending the centres	8,939
New patients fitted with prostheses	1,029
New patients fitted with orthoses	1,542
Prostheses	2,127
Orthoses	2,891
Wheelchairs	631
Crutches (pairs)	3,457

Beginning of assistance: 1979

The ICRC continued its support for seven physical rehabilitation centres in Arba Minch, Asela, Bahir Dar, Dessie, Dire Dawa, Mekele and Menagesha, managed by regional governments through their offices of labour and social affairs (Asela, Bahir and Dar Dessie), by local NGOs with the financial participation of BoLSA (Arba Minch and Mekele) or independently by an NGO (Dire Dawa and Menagesha). In conjunction with the Ministry of Labour and Social Affairs, the Ministry of Health, the Ministry of Education and the Black Lion Hospital, it also continued to conduct a multi-year course in prosthetics and orthotics.

In Ethiopia, overall responsibility for physical rehabilitation rested, at federal level, with the Ministry of Labour and Social Affairs. However, in each regional state, it was the regional Bureau of Labour and Social Affairs that was charged with ensuring the availability of such services. While many aspects of the management of rehabilitation activities were the direct responsibility of the Bureau (centre budget, regional promotion of activities, service provision, number of staff, centre management, etc.), responsibility for other areas lay with the Ministry of Labour and Social Affairs (professional recognition for staff, human resources development and training, national policy for the sector, link with the health sector, etc.). Although its scope is limited, the medical service directorate of the Ministry of Health has started to plan strengthening the basic or key areas and level of rehabilitative care/procedures feasible in the Ethiopian hospital setting. The ICRC participated in the technical advisory working group lead-managed by the Ministry of Health.

The physical rehabilitation services available in the country were limited and concentrated in the urban areas. There was a network of 13 rehabilitation centres managed either by the regional bureaux (7) or by local NGOs (6). Owing to their geographical situation, most service users in need had great difficulty in getting to the service centres. This was particularly true of people with disabilities living in rural areas; they had hardly any access to physical rehabilitation services. Another barrier faced by people with disabilities to access services is the problem of raising the funds needed to cover the cost of

services and the cost of transport and accommodation while under treatment.

The ICRC conducted several activities aimed at improving accessibility, i.e. helping with the cost of transport and accommodation for those attending the centre, supporting referral/outreach programmes and donating materials and components to ensure that all assisted centres had the means to provide services. The ICRC provided direct support for people with disabilities by covering their registration fees at the centres (4,287 persons), transport costs (4,129 persons) and food expenses (4,085 persons). In total, more than 8,930 people benefited from various services at ICRC-assisted centres in 2011. Those services included the production of 2,127 prostheses (25% of them for mine survivors) and 2,891 orthoses (0.3% of them for mine survivors), the provision of 631 wheelchairs and 3,457 pairs of crutches and the provision of physiotherapy treatment for 4,599 persons. Children represented 22% and women 22% of the 8,939 beneficiaries. Throughout the year, wheelchair services were enhanced through cooperation with Motivation UK. Motivation UK donated the wheelchairs, while the ICRC provided training for the centre personnel and financial support for the construction of a wheelchair service area.

The quality of the services at ICRC-assisted centres was enhanced by continued mentoring by ICRC ortho-prosthetists and physiotherapists. In addition, the ICRC continued, in conjunction with several national institutions, to conduct a multi-year course in prosthetics and orthotics in which 23 persons from all over the country are enrolled. The course has been accredited by the Technical and Vocational Educational Training system in Ethiopia.

The ICRC helped centres and the authorities, at both regional and national levels, to promote the long-term functioning of services. The national physical rehabilitation strategy, developed by the Ministry of Labour and Social Affairs with ICRC support, has been incorporated into the national social welfare structure. During the year, a plan of action for practical implementation of the national strategy was drafted and will be further discussed

in 2012. Throughout the year, the ICRC participated in several forums, such as the National Rehabilitation Task Force, addressing physical rehabilitation and/or disability issues and maintained close contact with several national actors involved in rehabilitation, including the Ethiopian Physical Therapists Association, the Ethiopian National Disability Action Network (ENDAN), the National Disability Association (NDA) and the University of Gondar, which offers a four-year Bachelor of Science degree (BSc) in physiotherapy.

In 2012 the ICRC intends to:

- enhance quality through continued support from expatriate ortho-prosthetists and physiotherapists, by promoting multidisciplinary patient management, by conducting short courses for personnel at assisted centres, by enhancing cooperation with the University of Gondar (physiotherapy training) and by continuing to conduct its multi-year course in P&O for 23 candidates;
- facilitate access to services by providing direct support for patients (covering the cost of transport, food and registration fees), by donating the raw materials and components needed at the assisted centres, by supporting outreach visits and by giving advice to the local authorities in their plans to open new centres in Gambella and Assossa; and
- promote the long-term functioning of services by maintaining support for managerial staff, by training them in various aspects of management, by helping each Bureau of Labour and Social Affairs to implement the five-year plan of action, by assisting the Ministry in its efforts to implement the national physical rehabilitation strategy and by continuing to participate in the National Rehabilitation Task Force.

GUINEA-BISSAU



National partner

Ministry of Public Health

Location of project

Bissau

Patient services in 2011

March to December

Patients attending the centres	150
New patients fitted with prostheses	16
New patients fitted with orthoses	10
Prostheses	25
Orthoses	14
Wheelchairs	1
Crutches (pairs)	22

Beginning of assistance: 2010

In 2011 the ICRC continued supporting the Ministry of Public Health in the management and operation of the Centro de Reabilitação Motora (CRM), which served as the national referral centre. The Centro de Reabilitação Motora stopped functioning during the civil war (1998-1999), when it was looted and completely destroyed. Between 2007 and 2008, the Economic Community of West African States funded its renovation and other construction work. Most of the ICRC's activities in 2011 were directed at the completion of renovation and construction work, the installation of new equipment and preparations for resuming the provision of services, which started in March 2011.

The Ministry of Public Health was responsible for the management of the Centro de Reabilitação Motora, while the Ministry of Social Affairs was responsible for providing financial assistance and subsidizing the cost of services for vulnerable civilians with disabilities. The Ministry of Defence was responsible for subsidizing the cost of services for military personnel. As of December 2011, Guinea-Bissau had not signed the UN Convention on the Rights of Persons with Disabilities and no domestic disability legislation existed. Guinea-Bissau signed the Mine Ban Treaty in 1997 and ratified it in 2001. There are no reliable data on the incidence of disability in Guinea-Bissau. According to the *Landmine Monitor Report 2011*, the total number of mine/ERW survivors was estimated at around 850.

Access to physical rehabilitation services remains difficult for several reasons including the lack of service providers, the lack of professionals to provide the services and the lack of financial resources to cover the cost of services for people with disabilities. The ICRC conducted several activities aimed at improving accessibility, i.e. helping with the cost of transport for those attending the centre, supporting information campaigns (radio and information leaflet) and donating materials and components for the assisted centre (CRM) to ensure that it had the means of providing services. One hundred and fifty people benefited from various services at the ICRC-assisted centre. The services included the production of

25 prostheses (68% for mine survivors) and 14 orthoses, the provision of 1 wheelchair and 22 pairs of crutches and the provision of physiotherapy treatment for 48 persons. Children represented 21% and women 24% of the 150 beneficiaries.

To improve quality, ICRC specialists (ortho-prosthetists and physiotherapists) continued their support and mentoring. The ICRC provided scholarships for two persons to start a course in P&O at the Ecole Nationale des Auxiliaires Médicaux (ENAM) in Lomé (Togo). In addition, the physiotherapy department, formerly located at the Hospital Simão Mendes, was moved to the Centro de Reabilitação Motora, thus improving the quality of the services. All these activities were undertaken to build the local capacity for high-quality services, which is essential to ensure long-term functioning.

To promote the long-term functioning of services, the ICRC continued to work closely with the Ministry of Public Health to strengthen its capacity to implement, coordinate and lead-manage physical rehabilitation activities.

In 2012 the ICRC intends to:

- improve access to services by continuing to support the activities of the Centro de Reabilitação Motora, by raising awareness of the services available at assisted centres and by collaborating with the federations/associations working on behalf of people with disabilities;
- enhance quality through support and mentoring provided by an ortho-prosthetist and a physiotherapist, both from the ICRC, and by continuing to provide scholarships for two persons to continue their training in P&O; and
- promote the long-term functioning of services by continuing to provide support for the Ministry of Public Health to develop its capacity to manage physical rehabilitation services.

LIBYA

**National partner**

Ministry of Social Affairs

Location of projects

Benghazi

Patient services in 2011

Patients attending the centres	376
New patients fitted with prostheses	27
New patients fitted with orthoses	52
Prostheses	50
Orthoses	104

Beginning of assistance: 2011

In August 2011 the ICRC started to provide assistance for the Benghazi Rehabilitation Centre, managed by the Ministry of Social Affairs (MoSA). The Benghazi Rehabilitation Centre (BRC) which stopped its P&O activities in 2008 was the only functional centre in the country that had the capacity to resume activities to produce P&O devices and to provide rehabilitation services for people with disabilities. An agreement was signed between the MoSA and the ICRC to provide assistance for the BRC in order to ensure access to services for people with disabilities, the focus being on those wounded in the recent conflict.

Access to physical rehabilitation was the responsibility of two ministries, the Ministry of Social Affairs, which managed the Benghazi Rehabilitation Centre and the Janzour Rehabilitation Centre in Tripoli, and the Ministry of Health, which managed a P&O department located in the basement of the Abu Salim Hospital in Tripoli. Rehabilitation activities in Libya were fairly limited primarily because of the lack of institutions providing services and the lack of highly-skilled P&O professionals able to provide such services. In 2011, because of the prevailing situation, no national policy had been drafted and no coordination body had been appointed. At present, the Libyan authorities give priority to sending those in need abroad for services, the aim being to respond rapidly to the immediate needs.

During the period under review, the BRC, with the support of the ICRC, was able to resume its P&O services, which had been at a standstill for years. In total, more than 370 people benefited from various services at ICRC-assisted centres between August and December 2011. The services included the production of 50 prostheses (22% of them for mine survivors) and 104 orthoses (5% of them for mine survivors) and the provision of physiotherapy treatment for 67 persons. Children represented 17% and women 20% of the 376 beneficiaries.

The quality of the services provided at the BRC was enhanced by technical and clinical mentoring from ICRC specialists (an ortho-prosthetist and a physiotherapist). ICRC specialists provided on-the-job training and mentoring and provided support to establish some organization and treatment protocols that had previously been non-existent (patient files, technical cards, assessment appointments, casting appointments, delivery mechanisms, etc.).

As the situation in Libya is evolving rapidly, plans are for the assistance for the Benghazi Rehabilitation Centre to end in January 2012. However, the ICRC will maintain close contact with relevant ministries in Tripoli and other actors and, if needed, could resume its assistance in 2012.

REPUBLIC OF SOUTH SUDAN



National partner

Ministry of Gender, Child and Social Welfare (MoGCSW)

Location of project

Juba

Patient services in 2011

Patients attending the centres	1,449
New patients fitted with prostheses	68
New patients fitted with orthoses	27
Prostheses	323
Orthoses	142
Wheelchairs	95
Crutches (pairs)	313

Beginning of assistance: 2006

In 2011 the ICRC continued supporting the Ministry of Gender, Child and Social Welfare (MoGCSW) in the management and operation of the Juba Physical Rehabilitation Reference Centre (PRRC), which served as the referral centre for the whole of South Sudan. The Ministry of Gender, Child and Social Welfare (MoGCSW) held primary responsibility for services for people with disabilities. Another ministry, the Ministry of Social Development, was involved in providing physical rehabilitation services through the management of the Nile Assistance for the Disabled Centre in Juba and the Rumbek Rehabilitation Centre.

There were no reliable statistics on the number of people with disabilities, which several sources estimated at between 40,000 and 200,000. According to the *Landmine Monitor Report 2011*, more than 3,000 mine/ERW survivors were identified in South Sudan as of December 2010.

In South Sudan, all those in need were supposed to have equal access to physical rehabilitation. However, long distances, the lack of a transportation system, the cost of transport when it existed and security-linked constraints impeded access. The ICRC conducted several activities aimed at improving accessibility, i.e. helping with the cost of transport and accommodation for those attending the centre, developing a referral system, conducting some outreach visits, supporting information campaigns (radio and information leaflet) and donating materials and components to ensure that the PRRC had the means to provide services. More than 1,440 people benefited from various services at the ICRC-assisted centre. The services included the production of 323 prostheses (28% for mine survivors) and 142 orthoses (0.7% for mine survivors), the provision of 95 wheelchairs and 313 pairs of crutches and the provision of physiotherapy treatment for 728 persons. Children represented 7% and women 21% of the 1,449 beneficiaries. Throughout the year, wheelchair services were enhanced through cooperation with Motivation UK. Motivation UK donated the wheelchairs, while the ICRC provided training for the centre personnel and financial support for the construction of a wheelchair service area.

To improve quality, ICRC specialists (ortho-prosthetists and physiotherapists) continued their support and mentoring. Three students enrolled in the Sudanese Diploma for Prosthetics and Orthotics (SDPO) completed their training and started to work at the centre. The ICRC provided scholarships for one person to start a course in P&O at the Tanzania Training Centre for Orthopaedic Technologists, for one person to start training at the Tumaini University in Tanzania and for two others to continue their training in physiotherapy at St Mary's University in Juba. In addition, ICRC specialists gave lectures for physiotherapy students at St Mary's University. All these activities were undertaken to build local capacity for high-quality services, which is essential to ensure long-term functioning.

To promote the long-term functioning of services, the ICRC continued to work closely with the Ministry of Gender, Child and Social Welfare to strengthen its capacity to implement, coordinate and lead-manage physical rehabilitation activities. The ICRC also supported the MoGCSW in its efforts to develop a national disability policy and participated in meetings of the Victim Assistance Working Group.

In 2012 the ICRC intends to:

- facilitate access to services by continuing to support the Ministry of Gender, Child and Social Welfare at the Juba Physical Rehabilitation Reference Centre, by opening two pre-selection sites in Wau and in Malakal, by donating materials and components and by covering the costs of transport, accommodation and food for people with disabilities attending the centre;
- enhance the quality of services by continuing to provide ICRC specialists (ortho-prosthetists and physiotherapist) to work closely with the centre's personnel, by continuing to sponsor candidates for formal training in P&O at TATCOT and at Tumaini University and in PT at St Mary's University and by promoting a multidisciplinary approach; and
- promote the long-term functioning of services by strengthening the MoGCSW in managing physical rehabilitation activities.

SUDAN



National partners

National Authority for Prosthetics and Orthotics, Ministry of Welfare and Social Welfare

Location of projects

Damazin, Dongola, Gedaref, Kadugli, Kassala, Khartoum, Nyala

Patient services in 2011

Patients attending the centres	3,429
New patients fitted with prostheses	857
New patients fitted with orthoses	448
Prostheses	1,603
Orthoses	1,067
Wheelchairs	3
Crutches (pairs)	350

Beginning of assistance: 1985

In 2011 the ICRC continued supporting the national referral centre in Khartoum of the National Authority for Prosthetics and Orthotics (NAPO) as well as its branches in Damazin, Dongola, Gedaref, Kadugli, Kassala and Nyala. In addition to providing support to run the centres, the ICRC conducted, jointly with NAPO, a formal course in P&O; 10 students successfully completed the entire course.

The National Authority for Prosthetics and Orthotics (NAPO) affiliated to the Ministry of Welfare and Social Security (MoW&SS) was in charge of the main physical rehabilitation centre in Khartoum as well as its mobile workshop and satellite centres in Damazin, Dongola, Gedaref, Kadugli, Kassala and Nyala. By a Resolution of the Council of Ministers signed by the President of Sudan in 2010, NAPO became the advisor and point of reference in all matters related to physical rehabilitation for the government of Sudan. Again by Presidential decree, NAPO is also an official authority (para-statal) but is waiting for this status to be empowered by the relevant ministry, thus giving it far greater financial and managerial autonomy.

Sudan signed the UN Convention on the Rights of Persons with Disabilities on 30 March 2007 and ratified it on 24 April 2009. Sudan has a significant number of people with disabilities, mainly as a consequence of longstanding and violent armed conflicts in which it had been involved since its independence in 1956. Based on the 2008 national census, of a population of almost 32 million, it is estimated that there are up to 1.3 million persons with disabilities (PWDs); 450,000 of them (1.39%) are in need of physical rehabilitation services and would need orthopaedic appliances such as orthoses or prostheses. Sudan ratified the Mine Ban Treaty on 13 October 2003, becoming a State Party on 1 April 2004. According to the *Landmine Monitor Report*, there was a total of 1,158 mine/ERW survivors in Sudan at the end of 2010.

In Sudan, all those in need were supposed to have equal access to physical rehabilitation. However, long distances, the lack of a transportation system and security-linked constraints impeded access. The ICRC conducted several activities aimed at improving accessibility, i.e. helping

with the cost of transport and accommodation for those attending the Nyala centres, developing a referral system in the Darfur region, donating materials and components for all assisted centres (including NAPO branches), supporting the activities of the NAPO mobile clinic, etc. More than 3,400 people benefited from various services at ICRC-assisted centres. The services included the production of 1,603 prostheses (6% of them for mine survivors) and 1,067 orthoses, the provision of 3 wheelchairs and 350 pairs of crutches and the provision of physiotherapy treatment for 1,787 persons. Children represented 16% and women 23% of the 3,429 beneficiaries.

To improve the quality of services, ICRC specialists (ortho-prosthetists and physiotherapists) continued their support and mentoring. The students enrolled in the Sudanese Diploma for Prosthetics and Orthotics (SDPO) completed their training in January 2011. Ten students successfully completed the course; three of them came from South Sudan and returned to work at the centre in Juba after completing the course. All students who had successfully completed the course were awarded an ISPO certificate as the course is recognized by ISPO. The SDPO course started in 2008 and was conducted by the ICRC in cooperation with NAPO, El Geraif College and the Ministry of Higher Education and Scientific Research.

To promote NAPO's long-term functioning, the ICRC continued to work closely with the directorate to strengthen its capacity to implement, coordinate and lead-manage physical rehabilitation activities. In addition, the ICRC supported the MoW&SS, the National Council for Persons with Disabilities and the National Union of Physically Disabled in mapping the actors working in the disability sector with a view to establishing a network of all stakeholders.

In 2012 the ICRC intends to:

- facilitate access to services by supporting NAPO and its branch centres, with an emphasis on the main

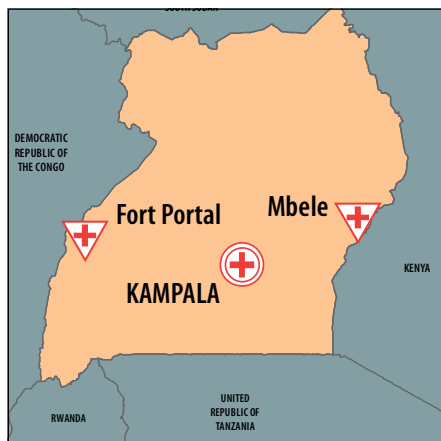
centre in Khartoum and the satellite centres located in Nyala and Kadugli, by maintaining support for the referral centre in the Darfur, by donating materials and components and by covering the costs of transport, accommodation and food for people with disabilities attending the Nyala centre;

- enhance quality by maintaining the support by its ortho-prosthetists and physiotherapists and by

providing scholarships for candidates to attend advanced training courses in P&O; and

- promote the long-term functioning of services by maintaining its support for NAPO in managing physical rehabilitation activities, by continuing to collaborate with the MoW&SS, the National Council for Persons with Disabilities and the National Union of Physically Disabled.

UGANDA

**National partner**

Ministry of Health

Location of projects

Fort Portal, Mbale

Patient services in 2011

Patients attending the centres	955
New patients fitted with prostheses	120
New patients fitted with orthoses	311
Prostheses	188
Orthoses	398
Wheelchairs	3
Crutches (pairs)	264

Beginning of assistance: 2008

The ICRC continued supporting the activities of the Fort Portal Orthopaedic Centre and the Mbale Orthopaedic Centre. The ICRC also continued to work closely with the Ministry of Health in planning a central store whose budget structure would ensure the long-term functioning of all centres in Uganda.

The Ugandan Government has passed forward-looking, progressive anti-discrimination disability legislation, as exemplified by the 2006 Persons with Disabilities Act and the 2004 National Council for Disability Act. Furthermore, disability rights were explicitly recognized in the 1995 Constitution. In order to promote, protect, mainstream and monitor the rights of PWDs a National Disability Council was established in 2003. The Ugandan Government ratified the UN Convention on the Rights of Persons with Disabilities in 2008. Disability is the responsibility of the Department of Disability and Elderly at the Ministry of Gender, Labour and Social Development. The different sector ministries are responsible for mainstreaming disability in all their activities.

Uganda ratified the Mine Ban Treaty 1999 and the Comprehensive Plan of Action on Victim Assistance 2008-2012 was revised in 2010. Core instruments were to strengthen the P&O centres, increase assistive devices for PWDs, disseminate guidelines and reach 80% of the population with messages about disability prevention and rehabilitation.

The Ministry of Health is responsible (minimum health care package) for the provision of medical rehabilitation, including assistive devices, through its network of P&O centres in the regions. The physical rehabilitation sector included a network of 12 centres spread across the country and managed by either the Ministry of Health or local NGOs. There is also a training institute for P&O (Mulago P&O School) and for physiotherapy (also located in Mulago). The total number of people with disabilities who need physical rehabilitation was not known

but the annual production of assistive devices clearly fails to meet the needs. According to the Ministry of Health, only a small percentage of all people with disabilities in need of assistive devices were receiving services. There are several reasons for this: the low production rates of centres; the lack of information among people with disabilities about the services available and their location; and the financial situation of people with disabilities, which makes it difficult for them to cover the cost of transport to the services, the cost of accommodation during treatment and the cost of the treatment itself.

The ICRC conducted several activities aimed at improving access to services; the activities included donating materials and components needed by assisted centres, cooperating with other international organizations, dissemination activities and networking with representatives of organizations for people with disabilities. In all, 955 people benefited from various services at ICRC-assisted centres. The services included the production of 188 prostheses (28% of them for mine survivors) and 398 orthoses and the provision of 3 wheelchairs and 264 pairs of crutches. Children represented 34% and women 24% of the 955 beneficiaries.

Quality was enhanced through ongoing support and mentoring provided by an ICRC ortho-prosthetist and a physiotherapist. The ICRC sponsored attendance by one physiotherapist at a refresher course at the regional training unit of the ICRC Special Fund for the Disabled in Addis Ababa.

The ICRC continued to support the Ministry of Health in its desire to compile a standard list of P&O materials intended for the central store. In this regard, an agreement on the purchase of materials and components by the National Medical Store (NMS) was finalized in late December and the NMS will hopefully be able to provide the centres with materials and components by mid-2012.

In 2012 the ICRC intends to:

- improve access to services by continuing to support the activities of the Fort Portal and Mbale orthopaedic centres, by covering the cost of transport and accommodation for a specific group of beneficiaries, by continuing to collaborate with other international organizations and organizations for people with disabilities and by raising awareness of the services available at assisted centres;
- enhance quality through support and mentoring by the ICRC ortho-prosthetist and physiotherapist; and
- promote the long-term functioning of services by continuing support for the Ministry of Health and centre managers in the management of physical rehabilitation services.

4.2 – ASIA



ICRC SUPPORT IN ASIA AT A GLANCE

In 2011 the ICRC supported 30 projects in 11 Asian countries:

Afghanistan (8), Bangladesh (1), Cambodia (3), China (3), the Democratic People's Republic of Korea (1), India (5), Myanmar (1), Nepal (2), Pakistan (4), Sri Lanka (1) and the Philippines (1).

- In Bangladesh, it started to collaborate with the Centre for the Rehabilitation of the Paralysed.
- In India, it began to support two additional centres, in Raipur and in Srinagar.
- In Myanmar, meetings with the Director of the Directorate of Defence Medical Services and the Minister of Health took place to discuss a possible resumption of ICRC support for centres under their responsibility.

Services provided

Patients attending the centres	110,286
New patients fitted with prostheses	4,265
New patients fitted with orthoses	8,577
Prostheses delivered	10,198
Orthoses delivered	18,227
Wheelchairs distributed	2,357
Walking aids distributed (pairs)	8,980
Patients receiving appropriate physiotherapy services	43,059

Children represented 21% and women 16% of the beneficiaries.

In Afghanistan, over 2,500 persons with disabilities were aided by the various activities of the social inclusion programme (job placement, special education, vocational training, microcredit, etc.).

In Afghanistan, the ICRC-managed component factory, continued to provide components for five non-ICRC centres free of charge.

In Cambodia, the ICRC-supported component factory in Phnom Penh continued producing for all centres nationwide, thus ensuring proper care throughout the country.

Developing national capacities

22 persons sponsored for P&O courses

21 persons enrolled in a three-year P&O course conducted by the ICRC in Afghanistan

In Cambodia, one centre manager was sponsored for a management course.

Promoting the long-term functioning of services

In Afghanistan, the ICRC maintained close contact with the relevant authorities, helped to develop national P&O guidelines and took part in the Disability Stakeholder Commission Group, a working group set up by the Ministry of Martyrs, Disabled and Social Affairs to promote reintegration into society.

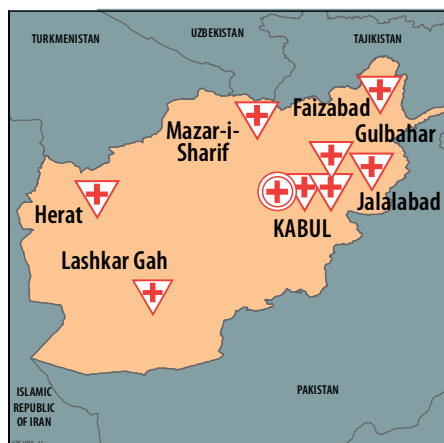
In Cambodia, the ICRC continued implementing its strategy for strengthening the capacity of the Ministry of Social Affairs, Veterans and Youth Rehabilitation at central and provincial levels to manage all activities at the centres and at the component factory.

In India, the ICRC continued to promote the long-term functioning of services by strengthening the capacity of the various partners, i.e. the Indian Red Cross Society and the board of directors of assisted centres.

In Pakistan, the ICRC continued to implement its strategy for strengthening technical and managerial capacities with the aim of ensuring the long-term functioning of services. In Muzaffarabad, discussions with the MoH were ongoing regarding the handover of the centre to the authorities.



AFGHANISTAN



National partner

None

Location of projects

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

Patient services in 2011

Patients attending the centres	73,552
New patients fitted with prostheses	1,000
New patients fitted with orthoses	4,770
Prostheses	3,536
Orthoses	10,835
Wheelchairs	1,075
Crutches (pairs)	5,082

Beginning of assistance: 1987

The ICRC's physical rehabilitation project in Afghanistan combined physical rehabilitation with activities aimed at social inclusion. In 2011 the ICRC continued managing seven physical rehabilitation centres throughout the country and one component factory in Kabul (which also produced wheelchairs). It continued to conduct formal training in P&O, to manage a special programme for spinal cord injuries (home care programme) and to contribute to the social reintegration of people with disabilities through its Social Reintegration Programme.

The Afghan constitution recognizes the rights of people with disabilities. After lengthy discussions, a domestic disability law was passed in December 2010. This should provide a legal basis for dealing with disability issues, stating the rights of the disabled and the duties of the government, but its implementation remains uncertain. There were several ministries actively dealing with matters related to disability, the Ministry of Public Health, the Ministry of Social Affairs, Martyrs and Disabled and the Ministry of Education. The Mine Action Coordination Centre of Afghanistan is the agency responsible for coordination in the area of disability. It had two representatives working in each of the three aforementioned ministries with responsibility for providing support, help and coordination. The Ministry of Public Health is responsible for medical treatment and physical rehabilitation. The Disability Unit, a team of specialists working under the Curative and Diagnostic Directorate, is the Ministry's focal point for disabilities. The Ministry's strategy and plan of action are indicated in the Basic Package of Health Services and the Essential Package of Hospital Services; physiotherapy services are included in both, prosthetic and orthotic services only in the latter.

Afghanistan remains one of the most weapon-contaminated places in the world. In 2011, among the total number of amputees newly registered at the ICRC-managed centres, 518 were mine/ERW survivors, thus representing slightly less than 30%. However, in Helmand province, the most conflict-affected province in the country, this percentage increased to 65%.

The present number of people with disabilities in Afghanistan is not known. The Central Statistical Organization puts the current population of Afghanistan at approximately 29 million. It is estimated that people with disabilities account for 2-3% of the total population (560,000-840,000). Of these people, roughly 495,000 need access to physical rehabilitation services. The current annual production of mobility devices in the country would indicate that the existing centres are unable to meet the demand. Physical rehabilitation services were available through a network of 16 centres, seven of which are managed by the ICRC; the others are managed by NGOs, with the exception of two that are managed by the Ministry of Public Health. As these centres are concentrated in 12 of the 34 provinces in the country, patients are forced to travel long distances to reach them. The obstacles to rehabilitation (and health services generally) were numerous: ignorance, lack of professionalism among medical personnel, prejudices against disability, poverty, the distances and transport difficulties, violence, ethnicity and political divisions. While the aim of ICRC aid was to remove some of those obstacles, much work remained to be done to improve access to services and to allow people with disabilities to play an active role in their communities. The ICRC continued working with various entities to boost access to services.

In 2011 more than 73,000 people benefited from various services at ICRC-managed centres. The services included the provision of 3,536 prostheses (61% for mine survivors), 10,835 orthoses (0.2% for mine survivors), 1,075 wheelchairs and 5,082 pairs of crutches. In addition, more than 30,000 persons received appropriate physiotherapy services throughout the year. Children represented 23% and women 17% of the beneficiaries. In addition, the ICRC-managed component factory continued furnishing components free of charge for six non-ICRC centres. Under the ICRC's home care programme for paraplegics with spinal cord injuries, 1,548 persons were aided during 6,856 home visits, for security reasons fewer than in 2010. The ICRC also ran a special physiotherapy programme for children with cerebral palsy, in which 1,810 children were registered. In

2011 636 children with clubfoot were registered at ICRC centres, 15% more than in 2010. More than 75% of them were treated with the Ponseti method.

Patients living in areas to which the ICRC had access were offered reintegration opportunities such as education, vocational training, microcredit and employment. More than 2,500 people with disabilities were aided by the social inclusion programme.

The ICRC maintained its support for the professional development of local P&O technicians and physiotherapists working in ICRC-managed centres. Besides mentoring and other forms of support from ICRC staff, the organization continued conducting a three-year P&O course in conjunction with the Ministry of Public Health. Twenty-one trainees were enrolled for this course at the ICRC facility in Kabul. The second examination (Module 2: Lower-Limb Orthotics) took place in March 2011 and was supervised by ISPO, which formally recognized the course. In addition, ICRC specialists conducted upgrading training for professionals (P&O technicians and physiotherapists) already working at ICRC-managed centres.

Throughout the year, the ICRC provided some assistance for seven non-ICRC centres. This assistance included the provision of components and materials from the Kabul Component Factory (6 centres), providing upgrading training for professionals from the centres at the ICRC's Kabul centre (Kandahar centre managed by Handicap International) and providing training in wheelchair manufacturing for the Jalalabad centre managed by Rehabilitation Afghan Disabled (RAD) – Swedish Committee for Afghanistan (SCA).

To ensure the long-term sustainability of the services, the ICRC maintained close contact with the relevant authorities and participated in the drafting of national

guidelines for P&O services and in the Disability Stakeholder Commission Group (Ministry of Martyrs, Disabled and Social Affairs), a working group set up to promote social reintegration. The ICRC continued developing the skills of Afghan employees with the aim of eventually transferring all management responsibilities to them. In addition, the ICRC continued to cooperate with most organizations involved in the disability field.

In 2012 the ICRC intends to:

- enhance the quality of services by completing the current three-year P&O course, by starting a new three-years P&O course, by continuing to improve the components and wheelchairs produced at the Kabul factory, by maintaining its support for the training of physiotherapists, by conducting several refresher courses and by continuing support by ICRC expatriate ortho-prosthetists and physiotherapists;
- facilitate access to services by continuing support for the seven centres, by conducting outreach visits, by continuing its Home Care Programme, by continuing its special programme for children with cerebral palsy and for clubfoot, 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;
- continue its social inclusion programme and the promotion of participation in sport among people with disabilities as a mean of rehabilitation; and
- promote long-term services by developing local capacities, by participating in forums on disability issues and by supporting government action to promote physical rehabilitation and social reintegration.

BANGLADESH



National partner

Centre for the Rehabilitation of the Paralysed

Location of projects

Savar

Patient services in 2011

Patients attending the centres with the support of the ICRC	385
New patients fitted with prostheses	17
New patients fitted with orthoses	369
Prostheses	17
Orthoses	704

Beginning of assistance: 2011

In 2011 the ICRC started to support the activities of the Centre for the Rehabilitation of the Paralysed (CRP) located in Savar. CRP was established in 1979. As its name suggests, the centre was built around the rehabilitation of people who are paralysed, in this case mainly those who have spinal cord injuries. However, through its many different departments and pursuing a holistic approach, the centre caters for a far broader group of people with disabilities, who are given access to health, rehabilitation, education, employment, the physical environment and information. The P&O department was set up in 2003 with the technical and financial support of the ICRC Special Fund for the Disabled. ICRC projects aimed at ensuring access to appropriate physical rehabilitation services for the most vulnerable people with disabilities.

Bangladesh ratified the UN Convention on the Rights of Persons with Disabilities in 2007 and its Optional Protocol in 2008. The Ministry of Health and Family Welfare is the national authority responsible for disability issues. Its Department of Social Services is responsible for preparing plans and policies in the disability field. It does so through a National Coordination Committee, with the involvement of, among others, the Centre for Disability in Development and the National Forum of Organizations Working with the Disabled, which is an umbrella organization of some 150 organizations for people with disabilities and NGOs working with and for

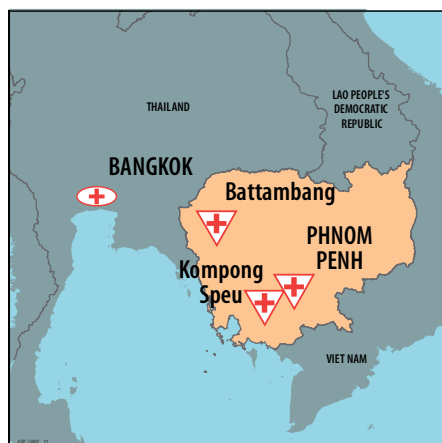
people with disabilities. There were no exact figures for the number of people with disabilities in Bangladesh. According to national statistics, 0.47% of the population have some kind of disability (1991 census data). Other surveys conducted more recently by different organizations indicated a figure between 5 and 8%.

In 2011 the ICRC subsidized the cost of services (including transport) for 385 persons with disabilities. The services included the provision of 17 prostheses and 704 orthoses. Children represented 89% and women 2% of the 385 beneficiaries. The ICRC also extended its technical assistance and training regarding quality control mechanisms and follow-up of patients.

In 2012 the ICRC intends to:

- improve access to services by continuing to collaborate with CRP in Savar, by supporting CRP's efforts to set up a new branch in Chittagong and by continuing to subsidize the cost of services (including transport) for the most vulnerable people with disabilities;
- enhance quality through support and mentoring provided by the ICRC ortho-prosthetist; and
- promote the long-term functioning of services by continuing to provide support for CRP management personnel.

CAMBODIA

**National partner**

Ministry of Social Affairs, Veterans and Youth Rehabilitation

Location of projects

Battambang, Kompong Speu, Phnom Penh

Patient services in 2011

Patients attending the centres	10,646
New patients fitted with prostheses	175
New patients fitted with orthoses	289
Prostheses	1,629
Orthoses	1,397
Wheelchairs	486
Crutches (pairs)	1,388

Beginning of assistance: 1991

In 2011 the ICRC continued its cooperation with the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) in support of the Battambang Regional Physical Rehabilitation Centre, the Kompong Speu Regional Physical Rehabilitation Centre and the Phnom Penh Orthopaedic Component Factory. Since 2004 the ICRC has progressively reduced its role in managing the assisted projects and focused on strengthening the Ministry's capacity (at national and centre level), gradually transferring all responsibilities to the MoSVY. ICRC staff continued to act as advisers for Ministry personnel in managing service provision at centre level and managing the physical rehabilitation sector at the national level.

Cambodia has signed a considerable number of agreements and international programmes concerning people with disabilities, such as the UN Convention on the Rights of Persons with Disabilities signed in 2007 and the World Programme of Action concerning Disabled Persons (1982). It also supports the Biwako Millennium Framework for Action towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities for Asia and the Pacific (ESCAP) 2003-2012. At the end of 2011 MoSVY and relevant stakeholders initiated a review of the National Plan of Action for Persons with Disabilities (2009-2011), developed as part of Cambodia's obligations under the Mine Ban Convention.

Several ministries were involved in the disability issue, such as the Ministry of Education, Youth and Sports (MoEYS) with its Special Education Office responsible for promoting inclusive education for children with disabilities and the Ministry of Health (MoH) promoting physiotherapy services. However, the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) was the core ministry with the responsibility for providing rehabilitation and vocational skills training services for people with disabilities. The physical rehabilitation sector included 11 physical rehabilitation centres throughout the country, two of which are supported by the ICRC (Battambang and Kompong Speu). Apart from the 11 centres, the physical rehabilitation sector includes the Phnom Penh Component Factory (supported by the ICRC), the Cambodian School for

Prosthetics and Orthotics (CSPO), the Technical School for Medical Care, which provides training for physiotherapists and two professional associations, the Cambodian Association of Prosthetists and Orthotists (KhAPO) and the Cambodian Physiotherapy Association (CPTA). Finally, the sector also included the Disability Action Council (DAC), a semi-autonomous body attached to the MoSVY, which provided technical, coordinating and advisory services for MoSVY.

Landmines and ERW, including cluster munitions, continued to pose a threat in many rural communities despite mine/ERW clearance and longstanding mine-risk education activities. From January to December 2011, 211 mine/ERW accidents were provisionally recorded by the Cambodian Mine/ERW Victim Information System (CMVIS). This figure represents a decrease of approximately 26% compared with 2010. Of the 211 casualties, 43 persons were killed and 135 were injured and 33 (15.64%) persons had limbs amputated. As in previous years, most of the accidents occurred in the five northern and western provinces (Banteay Meanchey, Battambang, Oddar Meanchey, Pailin and Preah Vihear) covered by the Battambang Regional Physical Rehabilitation Centre.

In 2011, to enhance the accessibility of services, the ICRC continued to provide direct support for the beneficiaries (reimbursing, together with the Ministry of Social Affairs, the cost of transport and of accommodation at the centres), maintained its support for the centres' outreach programmes and provided support for the development of a comprehensive network of potential partners within the centres' catchment areas. In all, 10,646 people benefited from various services provided at ICRC-assisted centres. The services included the provision of 1,629 prostheses (84% for mine survivors), 1,397 orthoses (0.4% for mine survivors), 486 wheelchairs and 1,388 pairs of crutches and the provision of appropriate physiotherapy treatment for 2,822 persons. Children represented 7% and women 12% of the beneficiaries. In addition, the Phnom Penh Orthopaedic Component Factory continued to provide components for all physical rehabilitation centres in Cambodia, thus ensuring proper care for all persons receiving services at centres throughout the country.

Both ICRC-assisted centres continued their outreach programmes: 7,811 patients were assessed and 4,464 P&O devices and 644 wheelchairs were repaired during these visits. To ensure access to economic reintegration programmes, social workers from the Ministry of Social Affairs, Veterans and Youth Rehabilitation employed at assisted centres facilitated the enrolment of 44 persons with disabilities in socio-economic programmes.

To improve the quality of services, the ICRC continued developing the skills of local personnel. In addition to ongoing mentoring for all personnel, ICRC ortho-prosthetists and physiotherapists organized several courses. In addition, the ICRC continued to provide a scholarship to give one candidate formal training in P&O (ISPO Cat. I level) at the Tanzania Training Centre for Orthopaedic Technologists.

Beside promoting access to the centres and improving the quality of the services provided at the centres, the ICRC continued implementing its strategy for strengthening the capacity of the Ministry of Social Affairs, Veterans and Youth Rehabilitation at central and provincial levels to manage all activities at the centres and at the orthopaedic component factory. Throughout the year, ICRC supported MoSVY efforts for strengthening management of the sector. In 2011, with the support of the ICRC, MoSVY developed guidelines on standard working procedures, implemented a Stock Management System (SMS) at all centres and implemented a common centre management tool, the Patient Management System (PMS). Both systems were developed by the ICRC. In addition, the ICRC continued to promote the long-term functioning of services by actively participating in the work of several committees addressing disability issues, to provide some

financial support for the Cambodian P&O and physical therapists' professional associations and to provide a scholarship for one centre manager, enabling him to study for a Bachelor's degree in business management.

In 2012 the ICRC intends to:

- continue to enhance the quality of services through continued assistance by ICRC specialists, through active support for further developing the national capacity to deliver services and to gain technical and clinical autonomy and by continuing to provide a scholarship for one candidate to be given formal training in P&O;
- facilitate access to services by maintaining its support for the Battambang and Kompong Speu centres and the Phnom Penh Orthopaedic Component factory, by supporting the centres' outreach programmes, by providing direct support for service users, by strengthening the referral networks in the areas covered (including strengthening the link with the Cambodian Red Cross's micro-economic initiative programme and other programmes involved in rehabilitation); and
- promote the long-term functioning of services through active participation in the work of the DAC Physical Rehabilitation Committee, by continuing to develop the capacity of MoSVY personnel (central and centre level) to manage physical rehabilitation activities, by developing the institutional capacity of the MoSVY so that it can take on greater responsibilities and by continuing to transfer management responsibilities to personnel from the MoSVY working at the centres.

CHINA

**National partner**

Red Cross Society of China, Yunnan branch

Location of projects

Kaiyuan, Kunming, Malipo

Patient services in 2011

Patients attending the centres	528
New patients fitted with prostheses	61
Prostheses	250

Beginning of assistance: 2003

In 2011 the ICRC continued to support the activities of the Orthopaedic Rehabilitation Centre in Kunming, managed by the Yunnan branch of the Red Cross Society of China, and its two repair workshops in Malipo and Kaiyuan.

To improve the conditions of people with disabilities, the government has set specific targets to be reached in the coming years, notably in the areas of rehabilitation, education, employment and protection of rights, as well as sports and leisure activities. The State Council published the first draft of the Regulation governing the Construction of a No-obstacle Environment to promote social participation for people with disabilities and to make daily life easier for them and the elderly. The China Disabled People's Federation decided to pursue the government's objectives mainly through community-based rehabilitation activities (CBR). The Ministry of Health issued a notice to initiate a pilot project to improve the medical rehabilitation service in 13 provinces, including Yunnan Province. The main purpose of the project is to establish a comprehensive working mechanism and service covering the various stages from prevention to treatment and rehabilitation. According to the second National Sampling Survey on Disabilities conducted in 2006, China has an estimated number of 83 million people, 6.34% of the total population, with a form of disability. More than 75% of them live in rural areas, where they represent the most vulnerable groups, with low access to health services, education, labour and social activities. People with disabilities encounter daily difficulties in a society with an economy under enormous market-oriented transition. The China Disabled People's Federation estimates that nearly 10 million of them are living in poverty.

China has still not acceded to the Mine Ban Treaty but has endorsed the "ultimate goal of a total ban." Since 2004 the Red Cross Society of China, Yunnan branch, has registered 319 landmine survivors and fitted them with devices at its Orthopaedic Rehabilitation Centre in Kunming. The majority of these survivors were injured in the southern region of Wenshan prefecture (Malipo

and Maguan counties bordering on Viet Nam). In 2011 the Yunnan Red Cross branch reported three new landmine casualties. It replaced worn-out prostheses for 21 registered landmine survivors and fitted the above-mentioned three survivors for the first time.

Throughout the year, the ICRC continued supporting the Yunnan Orthopaedic Rehabilitation Centre and its two repair workshops, thus allowing services to be brought closer to beneficiaries living far from Kunming. In 2011 289 persons who had received prostheses in previous years had access to follow-up at the two repair workshops. In addition, several outreach sessions were carried out from the two repair workshops. In all, 528 people benefited from various services at ICRC-assisted centres. The services included the production of 250 prostheses (10% of them for mine survivors) and the provision of physiotherapy services for 245 persons. Children represented 4% and women 18% of the 528 beneficiaries.

The quality of the services provided was enhanced by regular visits by the ICRC ortho-prosthetist. During the year, the ICRC ortho-prosthetist provided two short refresher courses on gait deviation analysis and on the appropriate fitting of lower-limb prostheses. The Yunnan Red Cross branch remained fully responsible for carrying out rehabilitation and ensuring the proper functioning of its facilities. Throughout the year, the ICRC continued to provide support for the centre director in the management of such activities. To ensure a smooth transition, the ICRC agreed to prolong its clinical and technical support until the end of 2016.

In 2012 the ICRC intends to:

- continue supporting the Yunnan Orthopaedic Rehabilitation Centre and its repair workshops by donating the materials and components needed to ensure services; and
- provide regular support and mentoring for local personnel (technical, clinical and managerial) through regular visits by an ICRC specialist.

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

Red Cross Society of the Democratic People's Republic of Korea, Ministry of People's Armed Forces

Location of projects

Pyongyang

Patient services in 2011

Patients attending the centres	490
New patients fitted with prostheses	258
New patients fitted with orthoses	11
Prostheses	494
Orthoses	25
Wheelchairs	23
Crutches (pairs)	205

Beginning of assistance: 2002

In 2011 the ICRC continued to assist the Ministry of the People's Armed Forces by providing support for the Rakrang Physical Rehabilitation Centre.

The Democratic People's Republic of Korea has not yet ratified the UN Convention on the Rights of Persons with Disabilities. In 2010 the 2008 national population census was published. Children under five years of age were not included in this survey. The types of disabilities were categorized in four groups (difficulty in seeing, hearing, climbing/walking and the use of mental faculties). Difficulties were divided into three categories according to severity: "slight difficulty," "a lot of difficulty" and "cannot do it at all." It is not clear if slight difficulties really do affect the daily life of those in the target group. According to data published from the 2008 census, 312,673 people had serious to severe disabilities, with 120,261 of them having serious to severe difficulties in climbing/walking. That figure represents 1.45% of the population, which was estimated at 21.6 million in 2008.

The Korean Federation for the Protection of the Disabled (KFPD) was created in 1998 in the Ministry of Public Health. The KFPD has an advisory role for establishing state policies such as advocacy, awareness and the prevention of disabilities. The KFPD also manages physical rehabilitation centres. It is also involved in establishing regulations for special education and vocational training. In 2011 the Korean Federation for the Protection of the Disabled organized the fourth national orthopaedic seminar in Pyongyang.

To improve accessibility of services, the ICRC continued to donate essential materials and components to the assisted centres. In all, 490 people benefited from various services provided at ICRC-assisted centres. The services included the provision of 494 prostheses, 25 orthoses, 23 wheelchairs and 205 pairs of crutches and the provision of appropriate physiotherapy services for 486 persons. Children represented 5% and women 13% of the beneficiaries.

To improve the quality of services at the assisted centre, ICRC ortho-prosthetists and physiotherapists continued supporting and mentoring local personnel. ICRC staff conducted several upgrading courses for P&O technicians and physiotherapist assistants.

In 2012 the ICRC intends to:

- facilitate access to services by continuing to provide support for the Rakrang Rehabilitation Centre and by helping it to develop its physical rehabilitation services;
- enhance quality by maintaining the support and mentoring of ICRC ortho-prosthetists and physiotherapists and by conducting refresher/upgrading courses in P&O and physiotherapy; and
- promote the long-term functioning of services by strengthening the local capacity for managing rehabilitation services.

INDIA

**National partners**

Indian Red Cross Society, Voluntary Medicare Society, Ministry of Health of Jammu and Kashmir, Ministry of Justice and Social Welfare of Chhattisgarh

Location of projects

Dimapur, Jammu, Raipur, Srinagar (2)

Patient services in 2011

Patients attending the centres	923
New patients fitted with prostheses	85
New patients fitted with orthoses	150
Prostheses	123
Orthoses	168
Wheelchairs	112
Crutches (pairs)	80

Beginning of assistance: 2004

In 2011 the ICRC continued to provide support for the Artificial Limb Centre (ALC Srinagar) at the Bone and Joint Hospital (Srinagar), the Artificial Limb Centre (ALC Jammu) at the Governmental Medical College (Jammu) and the District Disability Rehabilitation Centre (DDRC) in Dimapur. In addition, the ICRC started to provide support for two centres, the P&O department of the Voluntary Medicare Society in Srinagar and the Physically Rehabilitation Reference Centre (PRRC) in Raipur. In both cases, the assistance provided in 2011 focused mainly on renovation work on infrastructure and the donation of equipment. The two centres are scheduled to start providing services in 2012.

In 2007, India signed and ratified the UN Convention on the Rights of Persons with Disabilities but not its Optional Protocol, which requires monitoring of implementation of the Convention. The Constitution of India also acknowledges general State obligations with regard to people with disabilities (Article 41). India has legislation to protect and assist people with disabilities. In 2011 the Ministry of Social Justice and Empowerment established a Committee to draft new legislation for people with disabilities, replacing the present Persons with Disabilities Act (1995). There is no valid statistical representation of people with disabilities in India. The 2011 national census estimated that people with disabilities represent 2.13% (25 million people) of the total population of the country. That includes persons with visual, hearing, speech, locomotor and mental disabilities. Of all people with disabilities, 75% were in rural areas, 49% were literate and only 34% were employed.

The Indian physical rehabilitation sector was coordinated by the Ministry of Social Justice and Empowerment. The Ministry's Disability Division facilitated the empowerment of all people with disabilities, regulated physical rehabilitation services and various disability funds, and developed and implemented India's legal framework as it related to physical disability (Persons with Disabilities Act). The Rehabilitation Council of India, a statutory body within the same ministry, regulated all training institutes for ortho-prosthetists and

physiotherapists. The central government in New Delhi had set up six Composite Regional Centres (CRCs) and 118 District Disability Rehabilitation Centres (DDRCs) in most districts of the country, which dealt with the full range of disabilities. While the CRCs were funded directly by the central government, the DDRCs were run by an implementing agency for a maximum period of three years and then handed over to an independent organization. In the event of such an organization not being forthcoming, the centre would be handed over to the appropriate state or district branch of the Indian Red Cross Society, with the exception of centres in the north-east and in Jammu and Kashmir, where DDRCs are handed over to the Indian Red Cross Society after a period of five years. Access to rehabilitation nevertheless remained difficult for the poorest people for a number of reasons including the fact that most facilities were not fully operational owing to insufficient funds for equipment, materials and professional staff, the lack of facilities in rural areas, the lack of awareness of existing services and of legislation, the lack of schemes to cover costs during treatment (accommodation, food) and difficult access owing to the high cost of transportation.

Throughout the year, the ICRC implemented several activities to increase the accessibility of services. These activities included donating material and components to centres located in the states of Jammu and Kashmir and Nagaland, providing financial support for the renovation of the PRRC in Raipur and donating equipment and tools for the PRRC in Raipur and the P&O department of the Voluntary Medicare Society in Srinagar. In addition, the ICRC reimbursed the cost of transport and accommodation for beneficiaries visiting assisted centres and supported campaigns to disseminate information about the activities of the assisted centres. More than 920 people benefited from various services at ICRC-assisted centres. The services included the production of 123 prostheses (8% for mine survivors) and 168 orthoses (2% for mine survivors) and the provision of 112 wheelchairs and 80 pairs of crutches. In addition, 629 persons received appropriate physiotherapy services. Children represented 25% and women 20% of the 923 beneficiaries.

Quality was ensured by continued on-the-job training and mentoring by ICRC expatriates and local ortho-prosthetic technicians and physiotherapists. The ICRC continued sponsoring three persons from assisted centres to complete or began formal training in P&O courses at Mobility India in Bangalore.

The ICRC continued to promote the long-term functioning of services by strengthening the capacity of the various partners, i.e. the Indian Red Cross Society and the board of directors of assisted centres. In addition, the ICRC established close links with organizations for people with disabilities working in the assisted centres' catchment areas and was able to involve them in developing physical rehabilitation activities in Indian states where the ICRC provided physical rehabilitation assistance. In Nagaland, a forum of rehabilitation organizations, including organizations for rehabilitation professionals and for people with disabilities, was created, while in Jammu and Kashmir the ICRC succeeded in finding a local partner able to assist the association for people with disabilities in reorganizing their board. The ICRC also supported organizations for people with disabilities in Jammu and Kashmir and in Dimapur during the celebration of the International Day of Persons with Disabilities on 3 December 2011. In addition, the ICRC maintained

contact with ISPO India, the aim being to jointly address issues relating to physical rehabilitation in India.

In 2012 the ICRC intends to:

- improve accessibility of services by continuing to support, through the donation of components and materials, the Artificial Limb Centres in Srinagar and Jammu, the DDRC in Dimapur, the P&O department of the Voluntary Medicare Society in Srinagar and the PRRC in Raipur, by supporting referral networks in the different states and by continuing to subsidize the cost of transport, accommodation and food;
- improve the quality of the services provided by strengthening the skills and knowledge of local technicians and physiotherapists through mentoring and support by ICRC specialists and by sponsoring candidates for formal training in P&O and/or short courses in P&O, physiotherapy and wheelchair services; and
- promote the long term-functioning of services by strengthening the skills of assisted centre managers, by continuing to support organizations for people with disabilities and by maintaining close contact with all interested parties.

MYANMAR



National partner

Myanmar Red Cross Society

Location of project

Hpa-an

Patient services in 2011

Although the ICRC is supporting only one centre, the statistics provided below include figures for centres former assisted by the ICRC and now managed by the Ministry of Health (3) and the Ministry of Defence (3) as they continue to provide services partly with material donated by the ICRC.

Patients attending the centres	5,804
New patients fitted with prostheses	818
New patients fitted with orthoses	731
Prostheses	1,580
Orthoses	1,492
Wheelchairs	10
Crutches (pairs)	922

Beginning of assistance: 1986

In 2011 the ICRC continued to support the Hpa-an Orthopaedic Rehabilitation Centre, run jointly by the Myanmar Red Cross Society and the ICRC. During 2011, the relationship between the ICRC and the government improved and as a consequence, meetings with the Director of the Directorate of Defence Medical Services and the Minister of Health took place in June and September 2011 respectively to discuss a possible resumption of ICRC support for centres under their responsibility. The go-ahead was given for technical visits to those six structures by an ICRC expatriate and the visits took place between September and October 2011. The ICRC intends to resume its support for those centres in 2012.

Myanmar ratified the UN Convention on the Rights of Persons with Disabilities on 7 December 2011. Some provisions for people with disabilities (PwDs) exist in current Myanmar laws but the need for a specific disability law was discussed during a three-day sub-regional workshop organized jointly by Leprosy Mission International and the Ministry of Social Welfare. The workshop was attended by international delegates from Bangladesh, Cambodia, China and Thailand, together with over 70 participants from Myanmar, including 40 officials from 12 ministries as well as representatives of social organizations, local NGOs, international NGOs, UN agencies and organizations for people with disabilities. The aim of the workshop was to draw on the experience of neighbouring countries so as to outline the necessary steps, processes and input required to successfully develop a disability law for Myanmar.

Several institutions were involved in physical rehabilitation; the Ministry of Health, the Ministry of Defence and the Myanmar Red Cross Society played an important role in the provision of mobility aids, especially prosthetics and orthotics. The Department of Social Welfare, within the Ministry of Social Welfare, Relief and Resettlement, was responsible for community-based rehabilitation and for carrying out social welfare

services through preventive, protective and rehabilitative measures. Following the launch in 2010 of the National Plan of Action for Persons with Disabilities 2010-2012, a Disability Working Group was assembled to coordinate and implement the plan.

The 2010 Myanmar National Disability Survey, endorsed by the Ministry of Social Welfare, Relief and Resettlement, indicated that 1,276,000 people (2.32% of the population) in Myanmar live with some form of disability – 11.22% of all households are affected. The survey gave further proof of the fact, observable throughout the world, that people with disabilities are disproportionately represented in the poorest sections of society: 85% of all people with disabilities in Myanmar did not have a job and their academic achievements were considerably lower than the national average, with only 10% attending high school. People with disabilities (PwDs) in Myanmar are suffering from a traditional belief (found also in other countries in the region) that their condition is somehow a “moral punishment,” either because the victim has bad karma from a previous existence or as a religious or spiritually based punishment for some wrongdoing in their current life. People with disabilities in Myanmar, especially those living in rural areas, often have to overcome tremendous difficulties to access services as most of the centres are located in major cities and travel costs are high.

Throughout the year, the ICRC implemented several activities to improve accessibility to services. These activities included supporting the Hpa-an Orthopaedic Rehabilitation Centre (HORC) and the Myanmar Red Cross Society's Outreach Prosthetic Programme (OPP), which is being managed by the Hpa-an centre. The importance of this programme cannot be sufficiently emphasized: it enables persons living in remote areas to have access to the centre, but it could certainly do more. During 2011, 183 persons, benefited from the Hpa-an centre's services, provided through the outreach programme. The OPP has been negatively affected by an

increase in the number of users travelling by their own means and thus limiting the number of beds available for OPP users, especially towards the end of the year. Through a programme launched in 2009 that set out to facilitate access for children without disrupting their studies, the HORC uses the school summer holiday season (April-May) to prioritize admission for child amputees. Thirty-four children benefited from that programme in 2011 compared with 25 in 2010. In addition, in an attempt to identify constraints that prevent existing and potential people with disabilities living in HORC catchment areas to obtain access to the centre, the ICRC conducted a one-day workshop to identify the barriers faced and to discuss possible solutions to remove those barriers. Participants at the workshop included two people with disability from the Myanmar Handicapped Association as well as two persons from Mawlamyine Christian Leprosy Hospital.

In all, 5,804 people benefited from various services at the Hpa-an centre (1,731) and at the Ministry of Health and Ministry of Defence centres (4,073). The services included the provision of 1,580 prostheses (62% for mine survivors), 1,492 orthoses (1% for mine survivors), 10 wheelchairs and 922 pairs of crutches. Children represented 8% and women 13% of the beneficiaries. Services provided by the Hpa-an centre specifically included the provision of 664 prostheses (65% of them for mine survivors), 19 orthoses (5% of them for mine survivors), 10 wheelchairs and 291 pairs of crutches and the provision of appropriate physiotherapy treatment for 689 persons. At the Hpa-an centre, children represented 4% and women 9% of all 1,731 persons benefiting from the services.

Throughout the year, regular in-house and on-the-job training was provided for P&O technicians at the Hpa-an centre. The ICRC continued to sponsor two candidates so that they could continue their training in P&O at the Cambodian School for Prosthetics and Orthotics in Phnom Penh. In addition, the ICRC sponsored two persons for a month's training at the regional training unit of the ICRC Special Fund for the Disabled in Addis Ababa.

In 2012 the ICRC intends to:

- facilitate access to services by continuing to support the activities of the Hpa-an centre, including strengthening its Outreach Prosthetic Programme, by financially supporting the construction of new dormitories attached to the HORC, by covering the cost of transport for those attending the centres for services and by resuming its support for the centres managed by the Ministry of Health (3) and the Ministry of Defence (3);
- enhance the quality of services through ongoing support by ICRC specialists, by continuing to provide scholarships for two persons for formal training in P&O and by sponsoring two other persons for training in P&O at the regional training unit of the ICRC Special Fund for the Disabled in Addis Ababa; and
- promote the long-term functioning of services by strengthening its partners' capacities and by participating in discussions related to the National Plan of Action.

NEPAL

**National partners**

International Nepal Fellowship Nepalese Army

Location of projects

Kathmandu, Pokhara

Patient services in 2011

Patients attending the centres	1,630
New patients fitted with prostheses	160
New patients fitted with orthoses	119
Prostheses	191
Orthoses	164
Wheelchairs	358
Crutches (pairs)	93

Beginning of assistance: 2004

The ICRC continued supporting the P&O department of the Green Pastures Hospital in Pokhara and the Yerahity Rehabilitation Centre in Kathmandu, managed by the Nepalese Army. This centre was the sole government-run facility in Nepal and had been providing physical rehabilitation services since June 2009. Both military personnel and civilians had access to it.

Nepal ratified the UN Convention on the Rights of Persons with Disabilities and its Optional Protocols at the end of 2009. Several government ministries are involved in disability, the main ones being the Ministry of Women, Children and Social Affairs (MoWCSA), the Ministry of Health and Population (MoHP) and the Ministry of Peace and Reconstruction (MoPR). The MoWCSA was the central institution for disability issues, including the implementation of programmes relating to disability, community-based rehabilitation, the registration of people with disabilities, etc. The MoPR was responsible for victims with permanent disabilities of the past conflict and other situations of violence. The National Federation of the Disabled Nepal is an umbrella organization that represents organizations working for people with disabilities throughout the country. It has been leading the disability movement in Nepal since 1993 to ensure the human rights and dignity of people with disabilities by emphasizing social inclusion, mainstreaming and equality of opportunity.

There are no accurate current data on the prevalence of disability in Nepal and the available statistics do not reflect the range of disabilities. Physical disability is still considered by many Nepalese to be a punishment for sins committed in a previous life. In particular, children with disabilities suffer the consequences of this belief. The accessibility of physical rehabilitation services still presents a challenge for the rural population. Potential beneficiaries living in mountainous areas hesitate to travel long distances because of limited (unreliable) public transport and the expenses involved. Although the ICRC reimburses these expenses for some patients, others still have to find the money for their journey to the physical rehabilitation centres. In addition to the cost of transport limiting access to services, complex

administrative procedures to become registered as a person with a disability, following which people have access to benefits and services, remain a substantial barrier. To overcome this barrier, in 2011 the ICRC developed an information handout that explains the different types of governmental and non-governmental support.

To facilitate access to rehabilitation, the ICRC reimbursed the travel expenses of several patients for journeys to and from both assisted centres. It also reimbursed the cost of services provided by assisted centres for 98 victims of the recent conflict. In 2011 the ICRC, the Green Pastures Hospital and Partnership for New Life conducted a follow-up camp in Butwal. A total of 97 amputees from four different districts were evaluated and 59 prostheses repaired on the spot; amputees who needed to have their prostheses replaced or repaired were referred to the Green Pastures Hospital (21) and the Yerahity Rehabilitation Centre (19). More than 1,600 people benefited from various services at ICRC-assisted centres. The services included the production of 191 prostheses (7% for mine survivors) and 164 orthoses (1% for mine survivors), the provision of 358 wheelchairs and 93 pairs of crutches and the provision of appropriate physiotherapy services for 476 persons. Children represented 12% and women 24% of the beneficiaries.

Ongoing support and mentoring was provided for centre personnel by ICRC ortho-prosthetists, the aim being to improve the quality of the services. ICRC staff conducted several in-house courses. The ICRC provided scholarships for four candidates to attend P&O courses at the Cambodian School of Prosthetics and Orthotics in Phnom Penh; one completed the training course in 2011, two are enrolled in the second year and one began the training course.

In addition to providing physical rehabilitation assistance, the ICRC maintained close contact with the Nepal Red Cross Society, which runs a micro-economic initiative programme for victims of the conflict who have lost mobility. Furthermore, in conjunction with Partnership for Rehabilitation, the International Nepal

Fellowship provided socio-economic integration and vocational training programmes. During the follow-up camp in Butwal, the ICRC Psycho-Social Programme team was present to assess the need for vocational training.

In 2012 the ICRC intends to:

- improve access to services by continuing support for the Green Pastures Hospital and the Yerahity Rehabilitation Centre, by reimbursing the cost

of physical rehabilitation services (including accommodation and transport costs), by supporting the development of follow-up services at both centres and by supporting the Green Pastures Hospital for follow-up camps;

- improve quality by continuing to provide support and mentoring by ICRC staff, by continuing scholarships for training and by conducting refresher courses in physiotherapy and P&O; and
- promote the long-term functioning of services by providing support for the managers of the Yerahity Rehabilitation Centre.

PAKISTAN



National partners

Ministry of Health, Quetta Christian Hospital, the Pakistan Institute of Prosthetic and Orthotic Sciences

Location of projects

Muzaffarabad, Peshawar (2), Quetta

Patient services in 2011

Patients attending the centres	14,915
New patients fitted with prostheses	1,512
New patients fitted with orthoses	2,046
Prostheses	2,005
Orthoses	3,247
Wheelchairs	279
Crutches (pairs)	1,111

Beginning of assistance: 2004

In 2011 the ICRC maintained its support for the Pakistan Institute of Prosthetic and Orthotic Sciences (PIPOS) in Peshawar, the PIPOS Rehabilitation Service Programme (PRSP) including its four satellite centres located in Khyber Pachtunkwa (KPK) and five located in the north-west (managed under the auspices of CHAL, a local NGO), the Hayatabad Paraplegic Centre in Peshawar, the Quetta Christian Hospital Rehabilitation Centre and the Muzaffarabad Physical Rehabilitation Centre; the latter was managed by the ICRC.

Pakistan ratified the UN Convention on the Rights of Persons with Disabilities in July 2011. In Pakistan, several ministries were involved in disability issues, including the Ministry of Health and the Ministry of Social Welfare. In 2002 Pakistan adopted its National Policy for Persons with Disabilities “to provide by 2025 an environment that would allow full realization of the potential of people with disabilities through their inclusive mainstreaming and providing them full support by the government, private sector and civil society. The goal is the empowerment of people with disabilities, irrespective of caste, creed, religion, gender or other consideration for the realization of their full potential in all spheres of life, specially social, economic, personal and political.” The ICRC promoted equal access to all assisted centres through several activities such as increasing the number of women professionals, implementing specific health-care and dormitory areas for women, etc.

Rehabilitation was available through a network of centres managed by the government, by local NGOs or as private enterprises. However, access to services remains a challenge for most people with disabilities, particularly those from non-urban areas. Barriers to access services include transport, poverty, lack of awareness, cultural and physical barriers, etc.

In 2011 the ICRC strove to enhance access to the centres that it assisted by reimbursing patients for transport and accommodation costs and by covering the cost of treatment for patients referred to PIPOS by the ICRC, by donating equipment and necessary material and components to all assisted centres, including the PIPOS satel-

lites located in KPK, and by conducting outreach visits in several districts of Pakistan-administered Kashmir and in Balochistan. Close to 15,000 people benefited from various services at ICRC-assisted centres. The services included the production of 2,005 prostheses (36% for mine survivors) and 3,247 orthoses (5% for mine survivors) and the provision of 279 wheelchairs and 1,111 pairs of crutches. In addition, 5,838 persons received appropriate physiotherapy services. Children represented 31% and women 10% of the 11,719 beneficiaries. The former home care project for patients with spinal cord injuries, managed until 2010, has been taken over by the Hayatabad Paraplegic Centre with support from the ICRC (donation of an outreach vehicle, setting up a small P&O department). In 2011 the Hayatabad Paraplegic Centre organized 92 home visits to follow up patients within their communities. The Muzaffarabad Physical Rehabilitation Centre continued its clubfoot programme, in which children were treated using the Ponseti method. Throughout the year, wheelchair services were enhanced through collaboration with Motivation UK. Motivation UK donated the wheelchairs, while the ICRC provided training for the centre personnel and supervised the provision of such services at the assisted centres.

Through ICRC’s micro-economic initiative project implemented in Muzaffarabad, participation and empowerment of people with disabilities within the mainstream of society was encouraged. Through this project, 150 people with disabilities who received services at the Muzaffarabad Physical Rehabilitation Centre had access to grants and vocational training.

Quality was improved by promoting a “team approach” and by continued mentoring and on-the-job training by ICRC ortho-prosthetists and physiotherapists. ICRC staff conducted several courses in various areas of P&O, physiotherapy and wheelchair services. The ICRC also continued or began sponsoring a total of nine persons for P&O training at different institutions: PIPOS (5), Tanzania Training Centre for Orthopaedic Technologists – TATCOT (2) and the Cambodian School for Prosthetics and Orthotics – CSPO (2). Of these persons enrolled in P&O training, four are women; when they have completed their training,

this should enhance access to services for women and children. The ICRC also sponsored four candidates to enable them to attend short-term training provided by the ICRC Special Fund for the Disabled at its Regional Training Unit in Addis Ababa. In addition, to strengthen the training provided at PIPOS, the ICRC supported the construction and the refurbishment of a multi-media centre to ease communication with other training institutions worldwide. ICRC specialists also supervised several PIPOS students during clinical placements at ICRC-assisted centres and participated in PIPOS examinations.

Besides promoting access to the centres and improving the quality of the services provided there, the ICRC continued to implement its strategy for strengthening technical and managerial capacities with the aim of ensuring the long-term functioning of services. Throughout the year, the ICRC continued to focus on reinforcing the capacity, maintaining effective systems, technical assistance for capacity building, the affordability of devices and various scholarships in order to accommodate the increasing pressure involved in sustaining physical rehabilitation care. In Muzaffarabad, discussions with the MoH were ongoing regarding the handover of the centre to the authorities.

In 2012 the ICRC intends to:

- enhance quality by continuing to provide support by ICRC ortho-prosthetists and physiotherapists, by receiving students from PIPOS for clinical placements at assisted centres, by continuing to sponsor P&O trainees at PIPOS and at other schools (for ISPO Cat. I and Cat. II levels), by sponsoring six candidates to attend short-term training provided by the ICRC Special Fund for the Disabled, by working with PIPOS to strengthen its educational programme and by conducting several refresher courses for those working in the home care programme;
- facilitate access to services by continuing to cover the cost of treatment for patients at PRSP, by continuing to donate materials and components to all assisted centres (including PIPOS satellites), by strengthening cooperation with the Hayatabad Paraplegic Centre, by continuing to work with other partners to give more people with disabilities improved access in areas where assisted centres are situated, by continuing to manage and support the centre in Muzaffarabad (until June 2012, when it should be handed over to the local authority), by continuing to subsidize the cost of transport and accommodation and by continuing to provide support for outreach activities implemented by assisted centres; and
- promote the long-term functioning of services and instil a sense of involvement through close contact with the Ministry of Health in Pakistan-administrated Kashmir to ensure the smooth handover of the Muzaffarabad centre and by providing support for directors of assisted centres to develop their managerial skills.

PHILIPPINES



National partner

Davao Jubilee Foundation

Location of project

Davao

Patient services in 2011

Patients referred by the ICRC	82
New patients fitted with prostheses	9
Prostheses	39
Orthoses	2
Wheelchairs	2
Crutches (pairs)	20

Beginning of assistance: 2000

In 2011 the ICRC continued to cooperate with the Davao Jubilee Foundation by providing support for its physical rehabilitation centre, the Davao Jubilee Rehabilitation Centre. The Foundation assures equitable accessibility of its services for every patient irrespective of his/her financial means or affiliation to opposition groups. Besides physical rehabilitation, the centre offers medical consultations, psychological support (especially for victims of the armed conflict) and community-based rehabilitation. The Foundation also facilitates, in conjunction with national and international partners, the reintegration of people with disabilities by sponsoring scholarships for children and integrating economically vulnerable adults into the workplace. In 2011 the ICRC continued to strive to meet, more comprehensively, the needs of conflict-affected patients on Mindanao and by doing this, to improve access to appropriate physical rehabilitation services for all those who need them. In addition to reimbursing the rehabilitation costs and travel expenses of victims of the conflicts, it also promoted the professional development of centre staff, sponsoring a formal training course in prosthetics and orthotics and practical training abroad and providing on-the-job training.

The Philippines ratified the UN Convention on the Rights of Persons with Disabilities in 2008 but not its Optional Protocol. The National Council on Disability Affairs (NCDA), created in 2008, was the national government agency mandated directly by the Office of the President to formulate policies and coordinate the activities of all agencies, whether public or private, concerning disability issues. In early 2011 the House of Representatives passed a resolution for the creation of a special Committee on People with Disabilities. This Standing Committee is now in charge of preventing causes of permanent handicaps. It has authority over all issues related to policies to protect and promote the rights/welfare of people with disabilities. The Federation of Persons with Disabilities in the Philippines (KAMPI), created in 1990, now has

140 chapters nationwide, comprising cross-disability self-help grassroots groups.

Since 2009 the Davao Jubilee Foundation has been the only professional provider of physical rehabilitation services on the island of Mindanao with a non-profit approach. This complicates access to regular services for most people with disabilities. In the Philippines, the most commonly used form of land transport is the bus as it is relatively cheap (1 Philippine peso per kilometre). However, the average return fare to the Davao Jubilee Centre is 500 pesos. This is prohibitively expensive as one-third of the population earns less than 90 pesos a day. To improve access to services, the Davao Jubilee Rehabilitation Centre established a referral and follow-up system for amputees registered with the local authorities in the North/South Cotabato and Sultan Kudarat provinces.

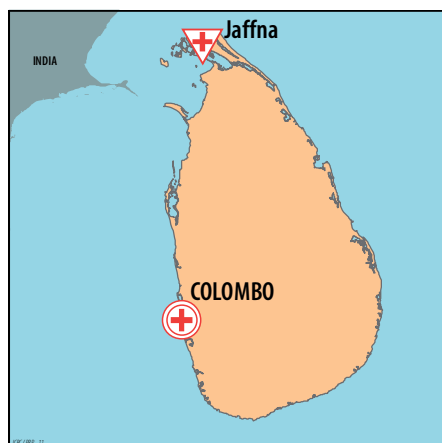
More than 80 people benefited from various services at the ICRC-assisted centre. The services included the production of 39 prostheses and 2 orthoses, the provision of 2 wheelchairs and 20 pairs of crutches and the provision of appropriate physiotherapy services for 72 persons. Children represented 22% and women 24% of the beneficiaries. The ICRC completely subsidized the cost of services, including transport and accommodation, for 30 victims of the conflict. To further strengthen the capacity of the centre, the ICRC provided financial support for the construction of a new P&O department, which should be completed in early 2012.

The ICRC took several steps to improve the quality of the centre's services. Ongoing support and mentoring was provided by the ICRC ortho-prosthetist for centre personnel, the aim being to improve the quality of services. ICRC staff conducted several in-house courses. The ICRC provided a scholarship for one candidate to begin formal training at the Cambodian School of Prosthetics and Orthotics.

In 2011, the ICRC intends to:

- facilitate access to services for victims of the internal conflict by continuing to subsidize the cost of services (first fittings, replacements, repairs, etc.), by covering transport, accommodation and food expenses, by supporting development of a follow-up programme at the centre, by supporting the development of orthotic services, by completing the construction of the new P&O department and by providing financial support for the construction of a new physiotherapy section;
- consolidate quality through the support of an ICRC ortho-prosthetist and by sponsoring one trainee to continue training at the Cambodian School of Prosthetics and Orthotics; and
- promote the long-term functioning of the Davao Jubilee Rehabilitation Centre by supporting the development of the managerial skills of its board of trustees.

SRI LANKA

**National partner**

Jaffna Jaipur Centre for Disability Rehabilitation

Location of project

Jaffna

Patient services in 2011

Patients attending the centres	1,331
New patients fitted with prostheses	171
New patients fitted with orthoses	92
Prostheses	334
Orthoses	193
Wheelchairs	12
Crutches (pairs)	81

Beginning of assistance: August 2007

In 2011 the ICRC continued supporting the Jaffna Jaipur Centre for Disability Rehabilitation (JJCDR), which offered a broad range of services, including the provision of prosthetics, orthotics, various mobility aids (wheelchairs, tricycles, crutches, etc.), physiotherapy, micro-credit and financial support for disabled students. It was the only centre providing physical rehabilitation on the Jaffna peninsula.

The Ministry of Health Care and Nutrition (Directorate of Rehabilitation for Youth, Elderly, Disabled and Displaced) and the Ministry of Social Services and Social Welfare shared the responsibility for people with disabilities, the former on the medical side and the latter on the social side. The Ministry of Health Care and Nutrition developed an ambitious long-term plan for physical rehabilitation, which aims at supporting services in 40 district hospitals. Nine district hospitals including Vavuniya and Anuradhapura were classified as high priorities and with the support of international NGOs the plan was implemented in Batticaloa, Trincomalee and Vavuniya. Overall physical rehabilitation services were provided through a network of approximately 20 centres around the country. They were managed by the government, by local NGOs or by private entities. In addition to this network, there was a school to train P&O professionals, the Sri Lankan School for Prosthetics and Orthotics (SLPO). The Social Services Department estimated that between 8 and 10% of the population of Sri Lanka have some form of disability. The Ministry of Social Services and Social Welfare supported families of persons with disabilities financially with LKR 3,000 a month.

While the number of physical rehabilitation centres has increased over the years, access to services has remained difficult for many people with disabilities. Throughout the year, the ICRC continued to donate the materials and components needed for the Jaffna centre to operate and reimbursed the cost of treatment for some patients. It also continued reimbursing some patients for the cost of treatment. More than 1,330 people benefited

from various services provided with ICRC assistance. Services included the provision of 334 prostheses (34% for mine survivors), 193 orthoses (1% for mine survivors), 12 wheelchairs and 81 pairs of crutches and the provision of appropriate physiotherapy treatment for 877 persons. Children represented 6% and women 28% of the 1,331 beneficiaries. The decrease in the total number of devices provided in 2011, compared with 2010, is due to the renovation and expansion of the P&O department in 2011. In addition to the services provided by JJCDR, the ICRC initiated and subsidized the cost of treatment for detainees (48) through the Sanasuma Centre as well as for people with disabilities from the south at the Navajeevana Centre in Tangalle (29) and covered the cost of transport for some persons with severe disabilities, who received treatment at the Vavuniya Centre.

The quality of the services provided at the centres was improved by the continued mentoring and on-the-job coaching provided by an ortho-prosthetist and a physiotherapist, both from the ICRC. In addition, one physiotherapy assistant attended a one-month training course sponsored by the ICRC at the ICRC Special Fund for the Disabled Regional Training Unit in Addis Ababa (Ethiopia).

In 2012 the ICRC intends to:

- enhance the quality of services through regular support provided by an expatriate ortho-prosthetist and by conducting short training courses;
- facilitate access to services by continuing to reimburse patients for their transport expenses as needed, by supporting the organization of outreach visits, by continuing to subsidize the cost of services for people with disabilities from the south at the Navajeevana Centre in Tangalle and by donating raw materials and components; and
- promote the long-term functioning of services by encouraging its partner organization to widen its funding base.

4.3 – EUROPE AND THE AMERICAS



ICRC SUPPORT IN EUROPE AND THE AMERICAS AT A GLANCE

In 2011 the ICRC supported 14 projects in 4 countries: Colombia (8), Georgia (2), Guatemala (3) and Mexico (1).

- In Georgia, the ICRC ended its assistance for the centres in Tbilisi and Gagra after 17 years of support, believing that both centres have all the necessary means to provide effective physical rehabilitation services.
- The ICRC projects in Guatemala and Mexico were part of a regional effort by the ICRC to ensure access to suitable rehabilitation services for migrants. The strategy and approach employed in these countries complement those implemented in El Salvador, Honduras and Nicaragua.

Services provided

Patients attending the centres	31,180
New patients fitted with prostheses	393
New patients fitted with orthoses	3,798
Prostheses delivered	1,068
Orthoses delivered	7,157
Wheelchairs distributed	146
Walking aids distributed (pairs)	96
Patients receiving appropriate physiotherapy services	1,635

Children represented 26% and women 29% of the beneficiaries.

In Colombia, the ICRC provided direct support for 385 landmine/ERW survivors to help with the cost of transport, housing and food so that they could benefit from rehabilitation at ICRC-assisted centres.

In Colombia, the ICRC continued to provide micro-economic assistance to help landmine/ERW survivors to earn a living and reintegrate into society.

In Guatemala, in addition to migrants, 61 landmine/ERW survivors had access to services with ICRC support.

In addition to ensuring access to physical rehabilitation services for 12 migrants in Mexico and 17 in Guatemala, the ICRC covered the cost of treatment for 23 Honduran migrants who received services (26 prostheses) and for 4 Salvadorians (4 prostheses) at centres assisted by the ICRC Special Fund for the Disabled in their respective countries.

Developing local capacities

Seven people were sponsored for P&O training.

Promoting the long-term functioning of services

In Colombia, the ICRC continued working closely with national institutions and with the management of the assisted centres to promote the long-term functioning of services. Throughout the year, several activities were implemented at national and centre levels. At the national level, they included mobilization and cooperation with other interested parties, ongoing support for the Ministry of Health in regulating the provision of physical rehabilitation services and ongoing support for national institutions to implement training in P&O (the Servicio Nacional de Aprendizaje and the Centro Don Bosco).

After 17 years of involvement in the physical rehabilitation sector in Georgia (Georgia itself and Abkhazia), the gradual transfer of responsibilities (managerial, technical and financial) to the local partners (GEFPOR in Tbilisi and the *de facto* Ministry of Health in Abkhazia) was successfully completed. As they had shown in previous years, GEFPOR and the Department of Technical Orthopaedics in Gagra can provide adequate physical rehabilitation services without direct ICRC assistance.



In Colombia, the ICRC continued to work with eight institutions throughout the country, the Centro Integral de Rehabilitación de Colombia (CIREC) in Bogotá, the Centro de Rehabilitación Cardioneuromuscular in Cúcuta, the Fundación REI para la Rehabilitación Integral in Cartagena, Orthopraxis Ltda and the San Vicente de Paúl University Hospital in Medellín, the University Hospital del Valle and Ortopédica Americana in Cali and the Hospital Universitario de Santander in Bucaramanga. In Colombia, the ICRC resumed its physical rehabilitation support in 2006 under the umbrella of the comprehensive mine action programme implemented in conjunction with the Norwegian Red Cross. In order to strengthen the national rehabilitation sector, the ICRC's emphasis was on cooperation with public institutions. However, owing to the limited availability of services, the ICRC also decided to work with a wide range of service providers, i.e. private firms, local NGOs, and public and private hospitals. Each of these service providers was approached and supported in an individual manner. In addition to cooperating with various institutions providing services, the ICRC continued to work closely with the Directorate of Social Welfare of the Ministry of Health, which dealt with physical rehabilitation services. During 2011, through donations of machinery, tools, equipment and materials, as well as technical and managerial assistance, on-the-job mentoring and scholarships, the ICRC in Colombia contributed to improving access to physical rehabilitation for 26,819 people with disabilities, who received various services from the network of assisted centres. The services included the provision of 976 prostheses (19% for victims of explosive devices), 6,610 orthoses (0.2% for such victims), 146 wheelchairs and 74 pairs of crutches and the provision of physiotherapy services for 4,303 persons. Children represented 47% and women 23% of all beneficiaries. Of the beneficiaries, 385 were survivors of accidents related to weapon contamination who were unable to provide the authorities with the documents necessary for their inclusion in various national programmes. Those people received comprehensive assistance from the ICRC (the

cost of services, transport, accommodation and food) to ensure their access to services.

In Georgia (and *de facto* entities), the ICRC has provided assistance aiming at developing national capacities to provide appropriate physical rehabilitation services since 1994. This assistance has been provided for the centre in Tbilisi managed by the Georgian Foundation for Prosthetic Orthopaedic Rehabilitation (GEFPOR) and for the centre in Gagra managed by the Department of Technical Orthopaedics of the Ministry of Health of Abkhazia. After 17 years of support, the ICRC ended its assistance for the two centres, believing that they both have all the necessary means to provide effective physical rehabilitation services.

The ICRC projects in Mexico and Guatemala were part of a regional effort by the organization to ensure access to suitable rehabilitation services for migrants. Many of these migrants suffer serious injury while travelling north in dangerous conditions and have little chance of gaining access to physical rehabilitation. The strategy and approach employed in Mexico and Guatemala complement those implemented in El Salvador, Honduras and Nicaragua. In all those countries, the ICRC, after identifying migrants in need of physical rehabilitation services, refers them to one of the assisted centres, where it then covers the cost of treatment, transport and accommodation. Migrants fitted with devices in, say, Mexico, are informed, before being returned to their countries of origin, of how they may continue to receive services through the network of ICRC-assisted centres or of centres assisted by the ICRC Special Fund for the Disabled in the various countries. In addition to ensuring access to physical rehabilitation services for migrants in Mexico (12) and in Guatemala (17), the ICRC covered the cost of treatment for 23 Honduran migrants who received services (26 prostheses) at centres (3) assisted by the ICRC Special Fund for the Disabled and the cost of treatment for 4 Salvadorians (4 prostheses) at one centre also assisted by the ICRC Special Fund for the Disabled.

COLOMBIA

**National partners**

Ministry of Social Protection, local NGOs (CIREC in Bogotá and Fundación REI in Cartagena), private providers (Orthopraxis in Medellín and Ortopédica Americana in Cali), governmental institutions (Hospital Universitario de Santander in Bucaramanga, Centro de Rehabilitación Cardioneuromuscular in Cúcuta)

Location of projects

Bogotá, Bucaramanga, Cali (2), Cartagena, Cúcuta, Medellín (2)

Patient services in 2011

Patients attending the centres	26,819
New patients fitted with prostheses	335
New patients fitted with orthoses	3,439
Prostheses	976
Orthoses	6,610
Wheelchairs	146
Crutches (pairs)	74

Beginning of assistance: 2006

The ICRC continued to work with eight institutions throughout the country: the Centro Integral de Rehabilitación de Colombia (CIREC) in Bogotá, the Centro de Rehabilitación Cardioneuromuscular in Cúcuta, the Fundación REI para la Rehabilitación Integral in Cartagena, Orthopraxis Ltda and the San Vicente de Paúl University Hospital in Medellín, the University Hospital del Valle and Ortopédica Americana in Cali and the Hospital Universitario de Santander in Bucaramanga. In Colombia, the ICRC resumed its physical rehabilitation support in 2006 under the umbrella of the comprehensive mine action programme implemented in conjunction with the Norwegian Red Cross. In order to strengthen the national rehabilitation sector, the ICRC's emphasis was on cooperation with public institutions. However, owing to the limited availability of services, the ICRC also decided to work with a wide range of service providers, i.e. private firms, local NGOs, and public and private hospitals. Each of these service providers was approached and supported in an individual manner. In addition to cooperating with various institutions providing services, the ICRC continued to work closely with the Directorate of Social Welfare of the Ministry of Health, which dealt with physical rehabilitation services.

The physical rehabilitation sector is one of the responsibilities of the Directorate of Social Welfare at the Ministry of Health. The Ministry's main responsibilities were to define standards and guidelines regulating the sector; its disability unit was responsible for developing and coordinating disability strategies, paying disability pensions and funding activities. Since April 2011 all physical rehabilitation (in particular P&O) service providers need to be registered on a list drawn up by the INVIMA (Instituto Nacional de Vigilancia de Medicamentos y Alimentos) in order to be able to carry out P&O service provision. Following those registrations, each P&O service provider needs to fulfil the criteria of Resolution 1319 ("Buenas prácticas de manufactura para la fabricación y adaptación de prótesis y ortésis") within the following four years. Resolution 1319 was developed,

with the support of the ICRC, by the authorities with the aim of establishing standards for the provision of prosthetic and orthotic services in Colombia. Service providers that do not comply with the rules set forth in Resolution 1319 will no longer be allowed to provide P&O appliances for patients. This may result in there being fewer service providers in the country, but those remaining would be more in line with international standards and provide improved services for patients.

The Ministry of Health also managed the Fondo de Solidaridad y Garantía – FOSYGA, the national assistance fund for ensuring access to services for weapon contamination victims. The accessibility of rehabilitation services varied considerably (rural and urban areas, lack of transport infrastructure, etc.). People with disabilities living close to the cities did not usually have problems reaching the centres, whereas those from rural and very remote areas had to overcome several difficulties in order to access rehabilitation services. Although included into the national health insurance system, such people (particularly victims of conflict) were given financial assistance for transport and accommodation by the ICRC as government programmes did not cover such costs and some of the victims did not have the financial means to pay for the services. In 2011 the ICRC increased persuasion and mobilization activities and more and more victims were included in the national health insurance system and in FOSYGA. In 2011 only 77 new victims were enrolled in the full ICRC package (P&O and PT services, transport, and accommodation), while the others received services supported by national assistance funds.

During 2011, through donations of machinery, tools, equipment and materials, as well as technical and managerial assistance, on-the-job mentoring and scholarships, the ICRC in Colombia contributed to improving access to physical rehabilitation for 26,819 persons with disabilities, who received various services from the network of assisted centres. The services

included the provision of 976 prostheses (19% for victims of explosive devices), 6,610 orthoses (0.2% for such victims), 146 wheelchairs and 74 pairs of crutches and the provision of physiotherapy services for 4,303 persons. Children represented 47% and women 23% of all beneficiaries. Of the beneficiaries, 385 were survivors of accidents related to weapon contamination who were unable to provide the authorities with the documents necessary for their inclusion in various national programmes. Those people received comprehensive assistance from the ICRC (the cost of services, transport, accommodation and food) to ensure their access to services.

Throughout the year, the quality of services was enhanced through various activities supported by the ICRC. ICRC specialists (ortho-prosthetists and a physiotherapist) provided continuous mentoring and technical support for the assisted centres and conducted several (16) short courses in P&O and physiotherapy. In addition, the ICRC continued to provide ongoing support for the Servicio Nacional de Aprendizaje (SENA) by conducting the ISPO Cat. II-level course and for the Centro Don Bosco, which runs an ISPO Cat. III-level course.

The ICRC continued working closely with national institutions and with the management of the assisted centres to promote the long-term functioning of services. Throughout the year, several activities were implemented at national and centre levels. At the national level, they included mobilization and cooperation with other interested parties, ongoing support for the Ministry of Health in regulating the provision of physical rehabilitation

services and ongoing support for national institutions to implement training in P&O (the Servicio Nacional de Aprendizaje and the Centro Don Bosco). At centre level, activities included managerial assistance, translation, the introduction of management tools and the establishment of price lists for services.

In 2012 the ICRC intends to:

- continue working with the Norwegian Red Cross on a comprehensive mine action project involving (in addition to rehabilitation) data-gathering, support for the social and economic reintegration of survivors, mine risk reduction and public education;
- gradually reduce the number of services providers receiving assistance from the ICRC and concentrate its support for providers in Cali and Cúcuta by covering the cost of transport and accommodation for some beneficiaries and by strengthening the referral network;
- enhance quality through ongoing support by ICRC specialists, by conducting short courses, by promoting a multidisciplinary approach and by continuing to support both the Servicio Nacional de Aprendizaje and the Centro Don Bosco in conducting formal training in P&O; and
- promote the long-term functioning of services by continuing to provide support for the Ministry of Health in developing standards, policies and guidelines and by providing ongoing support for the management of the assisted institutions.

GEORGIA



National partners

Georgian Foundation for Prosthetic Orthopaedic Rehabilitation, Ministry of Health of Abkhazia

Location of projects

Gagra, Tbilisi

Patient services in 2011 January – March

Patients attending the centres	163
New patients fitted with prostheses	8
New patients fitted with orthoses	77
Prostheses	20
Orthoses	169
Crutches (pairs)	22

Beginning of assistance: 1994

In Georgia (and *de facto* entities), the ICRC has provided assistance with the aim of developing national capacities to provide appropriate physical rehabilitation services since 1994. This assistance has been provided for the centre in Tbilisi managed by the Georgian Foundation for Prosthetic Orthopaedic Rehabilitation (GEFPOR) and for the centre in Gagra managed by the Department of Technical Orthopaedics of the Ministry of Health of Abkhazia. After 17 years of support, the ICRC ended its assistance for the two centres, believing that they both have all the necessary means to provide effective physical rehabilitation services.

Over the years, ICRC assistance has included:

- construction and/or renovation of facilities;
- provision of P&O formal training, through which 12 professionals were trained at ISPO Cat. II level (Gagra: 7; Tbilisi: 5);
- donation of equipment, materials and components to allow the production of 6,875 prostheses (approximately 19% of them for mine survivors) and

8,744 orthoses (1% of them for mine survivors) and the provision of 154 wheelchairs and 5,104 pairs of crutches;

- institutional support through participation in national forums;
- provision of direct assistance for beneficiaries by covering the cost of transport to attend centres for services;
- development of national capacities for providing appropriate physical rehabilitation services.

After 17 years of involvement in the physical rehabilitation sector in Georgia (Georgia itself and Abkhazia), the gradual transfer of responsibilities (managerial, technical and financial) to the local partners (GEFPOR in Tbilisi and the *de facto* Ministry of Health in Abkhazia) was successfully completed. As they had shown in previous years, GEFPOR and the Department of Technical Orthopaedics in Gagra can provide adequate physical rehabilitation services without direct ICRC assistance. However, in 2012 the ICRC will continue to refer some mine survivors to GEFPOR and will subsidize the cost of their services.

GUATEMALA



National partner

Centro de Atención a Discapacitados del Ejercito de Guatemala, Hospital Infantil de Infectología y Rehabilitación, Adolfo Martinez (private)

Location of projects

Guatemala City

Patient services in 2011

Patients referred by the ICRC	100
Prostheses	70
Orthoses	30

Beginning of assistance: 2009

The ICRC project in Guatemala was part of a regional effort by the organization to ensure access to suitable rehabilitation services for migrants. Many of these migrants suffer serious injury while travelling north in dangerous conditions and have little chance of gaining access to physical rehabilitation. The strategy and approach employed in Guatemala complement those implemented in El Salvador, Honduras, Mexico and Nicaragua. In all those countries, the ICRC, after identifying migrants in need of physical rehabilitation services, refers them to one of the assisted centres, where it then covers the cost of treatment, transport and accommodation. Migrants fitted with devices in, say, Mexico, are informed, before being returned to their countries of origin, of how they may continue to receive services through the network of ICRC-assisted centres in the various countries. In addition, to ensure access to services for migrants, the project in Guatemala provided support for mine survivors to access services.

The ICRC continued to work with the Centro de Atención a Discapacitados del Ejercito de Guatemala (CADEG), with the Hospital Infantil de Infectología y Rehabilitación (HIIR) and with Adolfo Martinez, a private service provider. Through donations by the ICRC, all those centres were equipped, when needed, with specific tools to ensure access to adequate physical rehabilitation for migrants injured when falling off trains on the way to the United States.

In 2011 17 prostheses were provided by the cooperating service providers for migrants with the support of the

ICRC (cost of treatment, transport and accommodation). In addition, 61 landmine/ERW survivors had access to services with ICRC support (41 prostheses and 10 orthoses). Access to services for landmine/ERW survivors was promoted in conjunction with the Guatemalan Commission for the Implementation of International Humanitarian Law, which covered the cost of transport and accommodation. Finally, 32 persons with disabilities received services at HIIR with the support of the ICRC (12 prostheses and 20 orthoses).

In addition, the ICRC sponsored two P&O technicians to attend short courses in P&O at the Don Bosco University in El Salvador.

While the project was implemented under the ICRC's Physical Rehabilitation Programme, follow-up and monitoring were carried out by specialists from the ICRC Special Fund for the Disabled based in Managua (Nicaragua).

In 2012 the ICRC intends to:

- continue to work in conjunction with a network of centres by donating materials and components and by reimbursing the cost of treatment for its target groups; and
- provide ongoing support and mentoring by ICRC specialists.

MEXICO



National partner

Orthimex

Location of project

Tapachula

Patient services in 2011

Patients referred by the ICRC	12
Prostheses	12

Beginning of assistance: 2009

The ICRC project in Mexico was part of a regional effort by the organization to ensure access to suitable rehabilitation services for migrants. Many of these migrants suffer serious injury while travelling north in dangerous conditions and have little chance of gaining access to physical rehabilitation. The strategy and approach employed in Mexico complement those implemented in El Salvador, Honduras, Guatemala and Nicaragua. In all those countries, the ICRC, after identifying migrants in need of physical rehabilitation services, refers them to one of the assisted centres, where it then covers the cost of treatment, transport and accommodation. Migrants fitted with devices in, say, Mexico, are informed, before being returned to their countries of origin, of how they may continue to receive services through the network of ICRC-assisted centres in the various countries.

The ICRC continued to work with the Orthimex Prosthetics and Orthotics Centre in Tapachula (the state of Chiapas), primarily to ensure access to adequate physical rehabilitation for migrants injured when falling off trains on the way to the United States. In 2011, with financial support from the ICRC, 12 beneficiaries received services (12 prostheses) at the Orthimex Prosthetics and Orthotics Centre.

In addition to ensuring access to physical rehabilitation services for 12 persons in Mexico and around 17 in

Guatemala (see the section on Guatemala), the ICRC covered the cost of treatment for 23 Honduran migrants who received services (26 prostheses) at centres (3) assisted by the ICRC Special Fund for the Disabled and the cost of treatment for 4 Salvadorians (4 prostheses) at one centre also assisted by the ICRC Special Fund for the Disabled.

While the project was implemented under the ICRC's Physical Rehabilitation Programme, follow-up and monitoring were carried out by specialists from the ICRC Special Fund for the Disabled based in Managua (Nicaragua).

In 2012 the ICRC intends to:

- continue to support Orthimex to ensure access to services for migrants injured in falls from trains, by donating materials, components, wheelchairs and crutches and by reimbursing the cost of treatment for the migrants;
- continue to cover the cost of treatment provided by centres assisted by the ICRC Special Fund for the Disabled for migrants who have returned to El Salvador, Honduras and Panama; and
- provide ongoing support and mentoring by ICRC specialists.

4.4 – NEAR AND MIDDLE EAST



ICRC SUPPORT IN THE NEAR AND MIDDLE EAST AT A GLANCE

The ICRC supported 19 projects in 2 countries and 1 territory: Gaza (1), Iraq (13) and Yemen (5).

- In Gaza, the ICRC began working in cooperation with the Kamal Adwan Hospital.
- In Iraq, the construction of the Nassiriya Physical Rehabilitation Centre has been completed.
- In Yemen, implementation of the planned activities was hampered by the prevailing security situation.

Services provided

Patients	57,304
New patients fitted with prostheses	1,527
New patients fitted with orthoses	15,000
Prostheses delivered	3,368
Orthoses delivered	22,121
Wheelchairs distributed	125
Walking aids distributed (pairs)	1,362
Patients receiving appropriate physiotherapy services	12,668

Children represented 37% and women 17% of the beneficiaries.

In Iraq, the ICRC's micro-economic programme enabled several beneficiaries from the Erbil centre to set up an income-generating scheme.

Developing local capacities

A total of 19 candidates were sponsored to attend P&O courses at different training institutions.

Several refresher courses in physiotherapy and in P&O were given in Gaza, Iraq and Yemen.

Promoting the long-term functioning of services

In Gaza, the ICRC supported the work of the Physical Rehabilitation Unit of the Ministry of Health to develop and implement physiotherapy protocols and provided managerial support for the Board of Directors of the assisted centre.

In Iraq, the ICRC continued to work with ministries involved in rehabilitation and actively participated in meetings of the Higher Committee for Physical Rehabilitation. In addition, the ICRC provided support to strengthen the capacity of the P&O Institute in Baghdad.

In Yemen, the ICRC continued to work in close collaboration with Ministry of Public Health and Population and promoted greater coordination between the stakeholders.



In Gaza, the ICRC continued to provide assistance for the Artificial Limb and Polio Centre (ALPC) in Gaza City, which is managed by the Municipality of Gaza. The ICRC also continued to work with the European Gaza Hospital and the Nasser Hospital and started to work with Kamal Odwan Hospital. The programme's general objective was to ensure access to physical rehabilitation in the Gaza Strip (support for the ALPC) and to post-surgical rehabilitation focused on physiotherapy (support for hospitals). The ICRC implemented several activities to ensure access to rehabilitation. In addition to donating materials, components and wheelchairs and the construction of an extension to the facility, the ICRC increased its presence by one specialist so as to provide the necessary expertise, reorganize the P&O department and set up the a new physiotherapy department following the completion of the renovation. In 2011 3,357 people received various services at the ICRC-assisted centre. The services included the production of 86 prostheses and 408 orthoses, the provision of 12 wheelchairs and 87 pairs of crutches and the provision of physiotherapy treatment for 596 persons. Children represented 63% and women 8% of all beneficiaries.

In Iraq, the ICRC continued to support 13 facilities around the country, 10 of them managed by the Ministry of Health: four in Baghdad (Al-Wasity Hospital, Baghdad Centre, Sadr Al Qanat P&O Centre and Al-Salam Crutch Production Unit) and one each in Basra, Fallujah, Hilla, Najaf, Nasiriyah and Tikrit. One was managed by the Ministry of Higher Education (the P&O Institute) and one by the Ministry of Defence (Baghdad). In addition, the ICRC continued to manage the Erbil Physical Rehabilitation Centre. The ICRC was not the only organization supporting the physical rehabilitation sector in Iraq but was by far the main organization providing support. Access remains difficult for people living in remote locations and/or too poor to pay for their transport and accommodation. Throughout the year, the ICRC implemented several activities to increase accessibility to services; they included completing the construction of a new centre, including a dormitory, in Nassiriyah (October), donating raw materials and components to all assisted centres and covering the

cost of transport and accommodation. Reimbursement of the cost of transport and accommodation enabled 1,522 beneficiaries to receive services at the centres in Erbil, Fallujah, Najaf, and Tikrit. In addition, the ICRC endeavoured to expand its links to NGOs and other public actors in order to make the services known to them and through them to others and, if possible, to obtain their help in identifying potential beneficiaries without access to services. Meanwhile, the ICRC's micro-economic initiative programme enabled several beneficiaries at the Erbil centre to set up income-generating schemes. In 2011 31,077 people received various services at ICRC-assisted centres. The services included the production of 2,902 prostheses (22% for mine survivors) and 13,462 orthoses (0.1% for mine survivors), the provision of 88 wheelchairs and 727 pairs of crutches and the provision of physiotherapy treatment for 6,151 persons. Children represented 31% and women 12% of all beneficiaries.

In Yemen, the ICRC continued supporting the National Artificial Limbs and Physiotherapy Centre in Sana'a, the Artificial Limbs and Physiotherapy Centre in Mukalla, the Orthopaedic Workshop and Rehabilitation Centre in Taiz and the Limb-fitting Workshop and Rehabilitation Centre in Aden. No activities were implemented in Sa'ada, although plans were made to start the construction of a new centre. Throughout the year, implementation of the planned activities was hampered by the prevailing security situation. People with disabilities faced various difficulties, such as poor security conditions, lack of service providers and poverty, in gaining access to services. In addition, the lack of female professionals meant that many women in need of services had no access to them. In 2011 the ICRC promoted the accessibility of services by donating raw materials and components to all assisted centres. In 2011 more than 22,800 people benefited from various services at ICRC-assisted centres. The services included the production of 380 prostheses (1% of them for mine survivors) and 8,251 orthoses (0.1% of them for mine survivors), the provision of 25 wheelchairs and 548 pairs of crutches and the provision of physiotherapy treatment for 5,921 persons. Children represented 41% and women 25% of the 22,870 persons benefiting from services.

GAZA

**National partner**

Municipality of Gaza

Location of project

Gaza

Patient services in 2011

Patients attending the centres	3,357
New patients fitted with prostheses	63
New patients fitted with orthoses	394
Prostheses	86
Orthoses	408
Wheelchairs	12
Crutches (pairs)	87

Beginning of assistance: 2007

In 2011 the ICRC continued to provide assistance for the Artificial Limb and Polio Centre (ALPC) in Gaza City, which is managed by the Municipality of Gaza. The ICRC also continued to work with the European Gaza Hospital and the Nasser Hospital and started to work with Kamal Odwan Hospital. The programme's general objective was to ensure access to physical rehabilitation in the Gaza Strip (support for the ALPC) and to post-surgical rehabilitation focused on physiotherapy (support for hospitals).

The Ministry of Health continued to be responsible for the rehabilitation sector in the Gaza Strip; a department, the Physical Rehabilitation Unit (PRU), was established within the Ministry to coordinate the activities of the various organizations working in the field of physical rehabilitation in the Gaza Strip. The Unit continues to develop physiotherapy protocols to be applied at all hospitals and a committee was established to ease cooperation between the MoH, the ALPC and the other institutions which provide services for people with disabilities. The total number of people with disabilities in the Gaza Strip is not known; however, the National Society for Rehabilitation (a local NGO) estimated in September 2009 that there were 11,400 people with physical disorders living in the Gaza Strip. Moreover, people with disabilities were among the most vulnerable groups and were usually over-represented in any count of those living in poverty. They were therefore severely affected by the ongoing crisis.

The ICRC implemented several activities to ensure access to rehabilitation. In addition to donating materials, components and wheelchairs and the construction of an extension to the facility, the ICRC increased its presence by one specialist so as to provide the necessary expertise and reorganize the P&O department and to set up the a new physiotherapy department following the completion of the renovation. In 2011 3,357 people received various services at the ICRC-assisted centre. The services included the production of 86 prostheses and 408 orthoses, the provision of 12 wheelchairs and 87 pairs of crutches and the provision of physiotherapy

treatment for 596 persons. Children represented 63% and women 8% of all beneficiaries.

ICRC specialists (an ortho-prosthetic technician and a physiotherapist) continued to provide on-the-job training and mentoring for Palestinian P&O technicians, benchworkers and physiotherapists. The ICRC also awarded scholarships to five candidates for 18 months of study in P&O at Mobility India in Bangalore; three returned to the Gaza Strip at the end of 2011 and two continued their training. With regard to service quality, the ICRC implemented a multidisciplinary approach to patient care. Beneficiaries are evaluated by an orthopaedic surgeon, a P&O professional and a physiotherapist before their rehabilitation schedule is established.

During the year, the ICRC concluded its work with the European Gaza Hospital and the Nasser Hospital to ensure the availability of post-surgical rehabilitation at these hospitals through the provision of on-the-job training and mentoring as well as to ensure the reorganization of the physiotherapy inpatient department. New cooperation with the Kamal Adwan Hospital (north, Jabelya) started in 2011 and the initial assessment was conducted together with the PRU of the MoH. This project has been undeniably effective in reducing the possibility of persons becoming disabled during hospitalization.

In 2012 the ICRC intends to:

- ensure access to physical rehabilitation for those in need by continuing to support the ALPC through donations of materials, components and wheelchairs;
- ensure the availability of post-surgical rehabilitation by continuing to support the Kamal Adwan Hospital. The post-surgical physiotherapy project will also be implemented at the Al Aqsa Hospital (central area) and El Najar Hospital (south, Rafah). The ICRC will continue to work with the Ministry of Health in developing policies and protocols for physiotherapy services, as well as a referral network for patients discharged;

- ▶ improve quality by continuing mentoring provided by ICRC specialists, sponsoring people for P&O courses and conducting refresher courses in P&O and physiotherapy; and
- ▶ promote the long-term functioning of services by providing managerial support for the board of directors of the ALPC and by lobbying for professional recognition for P&O professionals.

IRAQ

**National partners**

Ministry of Health, Ministry of Higher Education, Ministry of Defence, Ministry of Health of the Kurdistan Regional Government

Location of projects

Baghdad (6), Basrah, Erbil, Fallujah, Hilla, Najaf, Nassirya, Tikrit

Patient services in 2011

Patients attending the centres	31,077
New patients fitted with prostheses	1,142
New patients fitted with orthoses	7,867
Prostheses	2,902
Orthoses	13,462
Wheelchairs	88
Crutches (pairs)	727

Beginning of assistance: 1993

In 2011 the ICRC continued to support 13 facilities around the country, 10 of them managed by the Ministry of Health: four in Baghdad (Al-Wasity Hospital, Sadr Al Qanat P&O Centre, Baghdad Centre and Al-Salam Crutch Production Unit) and one each in Basra, Fallujah, Hilla, Najaf, Nasiriya and Tikrit. One was managed by the Ministry of Higher Education (the P&O Institute) and one by the Ministry of Defence (Baghdad). In addition, the ICRC continued to manage the Erbil Physical Rehabilitation Centre. The ICRC was not the only organization supporting the physical rehabilitation sector in Iraq but was by far the main organization providing support.

The physical rehabilitation sector remained mainly under the Ministry of Health, although the Ministry of Environment also had a victim-assistance component, in line with its formal responsibility for all matters related to ERW, and the Ministry of Defence also ran a physical rehabilitation centre in Baghdad. The Higher Committee for Physical Rehabilitation, a Ministry of Health body, dealt with all issues relating to the provision of mobility aids nationwide, except for areas under the jurisdiction of the Kurdistan Regional Government. Apart from the country's Kurdish region, physical rehabilitation services were provided through a network of centres run by the Ministry of Health (13), the Ministry of Defence (1), the Iraqi Red Crescent Society in Mosul and some private service providers. In Kurdistan, eight rehabilitation centres were functioning; four were government-managed facilities, two were managed by a local NGO (the Kurdistan Organization for Rehabilitation of the Disabled) and one was managed by the ICRC.

The series of conflicts that took place in Iraq and the ongoing turmoil there, together with the still weak public health-care system, resulted in an ever-growing number of people with disabilities. Unfortunately, there was still no way to pinpoint that number with certainty. The Republic of Iraq acceded to the Mine Ban Treaty in 2007, becoming a State Party in 2008. Iraq is heavily contaminated by landmines and ERW, the result of several years of conflict. According to the *Landmine*

Monitor Report 2011, the total number of landmine/ERW survivors in Iraq is estimated at 48,000–68,000.

Access remains difficult for people living in remote locations and/or too poor to pay for their transport and accommodation. Throughout the year, the ICRC implemented several activities to increase access to services; they included completing the construction of a new centre, including a dormitory, in Nassiriya (October), donating raw materials and components to all assisted centres and covering the cost of transport and accommodation. Reimbursement of the cost of transport and accommodation enabled 1,522 beneficiaries to receive services at the centres in Erbil, Fallujah, Najaf and Tikrit. In addition, the ICRC endeavoured to expand its links to NGOs and other public actors in order to make the services known to them and through them to others and, if possible, to obtain their help in identifying potential beneficiaries without access to services. Meanwhile, the ICRC's micro-economic initiative programme enabled several beneficiaries at the Erbil centre to set up income-generating schemes. In 2011 31,077 people received various services at ICRC-assisted centres. The services included the production of 2,902 prostheses (22% for mine survivors) and 13,462 orthoses (0.1% for mine survivors), the provision of 88 wheelchairs and 727 pairs of crutches and the provision of physiotherapy treatment for 6,151 persons. Children represented 31% and women 12% of all beneficiaries.

Apart from ongoing mentoring and support by ICRC specialists (ortho-prosthetists and a physiotherapist), several activities were undertaken to enhance the quality of the services. At the ICRC-managed centre in Erbil, 19 refresher courses were conducted for P&O technicians and physiotherapists from all assisted centres. In addition, the ICRC continued to provide a total of five scholarships – two of the recipients completed their training in 2011 – in order to increase the number of qualified P&O technicians working at the different centres. In addition to those five scholarships and with the aim of strengthening the capacity of the P&O Institute in Baghdad, the ICRC continued to sponsor four candidates

for training in P&O at ISPO Cat. I level, one at the Tanzania Training Centre for Orthopaedic Technologists and three at the Strathclyde University National Centre for Prosthetics and Orthotics in Scotland.

To promote the long-term functioning of services, the ICRC continued working with ministries involved in rehabilitation and actively participated in meetings of the Higher Committee for Physical Rehabilitation. In addition, the ICRC was able to disseminate information about the services available for people with physical disabilities by targeting local actors such as NGOs, organizations for people with disabilities, women's organizations, the Iraqi Red Crescent Society, health structures, etc.

In 2012 the ICRC intends to:

- facilitate access to services by donating raw materials, components, tools and physiotherapy equipment not available locally, by persuading the Ministry of Health and local authorities (Governorate, Department of Health, centre managers) to establish permanent accommodation at the various centres, by continuing to cover the cost of transport and accommodation for destitute beneficiaries living in remote areas, by improving dissemination to local entities and authorities of information on services available for people with disabilities, by continuing to manage the ICRC's micro-economic initiative programme

enabling several beneficiaries at the Erbil centre to set up income-generating schemes and by mobilizing those entities to facilitate the transfer of potential beneficiaries (in coordination with the centres concerned and the ICRC, if necessary);

- enhance quality by monitoring rehabilitation at assisted centres with the aid of ICRC specialists, by organizing refresher courses in prosthetic, orthotic, physiotherapy, wheelchair and patient management, by continuing to provide scholarships for those enrolled in P&O courses, by improving the teaching environment through continuing to provide scholarships (abroad) for future P&O teachers, by upgrading the practical skills of the present P&O and physiotherapy teachers, by persuading the relevant authorities to implement a multidisciplinary team approach in all centres and by working with the Higher Committee for Physical Rehabilitation to continue developing and implementing meaningful quality controls tools and treatment protocols; and
- promote the long-term functioning of services by helping the Higher Committee for Physical Rehabilitation and the Higher Committee for Physiotherapy to develop a comprehensive national rehabilitation strategy and by lobbying the Kurdistan Regional Government to create a body within the Ministry of Health, equivalent to the Higher Committee for Physical Rehabilitation, that will coordinate all physical rehabilitation activities in the regions under its control.

YEMEN

**National partners**

Ministry of Public Health and Population, Ministry of Labour and Social Affairs, Yemen Red Crescent Society, Rehabilitation Fund and Care for Handicapped Persons

Location of projects

Aden, Mukalla, Sa'ada, Sana'a Taiz

Patient services in 2011

Patients attending the centres	22,870
New patients fitted with prostheses	322
New patients fitted with orthoses	6,739
Prostheses	380
Orthoses	8,251
Wheelchairs	25
Crutches (pairs)	548

Beginning of assistance: 2002

In 2011 the ICRC continued supporting the National Artificial Limbs and Physiotherapy Centre in Sana'a, the Artificial Limbs and Physiotherapy Centre in Mukalla, the Orthopaedic Workshop and Rehabilitation Centre in Taiz and the Limb-fitting Workshop and Rehabilitation Centre in Aden. No activities were implemented in Sa'ada, although plans were made to start the construction of a new centre. Throughout the year, the implementation of the planned activities was hampered by the prevailing security situation.

The Ministry of Public Health and Population continued to be the main institution in charge of rehabilitation. The physical rehabilitation sector consisted of five physical rehabilitation centres (all assisted by the ICRC), two training institutions for physiotherapists, a network of governmental and private physiotherapy clinics and three funds created to alleviate the living conditions of the country's people with disabilities. The Social Fund for Development, an independent body set up in 1997 as a major component of the Social Safety Net Programme funded by the World Bank, operated under the authority of the Prime Minister. It assisted people with disabilities through government agencies, NGOs and organizations for people with disabilities working in the fields of health, social protection, education, capacity-building and strategy development. The Rehabilitation Fund and Care for Handicapped Persons, a fund under the authority of the Ministry of Labour and Social Affairs, provided funding and other assistance for individuals (subsidizing the cost of services for registered people with disabilities) and for the centres (providing incentives for the personnel). The Social Welfare Fund is under the authority of the Ministry of Labour and Social Affairs and provides monthly welfare payments (6000 Yemeni rials) for people with disabilities.

In 2006, the Republic of Yemen signed the UN Convention on the Rights of Persons with Disabilities and ratified it in 2009. The exact number of people with disabilities in Yemen is unknown. According to the report of the United Nations Economic and Social Commission for Western Asia (ESCWA) for 2009, the number of people with disabilities in Yemen was estimated at approximately 1.2 million (in a population of around 23 million); however, the estimated percentage of people with physical disabilities is 42.1% of this total, representing over half a million people. People with disabilities experienced various difficulties in gaining access to services: poor security conditions, lack of service providers, poverty, etc. In addition, the lack of female professionals meant that many women in need of services had no access to them.

In 2011 the ICRC promoted the accessibility of services by donating raw materials and components to all assisted centres. In 2011 more than 22,800 people benefited from various services at ICRC-assisted centres. The services included the production of 380 prostheses (1% of them for mine survivors) and 8,251 orthoses (0.1% of them for mine survivors), the provision of 25 wheelchairs and 548 pairs of crutches and the provision of physiotherapy treatment for 5,921 persons. Children represented 41% and women 25% of the 22,870 persons benefiting from services.

The quality of the services provided at the Aden, Sana'a and Mukalla centres was maintained through continued support from an ICRC ortho-prosthetist and physiotherapist, who provided on-the-job training and monitoring. In 2011 the ICRC provided scholarships for five people to be given formal P&O training at Mobility India in Bangalore; three of them graduated in 2011 and the other two are expected to complete their studies in 2013.

In 2012 the ICRC intends to:

- facilitate access to services by continuing to donate raw materials and components so that the Aden, Mukalla, Sana'a and Taiz centres can provide services, by supporting the activities of the crutch manufacturing unit at the Sana'a centre, by providing financial assistance for the construction of a new centre in Sa'ada, by introducing a micro-economic initiative and by providing scholarships for five women to be given formal training in P&O;
- enhance the quality of services through regular support for all centres by ICRC ortho-prosthetists and physiotherapists and by continuing to sponsor trainees at Mobility India (potentially seven additional trainees in 2012); and
- promote better coordination between interested parties through periodic meetings and networking.

ANNEX 1 – ICRC PUBLICATIONS

The following documents are available through the ICRC website and, in most cases, can be downloaded directly from there.

PHYSICAL REHABILITATION



Towards Social Inclusion – Physical Rehabilitation Programme

This brochure promotes the ICRC's physical rehabilitation work, describing the benefits of these services for people with disabilities – from recovering their mobility to being integrated back into society. It also explains what the ICRC does to ensure that people have access to physical rehabilitation and describes some of the situations in which it provides those services.



P&O Manufacturing 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 in 2007 and widely distributed among all ICRC-assisted projects and NGOs and among stakeholders involved in providing P&O services in developing countries. Each manual contained material that should be of help in transferring skills in projects.



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.



Physiotherapy

The "Physiotherapy" leaflet is a concise introduction to the work of the ICRC's physiotherapists. It explains the role that these professionals play in physical rehabilitation and hospital projects as well as the ICRC's approach in this field



Exercises for Lower-Limb Amputees

This booklet/CD-ROM provides examples of basic post-prosthetic exercises for use by physiotherapists, physiotherapy assistants, ortho-prosthetists and others involved in gait training for lower-limb amputees. The aim of these exercises is to help amputees to regain their self-confidence and to walk as well as possible.

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 armed conflict and other situations of violence and to provide them with assistance. The ICRC 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 Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.

