PHYSICAL REHABILITATION PROGRAMME

ANNUAL REPORT

2012

ICRC

REPORT

ICRC

International Committee of the Red Cross
19, avenue de la Paix
1202 Geneva, Switzerland
T +41 22 734 6001 F +41 22 733 2057
Email: shop@icrc.org www.icrc.org

CONTENTS

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, which is the backbone of ICRC physical rehabilitation projects, 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 as the organization has worked to remove barriers hindering access to appropriate physical rehabilitation services. Between 1979 and 2012 the ICRC's Physical Rehabilitation Programme provided support for more than 163 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 395,690 prostheses, 453,718 orthoses, 39,338 wheelchairs, 417,418 pairs of crutches, physiotherapy, and follow-up (repair and maintenance of devices) with the assistance of the ICRC.

In 2012 the Physical Rehabilitation Programme assisted 96 projects in 27 countries and one territory, and more than 240,000 people (an increase of 9% on the 2011 figure) benefited from various services at ICRC-assisted centres. The services included the production of 20,345 prostheses and 60,372 orthoses, the provision of 3,414 wheelchairs and 17,196 pairs of crutches and the provision of appropriate physiotherapy treatment for 113,454 people. Children represented 25% and women 20% 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 that provided through the Physical Rehabilitation 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 support for physical rehabilitation in low-income countries, with priority being given to projects formerly implemented by the ICRC. In 2012 the Fund assisted 54 projects in 26 countries. Throughout 2012 it contributed to the rehabilitation of nearly 15,000 people worldwide, which included the fitting of 6,276 prostheses and 10,957 orthoses. The centres supported by the Fund also distributed 307 wheelchairs and 5,918 pairs of crutches to people with disabilities. Of the total number of prostheses provided by Fund-assisted centres, 23% were supplied to mine survivors.

This report describes the worldwide activities of the ICRC's Physical Rehabilitation Programme in 2012. Information on the activities of the Special Fund for the Disabled may be obtained from the Fund's Annual Report for 2012 (www.icrc.org/fund-disabled).

Michael Von Bergen/ICRC

1 – INTRODUCTION

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.

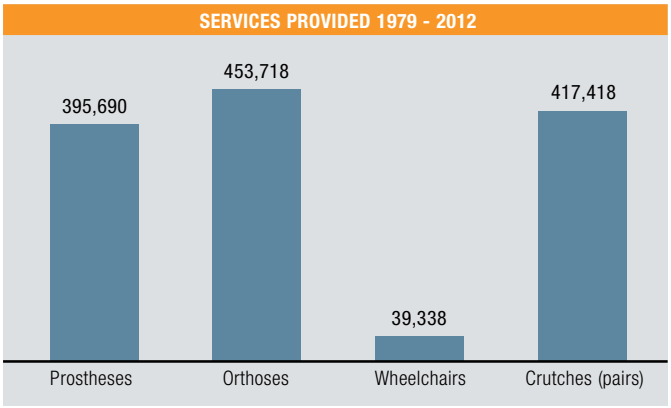
Article 26 of the Convention on the Rights of People with Disabilities, which seeks to promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedoms, requires States Parties to "take effective and appropriate measures (...) to enable persons with disabilities to attain 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. Article 20 of the 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, the aim being to enable people with disabilities to achieve personal mobility. Restoration of mobility, through the use of mobility devices such as prostheses, orthoses, wheelchairs and walking aids, 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 wishing to access appropriate 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 core objective of the ICRC's Physical Rehabilitation Programme. ICRC assistance in the area of physical rehabilitation is designed to strengthen national capacities 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, implementation and monitoring 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
- providing direct support for potential service users to ensure that they have access to services by subsidizing the cost of travel to the 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 2012, the ICRC's Physical Rehabilitation Programme provided support for more than 163 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 96 assisted projects in 27 countries and one territory in 2012. A direct result of this steady growth in the number of assisted centres is the rise in the number of people 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 those treated after the ICRC's withdrawal from the assisted centres.



APPROACH

The Physical Rehabilitation Programme strives to develop national capacities enabling the national sector to overcome the different barriers faced by people with disabilities and to meet their basic physical rehabilitation needs 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.

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 technical and managerial capacity. 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 2012, 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 a poorly funded and poorly supported sector, including 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 nearly 400 people becoming P&O professionals and to more than 65 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.

BEYOND PHYSICAL REHABILITATION

ICRC projects aim to help bring about the full integration and participation 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 that give them equal opportunities, allow them to enjoy human rights and enable them to live in dignity. The ICRC's Physical Rehabilitation Programme projects work closely with the national partners to ensure that they understand the overall rehabilitation process and the needs of people with disabilities so that such people have access to other measures that promote their full integration and participation in society.

In most projects, links are developed with local and international organizations that are directly involved in disability issues. It is important to establish and maintain contact with people with disabilities organizations as they provide an excellent source of information about barriers that have been identified and solutions to overcome them. In addition, the ICRC provides support for awareness campaigns, sports activities for people with disabilities, advocacy, access to vocational training, access to schooling, access to microeconomic initiatives, etc.

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

A total of 28 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 landmine survivors: over the years, the ICRC has provided support for 19 of them (Afghanistan, Albania, Angola, Burundi, Cambodia, Chad, Colombia, the Democratic Republic of the Congo, Eritrea, Ethiopia, Guinea-Bissau, Iraq, Mozambique, Nicaragua, South Sudan, Sudan, Tajikistan, Uganda and Yemen) and is still supporting 13 of them (Afghanistan, Burundi, Cambodia, Chad, Colombia, the Democratic Republic of the Congo, Ethiopia, Guinea-Bissau, Iraq, South Sudan, Sudan, Uganda and Yemen). Since 1997 the ICRC-assisted network of centres has furnished 140,161 prostheses for mine survivors and 5,060 orthoses as well as 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. It is now standard practice to use the technology developed by the ICRC in the production of prostheses and orthoses; the technology has also been adopted by a significant number of organizations involved in physical rehabilitation.

To mark the ICRC's role in developing and promoting better technology such as using 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 2012, mainly because of the ICRC's greater experience and the growing number of locally trained professionals working at assisted centres.

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2 – OVERVIEW OF ACTIVITIES IN 2012

In 2012 the ICRC continued its efforts to bring about the removal of barriers faced by people with disabilities in accessing appropriate physical rehabilitation services, to enhance the quality of those services and to promote their long-term availability.

The information contained in this section provides a summary of activities carried out by the ICRC in 2012. More detailed information is provided in Part 4 of this Report, "Project activities."

IMPROVING ACCESS TO SERVICES

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 2012 the Physical Rehabilitation Programme assisted 96 projects in 27 countries and one territory: apart from the two local component factories (in Afghanistan and Cambodia), the local unit manufacturing crutches in Iraq and the P&O institute in Iraq, all assisted projects were rehabilitation centres. In 2012, in addition to the projects supported at the end of 2011, the ICRC:

- resumed its support for three centres managed by the Minister of Health in Myanmar;
- provided financial support for a physical rehabilitation centre managed by the Centre for the Rehabilitation of the Paralysed in Bangladesh to be opened in Chittagong;
- began providing assistance for the Niamey National Hospital in Niger;
- began providing assistance for the Cheshire Home for Disabled Children in Sudan;
- began providing assistance for the Rumbeck Rehabilitation Centre and installed a Physical Rehabilitation Unit in Wau in South Sudan;
- signed a collaboration agreement with the National Rehabilitation Institute (INR) in Mexico City;
- completed the construction of the Nassiriya Physical Rehabilitation Centre in Iraq; and
- ended its support for Uganda (two projects).

In Africa, the ICRC provided support for 32 projects in 11 countries. In **south-western 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 2012 several activities were implemented by the ICRC to increase access to services and needed material and components were donated so as to enable the centre to provide services. A referral network with the hospitals was also established and outreach visits conducted in the different camps in order to identify potential beneficiaries, to follow up those who have already received services, to carry out basic repairs and to disseminate information on the services provided by the centre and by the specific outreach programme for children with cerebral palsy implemented in 2011. In **Burundi**, the ICRC continued to work with the Institut Saint Kizito (ISK) in Bujumbura. In 2012, in order to improve the accessibility of services, the ICRC finalized the construction of a dormitory for external patients at the ISK's facilities and donated materials, components and equipment. Since the dormitory opened in August, the ICRC has reimbursed the accommodation costs (including meals). In **Chad**, the ICRC continued supporting the two main centres providing physical rehabilitation 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 of which are managed by local NGOs.

The ICRC also continued supporting a referral system for people with disabilities from eastern and northern Chad and financed their transportation to N'Djamena. During the three months of the rainy season, it also covered the cost of accommodation for one person without family support in N'Djamena while under treatment. In the **Democratic Republic of the Congo**, the ICRC continued to work with the Hôpital St-Jean Baptiste Kansele in Mbuji Mayi, the Centre Shirika La Umoja in Goma, the Cliniques Universitaires in Kinshasa and the Centre pour Handicapés Heri Kwetu in Bukavu. As in previous years, with the exception of some donations of equipment and tools, 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 **Ethiopia**, the ICRC continued its support for seven physical rehabilitation centres in Arba Minch, Asela, Bahir Dar, Dessie, Dire Dawa, Mekele and Menegesha, which are managed by regional governments through their labour and social affairs departments (Asela, Bahir Dar, Arba Minch and Dessie), by local NGOs with the financial participation of BoLSA (Mekele) or independently by an NGO (Dire Dawa and Menagesha). In **Guinea-Bissau**, the ICRC continued to support the Ministry of Public Health in the management and operation of the Centro de Reabilitação Motora and conducted several activities aimed at improving accessibility, i.e. reimbursing the cost of treatment and transport for patients attending the centre, donating materials and components (for both P&O and physiotherapy) to ensure that CRM had the means of providing services. In **Niger**, the ICRC started to provide assistance to the Niamey National Hospital and most of the activities in 2012 were directed at the completion of renovation and construction work for the physical rehabilitation department, the installation of new equipment and preparations for resuming the provision of services, which started in August 2012. In **South Sudan**, the ICRC continued supporting the Ministry of Gender, Child and Social Welfare (MoGCSW) in the management and operations of the Physical Rehabilitation Reference Centre (PRRC) in Juba, which serves as the referral centre for the whole of South Sudan. It also started to provide assistance for the Rumbeck Rehabilitation Centre (RRC) and installed a Physical Rehabilitation Unit in Wau, where a one-week clinic is held by the ICRC each month. In **Sudan**, the ICRC continued supporting the national referral centre in Khartoum, which is managed by the National Authority for Prosthetics and Orthotics (NAPO) as well as its mobile clinic and its branches in Damazin, Dongola Gedaref, Kadugli, Kassala and Nyala to ensure that centres have the means to provide services. The ICRC continued to support the development of professional human resources to further improve the quality of the services provided. In addition, the ICRC started providing support for the Cheshire Home for Disabled Children (Children's Orthopaedic Hospital), located in Khartoum, by donating material and components. In **Uganda**, the ICRC continued supporting the activities of the Fort Portal Orthopaedic Centre and the Mbale Orthopaedic Centre until the end of 2012, when ICRC support was halted for both centres.

In Asia, the ICRC provided support for 34 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 continued to support the activities of the Centre for the Rehabilitation of the Paralysed (CRP) located in Savar. In addition, the ICRC started to support the activities of the newly opened centre in Chittagong, which is also managed by the CRP. 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 2012, 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 five centres, of which three are in Jammu and Kashmir State, one in Nagaland State and one in Chhattisgarh. In 2011 ICRC assistance at the PRRC in Raipur (Chhattisgarh) and at the VMS P&O Department (Jammu and Kashmir) focused mainly on the renovation of infrastructure and the donation of equipment. The VMS started providing rehabilitation care in May 2012, while the PRRC in Raipur started providing services in April 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. Meanwhile, the Ministry of Health has accepted an ICRC offer to resume support for a total of three physical rehabilitation centres for which it is responsible. Support for the Ministry of Health centres started in late 2012. In **Nepal**, 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, where both military personnel and civilians have access to services. To facilitate access to rehabilitation, the ICRC reimbursed travel expenses for conflict victims who go to both assisted centres to receive services. In **Pakistan**, the ICRC decreased its operational activities considerably after the brutal killing of an ICRC expatriate staff member in April. However, the ICRC maintained its support for the Pakistan Institute of Prosthetic and Orthotic Sciences (PIPOS) in Peshawar, the PIPOS Rehabilitation

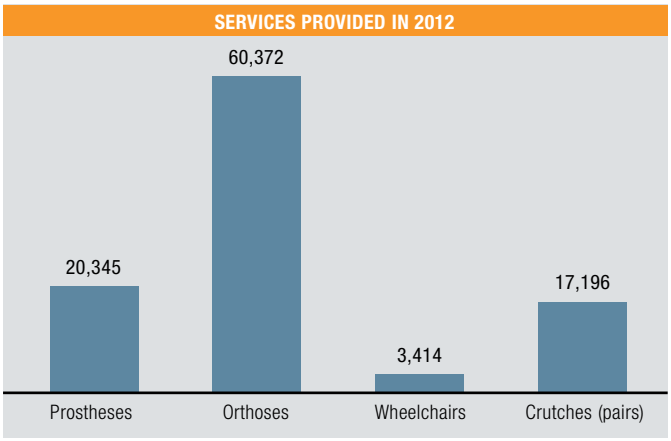
Service Programme (PRSP) including its nine satellites centres located in Khyper Pachtunkwa (KPK), the CHAL Foundation for its five centres located in the north-west (4) and Baluchistan (1), the Hayatabad Paraplegic Centre in Peshawar (PCH), the Akbar Kare Institute in Peshawar on an ad hoc basis, and the Muzaffarabad Physical Rehabilitation Centre (MPRC), the latter being managed by the ICRC. In the **Philippines**, the ICRC continued to cooperate with the Davao Jubilee Foundation by providing support for its physical rehabilitation centre, the Davao Jubilee Rehabilitation Centre. In 2012, to enhance the accessibility of services, the ICRC continued to provide direct support for the beneficiaries (subsidizing the cost of treatment, transport and accommodation at the centres) and to support the centre (donation of material and components, improvement of the infrastructures, etc.). In **Sri Lanka**, the ICRC continued supporting the Jaffna Jaipur Centre for Disability Rehabilitation (JJCDR), which offers 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. Throughout the year, the ICRC continued to donate the materials and components needed for the Jaffna centre to operate and partially reimbursed the cost of treatment and transport for some patients. In addition, the ICRC continued its cooperation with the Navajeevana Physical Rehabilitation Centre, located in the south of the country, referring people with disabilities and covering the cost of the services.

In the Americas, the ICRC provided support for 10 projects in three countries. In **Colombia**, the ICRC continued to work with eight institutions spread throughout the country. Its main partners are the University Hospital del Valle and Ortopédica Americana in Cali and the Centro de Rehabilitación Cardioneuromuscular in Cúcuta. Additionally, the ICRC provided material support for the Centro Integral de Rehabilitación de Colombia (CIREC) in Bogotá and for the Fundación REI para la Rehabilitación Integral in Cartagena. During 2012, through donations of machinery, tools, equipment and materials, as well as technical and managerial assistance, on-the-job training and mentoring, the ICRC in Colombia contributed to improving access to 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. The strategy and approach employed in Guatemala complement those implemented in El Salvador, Honduras, Mexico and Nicaragua. In all those countries, the ICRC identifies migrants in need of physical rehabilitation services and then refers them to one of the assisted centres, where it 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 **Mexico**, 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 addition, in 2012 the ICRC signed an agreement with the National Institute of Rehabilitation (INR) in Mexico City regarding the provision of physical rehabilitation services for migrant amputees. In **Guatemala**, the ICRC continued to support the Centro de Atencion a Discapacitados del Ejército de Guatemala (CADEG), the Hospital Infantil de Infectologia y Rehabilitación (HIIR) and a private service provider, CLOR S.A. Through donations by the ICRC, all these centres were equipped, when needed, with specific tools to ensure access to adequate physical rehabilitation for migrants, mine survivors and other victims of urban violence.

In the Near and Middle East, the ICRC supported 18 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 aim being to ensure access to physical rehabilitation in the Gaza Strip. In addition, the ICRC continued to provide assistance for the Ministry of Health with a view to implementing post-surgical rehabilitation focusing on physiotherapy in six hospitals and thus to reducing possible complications leading to disability during hospitalization. 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 Basra, Fallujah, Hilla, Najaf, Nasiriya and Tikrit. One was managed by the Ministry of Higher Education (the P&O Institute and Physiotherapy School) 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 to strengthen the physical rehabilitation sector in Iraq. 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 for security reasons. During the year, the implementation of activities was also slowed down for security reasons.

Services provided

In 2012 more than 240,000 people benefited from various services at ICRC-assisted centres. The services included the production of 20,345 prostheses and 60,372 orthoses, the provision of 3,414 wheelchairs and 17,196 pairs of crutches and the provision of appropriate physiotherapy treatment for nearly 114,000 individuals. Nine per cent more people received services at ICRC-assisted centres in 2012 than in the previous year. Children represented 25% and women 20% 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 (Yemen), etc.

Services for mine/ERW survivors

In 2012 the ICRC provided assistance for 13 (Afghanistan, Burundi, Cambodia, Chad, Colombia, the Democratic Republic of the Congo, Ethiopia, Guinea-Bissau, Iraq, South Sudan, Sudan, Uganda and Yemen) of the 28 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 the Sahrawi population living in refugee camps in south-western Algeria as well as from China, Guatemala, India, Myanmar, Nepal, Niger, Pakistan and Sri Lanka.

In 2012 the ICRC-assisted network of centres provided 7,528 prostheses and 717 orthoses specifically for mine survivors (out of respective totals of 20,345 and 60,372) and also ensured access to physiotherapy treatment for 10,139 survivors (out of a total of 113,454 people receiving physiotherapy treatment). In addition, many survivors were provided with wheelchairs and walking aids. Children accounted for 2% and women 8% 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, South Sudan, 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 2012 the ICRC continued its efforts to enhance clubfoot services as part of its assisted physical rehabilitation projects. Activities were therefore reinforced in countries where the ICRC had already conducted clubfoot projects (Afghanistan, Cambodia, Ethiopia, Nepal and Pakistan). Contacts were maintained with the Global Clubfoot Initiative (GCI), an international initiative to reduce the consequences of clubfoot worldwide; the ICRC is a member of the board of trustees. 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-assisted projects.

IMPROVING THE QUALITY OF THE SERVICES PROVIDED

A number of factors helped to improve services: enhancing local technical and clinical capacity and the skills contributed by expatriate specialists, improving the ICRC-developed polypropylene technology, developing treatment guidelines, promoting a multidisciplinary patient-management approach and placing emphasis on the quality rather than the quantity of the services provided. The ICRC's approach to improving the quality of appropriate physical rehabilitation services encompasses numerous activities; the key activities are listed below and three of them are then discussed in greater detail.

- Supporting the development and/or implementation of all services (P&O, physiotherapy, wheelchairs, walking aids) at assisted centres;
- Supporting the professional development of existing professionals by developing and conducting short courses and by making available ICRC specialists to support the activities of the assisted-centres;
- Supporting the development of treatment protocols and guidelines;
- Providing scholarships for formal training in P&O and physiotherapy and/or conducting formal training.

Supporting the professional development of existing professionals

Throughout the year, several approaches were used to enhance the quality of the services provided at the assisted centres. 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 in the following ways:

- Professionals (15) from Algeria, the Democratic Republic of the Congo, Myanmar, Niger and Pakistan were sponsored so that they could attend short-term training courses provided by the ICRC Special Fund for the Disabled.

- In Ethiopia, the ICRC actively supported the organization of training in the provision of basic wheelchair services, providing one specialist trainer and the equipment needed during the training; 25 rehabilitation professionals were trained.
- Lectures were given on training programmes for physiotherapist assistants at St Mary's University (South Sudan) and for physiotherapists at the University of Gondar (Ethiopia).
- P&O students from PIPOS (Pakistan) were supervised during their internship at ICRC-assisted centres.
- Physiotherapy students were supervised during their internship at the ICRC's centre in Kabul.
- Short refresher/upgrading courses were conducted for physiotherapists working at assisted centres in Burundi, Chad, Colombia, Gaza, Guinea-Bissau and Iraq.
- Short refresher/upgrading courses were conducted for P&O professionals working at assisted centres in Chad, Colombia, the Democratic Republic of the Congo, India, Iraq, Nepal and the Philippines.

In addition to fostering the development of appropriate physical rehabilitation services at assisted centres, the ICRC maintained and supported several national professional associations to enhance the recognition and status of the profession. This included the following activities:

- For physiotherapy, the ICRC maintained and supported professional organizations in Afghanistan, Cambodia, Chad, Colombia, the Democratic Republic of the Congo, Ethiopia, Gaza, Niger, Sudan and Yemen and worked closely with several physiotherapy training institutions (Afghanistan, Colombia, Ethiopia, Iraq and Sudan).
- For P&O, the ICRC maintained and supported several national professional associations in work to enhance the profession (Afghanistan, Bangladesh, Cambodia, Chad, Colombia, the Democratic Republic of the Congo, Ethiopia, India and Niger) as well as working closely with and providing support for several P&O training institutions (Cambodia, Colombia, Iraq and Pakistan).

In close cooperation with the Iranian Red Crescent Society (IRCS), the African Federation of Orthopaedic Technicians (FATO) and the ICRC Special Fund for the Disabled, the ICRC conducted a two-week training course on the subject of orthopaedic shoes and orthotic solutions for foot problems. The training course was conducted in Ethiopia and attended by 20 participants from Botswana, Ethiopia, Kenya, Somalia, Tanzania, Zambia and Zimbabwe.

Supporting the development of treatment protocols and guidelines

Both the ICRC's Physiotherapy Technical Commission and the P&O Technical Commission continued their work to develop the ICRC Physiotherapy Reference Manual, treatment protocols and guidelines for physiotherapy and P&O. In addition, the ICRC is working closely with centre directorates in all countries to develop and implement specific treatment protocols which have been adapted to the context.

Providing scholarships for formal training in P&O and physiotherapy and/or conducting formal training

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 2012, 68 people completed, continued or began P&O or physiotherapy courses subsidized by the ICRC.

Project	No. of students	School	Year	Qualification
Iraq	3	CSPO	2009-2012	ISPO Cat. II
	1	TATCOT[1]	2009-2013	ISPO Cat. I
	3	NCPO[2]	2010-2015	Master's degree
South Sudan	1	TATCOT	2011-2014	ISPO Cat. II
	1	TATCOT	2011-2015	ISPO Cat. I
	1	TATCOT	2012-2016	ISPO Cat. I
	1	TATCOT	2012-2015	ISPO Cat. II
	2	St Mary's University	2009-2012	BSc in Physiotherapy
Nepal	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)
Yemen	6	Mobility India	2012-2015	ISPO Cat. II
	2	Mobility India	2010-2013	ISPO Cat. II
Pakistan	3	PIPOS	2011-2015	ISPO Cat. II
	4	NCPO	2012-2015	Master's degree
	1	TATCOT	2009-2013	ISPO Cat. I
	1	TATCOT	2011-2014	ISPO Cat. I
	2	CSPO	2011-2014	ISPO Cat. II
	6	TATCOT	2012-2013	Certificate in Spinal Orthotics (Blended Learning)
Gaza	2	Mobility India	2011-2012	ISPO Cat. II (single discipline)
Myanmar	2	CSPO	2010-2013	ISPO Cat. II
	1	Mobility India	2012-2013	Rehabilitation Therapy Assistant
Chad	3	ENAM[3]	2010-2013	ISPO Cat. II
	3	ENAM	2011-2014	ISPO Cat. II
	1	ENAM	2012-2015	ISPO Cat. II
Cambodia	1	TATCOT	2010-2013	ISPO Cat. I
Niger	1	ENAM	2012-2015	ISPO Cat. II
Bangladesh	1	TATCOT	2012-2015	ISPO Cat. I
	2	Mobility India	2012-2013	ISPO Cat. II (single discipline)
Burundi	1	Faculty of Health Science, Cotonou (Benin)	2012-2015	BSc in Physiotherapy

[1] Tanzania Training Centre for Orthopaedic Technologists.

[2] National Centre for Prosthetics and Orthotics (Strathclyde University, Glasgow).

[3] Ecole Nationale des Auxiliaires Médicaux.

In 2012 the ICRC also continued to conduct formal P&O training in Afghanistan and in Ethiopia, established a close cooperation agreement with the University of Tripoli (Libya) to implement formal training in P&O, provided support for the Bangladesh Health Professions Institute (BHPI) to establish a P&O training programme leading to the award of the Cat. II diploma and continued to work towards the development of a training package for physiotherapist assistants (PTA).

In **Afghanistan**, the ICRC completed, in partnership with the Ministry of Public Health, the first three-year P&O training programme internationally recognized by ISPO. Twenty-one students graduated and started to work at different centres in the country. A second course started in November, in which 18 candidates were enrolled. Among the 18 students (12 from the ICRC and 6 from other organizations), 6 were women.

In **Ethiopia**, the ICRC continued, in conjunction with Ministry of Labour and Social Affairs, the Ministry of Health, the Ministry of Education and the Medical Faculty of Addis Ababa University, to conduct a three-year course in prosthetics and orthotics in which 23 students from all over the country are enrolled. The course has been accredited by the Technical and Vocational Educational Training system in Ethiopia. The first examination is planned for the beginning of 2013, under the supervision of ISPO.

In **Libya**, discussions were held with different stakeholders on the need to address the low number of P&O professionals within the country, and the University of Tripoli showed interest in establishing a training programme to tackle the issue. ICRC specialists arrived in September and discussions with the University of Tripoli have since been ongoing with regard to the establishment of a BSc in Prosthetics and Orthotics in Libya.

In **Bangladesh**, the ICRC provided support for the Bangladesh Health Professions Institute (BHPI) to establish a P&O training programme (ISPO Cat. II level), which should start in early 2013 and admit 10 students. The support provided during the year focused on improving the infrastructure and developing a course curriculum that meets the needs of the P&O school so that it can adhere to the guidelines for ISPO recognition and follow government policy relating to diploma courses.

In 2012 the ICRC continued to work on the development of a training package for physiotherapist assistants (PTAs). The proposed teaching method, inspired by the ICRC training programme in prosthetics and orthotics, was designed to meet two main criteria: (a) professionalism – the level of education provided must comply with 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 patients (amputees, children with cerebral palsy, post-surgical care patients, etc.) and of the facilities available (hospitals, physical rehabilitation centres, etc.). The ICRC selected five priority areas: amputations, peripheral-nerve injuries, central-nervous injuries, paediatrics (cerebral palsy and clubfoot) and hospital care (fractures, burns and respiratory disorders). The course included two basic knowledge modules and four academic modules that are each linked to a clinical placement module. During the year, efforts focused on the production of the PTA curriculum and on the development of the manuals for trainers and trainees.

Access to appropriate P&O technology

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 14 centres, seven of which are managed by the ICRC, while the remaining seven 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 who receive services at centres throughout the country.

In addition, the quality of the prosthetic/orthotic components produced by CR Equipements SA, which manufactures the ICRC-developed technology, was monitored throughout the year via systematic feedback from field projects. Research continued with a view to upgrading and further developing the entire range of products. During 2012 the ICRC, in close cooperation with CR Equipements, started work (a) to develop a new prosthetic foot, (b) to develop a new prosthetic knee and (c) to develop a new prosthetic hand.

Enhancing access to appropriate wheelchair services

In conjunction with Motivation UK, a project named "Appropriate Assistive Devices" continued to be implemented in Ethiopia, Pakistan and South Sudan; Motivation provided the products while 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 South 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 the capacity for mobility and seating service provision;
- To increase 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 supplied 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 the 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;
- Developing and implementing a sustainability action plan in partnership with other stakeholders.

PROMOTING THE LONG-TERM AVAILABILITY 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 96 projects assisted by the ICRC in 2012, 57 had been undertaken in conjunction with governments (ministries of health or of social affairs), 20 with local NGOs, three with private entities and five with National Societies. Eleven other projects were implemented directly by the ICRC.

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

- 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 supported efforts by the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) to strengthen management of the sector. In 2012, with the financial and technical support of the ICRC, the MoSVY developed guidelines on standard working procedures, started to implement a stock management system (SMS) at all centres and tried to implement a common centre management tool, the Patient Management System (PMS). Both systems were developed by the ICRC.
- 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 was held in January 2012.
- 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.
- In Ethiopia, the ICRC continued to work closely with the Ministry of Social Affairs and with its regional offices to promote the long-term functioning of the physical rehabilitation sector.
- 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 India, in close cooperation with the Social Welfare Department (SWD) and ISPO India, the ICRC organized a three-day physical rehabilitation seminar (consultation forum) in Raipur. The forum helped to establish dialogue with the different actors (beneficiaries of services, service providers and rehabilitation professionals) in order to facilitate their empowerment in providing assistance for people with disabilities.
- In Iraq, the ICRC actively participated in meetings of the Higher Committee for Physical Rehabilitation and the Higher Committee for Physiotherapy, conducted an assessment of all supported centres in close cooperation with the Ministry of Heath and organized a two-day national workshop in close cooperation with the national authorities. Several issues were discussed at that workshop, including national policies and strategies linked to physical rehabilitation.
- In Myanmar, the ICRC, in cooperation with the Ministry of Social Welfare, Relief and Resettlement, organized a two-day round-table seminar on prosthetics and orthotics in the capital city. The purpose was to take stock of the present situation regarding prosthetic and orthotic activities in the country, to look for possible avenues for improvement and to propose the creation of a national coordination mechanism. Participants included all known stakeholders, such as the Ministry of Health, the Ministry of Defence and the Myanmar Red Cross Society, as well as international and local NGOs.
- In Niger, the ICRC worked closely with the Ministry of Health to strengthen its capacity to implement, coordinate and lead physical rehabilitation activities and with the centre directorate to strengthen its management capacities.
- 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 Sudan, the ICRC continued to work closely with the National Authority for Prosthetics and Orthotics

to strengthen its capacity to implement, coordinate and manage physical rehabilitation activities.
- 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, enabling one centre manager to enrol in a three-year management training course.

Over the year, the deployment of the ICRC-developed computerized users management system (Patient Management System – PMS) was extended. The Patient Management System was developed by the ICRC as a tool to manage user records and services at physical rehabilitation centres. It is now in use in eight countries (23 centres).

BEYOND PHYSICAL REHABILITATION

Through the year, the ICRC supported several activities which go beyond physical rehabilitation services and set out to promote the inclusion and participation of people with disabilities in their societies.

Socio-economic reintegration

The project in Afghanistan combined physical rehabilitation with activities aimed at reintegrating people with disabilities into society. In 2012 more than 3,000 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 someone with disabilities is as capable as an able-bodied person, all centres have trained and employed only people with disabilities. At present, almost all the project's 600 employees, 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 38 people with disabilities in socio-economic programmes. In Nepal, the ICRC maintained close contact with the Nepal Red Cross Society, which runs a microeconomic 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.

In Pakistan, the ICRC supported a skills development programme for SCI patients receiving services at the Hayatabad Paraplegic Centre with a view to bettering service users' chances of finding gainful employment after discharge. In Iraq, the ICRC's microeconomic initiative programme enabled beneficiaries at the Erbil and Baghdad centres to set up income-generating schemes. In Bangladesh, the ICRC provided financial support for six 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 people with disabilities organizations and awareness campaigns

In 2012 the ICRC maintained and, in some cases, provided support for people with disabilities organizations in several countries where it was providing assistance, including Cambodia, Chad, the Democratic Republic of the Congo, Ethiopia, India, Niger and Sudan.

In south-western Algeria, where Sahrawi refugees live, the ICRC supported several activities whose objective was to promote the social inclusion of people with disabilities. During the International Day of Persons with Disabilities, a marathon (7 km) was organized with the support of the ICRC. The marathon started in Rabouni, where the press was present, and ended with a visit to the Centre Martyr Chereif. The purpose of the day was to raise awareness of people with disabilities and of the activities at the centre.

In the Democratic Republic of the Congo, the ICRC took part in (and, in some cases, provided support for) a series of activities implemented to raise awareness of the ratification of the Convention on the Rights of Persons with Disabilities. These activities included the International Landmine Awareness Day in April, a Round Table in November and the organization of the International Day of Person with Disabilities held on 3 December. In India, the ICRC supported organizations for people with disabilities in celebrating the International Day of Persons with Disabilities on 3 December 2012 in Dimapur, Raipur and Jammu and Kashmir.

Promoting access to sport for people with disabilities

In Ethiopia, the ICRC started to work closely with the "Dires House of Sport," an organization which promotes sport for people with disabilities. Twelve basketball wheelchairs were given, allowing a biweekly wheelchair basketball training programme to be launched. In Afghanistan, teams of wheelchair basketball players have been set up, two new basketball courts have been built (Kabul and Jalalabad), players have been trained (by a sports consultant provided by the ICRC) and national tournaments have been organized by the ICRC. In Cambodia, the ICRC provided support for several organizations involved in sport activities for people with disabilities. In Pakistan, the ICRC actively supported the establishment of sporting events by supporting, for example, a wheelchair basketball team in Peshawar and a cricket team in Muzaffarabad.

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 World Congress, board meetings, 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.

World Health Organization – Disability and Rehabilitation Team (DAR)

The Physical Rehabilitation Programme (PRP) maintained close contact with the DAR throughout the year. The PRP is a member of the Guidelines on Health-Related Rehabilitation Development Group.

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 and in the field with organizations such as Handicap International, the Cambodia Trust, Johanniter-Unfall-Hilfe, the Christoffel-Blindenmission (CBM) and Motivation UK in order to share information and to coordinate activities.

Global Clubfoot Initiative (GCI)

The Global Clubfoot Initiative was launched by a group of international non-governmental organizations to support the development of clubfoot projects with the aim of increasing access to appropriate clubfoot prevention and treatment in low and middle-income countries. The vision of the GCI is that the enormous burden of disability caused by untreated (or wrongly treated) clubfoot could be lifted as more and more people gain the skills to recognize and treat clubfoot effectively, primarily using the Ponseti method. The ICRC is actively participating in the work of the GCI through field projects and as a member of the board of trustees.

Academic institutions in developed and developing countries

In 2012 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:

- 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 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.
- The Bangladesh Health Professions Institute (BHPI): to establish a P&O training programme (ISPO Cat. II level);
- The International Centre for Evidence in Disability of the London School of Hygiene & Tropical Medicine.

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 2012 the

Physical Rehabilitation Programme participated in the work prescribed under those conventions, which included meetings of the Standing Committee on Victim Assistance and Socio-Economic Reintegration, as well as the States Parties meeting.

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 different activities organized by FATO.

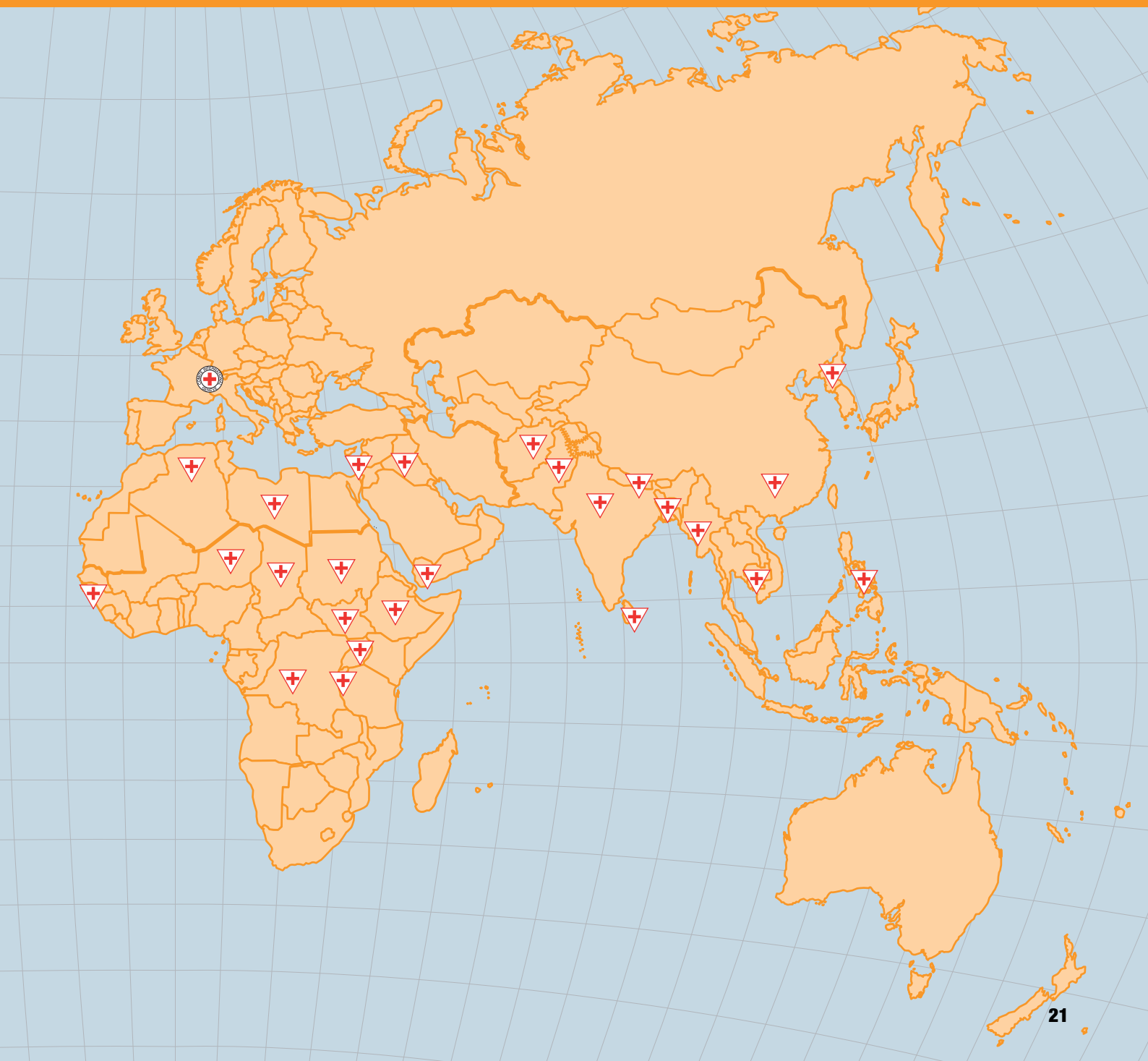
Organisation Africaine pour le Développement des Centres pour Personnes Handicapées (OADCPH)

The OADCPH was created to promote access to physical rehabilitation services in Africa through several activities, including the establishment of a central purchasing outlet based in Lomé (Togo). As the ICRC considers this an excellent solution to facilitate access to material and components for assisted projects, several activities were implemented in 2012 to support the initiative.

Getty Images/Allison Shelley/ICRC

3 – PHYSICAL REHABILITATION PROGRAMME AROUND THE WORLD

AFRICA	11	countries	**32**	**projects**
ASIA	11	countries	**34**	**projects**
THE AMERICAS	3	countries	**10**	**projects**
NEAR AND MIDDLE EAST	2 1	countries and territory	**18**	**projects**
TOTAL	27 1	countries and territory	**94**	**projects**



4 – PROJECT ACTIVITIES

4.1 – AFRICA

VII/Christopher Morris/ICRC

ICRC SUPPORT IN AFRICA AT A GLANCE

In 2012 the ICRC provided support for 32 projects in 11 countries:
Algeria (1), Burundi (1), Chad (2), the Democratic Republic of the Congo (4), Ethiopia (7), Guinea-Bissau (1), Libya (1), Niger (1), South Sudan (3), Sudan (9) and Uganda (2).

- In Libya, the ICRC signed an agreement with the University of Tripoli to set up a formal training course for P&O professionals.
- In Niger, the ICRC started to provide assistance for Niamey National Hospital.
- In South Sudan, the ICRC started to provide assistance for the Rumbeck Rehabilitation Centre and installed a Physical Rehabilitation Unit in Wau.
- In Sudan, the ICRC started providing support for the Cheshire Home for Disabled Children in Khartoum.
- In Uganda, the ICRC halted its support for centres in Mbale and Fort Portal at the end of year.

Services provided	
Patients attending the centres	22,838
New patients fitted with prostheses	1,773
New patients fitted with orthoses	2,622
Prostheses supplied	4,262
Orthoses supplied	5,220
Wheelchairs distributed	697
Walking aids distributed (pairs)	5,479
Patients receiving appropriate physiotherapy services	12,005

Children represented 30% and women 20% of all those benefiting from services.

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

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

Developing national capacities

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

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

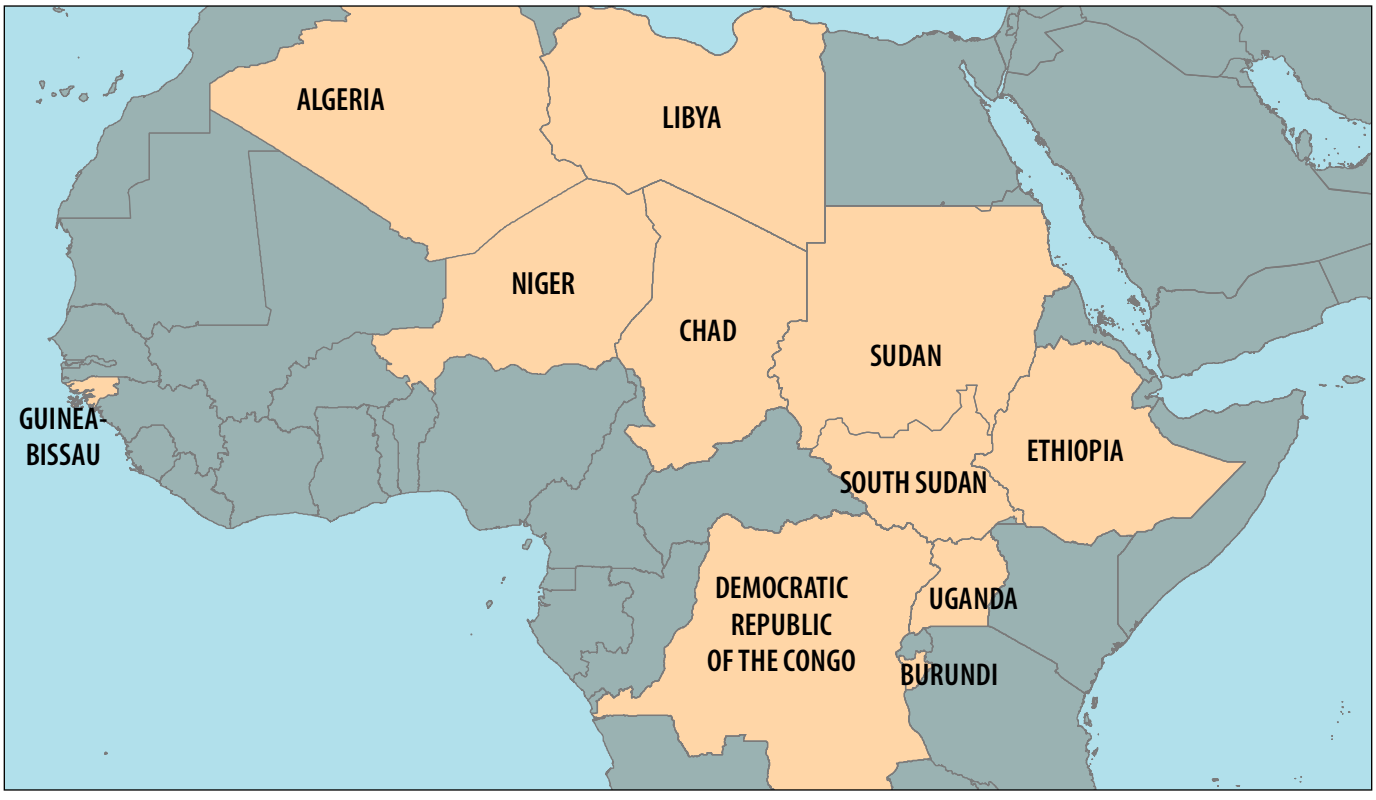
In Burundi, the ICRC continued to support the directorate of the assisted centre in the management of the centre and in its efforts to mobilize the authorities concerned.

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 was held in January 2012.

In Ethiopia, the ICRC continued to cooperate closely with the Ministry of Social Affairs and with its Regional Offices to promote long-term functioning of the physical rehabilitation sector.

In Niger, the ICRC worked closely with the Ministry of Health to strengthen its capacity to implement, coordinate and lead physical rehabilitation activities and with the centre directorate to strengthen its management capacities.

In Sudan, the ICRC continued to work closely with the National Authority for Prosthetics and Orthotics to strengthen its capacity to implement, coordinate and manage physical rehabilitation activities.



In **Algeria**, the ICRC continued to provide support for the activities of the Centre Martyr Chereïf, managed by the Polisario Front's Public Health Authority, located in Noukhaila, about 5 km from Rabouni, where the Front had set up its administrative headquarters. The Centre Martyr Chereïf functions as a a place of accommodation for war victims and their families and offers physical rehabilitation for the Sahrawi population living in refugee camps. In **Burundi**, the ICRC continued to work in conjunction with the Institut Saint Kizito (ISK) in Bujumbura, which is managed by the Archdiocese of Bujumbura, the aim being to provide physical rehabilitation services for people from the centre's catchment areas, the provinces of Bujumbura Mairie, Bubanza, Bujumbura Rural, Cibitoke and Muramvya Provinces, four of which were the areas in Burundi most severely contaminated by weapons.

In **Chad**, the ICRC continued to support the two main centres providing physical rehabilitation 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 and northern Chad and financed their transportation to N'Djamena; it also financed the accommodation of those who were without family support in N'Djamena while they received treatment.

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 of Kinshasa and the Centre pour Handicapés Heri Kwetu in Bukavu. As in previous years, the ICRC did not provide direct support for centres in the country, except for some donations of equipment and tools, 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 **Ethiopia**, the ICRC continued its support for seven physical rehabilitation centres in Arba Minch, Asela, Bahir Dar, Dessie, Dire Dawa, Mekele and Menegesha, managed by regional governments through their offices of labour and social affairs (Asela, Arba Minch, Bahir Dar and Dessie), by local NGOs with the financial participation of BoLSA (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 Medical Faculty of Addis Ababa University, it also continued to conduct a multi-year course in prosthetics and orthotics at the National Rehabilitation Centre of the Black Lion Hospital.

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. The CRM re-opened in 2011 with the support of the ICRC and in 2012, through donation of material and components by the ICRC, the centre was able to provide services for 631 people.

In **Libya**, the ICRC did not provide direct assistance for any centre to support the provision of services, but signed an agreement with the University of Tripoli for the establishment of a training programme in prosthetics and orthotics at the University.

In **Niger**, the ICRC started to provide assistance for Niamey National Hospital, which is one of the four national reference hospitals in Niger. Previously, in 2010, the ICRC had worked in close cooperation with the NGO *"Projet de réadaptation à base communautaire aux aveugles et autres personnes handicapées du Niger"* (PRAHN). With the support of the ICRC, 18 patients from the north of the country had access to physical rehabilitation services. In 2011, following a needs assessment mission, it was decided to revise our approach and to start cooperating closely with Niamey National Hospital. Most of the ICRC's activities in 2012 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 August 2012.

In **South Sudan**, the ICRC continued supporting the Ministry of Gender, Child and Social Welfare (MoGCSW) in the management and operation of the Physical Rehabilitation Reference Centre (PRRC) in Juba, which served as the referral centre for the whole of South Sudan. In December 2012 the first ICRC materials and components were delivered to the Rumbeck Rehabilitation Centre (RRC), managed by the Ministry of Social Development. In addition, the ICRC installed a Physical Rehabilitation Unit in Wau, where a one-week clinic is held each month by ICRC specialists (wheelchair technologist, prosthetist-orthotist and physiotherapist).

In **Sudan**, the ICRC continued supporting the national referral centre in Khartoum managed by the National Authority for Prosthetics and Orthotics (NAPO), its mobile clinic and its branches in Damazin, Dongola, Gedaref, Kadugli, Kassala and Nyala. In addition to giving support to ensure that centres have the means to provide services, the ICRC continued to support the development of professional human resources to further improve the quality of the services provided. The ICRC also started providing support for the Cheshire Home for Disabled Children (Children's Orthopaedic Hospital) in Khartoum by donating material and components.

In **Uganda**, the ICRC continued supporting the activities of the Fort Portal Orthopaedic Centre and the Mbale Orthopaedic Centre until the end of 2012, when support for both centres was halted.

ALGERIA

SAHRAWI REFUGEES LIVING IN SOUTH-WESTERN ALGERIA

National partner	
Public Health Authority of the Polisario Front	
Location of projects	
Rabouni	
Patient services in 2012	
Patients attending the centre	540
New patients fitted with prostheses	16
New patients fitted with orthoses	47
Prostheses	32
Orthoses	74
Wheelchairs	10
Crutches (pairs)	85
Number of patients receiving physiotherapy services	540
Beginning of assistance: 2007	

In 2012 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 Noukhaila, some 5 km from Rabouni, where the Front had set up its administrative headquarters. The Centre Martyr Chereïf functions as a place of accommodation for war victims and their families and falls under the responsibility of the Ministry of Defence. It offers 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. According to the *Landmine Monitor Report 2012*, the Saharawi Association of Landmine Victims (ASAVIM) had collected detailed information on 884 mine/ERW and cluster munition victims as well as other war victims with disabilities in and around the Rabouni refugee camps on the Algerian border with Western Sahara. Action on Armed Violence (AOAV) carried out a survey in 2012 and found 300 amputees who had been landmine victims. With regard to weapon contamination, in 2005 the Polisario Front, through the Geneva Call Deed of Commitment, pledged to unilaterally ban the stockpiling of anti-personnel mines and to cooperate in mine action.

The physical rehabilitation sector is the responsibility of the MoPH and the Ministry of Social Affairs (MoSA). The MoPH has a physiotherapy department at the "national" hospital of Rabouni and at each of the wilaya hospitals covering the Auserd, Dakhla, El Ayun and Smara camps. Through is network, the MoSA was responsible for registering people with disabilities in the camps and for providing supplementary assistance for children with cerebral palsy. Before ICRC assistance began, obtaining access to physical rehabilitation was virtually impossible as no services were available other than those provided by NGOs during their sporadic visits. 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 little public transport and, especially for individuals who have mobility impairments, it is difficult to access the local facilities.

In 2012 several activities were implemented by the ICRC to increase access to services. They included donating material and components to enable the centre to provide services, establishing referral network with the hospitals and conducting outreach visits in the different camps in order to identify potential beneficiaries, to provide follow-up for those who had already received services, to perform basic repairs and to disseminate information on the services provided by the centre. Six outreach visits were conducted in three camps (Auserd, El Ayun and Smara) and services were provided for 109 people during those visits. The specific outreach programme for children with cerebral palsy that was implemented in 2011 continued. The aims of the visits are to improve information and awareness, to provide tools for self-management and, when needed, to organize referral to the centre. In 2012, six three-day visits took place; a total of 99 children/mothers participated, which represents an increase of 59% on previous years. In addition, a total of 540 people with disabilities received various services at the ICRC-assisted centre (this number does not include people receiving services during outreach visits), which represents an increase of 57% compared with 2011. Services provided included the production of 32 prostheses (72% for mine survivors) and 74 orthoses (8% for mine survivors), the provision of 10 wheelchairs and 85 pairs of crutches and the provision of physiotherapy treatment for 540 people (18% for mine survivors). Children represented 26% and women 27% of all beneficiaries.

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. Sponsorship was provided to enable one applicant (physiotherapist) to attend short courses given by the ICRC Special Fund for the Disabled.

In 2012 the ICRC supported several activities to promote the social inclusion of people with disabilities. During the International Day of Persons with Disabilities, a marathon (7 km) was organized with the support of the ICRC. The marathon started in Rabouni, where the press was present, and ended with a visit to the centre. The purpose of the day was to raise awareness of people with disabilities and of the activities at the Centre Martyr Chereif. In addition, advice and support was given to the landmine victim association to help it develop a micro-credit project.

In 2013 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 to 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 providing on-the-job training for technicians and physiotherapist-assistants working at the centre and by collaborating with international NGOs and associations which could sponsor the visit of 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 2012	
Patients attending the centre	2,310
New patients fitted with prostheses	7
New patients fitted with orthoses	296
Prostheses	10
Orthoses	435
Wheelchairs	56
Crutches (pairs)	31
Number of patients receiving physiotherapy services	1,580
Beginning of assistance: 2010	

In 2012 the ICRC continued to work in conjunction with the Institut Saint Kizito (ISK) in Bujumbura, which is managed by the Archdiocese of Bujumbura, the aim being to provide physical rehabilitation services for people from the centre's catchment areas, Bubanza, Bujumbura Mairie, Bujumbura Rural, Cibitoke and Muramvya Provinces, four of which were the areas in Burundi most severely contaminated by weapons.

Burundi signed the United Nations Convention on the Rights of Persons with Disabilities (and its Optional Protocol) on 27 April 2007 but had not ratified it as of December 2012. 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 is the responsibility of the Ministry of National Solidarity, Human Rights and Gender (MoNS), which is also responsible for numerous vulnerable groups (refugees, women/children, indigent citizens, etc.). In 2012, the MoNS reimbursed physical rehabilitation services for indigent people with impaired mobility through the Solidarity Fund. For the Saint Kizito Institute, that represented only about 20% of the total cost of treatment. With the implementation of the Strategic Plan for the Development of Medical Rehabilitation 2011-2015, the Ministry of Public Health (MoPH) also deals with rehabilitation. The MoPH continued to reimburse physical rehabilitation treatment for children under five years of age. The network of service providers for physical rehabilitation services in the country includes two government-run centres, three centres managed by religious communities (such as the ISK) and one private establishment in the capital. All centres providing services for people with disabilities are members of the Réseau des Centres pour Personnes Handicapées du Burundi – RCPHB. The number of P&O service providers remained the same as in 2011 and access to appropriate rehabilitation services remains difficult for most of those in need. The main causes remained the same, i.e. the lack of facilities and professionals and the cost of treatment (users have to pay for the services).

Burundi is among the 28 States party to the Convention on the Prohibition of Anti-Personnel Mines that have acknowledged their responsibility for landmine survivors. The Ministry of Public Security is in charge of mine/ERW clearance and victim assistance through the General Directorate for Civil Protection GDCP) and the Direction de l'Action Humanitaire contre les Mines et Engins non explosés (DAHM). The General Directorate for Civil Protection did not report any new mine/ERW incidents (casualties) during 2012. By the end of 2011, there were only 1,561 casualties officially identified by DAHM. Despite the approved National Victim Assistance Action Plan 2011-2014, whose objective is to identify people with disabilities and their needs, DAHM still needs to conduct a comprehensive survey and also has to develop a systematic victim assistance programme, especially with regard to covering the costs of physical rehabilitation services and reintegration assistance.

In order to improve the accessibility of services, in 2012 the ICRC finalized the construction of a dormitory for external patients at the Institute's facilities. It also donated materials, components and equipment. Since the opening of the dormitory in August, the ICRC has reimbursed the costs of accommodation (including meals). In all, 2,310 people benefited from the various services provided by the ICRC-assisted centre. The services included the production of 7 prostheses and 435 orthoses, the provision of 56 wheelchairs and 31 pairs of crutches and the provision of physiotherapy treatment for 1,580 people. Children represented 81% and women 9% of the 2,310 beneficiaries. In July the ISK signed in July a cooperation agreement with the national commission in charge of the demobilization and reintegration of former combatants who need orthoses after being injured during the former internal armed conflict. Since then, the ISK has assessed 45 former weapon bearers and provided orthoses with supportive braces for 25 of them.

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. The clinical personnel continued improving the quality of physical rehabilitation services and a multidisciplinary approach is routinely applied when prescribing mobility aids and/or physical therapy. The ICRC started to provide a scholarship to enable one candidate to attend formal physiotherapy training (three years) at the Faculty of Health Science in Benin.

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 continued helping the directorate to reorganize the services, to implement new treatment protocols and to develop an organization chart, including job descriptions. In addition, the real cost of services was calculated and an internal solidarity fund established for the purpose of recovering the cost of services provided for destitute beneficiaries (30%). These and other steps taken to maximize efficiency led to a positive financial balance within only a few months of their implementation. The cost calculation for the production of assistive devices was finalized. The Saint Kizito physical rehabilitation centre is now systematically applying the prices determined. Patients are asked to pay the full or a partial amount according to their social condition. By the end of 2012 the ISK had assumed full financial responsibility for covering all related running costs associated with its physical rehabilitation services.

In 2013 the ICRC intends to:

- improve access to services by continuing to support the activities of the Institut Saint Kizito, by covering the cost of accommodation 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 2012	
Patients attending the centres	4,609
New patients fitted with prostheses	82
New patients fitted with orthoses	125
Prostheses	265
Orthoses	454
Wheelchairs	36
Crutches (pairs)	328
Number of patients receiving physiotherapy services	2,602
Beginning of assistance: 1981	

The ICRC continued supporting the two main centres providing physical rehabilitation 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 and northern Chad and financed their transportation to N'Djamena; it also financed the accommodation of those without family support in N'Djamena while they receive 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 2012 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-three regions. The sector included the two centres assisted by the ICRC, which were the only centres providing full physical rehabilitation services, and eight centres providing physiotherapy services only. The Centre National d'Appareillage managed by the Ministry of Health was officially inaugurated in December 2011 but is not yet operational. Chad signed the United Nations Convention on the Rights of Persons with Disabilities in September 2012 but the application decree for the domestic law protecting the rights of people with disabilities, adopted in 2007, has remained inoperative, pending the president's signature to render it law.

Chad is among the 28 States party to the Convention on the Prohibition of Anti-Personnel Mines that have acknowledged their responsibility for landmine survivors. Landmines and ERW continue to be a threat for many rural communities, particularly in the north and, to a lesser extent, in the east, even if the real impact of the contamination remains hard to gauge because of the difficulty in reaching the most severely affected regions. UNDP has decided to increase its team to support the restructuring of the National Mine Action Centre. The main objectives are to develop a new strategy and plan of action for the coming year and to take a reliable census to determine the exact number of survivors, their whereabouts and their needs.

Access to rehabilitation remained difficult for most of those in need. The main causes remained the same, i.e. 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, and the cost of transport (when available). While the exact number of people with disabilities in need of physical rehabilitation services is unknown, it is obvious that the two functioning centres do 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 and the cost of services for 204 people at the CARK was reimbursed. Through the referral systems implemented in eastern and northern Chad, 35 people with disabilities from those regions received treatment at the CARK, with ICRC support. In those regions, the ICRC conducted a campaign to disseminate information about the possibility of accessing services with the support of the ICRC. In total, over 4,609 people (an increase of 1.5% compared with 2011) benefited from various services at ICRC-assisted centres in 2012. The services included the production of 265 prostheses (74% for mine survivors) and 454 orthoses (6% for mine survivors), the provision of 36 wheelchairs and 328 pairs of crutches, and the provision of physiotherapy treatment for 2,602 people (6% for mine survivors). Children represented 41% and women 19% of the 4,609 beneficiaries.

The quality of the services provided by both centres was enhanced by technical and clinical mentoring by ICRC specialists (a physiotherapist and an ortho-prosthetist). ICRC specialists provided on-the-job training and mentoring for the entire staff of both centres. The full-time presence of a physiotherapist in 2012 increased the quality

of the treatment provided for patients who had already been fitted but a lot still needs to be done for the other patients treated (for example, children with a congenital deformity or cerebral palsy). The ICRC also continued sponsoring six people 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 person at the same institution. The training costs for three people who started in 2011 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 determination to improve their management. More specifically, the ICRC supported an external consultancy at the CARK, the aim being to evaluate the constraints and adjustments needed to developed the autonomy of the centre. To promote and increase access to services, the ICRC gave both directors support to submit project proposals to authorities and international NGOs. It also continued to pursue advocacy activities with the authorities on the necessity to increase their commitment in the sector, particularly the Ministry of Health, together with the Association des Professionnels de l'Orthopédie du Tchad (APORT) to promote the implementation of a national plan for physical rehabilitation in Chad. Throughout the year, the ICRC maintained close contact with – and in some cases provided support for – several government institutions, including the National Mine Action Centre, several organizations for people with disabilities and 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 for people with disabilities in Chad, which was held in January 2012.

In 2013 the ICRC intends to:

- 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 for some of the most vulnerable beneficiaries at the CARK;
- 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; 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 with and support for national institutions, organizations working on behalf of people with disabilities and 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 2012	
Patients receiving services with direct support from the ICRC	759
New patients fitted with prostheses	128
New patients fitted with orthoses	12
Prostheses	272
Orthoses	21
Wheelchairs	11
Crutches (pairs)	442
Number of patients receiving physiotherapy services	258
Beginning of assistance: 1998	

In 2012 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 in Kinshasa and the Centre pour Handicapés Heri Kwetu in Bukavu. As in previous years, the ICRC did not provide direct support for centres in the country, except for some donations of equipment and tools, 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 (MoH) does not manage any centres and its involvement in rehabilitation remains modest and includes paying the salaries of some personnel at some centres (those recognized and registered by the MoH). The National Community-Based Rehabilitation Programme (PNRBC) is the Ministry of Health's coordinating body for physical rehabilitation. The PNRBC continued to work towards the development of a national strategy for physical rehabilitation. As of December 2012, the Democratic Republic of the Congo has not yet signed the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the country still has no specific legislation for people with disabilities. Nevertheless, both matters are being addressed and the plan is to present new draft laws to the Parliament in early 2013.

Under the leadership of the United Nations Mine Action Coordination Centre of the Democratic Republic of the Congo (UNMACC), a series of activities was implemented to raise awareness of the ratification of the CRPD, with the ICRC taking part. These activities included the International Landmine Awareness Day in April, a Round-Table in November and the organization of the International Day of Persons with Disabilities held on 3 December. The latter activity has also received financial support from the ICRC.

The Democratic Republic of the Congo (DRC) is among the 28 States party to the Convention on the Prohibition of Anti-Personnel Mines that have acknowledged their responsibility for landmine survivors. The DRC enacted legislation to implement the Mine Ban Convention in 2011. "Law No 11/007 implementing the Convention on the Prohibition of the Use, Stockpiling, Production, and Transfer of Anti-Personnel 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. The ICRC donated materials and components to all assisted centres to ensure that they were able to provide the services needed, covered the cost of transport and accommodation for most of the people whom it referred to the centres, strengthened its referral network by continuing to work closely with several international NGOs, and subsidized the cost of treatment for 759 people with disabilities who needed physical rehabilitation services (an increase of 11% on 2011). In 2012 those 759 people with disabilities received 272 prostheses (16% for mine survivors), 21 orthoses (9.5% for mine survivors), 442 pairs of crutches and 11 wheelchairs and 258 of them had access to appropriate physiotherapy services with the support of the ICRC. Children represented 6% and women 17% of the beneficiaries.

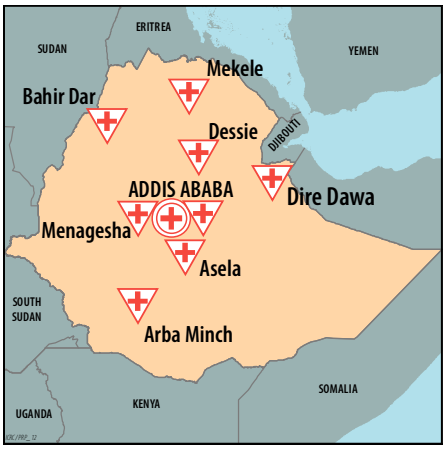
Service quality was enhanced by the work of ICRC orthoprosthetists and physiotherapists (expatriate and local). ICRC specialists conducted technical seminars and provided on-the-job mentoring and support. Sponsorship was provided to enable three candidates (two P&O technicians and one physiotherapist) 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 2013 the ICRC intends to:

- facilitate access to services by continuing direct support for patients (covering the cost of treatment and transport), by continuing to cooperate closely with several service providers for the country, 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 and potentially from Equateur province;
- 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 improving the infrastructure of the assisted centres, 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);
- 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; and
- continue to actively support activities implemented in the country to promote the social inclusion of people with disabilities.

ETHIOPIA



National partners	
Ministry of Labour and Social Affairs (MoLSA, federal level), Bureaux of Labour and Social Affairs (BoLSA, regional level), Tigrean Disabled Veterans Association, Cheshire Services Ethiopia	
Location of projects	
Arba Minch, Asela, Bahir Dar, Dessie, Dire Dawa, Mekele, Menagesha	
Patient services in 2012	
Patients attending the centres	6,768
New patients fitted with prostheses	741
New patients fitted with orthoses	1,037
Prostheses	1,838
Orthoses	2,372
Wheelchairs	359
Crutches (pairs)	3,265
Number of patients receiving physiotherapy services	3,495
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 Menegesha, managed by regional governments through their offices of labour and social affairs (Asela, Bahir Dar, Arba Minch and Dessie), by local NGO with the financial participation of BoLSA (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 Medical Faculty of Addis Ababa University, it also continued to conduct a multi-year course in prosthetics and orthotics at the National Rehabilitation Centre of the Black Lion Hospital.

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. Ethiopia ratified the United Nations Convention on the Rights of Persons with Disabilities in 2010 and has been a State party to the Mine Ban Convention since 2005. Ethiopia is among the 28 States party to the Convention on the Prohibition of Anti-Personnel Mines that have acknowledged their responsibility for landmine survivors.

The physical rehabilitation services available in the country are limited and remain concentrated in the urban areas. There was a network of 13 rehabilitation centres managed either by the regional bureaux (seven) or by local NGOs (six). 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. To facilitate access to services, the authorities are planning to open three more centres in the coming years (Assosa, Gambella and Nekemte). To support the planned activities, students from those regions have already been enrolled in the multi-year training programmes.

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 (3,480 people), transport costs (3,335 people) and food expenses (3,302 people). In total, nearly 7,000 people benefited from various services at ICRC-assisted centres in 2012. Those services included the production of 1,838 prostheses (19% for mine survivors) and 2,372 orthoses (0.6% for mine survivors), the provision of 359 wheelchairs and 3,265 pairs of crutches and the provision of physiotherapy treatment for 3,495 people (4% for mine survivors). Children represented 23% and women 20% of the 6,768 beneficiaries. Throughout the year, wheelchair services were enhanced through cooperation with Motivation UK. Motivation UK donated the wheelchairs for all seven centres, while the ICRC provided training for the centre personnel and organized the development of the wheelchair service. The ICRC supported the clubfoot programmes provided at four of the assisted centres (Arba Minch, Bahir Dar, Dessie and Dire Dawa).

The quality of the services at ICRC-assisted centres was enhanced by continued mentoring by ICRC orthoprosthetists and physiotherapists. In addition, the ICRC

continued, in conjunction with the Ministry of Labour and Social Affairs, the Ministry of Health, the Ministry of Education and the Medical Faculty of Addis Ababa University, to conduct a three-year course in prosthetics and orthotics in which 23 people from all over the country are enrolled. The course has been accredited by the Technical and Vocational Educational Training system in Ethiopia. The ICRC actively supported the organization of training in the provision of basic wheelchair services during the year by providing one specialist trainer and the equipment needed during the training; 25 rehabilitation professionals were trained.

The ICRC helped centres and the authorities, at both regional and federal 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 defining activities, responsibilities, the time frame and the budget have been developed and will be further discussed in 2013. Throughout the year, the ICRC has 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, and participated in the first meeting of the National Wheelchair Stakeholders.

Apart from maintaining close contact with the Ethiopian National Disability Action Network (ENDAN), the ICRC started to cooperate closely with the "Dires House of Sport," an organization which promotes sport for people with disabilities. Twelve basketball wheelchairs were given, allowing a biweekly wheelchair basketball training programme to be launched.

In 2013 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;
- 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, by supporting clubfoot programmes at four assisted centres and by giving advice to the local authorities in their plans to open news centres in Gambella and Assosa; and
- promote the long-term functioning of services by maintaining support for managerial staff, by training them in various aspects of management in conjunction with Yale University and Management Sciences for Health, by helping each Bureau of Labour and Social Affairs to implement its plan of action and by assisting the Ministry of Labour and Social Affairs in its efforts to implement the national physical rehabilitation strategy.

GUINEA-BISSAU

National partner	
Ministry of Public Health	
Location of project	
Bissau	
Patient services in 2012	
Patients attending the centre	631
New patients fitted with prostheses	27
New patients fitted with orthoses	8
Prostheses	28
Orthoses	9
Crutches (pairs)	20
Number of patients receiving physiotherapy services	536
Beginning of assistance: 2010	

In 2012 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 re-opened in 2011 with the financial support of the ICRC.

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. As of December 2012, Guinea-Bissau had not yet signed the United Nations Convention on the Rights of Persons with Disabilities and no domestic disability legislation exists. Guinea-Bissau is among the 28 States party to the Convention on the Prohibition of Anti-Personnel Mines that have acknowledged their responsibility for landmine survivors. While some survivors were eligible to receive pensions for people with disabilities from the Ministry of Social Solidarity and Poverty Reduction (MSSPR) and from the Ministry of Defence and Ex-Combatants, most of the survivors had to overcome several obstacles before they could access victim assistance programmes.

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. reimbursing the cost of treatment and transport for patients attending the centre, donating materials and components (for both P&O and physiotherapy) to ensure that the CRM had the means of providing services. In all, 631 people benefited from various services at ICRC-assisted centres. The services included the production of 28 prostheses (75% for mine survivors) and 9 orthoses, the provision of 20 pairs of crutches and the provision of physiotherapy treatment for 536 people (4% for mine survivors). Children represented 17% and women 36% of the beneficiaries. In addition to providing services for people with disabilities from Guinea-Bissau, with the support of the ICRC the CRM provided services for two patients from Guinea (Conakry) and two patients from the Casamance region in Senegal.

Service quality was enhanced by the work of ICRC ortho-prosthetists and physiotherapists. In addition, the ICRC continued to provide scholarships for two people so that they could attend a three-year course in P&O at the Ecole Nationale des Auxiliaires Médicaux (ENAM) in Lomé (Togo). All these activities were undertaken to build the local capacity to provide quality services.

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 and with the centre directorate.

In 2013 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, by reimbursing the cost of services and transport for those in need, by supporting information campaigns (radio broadcasts and leaflets) and by working in close cooperation with the associations working on behalf of people with disabilities;
- enhance the quality of the services through support and mentoring provided by an ortho-prosthetist and a physiotherapist, both from the ICRC, and by continuing to provide scholarships for two people 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 and for the centre directorate.

LIBYA

National partner	
University of Tripoli	
Location of projects	
Tripoli	
Patient services in 2012 – No statistics available	
Patients attending the centre	
New patients fitted with prostheses	
New patients fitted with orthoses	
Prostheses	
Orthoses	
Beginning of assistance: 2011	

In 2012 the ICRC did not provide direct assistance for any centre to support the provision of services but signed an agreement with the University of Tripoli to establish a training programme in prosthetics and orthotics at the University.

In 2011 the ICRC provided 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 with the capacity to resume activities to produce P&O devices and to provide rehabilitation services for people with disabilities in the region. An agreement was signed between the MoSA and the ICRC to provide assistance for the BRC with the aim of ensuring access to services for people with disabilities, the primary focus being on those wounded during the conflict. With ICRC support, the centre was able to resume its P&O services. In total, over 370 people benefited from various services at ICRC-assisted centres in 2011, which included the production of 50 prostheses (22% for mine survivors) and 104 orthoses (5% for mine survivors) and the provision of physiotherapy treatment for 67 people. Children represented 17% and women 20% of the 376 beneficiaries.

Assistance for the Benghazi Rehabilitation Centre was stopped in January 2012. However, the ICRC maintained close contact with relevant ministries in Tripoli and other actors. The country remained weak with regard to the provision of appropriate physical rehabilitation services. Only few centres offer P&O services and none of them is really functional, mainly because of the lack of professional human resources.

During the year, discussions were held with different stakeholders on the need to address the low number of P&O professionals in the country. The University of Tripoli expressed an interest in establishing a training programme to tackle the issue.

ICRC specialists arrived in September 2012 and discussions, which are still ongoing, began with the University of Tripoli regarding the establishment of a BSc in Prosthetics and Orthotics in Libya.

NIGER

National partner	
Niamey National Hospital (HNN)	
Location of project	
Niamey	
Patient services in 2012 August to December	
Patients attending the centre	141
New patients fitted with prostheses	18
New patients fitted with orthoses	19
Prostheses	18
Orthoses	21
Crutches (pairs)	2
Number of patients receiving physiotherapy services	59
Beginning of assistance: 2012	

In 2012 the ICRC started to provide assistance for Niamey National Hospital (HNN), which is one of the four national reference hospitals in Niger. Previously, in 2010, the ICRC had worked in close cooperation with the NGO *"Projet de réadaptation à base communautaire aux aveugles et autres personnes handicapées du Niger"* (PRAHN). In all, 18 patients from the north of the country had access to physical rehabilitation services with the support of the ICRC. In 2011, following a needs assessment mission, it was decided to revise our approach and to start working in close cooperation with Niamey National Hospital. Most of the ICRC's activities in 2012 were directed at the completion of renovation and construction work, the installation of new equipment and at preparations for resuming the provision of services, which started in August 2012.

In Niger, disability issues are the responsibility of the Ministry of Population, Gender and Child Protection, while physical rehabilitation services are the responsibility of the Ministry of Health. Niger signed the United Nations Convention on the Rights of Persons with Disabilities in 2007 and ratified it in 2008, along with its Optional Protocol. Niger signed the Mine Ban Convention in 1997 and ratified it in 1999. There are no reliable data on the incidence of disability in Niger. According to the *Landmine Monitor Report 2012*, the total number of mine/ERW survivors was estimated at 268. While the Ministry of Health does have a National Health Development plan (2011-2015), there was no mention of physical rehabilitation in the plan. The physical rehabilitation sector included four service providers but only two were functioning (one of which was the centre supported by the ICRC). Access to physical rehabilitation services remain difficult for several reasons including the lack of service providers, the lack of professionals able to provide the services (only three P&O professionals in the country) and the lack of funds to cover the cost of services and the cost of transport for people with disabilities so that they can access the services.

The ICRC conducted several activities aimed at improving accessibility: rehabilitating the existing P&O facilities at the HNN, building a dormitory, donating material, components and equipment to ensure that the centre has the means to provide services, and subsidizing the cost of treatment, transport and accommodation for those coming from the northern region. In all, between August and December, 141 people benefited from various services at the ICRC-assisted centre. The services included the production of 18 prostheses (6% for mine survivors) and 21 orthoses (2% for mine survivors), the provision 2 pairs of crutches and the provision of physiotherapy treatment for 59 people. Children represented 25% and women 37% of the 141 beneficiaries.

To improve quality, ICRC specialists (one ortho-prosthetist and one physiotherapist) continued their support and mentoring. The ICRC provided a scholarship to enable one person to start a course in P&O at the Ecole Nationale des Auxiliaires Médicaux (ENAM) in Lomé (Togo). While the centre was under renovation, P&O technicians were sponsored to attend short refresher courses provided in Lomé (Togo) by the ICRC Special Fund for the Disabled so that they could gain experience in the use of the polypropylene technology.

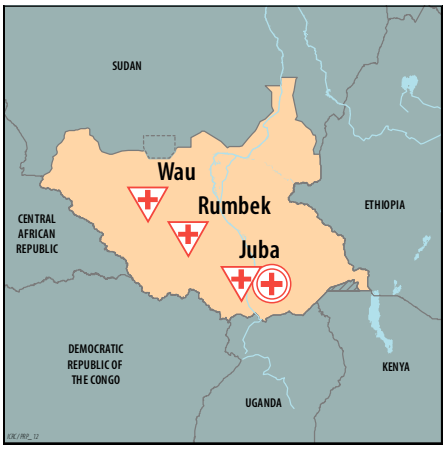
To promote long-term functioning, the ICRC worked closely with the Ministry of Health to strengthen its capacity to implement, coordinate and lead-manage physical rehabilitation activities and with the centre directorate to strengthen its management capacities. In addition, the ICRC established close contact with the national association of physiotherapists (AKN) and with the national of P&O professionals (ANPAO).

In 2013 the ICRC intends to:

- improve access to services by continuing to support the activities of Niamey National Hospital in the provision of appropriate physical rehabilitation services, by raising awareness of the services available at ICRC-assisted centres, by assessing the capacity of the centre in Zinder, by reimbursing the cost of services and transport for those in need, by supporting information campaigns (radio broadcasts and leaflets) and by cooperating closely with the associations working on behalf of people with disabilities;

- enhance the quality of the services by providing support and mentoring through an ortho-prosthetist and a physiotherapist, both from the ICRC, by continuing to provide a scholarship so that one person can continue training in P&O, and by making two additional scholarships available for candidates to attend the same training programme; and
- promote the long-term functioning of services by continuing to provide support for the Ministry of Health to develop its capacity to manage physical rehabilitation services and for the centre directorate, and by maintaining close contact with national professional associations.

REPUBLIC OF SOUTH SUDAN



National partners	
Ministry of Gender, Child and Social Welfare (MoGCSW), Ministry of Social Development (MoSD)	
Location of project	
Juba, Rumbek, Wau	
Patient services in 2012	
Patients attending the centres	2,114
New patients fitted with prostheses	76
New patients fitted with orthoses	33
Prostheses	212
Orthoses	91
Wheelchairs	211
Crutches (pairs)	442
Number of patients receiving physiotherapy services	791
Beginning of assistance: 2006	

In 2012 the ICRC continued supporting the Ministry of Gender, Child and Social Welfare (MoGCSW) in the management and operations of the Physical Rehabilitation Reference Centre (PRRC) in Juba, which served as the referral centre for the whole of South Sudan. In December 2012 the first ICRC material and components were delivered to the Rumbeck Rehabilitation Centre (RRC), managed by the Ministry of Social Development. In addition, the ICRC installed a Physical Rehabilitation Unit in Wau, where a one-week clinic is held each month by ICRC specialists (wheelchair technologist, prosthetist-orthotist and physiotherapist).

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 (MoSD), was involved in providing physical rehabilitation services through the management of the Nile Assistance for the Disabled (NAD) Centre in Juba and the Rumbek Rehabilitation Centre (RRC). The mandate of the South Sudan War Disabled, Widows and Orphans Commission (SSWDWOC), created in November 2006, was to formulate and promote policies and legislation for the protection, care and welfare of people with war related disabilities, war widows and war orphans and to advise the Government of South Sudan on the most effective procedures for implementing such policies and programmes.

There were no reliable statistics on the number of people with disabilities. According to the *Landmine Monitor Report 2012*, more than 3,500 mine/ERW survivors were identified in South Sudan as of December 2011. South Sudan is among the 28 States party to the Convention on the Prohibition of Anti-Personnel Mines that have acknowledged their responsibility for landmine survivors. 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 exists and security-linked constraints impede 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 broadcasts and information leaflets) and donating materials and components to ensure that the PRRC and the RRC had the means to provide services. More than 2,110 people benefited from various services at ICRC-assisted centres. The services included the production of 212 prostheses (26% for mine survivors) and 91 orthoses, the provision of 211 wheelchairs and 442 pairs of crutches and the provision of physiotherapy treatment for 791 people (12% for mine survivors). Children represented 7% and women 21% of the 2,114 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 Wau).

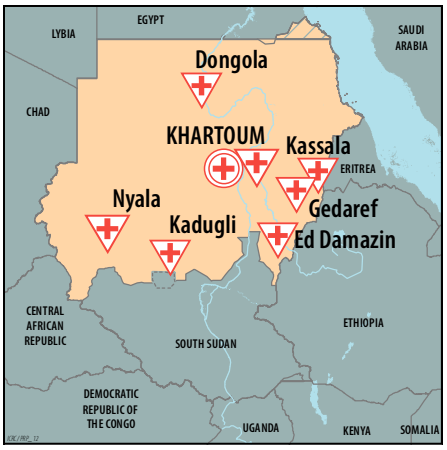
To improve quality, ICRC specialists (ortho-prosthetists and physiotherapists) continued their support and mentoring activities. Two physiotherapist assistants, who were employed at the PRRC in Juba, completed their physiotherapy training at St Mary's University College in Juba. The ICRC continued to provide scholarships for two candidates to continued their training in P&O at TATCOT and at Tumaini University (both in Tanzania) and started to provide scholarships to enable two additional candidates to attend P&O training in Tanzania (one to attend the diploma course and one to attend the BSc course). In addition, ICRC specialists gave lectures for physiotherapy students at St Mary's University. All those activities were undertaken in order to build local capacity to provide 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 / Disability Working Group.

In 2013 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 (PRRC), by supporting the Ministry of Social Development at the Rumbek Rehabilitation Centre (RRC), by continuing to operate the two ICRC pre-selection sites in Wau (ICRC clinic) and in Malakal (ICRC hospital project), by donating materials and components, and by covering the cost of transport, accommodation and food for people with disabilities attending the centres;
- enhance the quality of services by continuing to provide ICRC specialists (ortho-prosthetists and physiotherapists) to work closely with the centre personnel, by continuing to sponsor candidates for formal training in P&O at TATCOT and at Tumaini University, by continuing to provide PT training at St Mary's University and by promoting a multidisciplinary approach; and
- promote the long-term functioning of services by strengthening the MoGCSW and the MoSD in the management of physical rehabilitation activities.

SUDAN



National partners	
National Authority for Prosthetics and Orthotics, Ministry of Welfare and Social Security, Cheshire Home for Disabled Children	
Location of projects	
Damazin, Dongola, Gedaref, Kadugli, Kassala, Khartoum (2), Nyala	
Patient services in 2012	
Patients attending the centres	4,207
New patients fitted with prostheses	541
New patients fitted with orthoses	682
Prostheses	1,390
Orthoses	1,315
Wheelchairs	14
Crutches (pairs)	748
Number of patients receiving physiotherapy services	1,951
Beginning of assistance: 1985	

In 2012 the ICRC continued supporting the national referral centre in Khartoum managed by the National Authority for Prosthetics and Orthotics (NAPO), its mobile clinic and its branches in Damazin, Dongola, Gedaref, Kadugli, Kassala and Nyala. As well as providing support to ensure that centres have the means to provide services, the ICRC continued to support the development of professional human resources to further improve the quality of the services provided. In addition, the ICRC started providing support for the Cheshire Home for Disabled Children (Children's Orthopaedic Hospital) in Khartoum by donating material and components.

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 (para-statal) authority but is waiting for this status to be empowered by the relevant ministry, which will give it greater financial and managerial autonomy. NAPO is a member of the National Council for Persons with Disabilities (NCPD).

Sudan signed the United Nations 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 the longstanding and violent armed conflicts in which it has 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 people with disabilities (PwDs); 450,000 of them (1.39%) are in need of physical rehabilitation services and would need assistive devices such as orthoses or prostheses. Sudan ratified the Mine Ban Convention on 13 October 2003, becoming a State Party on 1 April 2004.

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 continued to hampered accessibility. The ICRC conducted several activities aimed at improving accessibility, i.e. helping with the cost of transport and accommodation for those attending the Nyala centre, 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 4,207 people benefited from various services at ICRC-assisted centres (an increase of close to 23% on 2011). The services included the production of 1,390 prostheses (1.6% for mine survivors) and 1,315 orthoses, the provision of 14 wheelchairs and 748 pairs of crutches and the provision of physiotherapy treatment for 1,951 people. Children represented 21.5% and women 23% of the 4,207 beneficiaries.

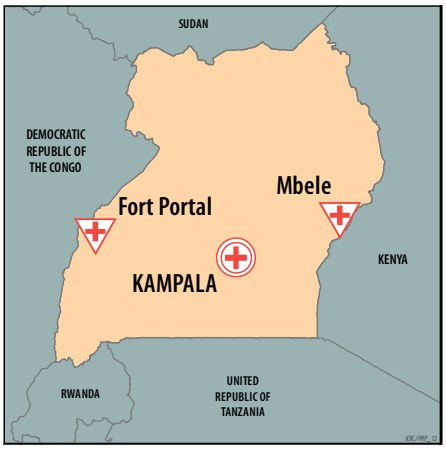
To improve the quality of services, ICRC specialists (ortho-prosthetists and physiotherapists) continued their support and mentoring for all professionals working at the assisted centres, including those who graduated from the ICRC-conducted training that ended in January 2011. In addition, to strengthen national professional capacities, the ICRC started to sponsor candidates to attend formal P&O training: three at Mobility India in Bangalore (two for the diploma course and one for BSc course) and two in the e-learning training programme on spinal orthotics conducted by TATCOT.

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 Society for Physically Disabled in mapping the actors working in the disability sector with a view to establishing a network of all stakeholders.

In 2013 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 in Nyala and Kadugli, by maintaining support for the referral system in the Darfur region, by donating materials and components and by covering the cost of transport, accommodation and food for people with disabilities attending the Nyala centre;
- enhance quality by maintaining the support of its ortho-prosthetists and physiotherapists and by sponsoring national staff to enable them to attend advanced P&O courses abroad; and
- promote the long-term functioning of services by maintaining its support for NAPO in managing physical rehabilitation activities, by building the local partner's management capacities and continuing to work closely 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 2012	
Patients attending the centres	759
New patients fitted with prostheses	137
New patients fitted with orthoses	363
Prostheses	197
Orthoses	428
Crutches (pairs)	116
Number of patients receiving physiotherapy services	193
Beginning of assistance: 2008	

The ICRC continued supporting the activities of the Fort Portal Orthopaedic Centre and the Mbale Orthopaedic Centre. Its support for both centres was halted at the end of 2012.

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 United Nations 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. 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 (12) in the country.

Apart from the network of 12 centres spread across the country, the physical rehabilitation sector included 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 accessing the services (transport to the services, the cost of accommodation during treatment, etc.).

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, 759 people benefited from various services at ICRC-assisted centres, including 17 refugees from Nakivale and Oruchinga refugee settlements. The services included the production of 197 prostheses (26% for mine survivors) and 428 orthoses (2% for mine survivors), the provision of 116 pairs of crutches and the provision of physiotherapy treatment for 193 people (21% for mine survivors). Children represented 27% and women 34% of the 759 beneficiaries.

In December 2012, the National Medical Store (NMS) began supplying four centres (Arua, Fort Portal, Gulu and Mbale) with materials and components, which was a positive result of years of discussion. As the budget is confirmed for the years ahead, the NMS should be able to continued supplying materials and components.

4.2 – ASIA

Kate Holt/ICRC

ICRC SUPPORT IN ASIA AT A GLANCE

In 2012 the ICRC supported 34 projects in 11 Asian countries:
Afghanistan (8), Bangladesh (2), Cambodia (3), China (3), the Democratic People's Republic of Korea (1), India (5), Myanmar (4), Nepal (2), Pakistan (4), Sri Lanka (1) and the Philippines (1).

- In Bangladesh, it provided assistance for the opening of a physical rehabilitation centre in Chittagong managed by Centre for the Rehabilitation of the Paralysed.
- In India, renovation work was completed at two centres (PRRC in Raipur and VMS in Srinagar) and both started to provide services in 2012.
- In Myanmar, the ICRC resumed its assistance for three centres managed by the Minister of Health in Mandalay, Yangon and Yenanthar.

Services provided	
Patients attending the centres	111,275
New patients fitted with prostheses	3,985
New patients fitted with orthoses	7,675
Prostheses supplied	10,598
Orthoses supplied	16,612
Wheelchairs distributed	2,374
Walking aids distributed (pairs)	10,405

Children represented 22% and women 16% of the beneficiaries.

In Afghanistan, over 3,000 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 seven 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

28 persons sponsored for P&O courses

1 person sponsored for a physiotherapy course

21 persons graduated from a three-year P&O course conducted by the ICRC in Afghanistan since 2009.

18 persons enrolled in the second three-year P&O course conducted by the ICRC in Afghanistan, which started at the end of 2012.

In Cambodia, one centre manager continued to be given support to attend 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 in the sector as well as at the centres and the component factory.

In India, in close cooperation with the Social Welfare Department (SWD) and ISPO India, the ICRC organized a three-day physical rehabilitation seminar (consultation forum) in Raipur. The forum helped to establish dialogue with the different actors (beneficiaries of services, service providers and rehabilitation professionals) in order to facilitate their empowerment in providing assistance for people with disabilities.

In Myanmar, the ICRC, in cooperation with the Ministry of Social Welfare, Relief and Resettlement, organized a two-day round-table seminar on prosthetics and orthotics in the capital city. The purpose was to take stock of the present situation regarding prosthetic and orthotic activities in the country, to look for possible avenues for improvement and also to propose the creation of a national coordination mechanism.

In Pakistan, ICRC continued to focus on reinforcing the capacity, maintaining effective systems, providing technical assistance for capacity building, ensuring the affordability of devices and providing scholarships in order to alleviate the increasing pressure involved in sustaining physical rehabilitation care.

The ICRC's physical rehabilitation project in **Afghanistan** combines physical rehabilitation with activities aimed at social inclusion. In 2012 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. Sports activities, in particular wheelchair basketball, were enhanced and teams trained at four of the seven ICRC centres. Two national tournaments were organized with the aim of raising awareness of disability and of supporting the Afghan Para-Olympic Committee.

In **Bangladesh**, the ICRC continued to support the activities of the Centre for the Rehabilitation of the Paralysed (CRP) in Savar. In addition, the ICRC started to support the activities of the newly opened centre in Chittagong, which is also managed by the Centre for the Rehabilitation of the Paralysed (CRP). In order to address the human resources needs in Bangladesh, the ICRC has been working closely with the Bangladesh Health Professions Institute (BHPI) to establish a P&O training programme leading to the award of the Cat. II diploma; the programme is scheduled to start in 2013 for 10 students.

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. 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. With the financial and technical support of the ICRC, the MoSVY developed guidelines on standard working procedures, started to implement a stock management system (SMS) at all centres and tried to implement a common centre management tool, the Patient Management System (PMS); both systems were developed by the ICRC.

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

In the **Democratic People's Republic of Korea (DPRK)**, the ICRC continued to assist the Ministry of the People's Armed Forces by providing support for the Rakrang Physical Rehabilitation Centre. ICRC staff conducted several upgrading courses for P&O technicians, physiotherapist assistants and other personnel working at the centre.

In **India** the ICRC continued to provide support for five centres: three in Jammu and Kashmir State (the Artificial Limb Centre (ALC Srinagar) at the Bone and Joint Hospital (Srinagar), the Artificial Limb Centre (ALC Jammu) at the Government Medical College (Jammu) and the Voluntary Medicare Society (VMS) P&O Department in Srinagar), one in Nagaland State (the District Disability Rehabilitation Centre (DDRC) in Dimapur) and one in Chhattisgarh (the Physical Rehabilitation Reference Centre (PRRC) in Raipur). The VMS started providing rehabilitation care in May 2012, while the PRRC in Raipur started in April 2012. In close cooperation with the Social Welfare Department (SWD) and ISPO India, the ICRC organized a three-day physical rehabilitation seminar (consultation forum) in Raipur.

In **Myanmar**, the ICRC continued to support the Hpa-an Orthopaedic Rehabilitation Centre, which is run jointly by the Myanmar Red Cross Society and the ICRC. Meanwhile, the Ministry of Health has agreed to an ICRC offer to resume support for a total of three physical rehabilitation centres that it runs. Support for the Ministry of Health centres started in late 2012. In cooperation with the Ministry of Social Welfare, Relief and Resettlement, the ICRC organized a two-day round-table seminar about prosthetics and orthotics in the capital.

In **Nepal**, the ICRC continued supporting the P&O department of the Green Pastures Hospital in Pokhara and the Yerahity Rehabilitation Centre in Kathmandu, which is managed by the Nepalese Army and provides services for both military personnel and civilians. In addition to providing physical rehabilitation assistance, the ICRC maintained close contact with the Nepal Red Cross Society, referring people with disabilities to the ICRC-assisted centres in the mid-western region (Green Pastures Hospital, Pokhara) and the central region (Yerahity Rehabilitation Centre, Kathmandu).

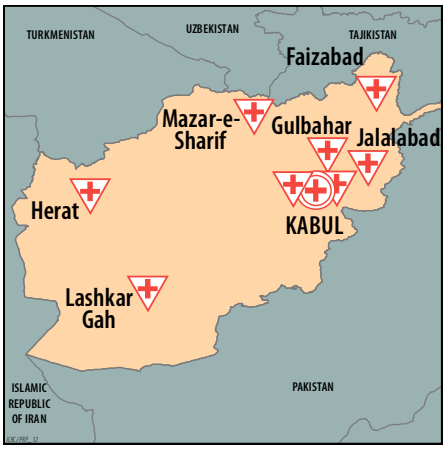
In **Pakistan**, the ICRC decreased its operational activities in Pakistan considerably after the brutal killing of an ICRC expatriate staff member in April. However, the ICRC maintained its support for the Pakistan Institute of Prosthetic and Orthotic Sciences (PIPOS) in Peshawar, the PIPOS Rehabilitation Service Programme (PRSP) and its nine satellite centres located in Khyper Pachtunkwa (KPK), the CHAL Foundation and its five centres located in the north-west (4) and Baluchistan (1), the Hayatabad Paraplegic Centre in Peshawar (PCH), the Akbar Kare Institute in Peshawar on an ad hoc basis, and the Muzaffarabad Physical Rehabilitation Centre (MPRC), the latter being managed by the ICRC.

In the **Philippines**, the ICRC continued to cooperate with the Davao Jubilee Foundation by providing support for its physical rehabilitation centre, the Davao Jubilee Rehabilitation Centre. To further strengthen the service capacity of the centre, the ICRC provided financial support for the construction of two new buildings – a new P&O department was completed in 2012 and the construction of a new physiotherapy building started at the end of 2012.

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, the ICRC continued to work in close cooperation with the Navajeevana Physical Rehabilitation Centre in the south of the country, where the ICRC referred people with disabilities and covered the cost of the services.

AFGHANISTAN



National partner	
None	
Location of projects	
Faizabad, Gulbahar, Herat, Jalalabad, Kabul (2), Lashkar Gah, Mazar-e-Sharif	
Patient services in 2012	
Patients attending the centres	80,528
New patients fitted with prostheses	1,136
New patients fitted with orthoses	4,939
Prostheses	4,046
Orthoses	10,754
Wheelchairs	1,145
Crutches (pairs)	6,272
Number of patients receiving physiotherapy services	53,408
Beginning of assistance: 1987	

The ICRC's physical rehabilitation project in Afghanistan combines physical rehabilitation with activities aimed at social inclusion. In 2012 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. Sports activities, in particular wheelchair basketball, were enhanced and teams trained at four of the seven ICRC centres. Two national tournaments were organized with the aim of raising awareness of disability and of supporting the Afghan Para-Olympic Committee. Throughout the year, the ICRC provided some assistance for seven non-ICRC centres located in Ghazni, Jalalabad, Kabul, Kandahar, Khost, Maimana and Taloqan. The assistance included the provision of components from the Kabul Component Factory, raw material, training and technical support.

Afghanistan ratified the United Nations Convention on the Rights of Persons with Disabilities (and its Optional Protocol) in September 2012. The Afghan constitution recognizes the rights of people with disabilities and a domestic disability law was passed in December 2010 with aim of protecting the rights of people with disabilities and ensuring access to health, education, employment and social inclusion. As this is a cross-sectoral issue, all Afghan ministries are supposed to deal with matters related to disability. Nevertheless, three of them are particularly involved: 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 (MACCA) is the agency responsible for coordination in the area of disability. The Ministry of Public Health (MOPH) is responsible for medical treatment and physical rehabilitation. Its 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. The MOPH Strategic Framework 2011-2015 includes disability services among its priorities, and the Disability and Physical Rehabilitation Department (DRD) – the Ministry's focal point for disability – has developed a three-year implementing strategy. The Ministry of Social Affairs, Martyrs and Disabled guarantees the social inclusion of people with disabilities through various programmes and supports them with a pension system, while the Ministry of Education is working towards ensuring access to education.

Afghanistan is among the 28 States party to the Convention on the Prohibition of Anti-Personnel Mines that have acknowledged their responsibility for landmine survivors. Afghanistan remains one of the most weapon-contaminated places in the world. According to the Mine Action Coordination Centre of Afghanistan (MACCA) reports (which do not include IED victims) indicated that as a result of a combination of clearance and mine risk education, the number of Afghans falling victim to mines and ERW has decreased over the past few years. In 2012, of the total number of newly registered amputees (1,218) at the ICRC-managed centres, 556 were mine/ERW survivors, which represents slightly more than 45%. However, in Helmand province, the most conflict-affected province in the country, the percentage rose to 63%.

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. In 2012 physical rehabilitation services were available through a network of 17 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 (Kabul and Khost). As these centres are concentrated in 12 of the 34 provinces in the country, patients are forced to travel long distances. The obstacles to rehabilitation (and health services generally) are numerous: ignorance, lack of compassion, dedication and professionalism among medical

personnel, prejudices against disability, poverty, the distances and transport difficulties, violence, ethnicity and political divisions. Although the aim of ICRC aid is to remove some of those obstacles, much work has still 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 2012, 80,528 people benefited from various rehabilitation services at ICRC-managed centres (an increase of approximately 10% on 2011). The services included the provision of 4,046 prostheses (62% for mine survivors), 10,754 orthoses (0.3% for mine survivors), 1,145 wheelchairs and 6,272 pairs of crutches. In addition, 53,408 people (9% for mine survivors) received appropriate physiotherapy services throughout the year. Children represented 25% and women 17% of the beneficiaries. In addition to components and wheelchairs supplied to ICRC-managed centres, the ICRC-managed component factory continued furnishing components free of charge to seven non-ICRC centres. Under the ICRC's home care programme for spinal cord injured, 1,556 people were aided during 7,083 home visits. The ICRC also ran a special physiotherapy programme for children with cerebral palsy, in which 1,871 children were registered. Over the year, 711 children with clubfoot were registered at ICRC centres, 11% more than in 2011. People with disabilities who were receiving services within the network of ICRC-managed centres and living in areas to which the ICRC had access were offered reintegration opportunities such as education, vocational training, microcredit and employment. More than 3,000 people with disabilities were aided by the social inclusion programme.

The ICRC continued its support for the professional development of local P&O technicians and physiotherapists working at ICRC-managed centres and at other centres located throughout the country. Besides mentoring and other forms of support from ICRC staff, the organization completed, in partnership with the Ministry of Public Health, the first three-year P&O training programme internationally recognized by ISPO. Twenty-one students graduated. A second course started in November with 18 students. Of the 18 students (12 from the ICRC and 6 from other organizations), 6 are women. In addition, ICRC specialists conducted upgrading training and refreshing courses for the professionals (P&O technicians, physiotherapists and nurses) working at ICRC-managed centres.

To ensure the long-term sustainability of the services, the ICRC maintained close contact with the relevant authorities and participated in the drafting of the Ministry of Public Health national guidelines for P&O and physiotherapy services as well as in the Disability Stakeholder Commission Group of the 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 as well as with the Afghan Association of Physiotherapy and the Afghan National Society of Orthotics and Prosthetics.

The ICRC Afghan physical rehabilitation project is known to be a project for people with disability managed by people with disability. The policy of selecting, training and employing only disabled people ("positive discrimination") continued, aiming to show that any person, given the right opportunities, can do anything and that disabled people are an asset to society, not a burden. Through the social reintegration programme, support was given to over 3,000 disabled people in the field of education, microfinance, vocational training, employment and sport. Teams of wheelchair basketball players have been set up, two new basketball courts built (Kabul and Jalalabad), players training and tournaments organized.

In 2013 the ICRC intends to:

- enhance the quality of services by conducting the second three-year 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 and the 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), by continuing to donate components to non-ICRC centres and by supporting them with training and technically;
- continue its social inclusion programme and the promotion of participation in sport among people with disabilities as a mean of rehabilitation and recreation; 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. In the field of sport, it also intends to support the Afghan Para-Olympic Committee in establishing a national basketball team.

BANGLADESH

National partner	
Centre for the Rehabilitation of the Paralysed	
Location of projects	
Chittagong, Savar	
Patient services in 2012	
Patients attending the centres	389
New patients fitted with prostheses	35
New patients fitted with orthoses	354
Prostheses	35
Orthoses	649
Beginning of assistance: 2011	

In 2012 the ICRC continued to support the activities of the Centre for the Rehabilitation of the Paralysed (CRP) in Savar. In addition, the ICRC started to support the activities of the newly opened centre in Chittagong, which is also managed by the Centre for the Rehabilitation of the Paralysed (CRP). The CRP was established in 1979. As its name suggests, the centre was built around the rehabilitation of people who are paralysed as a result of spinal cord injuries (SCI). However, because it has many different departments and pursues 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 CRP has recently expanded within Bangladesh and further centres have been established in Chittagong (south-east), Barisal (south) and Rajshahi (west), and another centre is planned for Sylhet (north-east), the aim being to establish a CRP centre in each of the country's provinces. Incorporated into the structure of the CRP is the Bangladesh Health Professions Institute (BHPI), the training arm of the CRP, which offers Bachelor's degree programmes in several fields such as physiotherapy and occupational therapy and which will start a P&O training programme in 2013.

Bangladesh ratified the United Nations Convention on the Rights of Persons with Disabilities in 2007 and its Optional Protocol in 2008. The Ministry of Social Welfare is the national authority responsible for disability issues; it coordinates with other ministries to implement disability policies. 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 (NFOWD), 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%. Physical rehabilitation (PR) in Bangladesh is largely provided by NGOs and private stakeholders in the country.

Access to rehabilitation remained difficult for most of those in need. 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. 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, financing the construction of the new centre in Chittagong and donating materials and components to ensure that all assisted centres had the means to provide services. In total, nearly 390 people benefited from various services at ICRC-assisted centres in 2012. Those services included the production of 35 prostheses and 649 orthoses. Children represented 85% and women 4% of the 6,768 beneficiaries.

The quality of the services at ICRC-assisted centres was enhanced by continued mentoring and in-service training by an ICRC ortho-prosthetist at both assisted centres. In order to promote an interdisciplinary team approach, a combined paediatric/orthotic clinic has been established.

The ICRC has also been involved in establishing the Bangladesh Society of Prosthetists and Orthotists (BSPO), which is intended to professionalize the P&O services nationally, emphasizing the need for continuous professional development and expressing the importance of setting up an education committee to oversee training needs. Two scholarships to attend single-discipline training in P&O at Mobility India (Bangalore. INdia) and one to attend training BSc level training at TATCOT (Tanzania) were provided in 2012. In order to address the human resources needs in Bangladesh, the ICRC has been working closely with the Bangladesh Health Professions Institute (BHPI) to establish a P&O training programme leading to the award of the Cat. II diploma; the programme is scheduled to start in early 2013 for 10 students.

With ICRC financial support, six people attended CRP vocational training courses in sewing and electronic repairs.

In 2013 the ICRC intends to:

- increase access by beneficiaries to physical rehabilitation centres (PRCs) by conducting dissemination and awareness programmes, by developing a referral system through a number of organizations, by donating material and components, and by subsidizing the cost of transport and accommodation for some people attending the centre;
- enhance the quality of services by continuing mentoring and in-service training by ICRC ortho-prosthetists and physiotherapists, by implementing treatment protocols and by supporting the development of a national continuous professional development programme through the BSPO;
- promote long-term functioning by implementing management protocols and by implementing a stock management system and a service users management system (the Patient Management System developed by the ICRC);
- support the establishment of the P&O training programme at the BHPI by developing the infrastructure; and
- provide financial assistance to cover the cost of vocational training for some service users.

CAMBODIA

National partner	
Ministry of Social Affairs, Veterans and Youth Rehabilitation	
Location of projects	
Battambang, Kompong Speu, Phnom Penh	
Patient services in 2012	
Patients attending the centres	11,425
New patients fitted with prostheses	129
New patients fitted with orthoses	245
Prostheses	1,684
Orthoses	1,386
Wheelchairs	606
Crutches (pairs)	1,659
Number of patients receiving physiotherapy services	3,197
Beginning of assistance: 1991	

In 2012 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 MoSVY 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 United Nations 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 2012, Cambodia ratified the United Nations Convention on the Rights of Persons with Disabilities.

The Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) is 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 the MoSVY. A new institution called the Disabled Fund has been created under the MoSVY. The Disabled Fund's mandate is to provide rehabilitation services for people with disabilities, manage the rehabilitation centres, provide funds for implementing various projects such as support for education, vocational training, to manage job placement services and to prepare policies for assisting and supporting people with disabilities.

Cambodia is among the 28 States party to the Convention on the Prohibition of Anti-Personnel Mines that have acknowledged their responsibility for landmine survivors. Landmines and ERW, including cluster munitions, continue to pose a threat in many rural communities despite mine/ERW clearance and longstanding mine-risk education activities. From January to November 2012, 185 mine/ERW casualties were provisionally recorded by the Cambodian Mine/ERW Victim Information System (CMVIS). This figure represents a decrease of approximately 12% compared with 2011. As in previous years, most of the accidents occurred in the five northern and western provinces (Battambang, Banteay Meanchey, Kampong Chhnang, Otdar Meanchey and Preah Vihear); three of these provinces were covered by the Battambang Regional Physical Rehabilitation Centre.

In 2012, 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, 11,425 people benefited from various services provided at ICRC-assisted centres. The services included the provision of 1,684 prostheses (86% for mine survivors), 1,386 orthoses, 606 wheelchairs and 1,659 pairs of crutches and the provision of appropriate physiotherapy treatment for 3,191 people (56% for mine survivors). Children represented 7% and women 14% 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 those receiving services at centres throughout the country. Both ICRC-assisted centres continued their outreach programmes: 9,152 patients were assessed and 4,822 P&O devices and 797 wheelchairs were repaired during the 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 38 people 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, the ICRC continued to provide a scholarship for one candidate to attend formal training in P&O (ISPO Cat. I level) at the Tanzania Training Centre for Orthopaedic Technologists. In addition, with the financial support of the ICRC, a consultant was hired to develop procedures and tools to implement quality assurance within all MoSVY-managed centres.

Besides 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, the ICRC supported MoSVY efforts to strengthen management of the sector. In 2012, with the financial and technical support of the ICRC, the MoSVY developed guidelines on standard working procedures, started to implement a stock management system (SMS) at all centres and tried to implement 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 2013 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 and by strengthening the referral networks in the areas covered;
- promote the long-term functioning of services through active participation in the work of the People With Disability Foundation, 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 Ministry to take on greater responsibilities and by introducing new tools to increase the financial input from the MoSVY;
- promote sports inclusion activities; and
- promote measures to increase the visibility of people with disabilities.

CHINA

National partner	
Red Cross Society of China, Yunnan branch	
Location of projects	
Kaiyuan, Kunming, Malipo	
Patient services in 2012	
Patients attending the centres	452
New patients fitted with prostheses	39
New patients fitted with orthoses	0
Prostheses	251
Orthoses	1
Crutches (pairs)	2
Patients receiving physiotherapy at the centre	247
Beginning of assistance: 2003	

In 2012 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 repair workshops in Malipo and Kaiyuan.

To improve the conditions of people with disabilities, the Chinese government has set specific targets to be reached in the coming years, notably in the areas of rehabilitation, education, employment, protection of rights and 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 subsequently issued a notice to initiate a pilot project to improve medical rehabilitation services in 13 provinces, including in the Yunnan. The main purpose of this initiative was to establish comprehensive mechanisms and services aimed at covering various stages from prevention to treatment and rehabilitation.

According to the second National Sampling Survey on Disabilities conducted in 2006, China has an estimated 83 million people, 6.34% of the total population, living 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, job opportunities and social activities. People with disabilities encounter daily difficulties in a society with an economy undergoing an 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 Convention but has endorsed the "ultimate goal of a total ban." Since 2004 the Red Cross Society of China, Yunnan branch, has registered 348 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 2012 the Yunnan Red Cross branch reported six new landmine casualties. It replaced worn-out prostheses for 23 registered landmine survivors and fitted the above-mentioned six 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 all, 452 people benefited from various services at ICRC-assisted centres. The services included the production of 251 prostheses (11.6% for mine survivors) and one orthosis and the provision of physiotherapy services for 247 people. Children represented 4.4% and women 24% of the 452 beneficiaries. Of the 452 people benefiting from services, 205 received services at the two repair workshops. In addition, several outreach sessions were carried out from the two repair workshops.

The quality of the services provided was enhanced by regular visits from the ICRC prosthetist and orthotist. The Yunnan Red Cross branch remained fully responsible for carrying out rehabilitation services 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 the activities. To ensure a smooth transition and to provide support for the Yunnan Red Cross branch to increase the range of its activities, the ICRC agreed to prolong its clinical and technical support (including managerial support) until the end of 2016.

In 2013 the ICRC intends to:

- continue supporting the Yunnan Orthopaedic Rehabilitation Centre and its repair workshop by donating the materials and components needed to ensure service provision;
- provide regular support and mentoring for local personnel (technical, clinical and managerial) through regular visits by an ICRC specialist; and
- explore ways with the Red Cross Society of China to improve access to physical rehabilitation services for those in need who are living in the catchment areas of Kunming Orthopaedic Rehabilitation Centre.

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 2012	
Patients attending the centre	530
New patients fitted with prostheses	286
New patients fitted with orthoses	18
Prostheses	523
Orthoses	30
Wheelchairs	31
Crutches (pairs)	227
Number of patients receiving physiotherapy services	500
Beginning of assistance: 2002	

In 2012 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 United Nations Convention on the Rights of Persons with Disabilities. However, the country has a Law on the Protection of Persons with Disabilities. Several national institutions are involved in physical rehabilitation. The Ministry of Public Health (MoPH) has overall responsibility for the sector and was managing the Hamhung Orthopaedic Factory. The Military Medical Bureau of the People's Armed Forces ensured access to services for military personnel (and their families) and managed the Rakrang Physical Rehabilitation Centre. The Korean Federation for the Protection of Disabled (KFPD) was created in 1998 within the Ministry of Public Health. The KFPD has an advisory role in the establishment state policies such as advocacy, awareness and the prevention of disabilities. The KFPD also manages physical rehabilitation centres located in different regions of the country. It is also involved in establishing regulations for special education and vocational training. In 2012 the Korean Federation for the Protection of the Disabled organized the fifth national orthopaedic seminar in Pyongyang.

To improve the accessibility of services, the ICRC continued to donate essential materials and components to the Rakrang Physical Rehabilitation Centre and contributed to improving the facilities. In all, 530 people benefited from various services provided at the ICRC-assisted centre (an increase of 8% on 2011). The services included the provision of 523 prostheses, 30 orthoses, 31 wheelchairs and 227 pairs of crutches and the provision of appropriate physiotherapy services for 500 people. Children represented 5% and women 15% of the beneficiaries.

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

The ICRC continued to provide managerial support for the centre directorate to promote long-term functioning and availability of services.

In 2013 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 the Rakrang Physical Rehabilitation Centre.

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 2012	
Patients attending the centres	1,240
New patients fitted with prostheses	144
New patients fitted with orthoses	178
Prostheses	206
Orthoses	269
Wheelchairs	124
Crutches (pairs)	112
Beginning of assistance: 2004	

In 2012 the ICRC continued to provide support for five centres, of which three were in Jammu and Kashmir State (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 Voluntary Medicare Society (VMS) P&O Department in Srinagar), one in Nagaland State (the District Disability Rehabilitation Centre (DDRC) in Dimapur) and one in Chhattisgarh (Physical Rehabilitation Reference Centre (PRRC) in Raipur). In 2011 ICRC assistance at the PRRC in Raipur and at the VMS P&O Department focused mainly on the renovation of infrastructure and the donation of equipment. The VMS started providing rehabilitation care in May 2012, while the PRRC in Rapiur started providing services in April 2012.

India signed and ratified the United Nations Convention on the Rights of Persons with Disabilities in 2007 but not its Optional Protocol. 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. The Committee that was set up in 2011 by the Ministry of Social Justice and Empowerment with the task of drafting new legislation for people with disabilities to replace the present Persons with Disabilities Act (1995) presented the Ministry with the draft Rights of Persons with Disabilities Bill 2012 in September 2012. The central government created a new Department of Disability Affairs with effect from 14 May 2012. With the creation of this new department, the government will be able to focus more on policy issues and address problems faced by people with disabilities. The intention is for this department to have a separate budget, which would help to strengthen the existing schemes and to formulate new ones as well as to create scope for technological innovations.

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 seven Composite Regional Centres (CRCs) and 118 District Disability Rehabilitation Centres (DDRCs) in most districts of the country; they dealt with the full range of disabilities. 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 because of 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 providing financial support so as to enable the renovation of centres to be completed, donating equipment and tools and reimbursing the cost of transport and accommodation for beneficiaries visiting assisted centres, and supporting campaigns to disseminate information about the activities of the assisted centres. In 2012, 1,240 people benefited from various services at ICRC-assisted centres (an increase of approximately 30% on 2011). The services included the production of 206 prostheses (6% for mine survivors) and 269 orthoses (1% for mine survivors) and the provision of 124 wheelchairs and 112 pairs of crutches. In addition, 758 people received physiotherapy services. Children represented 23% and women 19% of the 1,240 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 one person to attend a one-year training course at Mobility India in Bangalore leading to a qualification as a rehabilitation therapy assistant.

The ICRC continued to promote the long-term functioning of services by strengthening the capacity of the various partners. In addition, the ICRC established close links with organizations for people with disabilities working in the catchment areas of the assisted centres and was able to involve them in developing physical rehabilitation activities in Indian states where the ICRC provided physical rehabilitation assistance. In close cooperation with the Social Welfare Department (SWD) and ISPO India, the ICRC organized a three-day physical rehabilitation seminar (consultation forum) in Raipur. The forum helped to establish dialogue with the different actors (beneficiaries of services, service providers and rehabilitation professionals) in order to facilitate their empowerment in providing assistance to people with disabilities.

The ICRC also supported organizations for people with disabilities in celebrating the International Day of Persons with Disabilities on 3 December 2012 in Dimapur, Raipur and Jammu and Kashmir. The ICRC maintained contact with ISPO India, the aim being to jointly address issues relating to physical rehabilitation in India. In 2012 the ICRC established and strengthened links with the Ministry of Social Justice and Empowerment, thus having an opportunity to engage in dialogue and to work with national training institutions in the field of physical rehabilitation. In addition, the ICRC physical rehabilitation programme manager for India was co-opted as a scientific committee member at the 14th ISPO World Congress.

In 2013 the ICRC intends to:

- improve accessibility of services by continuing to support, through the donation of materials and components, the Artificial Limb Centre in 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;
- promote 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; and
- promote the inclusion of PwDs (advocacy) by empowering DPOs, ensuring the visibility of PwDs and their issues in decision-making processes, by addressing the discrimination/lack of opportunities experienced by people with disabilities, by developing partnerships with DPOs and local organizations, by developing some projects on social issues and by providing professional training.

MYANMAR

National partners	
Myanmar Red Cross Society, Ministry of Health	
Location of projects	
Hpa-an, Yangon, Mandalay, Yenanthar	
Patient services in 2012	
Patients attending the centres	3,669
New patients fitted with prostheses	406
New patients fitted with orthoses	480
Prostheses	1,297
Orthoses	1,078
Wheelchairs	25
Crutches (pairs)	863
Number of patients receiving physiotherapy services	971
Beginning of assistance: 1986	

In 2012 the ICRC continued to support the Hpa-an Orthopaedic Rehabilitation Centre, run jointly by the Myanmar Red Cross Society and the ICRC. The Ministry of Health has agreed to an ICRC offer to resume support for a total of three physical rehabilitation centres run by the Ministry. Support for the Ministry of Health centres started in late 2012.

Myanmar ratified the United Nations Convention for the Right of Disabled Persons on 7 December 2011. Some legal provisions for people with disabilities (PwDs) exist in current Myanmar laws and a specific disability law has been drafted following recommendations from a three-day subregional workshop organized jointly by Leprosy Mission International and the Ministry of Social Welfare in 2011. The workshop made it possible to draw on the experience of neighbouring countries in outlining the steps, processes and input required to successfully develop a disability law for Myanmar; the law is now waiting to be debated in the People's Assembly before it is adopted.

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. The Disability Working Group that was assembled to coordinate and implement the National Plan of Action for Persons with Disabilities 2010-2012 stopped meeting after only few gatherings as the various organizations preferred to run their programmes independently.

The 2010 Myanmar National Disability Survey, endorsed by the Ministry of Social Welfare, Relief and Resettlement, indicated that 1,276,000 people in Myanmar (2.32% of the population) 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 suffer from a traditional belief (also found 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 an increase of the support provided for the Myanmar Red Cross Society's Outreach Prosthetic Programme (OPP) for areas covered by the Hpa-an Orthopaedic Rehabilitation Centre (HORC) as well as for Upper and Central Myanmar starting in late 2012. The importance of these programmes cannot be sufficiently emphasized: they enable people living in remote areas to have access to the closest service providers. In 2012, 260 people benefited from the services provided through the HORC's outreach programme, while 10 people were referred from the northern state to the Ministry of Health centre located at the Yenanthar Leprosy Hospital. The expansion of the outreach activities at the HORC's has been combined with an increase in the centre's production capacity (39% more prostheses produced over 2012) as well as the construction of an additional 16-bed dormitory, taking the total accommodation capacity to 51 people per night. Moreover, 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. Forty-nine children benefited from that programme in 2012 compared with 34 in 2011.

In all, 3,669 people benefited from various services at the HORC (1,789) and at the Ministry of Health centre (1,880). The services included the provision of 1,297 prostheses (51% for mine survivors), 1,078 orthoses,

25 wheelchairs and 863 pairs of crutches. Children represented 10% and women 16% of the beneficiaries. Services provided by the the Hpa-an centre specifically included the provision of 931 prostheses (67% for mine survivors), 17 orthoses (none for mine survivors), 25 wheelchairs and 595 pairs of crutches and the provision of appropriate physiotherapy treatment for 971 people. At the Hpa-an centre, children represented 5% and women 9% of the 1,789 people benefiting from the services.

Throughout the year, regular in-house and on-the-job training was provided at the Hpa-an centre for P&O technicians as well as several administrative staff from other centres. The ICRC continued to sponsor two candidates so that they could continue their P&O training at the Cambodian School for Prosthetics and Orthotics in Phnom Penh. In addition, the ICRC sponsored one person for a month's training at the regional training unit of the ICRC Special Fund for the Disabled in Addis Ababa. One physiotherapist has also embarked on a one-year certificate course at Mobility India leading to a qualification as a rehabilitation therapy assistant. The ICRC has also funded an amputation surgery seminar for 30 inexperienced surgeons working at remote stations in south-eastern Myanmar. The training made it possible to focus on the most appropriate surgical techniques to ensure better quality of life and optimal use of the prosthetic device. The quality of the prosthetic foot was also significantly improved at the Ministry of Health factory thanks to the production of a completely new set of moulds and the renovation of the premises by the ICRC. Furthermore, a new prosthetic foot production unit was implemented at the Hpa-an centre.

In cooperation with the Ministry of Social Welfare, Relief and Resettlement, the ICRC organized a two-day round-table seminar on prosthetics and orthotics in the capital city. The purpose was to take stock of the present situation regarding prosthetic and orthotic activities in the country, to look for possible avenues for improvement and to propose the creation of a national coordination mechanism. Participants included all known stakeholders, such as the Ministry of Health, the Ministry of Defence and the Myanmar Red Cross Society, as well as international and local NGOs.

In 2013 the ICRC intends to:

- facilitate access to services by continuing to support the improvement of the prosthetic outreach programme, by covering the cost of transport and accommodation for those attending the centres and by informing the public about services available;
- enhance the quality of services by providing ongoing support through ICRC specialists, by continuing to provide scholarships and training for P&O specialists but also for physiotherapists, surgeons and administrative personal and by offering organizational support; and
- promote the long-term functioning of services by strengthening its partners' capacities and by supporting the implementation of a national coordination body.

NEPAL

National partner	
International Nepal Fellowship Nepalese Army	
Location of projects	
Kathmandu, Pokhara	
Patient services in 2012	
Patients attending the centres	1,303
New patients fitted with prostheses	134
New patients fitted with orthoses	79
Prostheses	150
Orthoses	108
Wheelchairs	172
Crutches (pairs)	138
Number of patients receiving physiotherapy services	223
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, which is managed by the Nepalese Army and provides services for both military personnel and civilians.

Nepal ratified the United Nations 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 is the core ministry with responsibility for implementing programmes related to disability, including the registration of people with disabilities. The National Disabled Fund (NDF) provides physical rehabilitation services for conflict-affected people with disabilities through financial support from the Nepal Peace Trust Fund and the MoWCSA. The National Federation of the Disabled Nepal is an umbrella organization that represents stakeholders working for people with disabilities throughout the country. It has been leading the disability movement in Nepal since 1993 to lobby public officials and civil society on the rights and dignity of people with disabilities, emphasizing social inclusion, mainstreaming and achieving equal opportunity for people with disabilities.

There are no accurate data on the prevalence of disability in Nepal and the available statistics do not reflect the range of disabilities. Access to physical rehabilitation services remains a challenge for the rural population and services were available through a network of 10 centres, most of which were managed by local NGOs. Potential beneficiaries living in mountainous areas are reluctant to travel long distances because of limited (unreliable) public transport and the expense involved. Although the ICRC reimburses expenses for conflict-related victims, most people with disabilities cannot afford the cost of transport to a physical rehabilitation centre. In addition to the financial constraints, complex administrative procedures prevent many people with disabilities from being registered and obtaining government support.

Nepal has not acceded to the Mine Ban Convention or to the Convention on Cluster Munitions. However mines, ERWs and IEDs (improvised explosive devices) continued to pose a threat to the population. The Ministry of Peace and Reconstruction (MoPR) works as a conduit for government financing of mine action and for assisting conflict-related victims. In 2012 over 100 victims of the past conflict have been helped by the ICRC to register with the government at district level, thus enabling them to benefit from the Interim Relief Applications to receive financial assistance from the Ministry of Peace and Reconstruction. With ICRC support, the Nepalese Red Cross continued to be the main provider of Emergency Mine Risk Education (EMRE) in Nepal.

To facilitate access to rehabilitation, the ICRC reimbursed the travel expenses of conflict-related victims who journeyed to both assisted centres to receive services. In 2012 the ICRC reimbursed physical rehabilitation services for 54 conflict-related victims. The ICRC, the Green Pastures Hospital and Partnership for New Life conducted a follow-up camp in Butwal. A total of 107 amputees from 10 different districts were assessed and 77 prostheses were repaired on the spot. Amputees who needed to have their prostheses replaced or repaired were referred to the Green Pastures Hospital (14) and to the Yerahity Rehabilitation Centre (4). More than 1,300 people benefited from various services at ICRC-assisted centres. These services included the prescription and manufacture of 150 prostheses (13% for mine survivors) and 108 orthoses; 223 people received physiotherapy services. In addition, 172 wheelchairs and 138 pairs of crutches were supplied. Children represented 8% and women 24% of the total number of beneficiaries.

The ICRC orthoprosthetis provided ongoing support and mentoring for centre personnel. The aim was to improve the quality of services and to strengthen the centres' managerial capacity. ICRC staff conducted several in-house courses. In 2012 the ICRC continued sponsoring three people so that they could attend a formal training course in prosthetics and orthotics at the Cambodian School of Prosthetics and Orthotics in Phnom Penh; two of them will complete their training course in 2013 and one student will graduate in 2014.

In addition to providing physical rehabilitation assistance, the ICRC maintained close contact with the Nepal Red Cross Society, referring people with disabilities to ICRC-assisted centres in the mid-western region (Green Pastures Hospital, Pokhara) and the central region (Yerahity Rehabilitation Centre, Kathmandu).

In 2013 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 implementation of follow-up services at both centres and by supporting the Green Pastures Hospital in the implementation of follow-up camps;
- improve the quality of services by continuing to provide support and mentoring by ICRC staff, by continuing to sponsor three P&O students and by conducting refresher courses in P&O; and
- promote the long-term functioning of services by providing some managerial support for the Yerahity Rehabilitation Centre and the Green Pastures Hospital.

PAKISTAN

National partners	
Ministry of Health, Muzaffarabad Physical Rehabilitation Centre, CHAL Foundation, Pakistan Institute of Prosthetic and Orthotic Sciences (PIPOS), PIPOS Rehabilitation Services Project, Hayatabad Paraplegic Centre	
Location of projects	
Islamabad, Muzaffarabad, Peshawar (3)	
Patient services in 2012	
Patients attending the centres	9,257
New patients fitted with prostheses	1,334
New patients fitted with orthoses	1,266
Prostheses	1,682
Orthoses	2,092
Wheelchairs	234
Crutches (pairs)	993
Number of patients receiving physiotherapy services	4,535
Beginning of assistance: 2004	

After the brutal killing of an ICRC expatriate staff member in April, the ICRC decreased its operational activities in Pakistan considerably. However, the ICRC maintained its support for the Pakistan Institute of Prosthetic and Orthotic Sciences (PIPOS) in Peshawar, the PIPOS Rehabilitation Service Programme (PRSP) and its nine satellite centres in Khyper Pachtunkwa (KPK), the CHAL Foundation and its five centres in the north-west (4) and Baluchistan (1), the Hayatabad Paraplegic Centre in Peshawar (PCH), the Akbar Kare Institute in Peshawar on an ad hoc basis and the Muzaffarabad Physical Rehabilitation Centre (MPRC), the latter being managed by the ICRC.

Pakistan ratified the Convention on the Rights of Persons with Disabilities in July 2011. Several ministries were involved in disability issues, including the Ministry of Health and the Ministry of Social Welfare. In 2012 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"* but little has been achieved to date. The ICRC promoted equal access to all assisted centres through several activities, such as increasing the number of women professionals, implementing specific health care, dissemination activities and the provision of dormitory areas for women. Poliomyelitis has become endemic in Pakistan and the vaccination programme has become a political tool – in the latter part of 2012 nine anti-polio vaccinators were killed. This has resulted in a virtual halt to the anti-polio vaccination campaign and an increase of post-polio victims can be expected in the future. Physical 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 rural areas. Barriers to access services include transport, poverty, lack of awareness, cultural and physical barriers, security, illiteracy, etc.

In 2012 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 ICRC-assisted centres, by donating equipment and necessary materials and components to all assisted centres. In all, 9,257 people benefited from physical rehabilitation services at ICRC-assisted centres. The overall figures for people benefiting from services at ICRC-assisted centres are lower than in 2011, mainly because of the closure of the CHRC in Quetta after the killing of an ICRC staff member and the deterioration in security. The services included the production of 1,682 prostheses (26% for mine survivors) and 2,092 orthoses (13% for mine survivors) and the provision of 234 wheelchairs and 993 pairs of crutches. In addition, 4,535 people (21% mine survivors) received physiotherapy services. Children represented 27% and women 11% of the beneficiaries. In 2012 the PCH completed 257 home visits to follow up patients within their communities. The MPRC and PRSP continued their clubfoot programmes, through which 206 children were treated using the Ponseti method. Over the year, wheelchair services were enhanced through cooperation with Motivation UK, which donated the wheelchairs and provided an introductory course at PIPOS. The ICRC provided training for the centre's personnel and supervised the provision of such services at the assisted centres.

Quality was monitored by promoting a "team approach" and by continued mentoring and on-the-job training by ICRC orthotists until expatriates were withdrawn in May 2012 because of security concerns. ICRC staff conducted several courses on various aspects of P&O, physiotherapy and wheelchair services. The ICRC also continued or began sponsoring a total of 17 candidates to attend formal training in P&O at different institutions (2 at CSPO in Cambodia, 8 at TATCOT in Tanzania, 4 at Strathclyde University (Scotland) and 3 at PIPOS in Pakistan) and another 7 candidates to attend short-term training in P&O and physiotherapy provided by the ICRC Special Fund for the Disabled. In addition, to

strengthen the training provided at PIPOS, the ICRC continued supporting the multi-media centre to enable communication with other training institutions worldwide and four academics started their MSc training at Strathclyde University. ICRC specialists also supervised several PIPOS students during clinical placements at the MPRC and participated, as external evaluators, in PIPOS examinations for ISPO Cat. II students.

Besides promoting access to the centres and sustaining the quality of the services provided, the ICRC continued to implement its strategy for strengthening technical and managerial capacities, with the aim of ensuring the long-term functioning of services. The ICRC continued to focus on reinforcing the capacity, maintaining effective systems, providing technical assistance for capacity building and ensuring the affordability of devices and 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 Ministry of Health and in Quetta; the CHRC was handed over to the CHAL Foundation to manage, assisting in long-term service delivery.

In 2012 the PR team was active in assisting with the establishment of sporting events to promote physical therapy benefits. The PCH has an active basketball team and the MPRC a cricket team. Selected individuals with physical disabilities were also encouraged to become involved in setting up national and provincial professional bodies to regulate and formalize the physical rehabilitation set-up in Pakistan. Some people with physical disabilities were actively involved in organizing congresses and seminars which focused on the disabled in Pakistan. At the PCH, the ICRC supported a skills development programme for SCI patients to improve service users' chances of obtaining gainful employment after discharge; the programme is to be expanded in 2013.

In 2013 the ICRC intends to:

- facilitate access to services by continuing to cover the cost of treatment for patients at the PRSP, by continuing to donate materials and components to all assisted centres, by strengthening cooperation with the Hayatabad Paraplegic Centre and the CHAL Foundation, by continuing to work in close cooperation with other partners to improve access to more people with disabilities in areas where assisted centres are situated, by continuing to subsidize the cost of transport and accommodation and by continuing to provide support for outreach activities implemented by assisted centres;
- 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 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;
- promote long-term functioning of services and a sense of involvement through close contact with the Ministry of Health in Pakistan-administrated Kashmir with a view to ensuring a smooth handover of the Muzaffarabad centre, by providing support for directors of assisted centres in developing their managerial skills and by assisting in the establishment of a government-recognized professional board for physical rehabilitation practitioners and the drafting of a code of practice and conduct; and
- continue to support the social inclusion of people with disabilities through sports activities and through assessing the possibility of providing support for microeconomic activities and skills development programmes.

PHILIPPINES

National partner	
Davao Jubilee Foundation	
Location of project	
Davao	
Patient services in 2012	
Patients attending the centre	207
New patients fitted with prostheses	36
New patients fitted with orthoses	9
Prostheses	75
Orthoses	8
Wheelchairs	6
Crutches (pairs)	30
Number of patients receiving physiotherapy services	142
Beginning of assistance: 2000	

In 2012 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 activities, the centre offers medical consultations, psychological counselling and community-based rehabilitation services. In close cooperation with national and international partners, the Foundation also facilitates the social inclusion of people with disabilities by sponsoring scholarships for children and integrating economically vulnerable adults into the workplace. In 2012 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, the ICRC continued promoting the professional development of staff working at the centre. In 2012 the ICRC sponsored a formal training course in prosthetics and orthotics and provided regular on-the-job training courses and technical support.

The Philippines has ratified various international conventions such as the Biwako Millennium Framework, the United Nations Convention on the Rights of Persons with Disabilities (but not its Optional Protocol). The Philippines is also a signatory to the United Nations Millennium Development Goals (UN MDG). The National Council on Disability Affairs (NCDA) is the national government agency mandated to formulate policies and to coordinate the activities of all agencies, both public and private, concerning disability issues and concerns. The NCDA is also mandated to monitor the implementation of several laws to ensure the protection of the civil and political rights of people with disabilities.

For many years the Davao Jubilee Foundation has been the only professional provider of physical rehabilitation services on the Island of Mindanao with a non-profit approach. 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 lives on less than 90 pesos a day. To improve access to services, the Davao Jubilee Rehabilitation Centre established a referral and follow-up system with the local authorities in the North/South Cotabato and Sultan Kudarat provinces.

In 2012, to enhance the accessibility of services, the ICRC continued to provide direct support for beneficiaries (subsidizing the cost of treatment, transport and accommodation at the centres) and to support the centre (donating material and components, improving the infrastructure, etc.). To further strengthen the service capacity of the centre, the ICRC provided financial support for the construction of two new buildings; a new P&O department was completed in 2012 and the construction of a new physiotherapy building started at the end of 2012. In all, 207 people benefited from various services at the Davao centre (an increase of approximately 150% on 2011). The services included the provision of 75 prostheses, 8 orthoses, 6 wheelchairs and 30 pairs of crutches. In addition, 142 people received appropriate physiotherapy services throughout the year. Children represented 31% and women 12% of the beneficiaries. The ICRC completely subsidized the cost of the services provided, which included transport and accommodation, for 66 victims of the conflict.

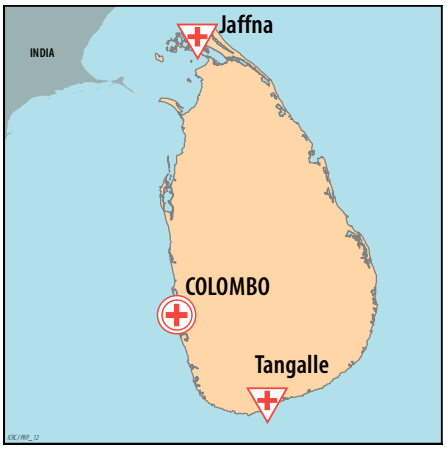
The ICRC took several measures to improve the quality of the centre's services. Ongoing support and mentoring was provided for the centre personnel by the ICRC prosthetist and orthotist. The ICRC continued providing a scholarship for one candidate to attend formal training at the Cambodian School of Prosthetics and Orthotics.

To promote the long-term functioning of services, the ICRC continued to work closely with the centre directorate and the Foundation Board of Trustees in the management of the services.

In 2013 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, and by supporting our partner to strengthen patient follow-up;
- initiate the development of orthotic supply and services;
- provide financial support for the completion of a new physiotherapy building and, with the support of the Davao Jubilee Foundation, draw up plans for and build a new dormitory facility, thus increasing the centre's capacity to accommodate patients while under treatment;
- consolidate quality through the support of an ICRC prosthetist-orthotist and by sponsoring one trainee to continue training at the Cambodian School of Prosthetics and Orthotics; and
- promote, with Davao Jubilee Foundation Board of Trustees, the long-term functioning of services by supporting the development of tools to ensure the technical, managerial and financial autonomy of the centre.

SRI LANKA



National partners	
Jaffna Jaipur Centre for Disability Rehabilitation, Navajeevana Physical Rehabilitation Centre	
Location of project	
Jaffna, Tangalle	
Patient services in 2012	
Patients attending the centres	1,228
New patients fitted with prostheses	123
New patients fitted with orthoses	92
Prostheses	328
Orthoses	220
Wheelchairs	31
Crutches (pairs)	80
Number of patients receiving physiotherapy services	689
Beginning of assistance: 2007 (Jaffna), 2011 (Tangalle)	

In 2012 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, the ICRC continued to work closely with the Navajeevana Physical Rehabilitation Centre, located in the south of the country, where the ICRC referred people with disabilities and covered the cost of the services.

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 (SLSPO). The Ministry of Social Services and Welfare provided some support for people with disabilities, including covering the cost of P&O services.

While the number of physical rehabilitation centres has increased over the years and access to services has improved for many people with disabilities, some of them still find it difficult to access services. Throughout the year, the ICRC continued to donate the materials and components needed for the Jaffna centre to operate and partially reimbursed the cost of treatment and of transport for some patients. It also continued reimbursing some patients for the cost of treatment. More than 1,228 people benefited from various services provided with ICRC assistance. Services included the provision of 328 prostheses (31% for mine survivors), 220 orthoses, 31 wheelchairs and 80 pairs of crutches and the provision of appropriate physiotherapy treatment for 669 people. Children represented 4% and women 28% of the 1,331 beneficiaries. In addition to the services provided by the JJCDR, the ICRC covered the cost of treatment at the Navajeevana Centre in Tangalle (69) for some economically vulnerable people with disabilities from the south of the country.

The quality of the services provided at the centres was improved by the regular mentoring and on-the job coaching provided by an ortho-prosthetist from the ICRC.

To encourage the JJCDR to broaden its funding base, the ICRC initiated a progressive phase-down of its direct financial support in 2010. This resulted in a reduction of 15% in the amount reimbursed per appliance by the ICRC in 2010, 30% for 2011 and 50% for 2012 and will amount to 25% in 2013. To date, the JJCDR has successfully managed to cover these cutbacks from alternative funding sources. Throughout the year, the ICRC continued to assist the JJCDR actively in its quest for alternative funding sources. These initiatives have met with some success and the ICRC's input has contributed to the conclusion of two funding agreements between the JJCDR and donor organizations.

In 2013 the ICRC intends to:

- enhance the quality of services through periodical support provided by an expatriate ortho-prosthetist and by conducting short training courses and on-the-job mentoring;
- 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 and by assisting the JJCDR administration in ordering and importing materials through its own channels.

4.3 – THE AMERICAS

Boris Heger/ICRC

ICRC SUPPORT IN THE AMERICAS AT A GLANCE

In 2012 the ICRC supported 10 projects in 3 countries: Colombia (5), Guatemala (3) and Mexico (2).

- 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.
- In Mexico, the ICRC signed a collaboration agreement with the National Rehabilitation Institute in Mexico City.

Services provided	
Patients attending the centres	36,076
New patients fitted with prostheses	400
New patients fitted with orthoses	2,399
Prostheses supplied	782
Orthoses supplied	4,134
Wheelchairs distributed	53
Walking aids distributed (pairs)	29
Patients receiving appropriate physiotherapy services	5,913

Children represented 13% and women 37% of the beneficiaries.

In Colombia, the ICRC provided direct support for 105 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 Guatemala, in addition to migrants, 28 landmine/ERW survivors had access to services with ICRC support.

In addition to ensuring access to physical rehabilitation services for 13 migrants in Mexico and 7 in Guatemala, the ICRC covered the cost of treatment for 77 Honduran migrants who received services (76 prostheses), for one Salvadorian (1 prosthesis) and for 2 Nicaraguans (3 prostheses) at centres assisted by the ICRC Special Fund for the Disabled in their respective countries.

Developing local capacities

In Colombia, the ICRC conducted 10 short–term training courses for P&O technicians with the participation of 70 individuals from different institutions.

In Colombia, the ICRC conducted training courses for 20 participants from 18 universities offering physiotherapists training in the management of lower-limb amputees.

Promoting the long-term functioning of services

In Colombia, 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. As member of a working group to adapt Resolution 1319, the ICRC also participated in 14 meetings chaired by the Ministry of Health. At centre level, activities included managerial assistance, translation, the introduction of management tools and the establishment of price lists for services.

In **Colombia**, the ICRC continued to work with eight institutions throughout the country. The principal partners are the University Hospital del Valle and Ortopédica Americana in Cali and the Centro de Rehabilitación Cardioneuromuscular in Cúcuta. Additionally, the ICRC provided material support for the Centro Integral de Rehabilitación de Colombia (CIREC) in Bogotá and for the Fundación REI para la Rehabilitación Integral in Cartagena. Finally, the ICRC provided material support and maintained close contact with several P&O training institutions, the SENA (Servicio Nacional de Aprendizaje) in Bogota (ISPO Cat. II level), the Don Bosco Centre in Bogota (ISPO Cat. III training) and the TIMDO (Instituto de Técnicas Integradas Multiples de Occidente) in Cali. In addition, the ICRC continued to work closely with the Directorate of Social Welfare of the Ministry of Health, which dealt with 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, with 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 that migrants have access to services, the project in Guatemala provided support for mine survivors to enable them to access services.

In **Mexico**, 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 addition, in 2012 the ICRC signed an agreement with the National Rehabilitation Institute (INR) in Mexico City, regarding the provision of physical rehabilitation services for migrant amputees.

In **Guatemala**, the ICRC continued to support the Centro de Atencion a Discapacitados del Ejército de Guatemala (CADEG), the Hospital Infantil de Infectologia y Rehabilitación (HIIR) and a private service provider, CLOR S.A. Through donations by the ICRC, all those centres were equipped, when needed, with specific tools to ensure that migrants, mine survivors and other victims of urban violence had access to appropriate physical rehabilitation.

COLOMBIA

National partners	
Ministry of Social Protection, Local NGOs (CIREC in Bogota, Foundation REI in Cartagena), Private providers (Ortopédica Americana in Cali), government institutions (Centro de Rehabilitación Cardioneuromuscular in Cúcuta, Hospital Universidario del Valle in Cali)	
Location of projects	
Bogotá, Cali (2), Cartagena, Cúcuta	
Patient services in 2012	
Patients attending the centres	30,415
New patients fitted with prostheses	294
New patients fitted with orthoses	2,096
Prostheses	625
Orthoses	3,691
Wheelchairs	52
Crutches (pairs)	26
Number of patients receiving physiotherapy services	5,666
Beginning of assistance: 2006	

The ICRC continued to work with eight institutions throughout the country. The principal partners are the University Hospital del Valle and Ortopédica Americana in Cali and the Centro de Rehabilitación Cardioneuromuscular in Cúcuta. Additionally, the ICRC provided material support for the Centro Integral de Rehabilitación de Colombia (CIREC) in Bogotá and the Fundación REI para la Rehabilitación Integral in Cartagena. Finally, the ICRC provided material support and maintained close contact with several P&O training institutions, the SENA (Servicio Nacional de Aprendizaje) in Bogota (ISPO Cat. II level), the Don Bosco Centre in Bogota (ISPO Cat. III training) and the TIMDO (Instituto de Técnicas Integradas Multiples de Occidente) in Cali. In addition, the ICRC continued to work closely with the Directorate of Social Welfare of the Ministry of Health, which dealt with physical rehabilitation services.

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 Society. 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 (private firms, local NGOs, and public and private hospitals) and training institutions (public and private facilities). Each of these service providers and training institutions was approached and supported in an individual manner.

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 2010 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 has five years in which to fulfil the criteria established in Resolution 1319 (concerning good practices for the manufacture and adaptation of prostheses and orthoses). Resolution 1319 was developed by the authorities, with the support of the ICRC and other national and international organizations/institutions, 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. Nevertheless, during 2012, the Ministry of Health organized several working groups to adapt Resolution 1319, especially to allow more time for the service providers to fulfil the criteria. The working groups, which include the ICRC, are still in the process of amending Resolution 1319.

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 in the national health insurance system, such people (particularly victims of conflict) were given financial assistance for transport and accommodation by the ICRC as such costs were not covered by government programmes and some of the victims did not have the financial means to pay for the services. In 2012 the ICRC increased persuasion and mobilization activities and more and more victims were included in the national health insurance system and in FOSYGA. In 2012 only 49 new victims (compared with 77 new victims in 2011) 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 2012, through donations of machinery, tools, equipment and materials, as well as technical and managerial assistance and on-the-job and mentoring, the ICRC in Colombia contributed to improving access to physical rehabilitation for 30,415 people with disabilities, who received various services from the network of assisted centres. The services included the provision of 625 prostheses (15.5% for victims of explosive devices), 3,691 orthoses (0.2% for victims of explosive devices), 52 wheelchairs and 26 pairs of crutches and the provision of physiotherapy services for 5,666 people. Children represented 15% and women 43% of all beneficiaries. Of the beneficiaries, 105 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 that they had access to services.

Throughout the year, the quality of services was enhanced through various activities supported by the ICRC. To increase the quality of physical rehabilitation services countrywide, the ICRC provided 10 short-term training courses for P&O technicians with the participation of 70 individuals from different institutions (private, governmental and NGO service providers, the SENA and the military hospital). Three training courses were conducted for 20 participants from 18 universities offering training for physiotherapists in the management of lower-limb amputees. In order to ensure long-term impact, the ICRC-developed training course for physiotherapists will be included in the syllabus for physiotherapists at the different universities. In addition, 20 P&O students from the SENA were given an introductory course in physiotherapy.

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, Centro Don Bosco and TIMDO). As a member of a working group set up to amend Resolution 1319 from 2010 (concerning good practices for the manufacture and adaptation of prostheses and orthoses), the physical rehabilitation team participated in 14 meetings chaired by the Ministry of Health. At centre level, activities included managerial assistance, translation, the introduction of management tools and the establishment of price lists for services.

In 2013 the ICRC intends to:

- continue working with the Norwegian Red Cross Society 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;
- enhance quality through ongoing support by ICRC specialists, by conducting short courses, by promoting a multidisciplinary approach and by continuing to support and to maintain close contact with training institutions (SENA, TIMDO, etc.); 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.

GUATEMALA

National partners	
Centro de Atención a Discapacitados del Ejercito de Guatemala (CADEG), Hospital Infantil de Infectologia y Rehabilitación (HIIR), CLOR S.A.	
Location of projects	
Guatemala City	
Patient services in 2012	
Patients receiving services with support from the ICRC	72
Prostheses	62
Orthoses	10
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, with 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 that migrants have access to services, the project in Guatemala provided support for mine survivors to access services.

The ICRC continued to support the Centro de Atención a Discapacitados del Ejército de Guatemala (CADEG), the Hospital Infantil de Infectologia y Rehabilitación (HIIR) and a private service provider, CLOR S.A. Through donations by the ICRC, all those centres were equipped, when needed, with specific tools to ensure that migrants, mine survivors and other victims of urban violence had access to appropriate physical rehabilitation.

In 2012 migrants, mine survivors and other victims of urban violence were provided with 62 prostheses and 10 orthoses by the cooperating service providers with the support of the ICRC (cost of treatment, transport and accommodation). 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.

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 2013 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 partners	
Orthimex, National Rehabilitation Institute	
Location of projects	
Mexico City, Tapachula	
Patient services in 2012	
Patients referred by the ICRC	13
Prostheses	15
Crutches (pairs)	2
Wheelchairs	1
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, with little chance of gaining access to physical rehabilitation. The strategy and approach employed in Mexico complement those implemented in El Salvador, Guatemala, 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 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 2012, with financial support from the ICRC, 13 beneficiaries (12 men and 1 woman) received services (15 prostheses) at the Orthimex Prosthetics and Orthotics Centre. In addition, in 2012 the ICRC signed an agreement with the National Rehabilitation Institute (INR) in Mexico City regarding the provision of physical rehabilitation services for migrant amputees.

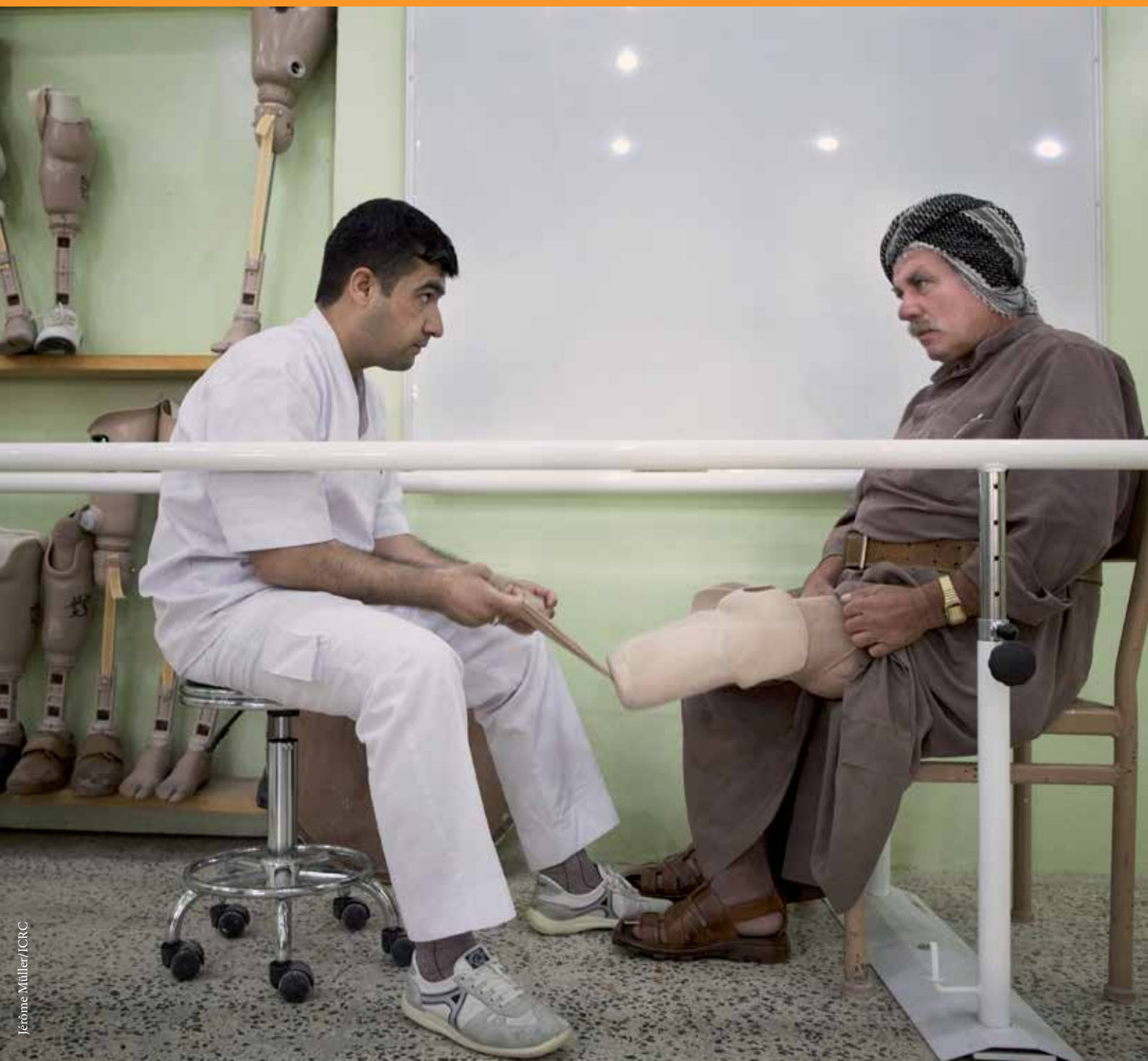
In addition to ensuring access to physical rehabilitation services for 13 people in Mexico and 72 in Guatemala (see Guatemala section), the ICRC covered the cost of treatment for 77 migrants (73 men and 4 women) who have since returned to Honduras and who received services (76 prostheses) at centres (3) assisted by the ICRC Special Fund for the Disabled. It also covered the cost of treatment for 1 Salvadorian (1 prostheses) and for 2 Nicaraguan (3 prostheses) migrants who have since returned to their respective countries; they were given treatment at centres 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 2013 the ICRC intends to:

- continue to support Orthimex and the INR 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 treatments for the migrants;
- continue to cover the cost of treatment provided by ICRC-assisted centres for migrants who have returned to El Salvador, Honduras and Nicaragua; and
- provide ongoing support and mentoring by ICRC specialists.

4.4 – NEAR AND MIDDLE EAST



Jérôme Müller/ICRC

ICRC SUPPORT IN THE NEAR AND MIDDLE EAST AT A GLANCE

The ICRC supported 18 projects in 2 countries and 1 territory: Gaza (1), Iraq (13) and Yemen (4).

- In Gaza, the ICRC began working in cooperation with the Kamal Odwan and Al Najar hospitals.
- In Iraq, the construction of the Nassiriya Physical Rehabilitation Centre was completed.
- In Yemen, implementation of the planned activities was hampered by the prevailing security situation.

Services provided	
Patients	74,091
New patients fitted with prostheses	1,726
New patients fitted with orthoses	20,042
Prostheses supplied	4,703
Orthoses supplied	34,406
Wheelchairs distributed	290
Walking aids distributed (pairs)	1,284
Patients receiving appropriate physiotherapy services	30,866

Children represented 32% and women 19% of the beneficiaries.

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

Developing local capacities

A total of 17 candidates, four of whom were women from Yemen, were sponsored to attend P&O courses at different training institutions, with the aim of increasing access to services for women on their return.

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 provided managerial support for the Board of Directors of the assisted centre.

In Iraq, the ICRC actively participated in meetings of the Higher Committee for Physical Rehabilitation, conducted, in close cooperation with the Ministry of Health (MoH), an assessment of all assisted centres and organized, in close cooperation with the MoH and the MoH/IKR, a two-day national workshop. Several issues were discussed at the national workshop, including the link between national policies and strategies and physical rehabilitation.

In Yemen, the ICRC continued working closely with national institutions and with the management of the assisted centres to promote the long-term functioning of services.

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 aim being to ensure access to physical rehabilitation in the Gaza Strip (support for the ALPC). In addition, the ICRC continued to provide assistance for the Ministry of Health with the aim of implementing post-surgical rehabilitation focusing on physiotherapy support for Ministry of Health hospitals so as to reduce the possibility of disability occurring during hospitalization. The post-surgical physiotherapy projects were established to ensure the availability of post-surgical rehabilitation at different hospitals through the provision of on-the-job training and mentoring as well as to ensure the reorganization of the in-patient physiotherapy department.

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, the Sadr Al Qanat P&O Centre, the Baghdad Centre and the 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 to strengthen the physical rehabilitation sector in Iraq.

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. For security reasons, no activities were implemented in Sa'ada, although plans were made to start the construction of a new centre. In addition, the implementation of activities during the year was slowed down for security reasons.

GAZA

National partners	
Artificial Limb and Polio Centre (ALPC), Ministry of Health	
Location of project	
Gaza	
Patient services in 2012	
Patients attending the centre	2,890
New patients fitted with prostheses	62
New patients fitted with orthoses	326
Prostheses	106
Orthoses	367
Wheelchairs	27
Crutches (pairs)	82
Number of patients receiving physiotherapy services	587
Beginning of assistance: 2007	

In 2012 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 aim being to ensure access to physical rehabilitation in the Gaza Strip. In addition, the ICRC continued to provide assistance for the Ministry of Health with the aim of implementing post-surgical rehabilitation focusing on physiotherapy in six hospitals so as to reduce possible complications leading to disability during hospitalization. The post-surgical physiotherapy projects were established to ensure the availability of post-surgical rehabilitation at different hospitals through the provision of on-the-job training and mentoring as well as to ensure the reorganization of the in-patient physiotherapy department.

The total number of people with disabilities in the Gaza Strip is not known. A survey of the disabled population of Gaza, conducted by the Qatari Red Crescent is to be published soon; 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. The Ministry of Health continued to be responsible for the rehabilitation sector in the Gaza Strip; the Physical Rehabilitation Unit (PRU) and the International Coordination Department (ICD) coordinated the activities of the various organizations working in the field of physical rehabilitation in the Gaza Strip. Other organizations were also involved in the rehabilitation sector with projects ranging from psychosocial issues, CP children education, CBR, advocacy, training of OTs/PTs/social workers and microfinance.

The ICRC conducted several activities to improve accessibility, including the donation of material and components needed to produce P&O devices, the donation of wheelchairs and the provision of financial support for some people with disabilities to cover the cost of transport (8). In 2012, 2,890 people with disabilities received various services at the ALPC. The services included the provision of 106 prostheses, 367 orthoses, 27 wheelchairs and 82 pairs of crutches and the provision of physiotherapy treatment for 587 people. Children represented 55% and women 11% of all beneficiaries.

The ICRC post-surgical physiotherapy project continued and the ICRC started to work with the Kamal Odwan and Al Najar hospitals. A total of 15 training sessions were held, covering subjects such as dissemination, neck of femur fractures, diabetic foot, amputation, post-surgical protocols, etc. The ICRC post-surgical physiotherapy project implemented in the six major hospitals in the Gaza Strip gained positive feedback from the Ministry of Health and will be completed in the first quarter of 2013.

ICRC specialists (ortho-prosthetist and physiotherapist) continued to provide on-the-job training and mentoring for Palestinian P&O technicians, bench workers and physiotherapists. The three graduates who returned after graduating in 2011 from Mobility India in Bangalore participated in an internship to ensure compliance with the local protocols of the Ministry of Higher Education and the Ministry of Health. Two graduates returned to the Gaza Strip at the end of 2012. With regard to service quality, a multidisciplinary approach to patient management is now in place. Service users are evaluated by an orthopaedic surgeon, a P&O professional and a physiotherapist before their rehabilitation schedule is established. This approach focuses on establishing a close cooperation between P&O technicians and physiotherapists during gait training in order to ensure a good, professional service in terms of fitting and training.

Two of the five graduates have completed a one-year internship with an examination and a log book. This has been presented to the Ministry of Higher education to further promote the profession of P&O. It should then ensure that they are given a licence to practice in Gaza for the foreseeable future. In the future this initiative will include the other three graduates so that the ALPC will be the only facility that has internationally and nationally recognized P&O technologists.

The ICRC continued to provide managerial support for the ALPC directorate to promote the long-term functioning and availability of services.

In 2013 the ICRC intends to:

- ensure that those in need have access to physical rehabilitation by continuing to support the ALPC through donations of materials, components, and assistive devices;
- improve quality by continuous mentoring provided by ICRC specialists and by conducting technical refresher courses where applicable; and
- promote the long-term functioning of services by providing managerial support (with the introduction of an external consultant) for the Board of Ddirectors of the ALPC, by sponsoring people for relevant local managerial training and by lobbying for professional recognition for P&O professionals and promotion of the ALPC among the population of Gaza.

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), Basra, Erbil, Fallujah, Hilla, Najaf, Nassirya, Tikrit	
Patient services in 2012	
Patients attending the centres	33,472
New patients fitted with prostheses	1,134
New patients fitted with orthoses	8,388
Prostheses	3,927
Orthoses	14,213
Wheelchairs	197
Crutches (pairs)	425
Beginning of assistance: 1993	

In 2012 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, the Sadr Al Qanat P&O Centre, the Baghdad Centre and the 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 Physiotherapy School) 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 to strengthen the physical rehabilitation sector in Iraq.

The physical rehabilitation sector remained mainly under the responsibility of the Ministry of Health (MoH), although the Ministry of Environment also had a victim-assistance component, in line with its formal responsibility for all matters relating to ERW, and the Ministry of Defence ran a physical rehabilitation centre in Baghdad. The Higher Committee for Physical Rehabilitation and Prosthetics and Orthotics (HCPRPO), 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 (KRG). In this region, and with the support of the ICRC, the same type of committee was established. Apart from the country's Kurdish region, physical rehabilitation services were provided through a network of centres run by the Ministry of Health (15), the Ministry of Defence (1), the Ministry of Higher Education (MoHE) (1) the Iraqi Red Crescent Society in Mosul and some private service providers. In Kurdistan, eight rehabilitation centres were functioning; five 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 years of conflict in Iraq and the ongoing turmoil there, together with the still weak public health-care system, have resulted in an ever growing number of people with disabilities. Unfortunately, there was still no way to pinpoint that number with certainty. In January 2012 the Republic of Iraq ratified the United Nations Convention on the Rights of Persons with Disabilities and acceded to the Mine Ban Convention in 2007, becoming a State Party in 2008. Iraq is among the 28 States party to the Convention on the Prohibition of Anti-Personnel Mines that have acknowledged their responsibility for landmine survivors. Iraq is heavily contaminated by landmines and ERW; according to the *Landmine Monitor Report 2012*, the total number of landmine/ERW survivors is estimated at 48,000–68,000. In Iraqi Kurdistan 8,500 survivors were identified.

Although the Ministry of Health offers free accommodation in the general hospitals and the ICRC supports the most vulnerable with transport costs, access remains difficult for people living in remote locations for several reasons including the cost of transport, the difficulties involved in travelling from their home to the centre and the lack of information regarding available services. In addition, owing to the lack of qualified P&O professionals, all centres outside Baghdad have waiting lists of one to three months. Throughout the year, the ICRC implemented several activities to increase accessibility to services; they included lobbying for an intake of students outside Baghdad to ensure the availability of professionals, donating raw materials and components to all assisted centres and covering the cost of transport. 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. In 2012, 33,472 people benefited from various services at centres assisted by the ICRC (an increase of 8% on 2011). The services included the provision of 3,927 prostheses (29% for mine survivors), 14,213 orthoses (0.1% for mine survivors), 197 wheelchairs and 425 pairs of crutches and the provision of physiotherapy treatment for 7,636 people. Children represented 28% and women 24% of all beneficiaries. Meanwhile, the ICRC's micro-economic initiative programme enabled beneficiaries at the Erbil and Baghdad centres to set up income-generating schemes.

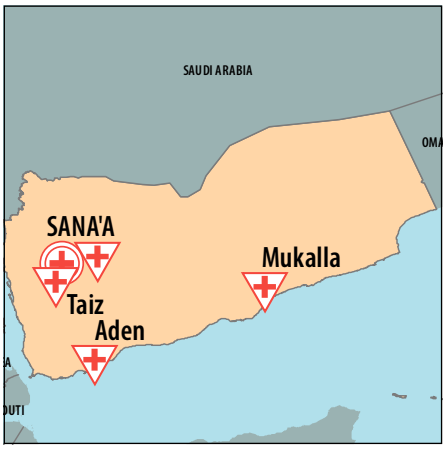
Apart from ongoing mentoring and support by ICRC specialists (ortho-prosthetists and physiotherapists), several activities were undertaken to enhance the quality of the services. At the ICRC-managed centre in Erbil several short training courses were organized, including management courses which were attended by members of the directorate at four centres, practical training in prosthetics for a total of 31 physiotherapy students, internships for 30 recent graduate physiotherapists, prosthetic training for four physiotherapy teachers and a wheelchair assembly training course. In addition, the ICRC continued to provide a total of three scholarships in order to increase the number of qualified P&O technicians working at the different centres. 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 worked closely with ministries involved in rehabilitation, actively participated in meetings of the HCPRPO and the Higher Committee for Physiotherapy, conducted, in close cooperation with the Ministry of Health, an assessment of all supported centres and organized, in close cooperation with the MoH and the MoH/IKR, a two-day national workshop. Several issues were discussed during the national workshop, including the link between national policies and strategies and 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 2013 the ICRC intends to:

- facilitate access to services by donating raw materials, components, tools and physiotherapy equipment not available locally, by continuing to cover the cost of transport for destitute beneficiaries living in remote areas, by improving dissemination among local entities and authorities of information on services available for people with disabilities, by continuing to manage the ICRC's microeconomic initiative programme enabling several beneficiaries from Baghdad, the South and Erbil 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 ICRC-assisted centres with the aid of ICRC specialists, by organizing training in management, in physiotherapy and in P&O, by continuing to provide scholarships for those enrolled in P&O courses, by improving the teaching environment by 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 at all centres and by working with the HCPRPO to continue developing and implementing meaningful quality controls tools and treatment protocols;
- promote the long-term functioning of services by assisting and strengthening the HCPRPO in the Ministry of Health of Iraq and in the Ministry of Health of the Iraqi Kurdistan Region (IKR) as well the Higher Committee for Physiotherapy to develop a comprehensive national rehabilitation strategy; and
- support the MoHE of Iraq to upgrade the education in prosthetic and orthotics as well in physiotherapy and advise the MoHE/IKR to re-open a P&O school and to upgrade its physiotherapy education.

YEMEN



National partners	
Ministry of Public Health and Population, Ministry of Labour and Social Affairs, Rehabilitation Fund, Care for Handicapped Persons	
Location of projects	
Aden, Mukalla, Sana'a, Taiz	
Patient services in 2012	
Patients attending the centres	37,729
New patients fitted with prostheses	530
New patients fitted with orthoses	11,328
Prostheses	670
Orthoses	19,826
Wheelchairs	66
Crutches (pairs)	777
Number of patients receiving physiotherapy services	22,643
Beginning of assistance: 2002	

In 2012 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. For security reasons, no activities were implemented in Sa'ada, although plans were made to start the construction of a new centre. In addition, the implementation of activities during the year was slowed down for security reasons.

The Ministry of Public Health and Population continued to be the main institution in charge of rehabilitation. The physical rehabilitation sector consisted of four physical rehabilitation centres (all assisted by the ICRC), two training institutions for physiotherapists, a network of government 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 but only for those who collect the payment in Sana'a.

The Republic of Yemen ratified the United Nations Convention on the Rights of Persons with Disabilities in 2009 and is a State party to the Convention on the Prohibition of Anti-Personnel Mines. Yemen is among the 28 States party to the Convention on the Prohibition of Anti-Personnel Mines that have acknowledged their responsibility for landmine survivors. During the year, close contact was maintained with the Yemen Mine Action Centre (YEMAC) in order to address the needs of survivors. 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 2012 the ICRC promoted the accessibility of services by donating raw materials and components to all assisted centres. In 2012 more than 37,700 people benefited from various services at ICRC-assisted centres, representing an increase of approximately 50% on 2011. The services included the production of 670 prostheses (12% for mine survivors) and 19,826 orthoses (1.6% for mine survivors), the provision of 66 wheelchairs and 777 pairs of crutches and the provision of physiotherapy treatment for 22,643 people. Children represented 34% and women 25% of the 37,786 people benefiting from services.

The quality of the services provided at the Aden, Mukalla and Taiz centres was maintained through continued support from ICRC ortho-prosthetists and physiotherapists, who provided on-the-job training and monitoring. In 2012 the ICRC provided scholarships for eight people so that they could be given formal P&O training at Mobility India in Bangalore; four of them were women, the aim being to increase access to services for women on their return.

The ICRC continued working closely with national institutions and with the management of the assisted centres to promote the long-term functioning of services.

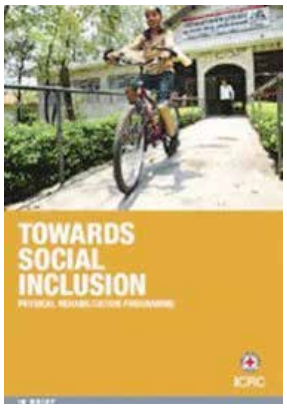
In 2013 the ICRC intends to:

- 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 Taiz and Mukalla centres, by providing financial assistance for the construction of a new centre in Sa'ada, by introducing a microeconomic initiative and by providing scholarships for five women, if identified by authorities, to be given formal training in prosthetic and orthotic science;
- enhance the quality of services through regular support for all centres by ICRC ortho-prosthetists and physiotherapists, by continuing to sponsor trainees (8) at Mobility India and by providing additional scholarships to enable candidates to attend P&O training at the same institution; and
- promote the long-term functioning of services by continuing to provide support for the Ministry of Public Health and Population and for centre directorates, by facilitating better coordination between interested parties through periodic meetings and networking, and by introducing a computerized ICRC-developed centre management tool (Patient Management System).

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.

ICRC

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