



# SUPPORT FOR LIFE

PHYSICAL REHABILITATION PROGRAMME

Annual Report 2004



ICRC



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## Summary

At the 11th World Congress of the International Society for Prosthetics and Orthotics (ISPO), held in Hong Kong in August 2004, the International Committee of the Red Cross (ICRC) was awarded the Brian Blatchford Prize. The ICRC received the prize “in recognition of its innovative achievements, particularly in the design and development of the polypropylene prosthetic system, which over the years has become a standard for appropriate and low cost prosthetic services in developing countries”.

In 2004, the ICRC's Physical Rehabilitation Programme supported 69 projects in 25 countries. This assistance made possible the delivery of 38,705 orthopaedic appliances (17,811 prostheses and 20,894 orthoses), 16,165.5 pairs of crutches and 1,675 wheelchairs. Most patients fitted with prostheses or orthoses also underwent physiotherapy to accustom them to the devices. Of the total number of prostheses produced by ICRC-assisted centres, 56% were for mine victims.

During the year, the ICRC initiated three new national programmes – in India, Nepal and Pakistan – and one new project within the existing national programme in the Democratic Republic of the Congo (DRC). It handed over two programmes – Namibia and Zambia – to national partners and ceased assistance to seven physical rehabilitation centres – one in the DRC, three in Ethiopia, two in Lebanon and one in the Russian Federation.

The ICRC ran 14 national programmes (42 projects) with the full-time presence of an expatriate specialist. For the remaining 11 national programmes (27 projects) - Algeria, Azerbaijan, Chad, the Democratic Republic of Congo, Georgia, Iraq, Namibia, Nepal, Lebanon, Russia and Syria – it provided technical monitoring through regular short visits by ICRC specialists.

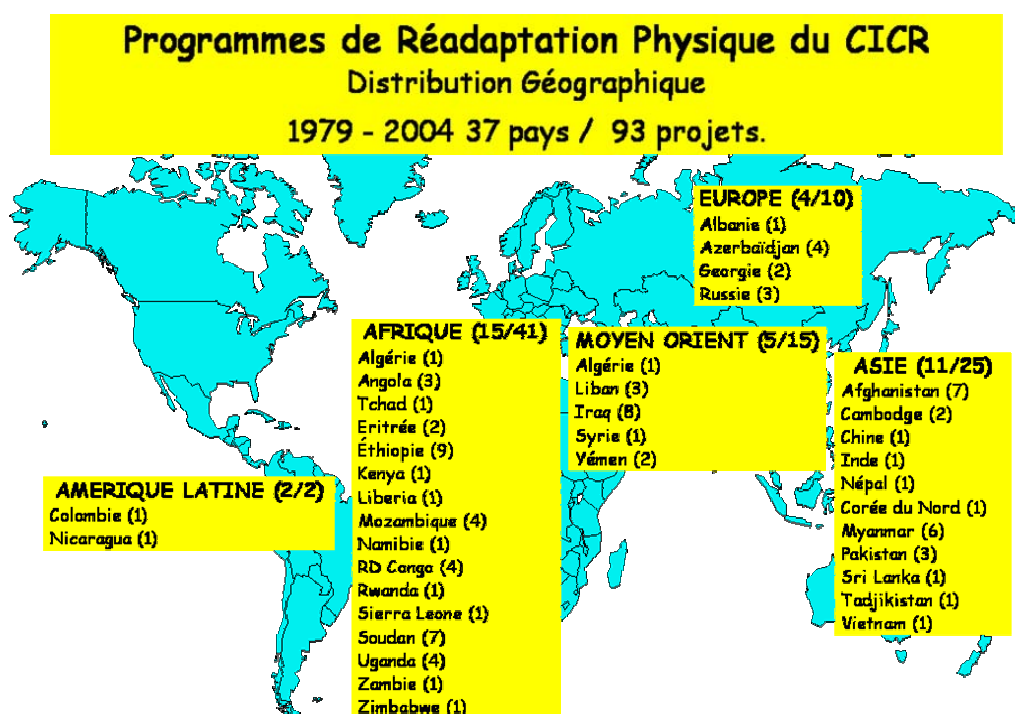
The ICRC subsidized the formal training in prosthetics and orthotics of 27 technicians from 8 countries and organized physiotherapy refresher courses in Afghanistan, Angola, Azerbaijan, Cambodia, Georgia, the Democratic People's Republic of Korea (DPRK), Myanmar and Zambia. Formal and upgrading training in prosthetics and orthotics continued in Afghanistan, Ethiopia and Sudan and was completed in the Russian Federation.

During the year, headquarters staff or regional specialists carried out 21 assessment/support missions to projects in Afghanistan, Azerbaijan, Cambodia, Chad, China, the Democratic Republic of the Congo, the Democratic People's Republic of Korea, Ethiopia, Georgia, Lebanon, Namibia, Pakistan, Russia, Sudan, Syria, Yemen and Zambia.

## 1 Introduction

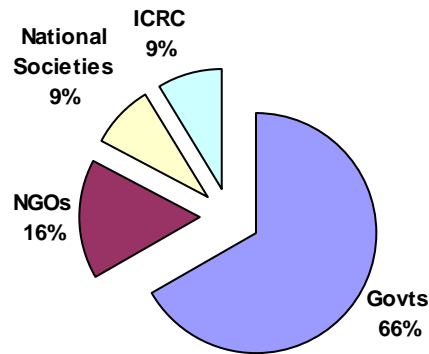
The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of the victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC's strategy is based on a combination of five modes of action: persuasion, mobilization, denunciation, support and substitution/direct provision of services. Persuasion and mobilization are the ICRC's preferred modes of action when seeking to stop or prevent violations of international humanitarian law (IHL) or to make the authorities aware of their responsibility to provide for the safety, well-being and dignity of conflict-affected populations. Denunciation is reserved for exceptional cases, when all other avenues have proved fruitless. The ICRC only resorts to support to or substitution/direct provision of services when the authorities are unable to meet the essential needs of the population themselves. In line with this strategy, the ICRC frequently provides assistance to promote the accessibility of physical rehabilitation services in countries in the throes of a conflict or in its aftermath.

Although the ICRC had earlier undertaken isolated physical rehabilitation projects, it was in 1979 that it set up a dedicated unit within its organizational structure and initiated its first two full-scale projects – in Ethiopia (Debre Zeit) and Angola (Huambo). Since then, the ICRC has assisted 93 physical rehabilitation projects in 37 countries. In 2004, it assisted 69 such projects in 25 countries (see Annex 1).



Over the years, the average number of expatriates employed within each project has fallen from seven to one. This trend can be explained by the ICRC's greater experience in this field, more emphasis on the training of national staff and the development of several project implementation and management tools. A growing number of projects (27 in 2004) are now supported without the permanent presence of an expatriate specialist.

Projects are implemented primarily in cooperation with the State authorities (62 projects since 1979), as physical rehabilitation is usually part of the national health/social welfare system. Other implementing partners include local non-governmental organizations (NGOs) (15 projects) and National Red Cross and Red Crescent Societies (8 projects). In only two countries (Afghanistan and Kenya) does the ICRC manage centres without national partners.

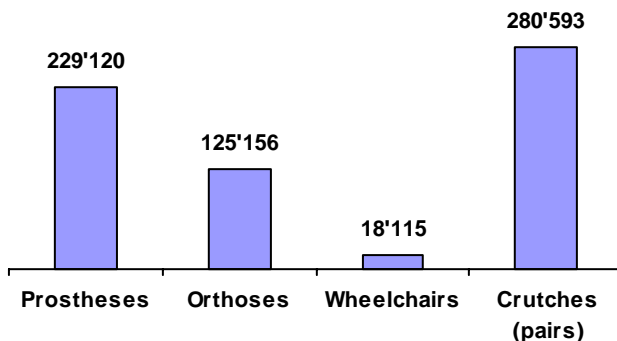


At the 11th World Congress of the International Society for Prosthetics and Orthotics (ISPO), the ICRC was awarded the Brian Blatchford Prize. The ICRC received the prize in recognition of its efforts over the past 25 years to assist the war-disabled and other physically disabled people, in particular by designing and developing the polypropylene prosthetic system as an alternative to other, more costly technologies. The absence of affordable imported orthopaedic components led the ICRC to develop its own prosthetic components. It did this first by using locally available materials, then in 1990 by using thermoplastics as the main basic material. The polypropylene prosthetic system initially consisted of a series of parts for lower-limb prostheses: SACH feet, single-axis knees and intermediary parts for adjusting height and alignment. Upper-limb components were developed later on. From the outset, the ICRC has striven to improve the system by modifying the design of some parts or by developing new parts. The ICRC-developed polypropylene technology is now widely used, not only by the ICRC but also by most NGOs working in the physical rehabilitation field.

The primary goal of the ICRC's Physical Rehabilitation Programme is to help disabled people affected by conflict or violence to reintegrate into society, socially and economically, both during the period of ICRC assistance and afterwards. While physical rehabilitation alone will not ensure full reintegration, it is an important component of the process, as the assistive devices and physiotherapy patients receive enable them to overcome the difficulties linked to their incapacity. In pursuit of this goal, the programme aims to increase the accessibility of rehabilitation services, improve the quality of such services and ensure their long-term sustainability, since disabilities are permanent and the beneficiaries of these services will have need of them for the rest of their lives.

Typically, ICRC assistance takes three forms: **technical** (e.g. development of patient-management guidelines and polypropylene prosthetic technology); **educational** (e.g. provision and funding of professional training) and **financial** (e.g. funding of capital investment and the costs of imported materials). The three types of assistance may be provided simultaneously or separately according to the needs of each project.

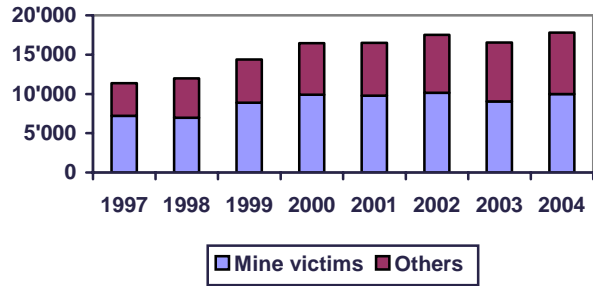
Services delivered 1979 - 2004



Since 1979, more than 225,000 individuals have benefited from physical rehabilitation services with the assistance of ICRC.

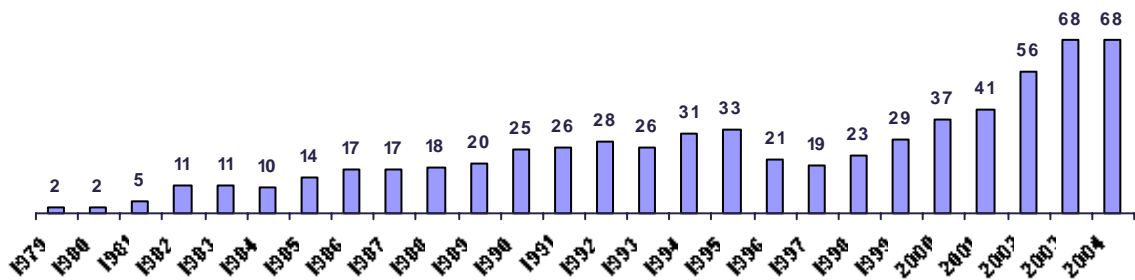
Of the 124,278 prostheses fitted, 71,890 (58%) were for mine victims.

**Proportion of Prostheses Produced for Mine Victims among Total Prostheses**



The broad scope and reach of its assistance programme for people with conflict-related disabilities and its contribution to technological advances in the field of prosthetics and orthotics have made the ICRC a leading player in the provision of physical rehabilitation services for war victims worldwide.

**Number of ICRC-assisted Projects**





## 2 Achievements in 2004

In 2004, the ICRC Physical Rehabilitation Programme supported 69 projects in 25 countries. This assistance made possible the provision of 38,705 orthopaedic appliances (17,811 prostheses and 20,894 orthoses), 16,165.5 pairs of crutches and 1,675 wheelchairs. Most patients also received physiotherapy to accustom them to the devices.

### 2.1 Programmes activities

Of the 69 projects assisted, 67 were physical rehabilitation centres and 2 were orthopaedic component factories. The number of projects assisted within each national programme ranged from one to eight (see table).

ICRC Physical Rehabilitation Programme	
Number of Projects	Programme
8	Ethiopia, Iraq
7	Sudan, Afghanistan
6	Myanmar
4	Democratic Republic of Congo
3	Angola, Azerbaijan, Lebanon
2	Cambodia, Georgia, Yemen, Russian Federation
1	Algeria, Chad, China, Democratic People's Republic of Korea, India, Kenya, Namibia, Nepal, Pakistan, Syria, Tajikistan and Zambia

Although the decision was taken in 1998 to centralize the manufacture of orthopaedic components in Switzerland, the ICRC continues to support two factories, one in Kabul (Afghanistan) and one in Phnom Penh (Cambodia). The reason for maintaining these two factories was primarily the quality and scale of production. In both cases, the factory serves as the only national production unit for orthopaedic components. In Cambodia, the components thus produced are used in the manufacture of some 10,000 orthopaedic appliances nationwide, while in Afghanistan they are used to make more than 15,000 orthopaedic appliances.

### New programmes / projects

In 2004, three national programmes were initiated – in India, Nepal and Pakistan. In India, the programme is implemented in collaboration with the Indian Red Cross Society and concerns one project in Jammu (J&K State). The first patient was fitted in October 2004. In Nepal, the programme is implemented in collaboration with the Green Pasture Hospital (patient services) and the Nepal Red Cross Society (patient identification). Again, this programme concerns one project, located in Pokhara. The first patient was fitted in May. In Pakistan, the ICRC signed a cooperation agreement with the Christian Hospital in Quetta to assist the Balochistan Community Rehabilitation Project. The aim of this programme is to ensure that amputees and other disabled people in conflict-affected areas and refugee camps have access to adequate physical rehabilitation services.

Only one new project was initiated within an existing national programme in 2004. In this case, the ICRC concluded a patient services support (PSS)<sup>1</sup> contract with the Centre de Rééducation pour Handicapé Physique in Kinshasa (DRC).

<sup>1</sup> The PSS strategy was developed in 2000 to facilitate access of the physically disabled to rehabilitation services by reimbursing the cost of their treatment.

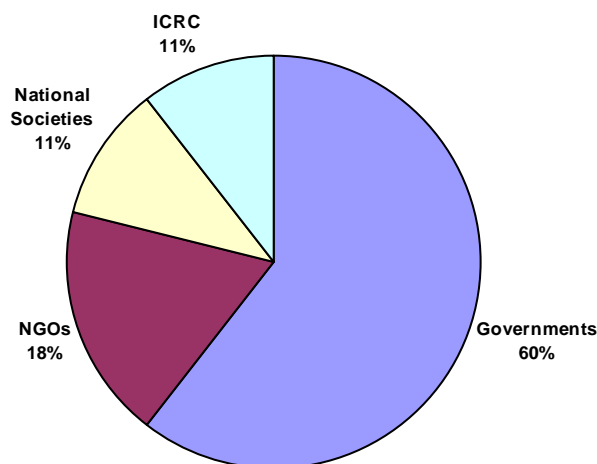
### Programmes/projects handed over

At the end of 2004, the ICRC handed over its programmes in Namibia and Zambia to national partners – in Namibia and Zambia. In 2005, the SFD will continue to support these programmes.

The ICRC also ceased assistance to seven physical rehabilitation centres at the end of 2004: three in Ethiopia (Alert, Tibeb/Micili Land and Cheshire Home owing to programme reorientation), one in the Russian Federation (Sochi, owing to the completion of the training programme), one in the DRC (Lubumbashi, owing to the closure of the centre) and two in Lebanon (Beit Chabab and Tripoli, owing to programme reorientation). Other projects within these national programmes will continue.

### Implementing partners

Of the 69 projects assisted by the ICRC in 2004, 41 were implemented in collaboration with the State authorities, as physical rehabilitation is usually part of the national health/social welfare system. Other partners included the National Red Cross or Red Crescent Society (7 projects) and NGOs (13 projects). The ICRC runs its own projects in Afghanistan (7) and in Kenya (1).



## 2.2 Technical issues

### Prosthetics and orthotics

Field satisfaction with the quantity and quality of prosthetic/orthotic components produced by CR Equipements (CRE) was monitored throughout the year through systematic feedback from the assisted centres and through external evaluations conducted by ISPO (in Cambodia, Tanzania and Singapore). The results of the evaluations revealed some weaknesses in the life span of the CRE SACH foot in Cambodia, where exposure to humidity was high for polyurethane, while the outcome of the field-testing of the trans-femoral prosthesis in Tanzania was favourable. Continued cooperation with external laboratories and institutes helped to optimize and improve the quality of prosthetic feet.

During the year, nine manuals for different types of orthopaedic devices, using the polypropylene technology, were revised. The manuals give 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. An additional manual was produced explaining the use of the alignment jig used in the manufacture of lower-limb prostheses.

The ICRC Technical Commission, which includes personnel from the field, met in Geneva in October. During the meeting, members of the commission endorsed the technical manuals, defined protocols for an internal field-test of the new prosthetic foot and of different welding techniques and addressed other technical issues.

## Physiotherapy

The Physiotherapy Working Group met in June 2004 to define patient-management guidelines for people with lower-limb amputations, lower-limb fractures or club foot. It also drew up a profile for the occupation of physiotherapy assistant. These were helpful in determining the content of physiotherapy refresher courses.

An evaluation of short physiotherapy refresher courses was carried out in Hpa-An (Myanmar). The students were assessed by an external physiotherapist before and after they followed a three-month course. The strengths outweighed the inherent weaknesses of short lecture courses; advance planning of short courses over a longer period, e.g. three years, was recommended, however.

The University of Don Bosco in El Salvador and the ICRC began joint production of an instructional DVD on post-prosthetic gait training for amputees with a lower-limb amputation. The DVD, which is based on an internal ICRC teaching document, is aimed at people involved in providing gait training for amputees, but who have limited prior training. It is expected to be finalized in 2005.

### 2.3 Training activities

In addition to on-the-job training, carried out in all ICRC-assisted physical rehabilitation centres, in some countries the ICRC subsidized or provided other types of training.

#### Subsidized training

In 2004, 27 students completed, continued or started formal prosthetic and orthotic training paid for by the ICRC.

Training subsidized by the ICRC				
Programme	No. of Students	School	Year	Diploma
Angola	2	TATCOT*	2003 - 2004	LLO Certificate
	2	TATCOT	2004 - 2005	LLO Certificate
China	2	CHICOT**	2003 - 2006	P&O Diploma
	2	CHICOT	2004 - 2007	P&O Diploma
Ethiopia	2	TATCOT	2001 - 2004	ISPO Cat. II
	1	TATCOT	2003 - 2004	Wheelchair Technology
	2	TATCOT	2002 - 2005	ISPO Cat. II
	2	TATCOT	2004 - 2007	ISPO Cat. II
India	1	Mobility India	2004 - 2005	LLO Diploma
	1	Mobility India	2004 - 2005	LLP Diploma
Indonesia	1	CSPO***	2004 - 2007	ISPO Cat. II
Myanmar	2	CSPO	2001 - 2004	ISPO Cat. II
	2	CSPO	2003 - 2006	ISPO Cat. II
Sudan	3	TATCOT	2003 - 2006	ISPO Cat. II
Yemen	2	Mobility India	2004 - 2005	LLP Diploma

\* Tanzania Training Centre for Orthopaedic Technologists

\*\* China Training Centre for Orthopaedic Technologists

\*\*\* Cambodian School of Prosthetics and Orthotics

## Other training activities

### Ethiopia

The Training Course in Prosthetics and Orthotics (TCPO) in Ethiopia is implemented in collaboration with the Ministry of Labour and Social Affairs. The course was due to be completed in January 2005 and involved the first two modules of the ICRC's Certificate of Professional Competency (CPC): Module 1 in lower-limb prosthetics and Module 2 in lower-limb orthotics. In May 2004, the mid-term examination took place in the presence of international ISPO experts, who endorsed the level of the training. Only 4 out of 20 students failed their case presentations and were due to retake the exam in January 2005. In June, the second part of the practical course started, with the prosthetics class moving on to orthotics and vice versa.

### Afghanistan

Upgrading training in prosthetics and orthotics in Afghanistan totalled 1,464 hours (nine months) and included both theory and practical sessions. A decentralized format was used, whereby training took place in several centres at the same time. However, each centre followed the same procedures and used the same teaching resources (manuals, etc.). By end March 2004, a first batch of 15 technicians in three different centres had passed the course. A second batch of 20 technicians in four centres was due to complete their upgrading training in June 2005. Two further courses were planned.

### Sudan

The main aims of the training programme in Sudan are to upgrade the skills and knowledge of 35 orthopaedic technicians in the field of lower-limb prosthetics and lower-limb orthotics and to provide a reference for national recognition of the participants' qualifications by the Ministry of Labour. The programme is run by the ICRC in close collaboration with the National Authority for Prosthetics and Orthotics (NAPO). The training, comprising six sessions (three in prosthetics and three in orthotics) and lasting three months (360 hours of teaching) was due to last until June 2006. The first session was conducted between October and December 2004.

### Russian Federation

The training programme for prosthetic technicians from Chechnya, begun in 2002 by the ICRC in collaboration with the St. Petersburg Social College and the Sochi Orthopaedic Centre, reached its end in October 2004. The eight students successfully completed the course and went on to work at the Grozny Orthopaedic Centre.

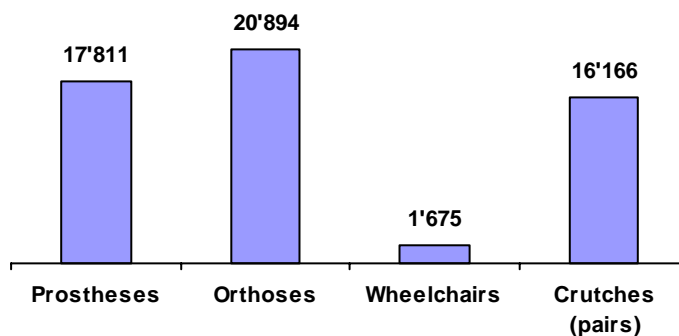
In addition to provide full-time mentoring of national physiotherapy staff, ICRC physiotherapists conducted nine short training courses during the year.

<b>ICRC physiotherapy courses</b>		
<b>Country</b>	<b>Subject</b>	<b>Duration</b>
DPRK	Physiotherapy for patients with lower limb amputations	1 year
Azerbaijan	Physiotherapy for patients with lower limb amputations	7 months
Myanmar	Physiotherapy for patients with lower limb amputations	4 months
Afghanistan	House adaptations for patients with a spinal cord injury	1 year
Angola	Manual muscle testing	1 week
Angola	Physiotherapy treatments for poliomyelitis patients	1 month
Cambodia	Management of clubfoot	1 month
Georgia	Physiotherapy for patients with lower limb amputations	1 month
Zambia	Physiotherapy for patients with lower limb amputations	3 months

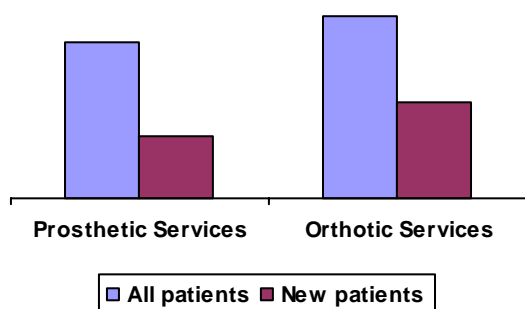
## 2.4 Patient services

In 2004, ICRC-assisted centres fitted a total of 38,705 prostheses and orthoses and distributed 16,165.5 pairs of crutches and 1,675 wheelchairs. While statistics on the number of patients who underwent physiotherapy were not compiled, most did so. There was an increase in all sectors over 2003, the most significant being in the number of orthoses produced (see table).

2004 Services Provided



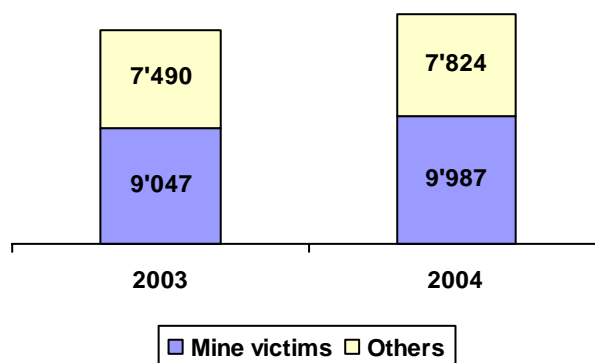
Orthopaedic appliances delivered (total worldwide)			
	2003	2004	Increase (%)
Prostheses	16,537	17,811	8
Orthoses	16,804	20,894	24
Wheelchairs	1,606	1,675	4
Crutches (pairs)	15,843	16,165.5	2



The number of people fitted with orthopaedic appliances continued to rise in 2004, from around 33,000 in 2003 to more than 38,000 in 2004 (an increase of 16%). This was largely owing, as in 2003, to the increase in the number of orthoses fitted. Overall, 52% of the orthoses produced were for first-time patients, compared with 40% of prostheses. The ratio of prostheses to orthoses varied widely between programmes. Programmes with a high proportion of patients fitted with prostheses included Afghanistan, Angola, Cambodia, Ethiopia, Iraq, Myanmar and Sudan. Programmes with a high proportion of patients fitted with orthoses included Afghanistan, Azerbaijan, Cambodia, Ethiopia, Georgia, Iraq, Sudan and Yemen (see Annexes 3 and 4).

Ethiopia, Iraq, Myanmar and Sudan. Programmes with a high proportion of patients fitted with orthoses included Afghanistan, Azerbaijan, Cambodia, Ethiopia, Georgia, Iraq, Sudan and Yemen (see Annexes 3 and 4).

Of the total number of prostheses produced by ICRC-assisted centres in 2004, 56% were for mine victims (55% in 2003). The proportion of orthoses produced for mine victims, while remaining low in comparison with prostheses, increased to 1% in 2004 (0.6% in 2003).

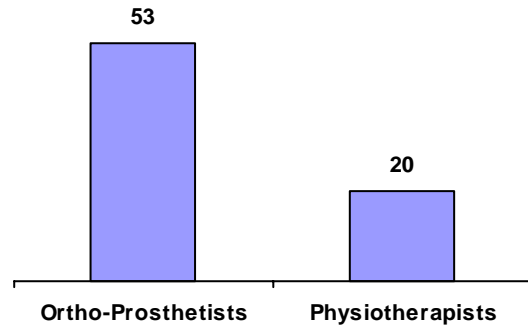


## 2.5 Personnel

### Expatriate staff

The ICRC ran 14 national programmes (42 projects) with the full-time presence of an expatriate specialist. For the remaining 11 national programmes (27 projects) – Algeria, Azerbaijan, Chad, DRC, Georgia, Iraq, Namibia, Nepal, Lebanon, the Russian Federation and Syria – the ICRC conducted technical monitoring through regular short missions.

In 2004, 73 expatriates were involved in the ICRC Physical Rehabilitation Programme worldwide:

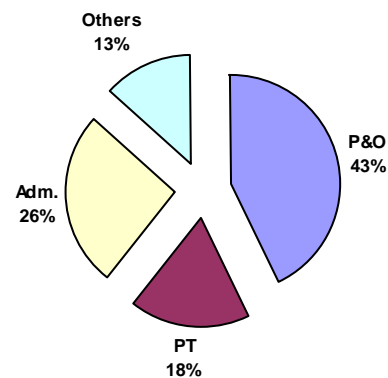


- 60 full time field staff at 31 December 2004 (45 ortho-prosthetists and 15 physiotherapists)
- 9 part-time field staff for short missions (5 ortho-prosthetists and 4 physiotherapists)
- 4 specialists based at headquarters in Geneva (3 ortho-prosthetists and 1 physiotherapist)

The expatriates originated from 24 countries: Armenia (1), Austria (2), Belgium (4), Canada (3), Colombia (1), Denmark (1), France (18), Finland (1), Germany (3), Italy (2), Iceland (1), Jordan (1), Lebanon (2), Morocco (1), Netherlands (4), Norway (1), Portugal (2), Russian Federation (1), Sweden (1), Switzerland (13), Tanzania (1), Tunisia (1), United Kingdom (5) and United States (3).

### National Staff

More than 1,300 national staff are employed in ICRC-assisted physical rehabilitation centres. The level of training of staff of the prosthetic and orthotic departments ranged from ISPO Category II to no formal training (the vast majority); only two people had training up to ISPO Category I. The level of training of physiotherapy staff ranged from fully qualified physiotherapists to assistants who had received no training other than on-the-job mentoring.



## **2.6 Programme support (from HQ)**

### **Field visits**

In 2004, ICRC headquarters staff or regional specialists carried out 21 assessment/support missions to projects in Afghanistan, Azerbaijan, Cambodia, Chad, China, the Democratic Republic of the Congo, the Democratic People's Republic of Korea, Ethiopia, Georgia, Lebanon, Namibia, Pakistan, Russia, Sudan, Syria, Yemen and Zambia.

### **Links with other organizations/institutions**

The ICRC continued to participate actively in ISPO working groups (on monitoring and final evaluation protocols) and committees (on education and low-income countries). ICRC representatives attended the 11th ISPO World Congress held in Hong Kong in August, at which they gave three presentations, and participated as observers in the ISPO Executive Board meetings. In addition, the ICRC was represented on the expert faculty at the seminar on the management of poliomyelitis organized by ISPO and the Fédération Africaine des Techniciens Orthoprotésistes in Lomé (Togo) in January.

The ICRC continued to work closely with the Prosthetics and Orthotics School of the University of Don Bosco in San Salvador to produce a video on gait training. It also joined forces with Strathclyde University (United Kingdom) to develop training manuals on upper- and lower-limb prosthetics. The upper-limb prosthetics manual was completed during the year.

The ICRC was represented at sub-committee meetings of the Standing Committee on Victim Assistance and Socio-Economic Reintegration, a body set up under the Ottawa Convention on the Prohibition of Anti-Personnel Mines, and at the Nairobi Summit on a Mine-Free World. It also participated in the Lessons Learned Workshop on Victim Assistance organized by Handicap International in Paris (France), and in the working group set up by the Landmine Survivors Network to develop a framework for a common approach among organizations when implementing prosthetic/orthotic projects in low-income countries.

ICRC representatives attended the World Health Organization's Rehabilitation Conference on Assistive Devices for Developing Countries held in Oslo, Norway, and the World Bank's Disability Conference held in Washington D.C. (United States).

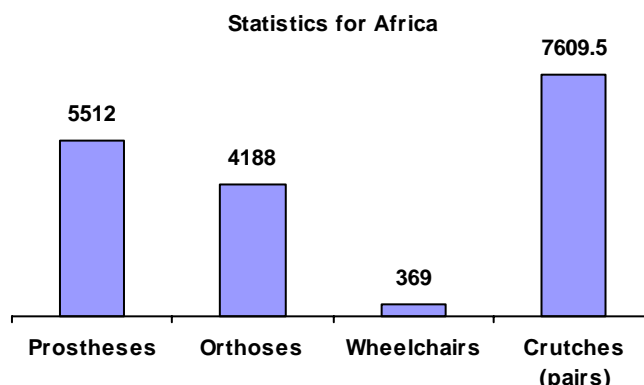
### **Patient Management System database**

Initiated in 2003, the revision of the Patient Management System database was completed in October and distributed to all projects. All patients receiving services in an ICRC-assisted physical rehabilitation centre are registered in the database, making it a useful tool to manage service provision. Of the several modifications carried out, the most significant was the possibility of using the database in two languages (English and any other language).

### 3 Programmes activities

#### 3.1 Africa

In 2004, the ICRC supported 27 projects in 9 countries in Africa (Algeria, Angola, Chad, DRC, Ethiopia, Kenya, Namibia, Sudan and Zambia). All together, the projects produced a total of 5,474 prostheses and 4,145 orthoses and distributed 7,609.5 pairs of crutches and 369 wheelchairs. More than 10,000 people received physical rehabilitation services, of whom 4,564 were first-time patients. Of the total number of prostheses fitted, 2,575 (47%) were for mine victims.



#### Angola



Implementing Partner	Ministry of Health (MINSa)			
Location of projects	Luanda, Huambo and Kuito			
Statistics in 2004	Luanda	Huambo	Kuito	Total
Prostheses	626	539	462	1627
Orthoses	33	71	21	125
Wheelchairs	78	56	115	249
Crutches (pairs)	846.5	1396	837	3079.5
Beginning of assistance	1979			

The continuing difficult political and socio-economic climate, despite nearly three years of peace, has prevented any significant developments in the country's capacity to address the basic needs of disabled people. The role of the ICRC and other organizations in this respect thus remains crucial, as most physical rehabilitation activities are still dependent on their input. Two major governmental bodies are involved in this sector: the National Programme for Physical Rehabilitation (PNR), which is in charge of coordinating the rehabilitation activities of the Ministry of Health; and the National Intersectoral Commission for Demining and Humanitarian Assistance to Mine Victims, financed by the United Nations (UN) and comprising government bodies, national NGOs, local associations and international partners. The PNR is supported by the European Commission (with a 14 million Euro budget) and therefore likely to be instrumental in defining the required strategies and policies for the long term. The services provided by ICRC-assisted centres correspond to approximately 45% of all services provided in the country.

In 2004, the ICRC Physical Rehabilitation Programme:

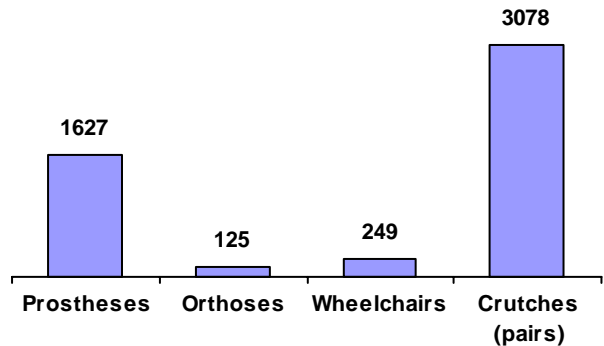
- enabled ICRC-assisted centres to provide 1,627 prostheses, 125 orthoses, 3,078 pairs of crutches and 249 wheelchairs;
- paid the travel costs of up to 1,000 people to facilitate their access to physical rehabilitation services;
- conducted several physiotherapy refresher courses;
- subsidized the formal training of 2 technicians in prosthetics and orthotics.



The ICRC maintained a key role in discussion forums led by the PNR to harmonize management procedures among organizations active in the field of physical rehabilitation and to set a common approach. It also lent its professional expertise to the PNR in addressing a number of specific issues.

**Patient services**

In 2004, more than 2,000 people received physical rehabilitation services with the assistance of the ICRC. Almost 30% of people fitted with prostheses were first-time patients, as were 65% of those fitted with orthoses. Of the total number of prostheses fitted, 1,229 (75%) were for mine victims.



**Outlook for 2005**

- Continue to support the provision of physical rehabilitation services at the centres in Kuito, Huambo and Luanda.
- Support the implementation, by the PNR, of the promotional training programme.
- Continue providing institutional support to the PNR in promoting, developing and consolidating national policies and professional standards.

**Chad**



Implementing Partner	Le Secours Catholique et Développement (SECADEV)
Location of project	N'djamena
Statistics in 2004	
Prostheses	205
Orthoses	142
Crutches (pairs)	458
Beginning of assistance	1981

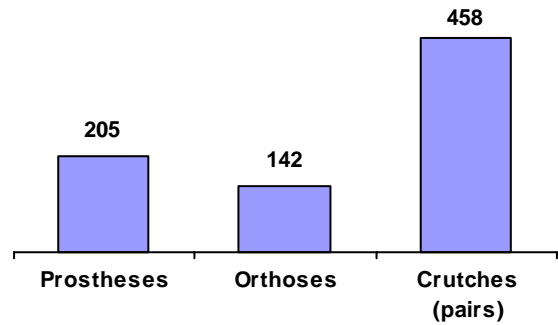
Decades of conflict have left Chad with a serious landmine problem, mostly in the north and east of the country. The number of people at risk in the east has increased with the influx of Sudanese refugees fleeing the conflict in Darfur. The Centre d'Appareillage et de Rééducation de Kabalaye (CARK), run by the NGO Secours Catholique et Développement (SECADEV), is one of two centres providing orthopaedic appliances in the country. Over the years, the ICRC has helped renovate the facility, supplied equipment, materials and components for the production of prostheses and orthoses and trained 10 technicians. Since 1997, it has reimbursed the cost of treatment of patients with conflict-related disabilities. Since this assistance began, more than 500 people have received physical rehabilitation services under this programme. In addition, an ICRC ortho-prosthetist makes regular monitoring visits.

In 2004, the ICRC Physical Rehabilitation Programme:

- enabled the provision of 205 prostheses and 142 orthoses;
- reimbursed the cost of treatment of more than 100 patients.

**Patient services**

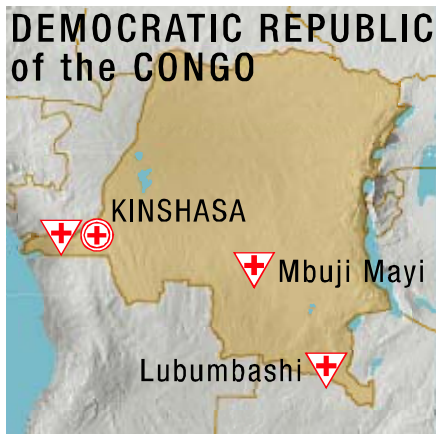
In 2004, more than 300 people received physical rehabilitation services with the assistance of the ICRC. Almost 44% of people fitted with prostheses were first-time patients, as were 67% patients fitted with orthoses. Of the total number of prostheses fitted, 96 (47%) were for mine victims.



**Outlook for 2005**

- Continue to reimburse the cost of treatment of patients with conflict-related disabilities.
- Continue to supply CARK with materials and components and continue to enhance the quality of services provided by CARK through regular monitoring visits.

**Democratic Republic of Congo (DRC)**



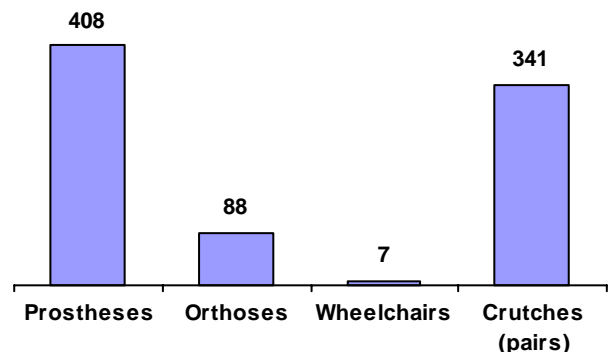
Implementing Partners	Centre Orthopédique Kalembe Lembe Centre de Rééducation pour Handicapé Physique Hôpital St-Jean Baptiste Kansele
Location of projects	Kinshasa (2), Mbuji Mayi
Statistics in 2004	
Prostheses	408
Orthoses	88
Wheelchairs	7
Crutches (pairs)	341
Beginning of assistance	1998

Unlike in other countries where it operates, the ICRC did not provide direct assistance to physical rehabilitation centres in the DRC but concluded PSS contracts with three facilities: the Centre orthopédique de Kalembe-Lembe, the Centre de Rééducation pour Handicapé Physique in Kinshasa and the Hôpital St-Jean Baptiste de Kansele in Mbuji Mayi. Under these agreements, the ICRC ensures that people with conflict-related disabilities have access to appropriate physical rehabilitation services. Patients are referred to centres by the ICRC, which provides the necessary components and materials to produce the devices and reimburses the costs of assessment, fitting, physiotherapy and labour. An ICRC field officer (a national ortho-prosthetist) ensures supervision and quality control. In 2004, the ICRC Physical Rehabilitation Programme:

- reimbursed the cost of treatment of nearly 500 patients, including, for the first time, patients fitted with orthoses;
- enabled the provision of 408 prostheses, 88 orthoses and 7 wheelchairs.

**Patient services**

In 2004, nearly 500 people received physical rehabilitation services with the assistance of the ICRC. Almost 93% of people fitted with prostheses were first-time patients, as were 100% of those fitted with orthoses. Of the total number of prostheses fitted, 81 (20%) were for mine victims.



Outlook for 2005

- Continue to provide direct assistance to people with conflict-related disabilities by reimbursing the cost of their treatment.
- Initiate a similar programme in eastern DRC (most probably in Goma).

**Ethiopia**

Implementing Partner	Ministry of Labour and Social Affairs (MoLSA)							
Location of projects	Addis Ababa (4), Harar, Mekele, Dessie, Arba Minch,							
Statistics in 2004	Harar	Mekele	Dessie	Arba Minch	Addis Ababa POC	Addis Ababa Alert	Addis Ababa Micililand	Total
Prostheses	243	267	240	120	702	178	26	1776
Orthoses	32	401	121	105	1608	30	19	2316
Wheelchairs	0	55	0	0	21	121.5	4	80
Crutches (pairs)	213	494	337.5	47.5	1150	0	21.5	2388.5
Beginning of assistance	1979							



Launched a few years ago with the financial assistance of the World Bank and managed by the Ministry of Labour and Social Affairs, the Emergency Demobilization and Reintegration Project (EDRP) has a sizeable physical rehabilitation component. The project reached an important milestone in 2004 with the enlargement of five regional physical rehabilitation centres and the conclusion of the training programme for assistant physiotherapists. New buildings were completed and production of orthopaedic appliances was ready to begin in the new premises in early 2005. New equipment was delivered, raw materials were supplied and prosthetic/orthotic technicians were awaiting appointment after completion of their training in

January 2005. The investments made by the Ethiopian authorities under the EDRP have paved the way for the autonomous management and possible financial independence of the regional centres. With this in mind, the ICRC has adapted its approach and introduced a three-year PSS phase-out strategy. It began bilateral talks with its partners in each region to determine the most effective way to implement the strategy. Another priority in Ethiopia for the coming years is the training of national staff. The ICRC is already supporting the training of 20 new technicians (CPC) in Addis Ababa, while continuing to subsidize the formal training of students in prosthetics and orthotics abroad. It also continued to supply the components necessary for the manufacture of prostheses and orthoses. During the year, the ICRC ended its assistance to three centres: Alert, Cheshire Home and Tibe/Micili Land.

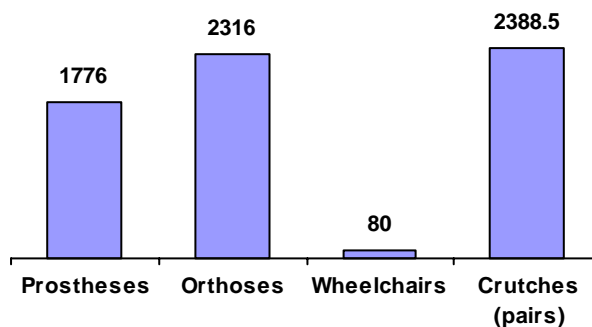
In 2004, the ICRC Physical Rehabilitation Programme:

- enabled ICRC-assisted centres to provide 1,776 prostheses, 2,316 orthoses, 2,388 pairs of crutches and 80 wheelchairs;
- reimbursed the cost of treatment of more than 1,200 patients;
- supported the integration of newly trained assistant physiotherapists;
- continued the two-and-a-half-year training programme for 20 prosthetic/orthotic technicians;
- subsidized the training of 2 technicians in prosthetics and orthotics at TATCOT.

The supply of orthopaedic materials was limited to components in 2004, as the EDRP provided the physical rehabilitation centres with raw materials and equipment. The training programme remained on course. In May, the mid-term examination took place in the presence of ISPO experts, who endorsed the level of the training.

### Patient services

In 2004, more than 4,000 people received physical rehabilitation services with the assistance of the ICRC. Almost 52% of the people fitted with prostheses were first-time patients, as were 49% of those fitted with orthoses. Of the total number of prostheses fitted, 948 (53%) were for mine victims.



### Outlook for 2005

- Continue supplying regional physical rehabilitation centres with the necessary components to produce orthopaedic appliances, carrying out technical monitoring visits (by an ICRC ortho-prosthetist and a physiotherapist) and continuing to reimburse the cost of treatment of patients under the PSS programme.
- Complete the TCPO training programme and begin upgrading training for technicians already working in the centres.
- Continue to subsidize the formal training of 4 technicians in prosthetics and orthotics.

### Namibia



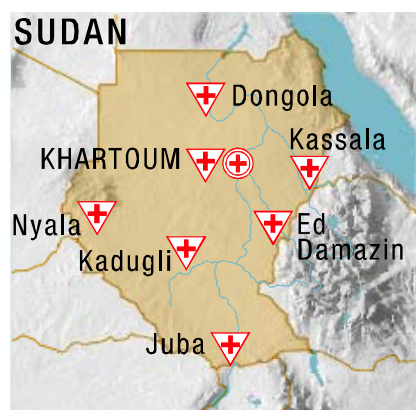
Implementing Partner	Ministry of Health and Social Services (MoHSS)
Location of project	Rundu
Statistics in 2004	No figure available
Beginning of assistance	2002

The physical rehabilitation centre in Rundu, the sole establishment of its kind in the region, served amputees from the Kavango and Caprivi regions, as well as from the neighbouring Angolan province of Cuando Cubango. The number of new victims of mines or other explosive remnants of war (ERW) referred to the centre decreased in 2002 and 2003 to less than 10 a year. The centre is nonetheless fully occupied with responding to the needs of earlier cases and non-war-related amputees. The centre's production capacity was increased and secured at the level of 100–150 prostheses a year, owing to the presence of an ICRC ortho-prosthetist from January 2002 to May 2003, the introduction of polypropylene technology, the training of six local prosthetic/orthotic technicians and the provision of materials and equipment up to the end of 2003. After the departure of the ICRC ortho-prosthetist, the centre continued to function satisfactorily. In 2004, an ICRC prosthetic/orthotic specialist visited the centre and found it to be running smoothly. An average of 5 to 10 appliances were being produced monthly, although no precise figures were available. ICRC operational support to the centre ended in 2004.

Outlook for 2005 (through the SFD)

- Monitor the activities of the physical rehabilitation centre in Rundu, together with Ministry of Health and Social Services.
- Continue supplying materials/components and technical assistance to the centre, enabling it to offer appropriate physical rehabilitation services using the polypropylene technology.
- Promote access of physically disabled Namibians and Angolans to the centre.

**Sudan**



Implementing Partner	National Authority for Prosthetics and Orthotics (NAPO)		
Location of projects	Khartoum, Nyala, Damazin, Dongola, Kassala, Kadugli, Juba and, Lokichokio		
Statistics in 2004	Khartoum & satellites	Lokichokio	Total
Prostheses	393	392	1391
Orthoses	1284	116	952
Wheelchairs	0	33	33
Crutches (pairs)	662	659	1321
Beginning of assistance	1985		

With ICRC support, the National Authority for

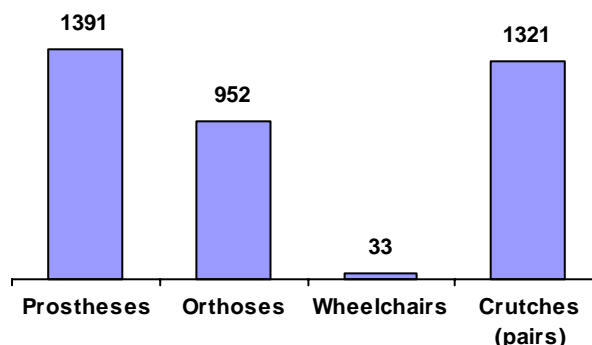
Prosthetics and Orthotics (NAPO), a State body affiliated to the Ministry of Welfare and Social Development, runs a physical rehabilitation centre in Khartoum. Since February 2003, with the financial support of the German Red Cross and the technical support of the ICRC, NAPO has opened five satellite prosthetic/orthotic workshops (Kassala, Nyalla, Dongola, Damazin and Kadugli). The ICRC set up its centre in Lokichokio (Kenya) in 1992 to provide prostheses for war victims from southern Sudan. With the evolution of the political situation in Sudan, access to the centre in Juba is expected to improve, making Lokichokio no longer the only option for patients from the south. The recent opening of a centre in Rumbek, assisted by Medical Care Development International, offers a second alternative. With the ongoing conflict in Darfur, however, the need for physical rehabilitation for war-amputees has increased. In 2004, the ICRC Physical Rehabilitation Programme:

- enabled ICRC-assisted centres to provide 1,391 prostheses and 952 orthoses;
- conducted upgrading training for prosthetic/orthotic technicians.

The ICRC pursued efforts to find alternative solutions to meeting the needs of the war-disabled in southern Sudan. While Lokichokio continued to provide services to the affected population, the ICRC engaged in discussions with the Juba physical rehabilitation centre on further developing its activities.

**Patient services**

In 2004, more than 2,300 persons received physical rehabilitation services with the assistance of the ICRC. Almost 36% of the people fitted with prostheses were first-time patients, as were 60% of those fitted with orthoses. Of the total number of prostheses fitted, 161 (12%) were for mine victims.



Outlook for 2005

- Continue to upgrade the skills and knowledge of NAPO technicians and initiate a CPC training programme.
- Continue to supply materials, components and technical assistance to NAPO.
- Continue strengthening the capacities of the Juba physical rehabilitation centre.

Zambia



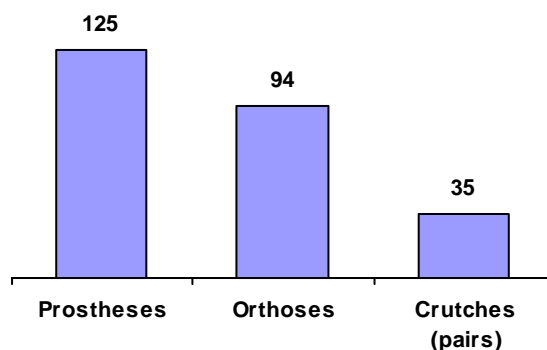
Implementing Partner	University Training Hospital (UTH)
Location of project	Lusaka
Statistics in 2004	
Prostheses	125
Orthoses	94
Crutches (pairs)	35
Beginning of assistance	2003

Zambia is a peaceful country in the midst of a turbulent region. Many refugees have flocked there to escape war or violence in their own countries. Approximately 800 refugees with lower-limb amputations are dispersed in four refugee settlements (Meheba, Mayukwayukwa, Ukwimi and Nangweshi). Most of them are of Angolan origin (98%). The ICRC's operational programme started in 2003, focusing on the treatment of refugee amputees. In 2003, amputees in the Meheba, Ukwimi and Mayukwayukwa refugee settlements were treated by means of an outreach programme, as no patient accommodation was available at the physical rehabilitation centre of the University Teaching Hospital (UTH). This was a temporary solution until the construction of a hostel (with ICRC assistance) close to the centre in 2004. Thereafter, the ICRC transported refugee amputees from Nangweshi to the centre, where they were accommodated at the new hostel. In order to improve further the quality of treatment, an expatriate ICRC physiotherapist joined the team for three months. Collaboration between the UTH physiotherapists and the prosthetics/orthotics department was strengthened and renovation work on the physiotherapy department was undertaken. In 2004, the ICRC Physical Rehabilitation Programme:

- enabled ICRC-assisted centres to provide 125 prostheses and 94 orthoses;
- renovated the physiotherapy and prosthetic/orthotic departments and constructed a new dormitory (10 beds).

Patient services

In 2004, a total of 184 people received physical rehabilitation services with the assistance of the ICRC. Of these, 114 were lower-limb amputees and 70 had disabilities other than amputation. Out of the total number of prostheses fitted 51 (41%) were delivered to mine victims.

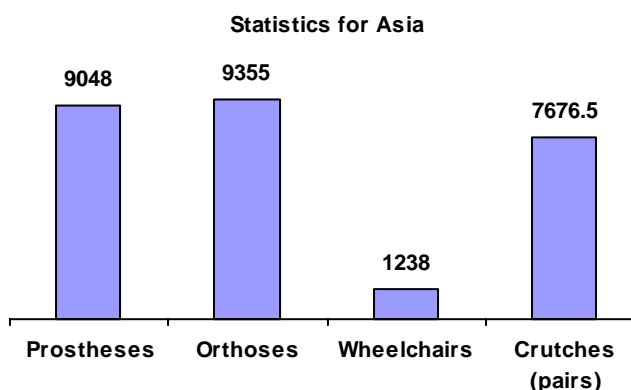


Outlook for 2005

- Hand over support to the UTH physical rehabilitation centre to the SFD, which will continue to support the treatment of refugee amputees at the centre.

### 3.2 Asia

In 2004, the ICRC supported 21 projects in 9 countries in Asia (Afghanistan, Cambodia, China, India, DPRK, Myanmar, Nepal, Pakistan and Tajikistan). All together, ICRC-assisted physical rehabilitation centres in Asia produced a total of 9,048 prostheses and 9,355 orthoses and delivered 7,676.5 pairs of crutches and 1,238 wheelchairs. More than 19,640 people received physical rehabilitation services, of whom 8,098 were first-time patients. Of the total number of prostheses fitted, 6,396 (71%) were for mine victims.



#### Afghanistan

Implementing Partner	None						
Location of projects	Kabul (2), Mazar-i-Sharif, Herat, Jalalabad, Gulbahar and Faizabad,						
Statistics in 2004	Kabul	Mazar	Herat	Jalalabad	Gulbahar	Faizabad	Total
Prostheses	1518	648	788	1118	173	120	4365
Orthoses	3852	2370	967	67	609	499	8364
Wheelchairs	508	106	183	36	18	22	873
Crutches (pairs)	1799	583	1528	396	95.5	187	4588.5
Beginning of assistance	1987						



While the exact number of disabled people in Afghanistan is unknown, it is certain that they constitute an especially vulnerable group. In a country that has never been rich, 23 years of war have left millions of people struggling to survive, among them many disabled. The ICRC programme in Afghanistan covers not only physical rehabilitation but also social rehabilitation and home care, as well as assistance to cerebral palsy sufferers. About 2,800 paraplegics are registered in the country, a relatively small percentage of the total number of disabled people, but nonetheless in need of special attention owing to their extreme medical and social vulnerability. The home-care programme provides paraplegics with medical,

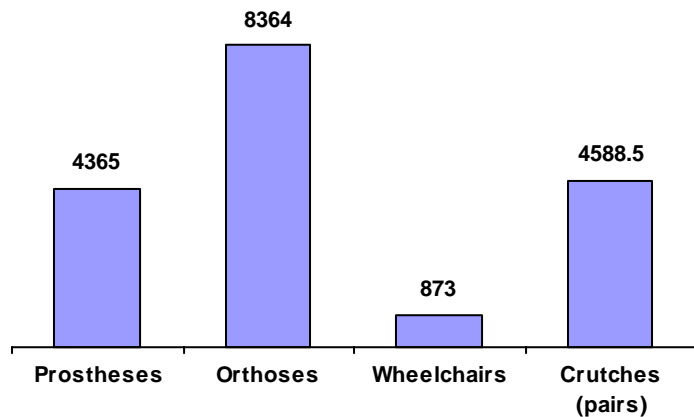
economic and psycho-social support in their own environment. There are up to 30,000 children with cerebral palsy in Afghanistan. In many cases their disability is severe and represents a heavy burden on the family. In Kabul, the cerebral palsy physiotherapy unit of the Indira Gandhi Hospital specializes in this complex pathology. No other similar facility exists in the country. With the assistance of the ICRC, the Indira Gandhi Hospital offers physical treatment, specialized training of physiotherapists (as a postgraduate course), assistance to and counselling of the children's families and house adaptation, while the ICRC's physical rehabilitation centre in Kabul provides orthoses and walking aids. In 2004, the ICRC Physical Rehabilitation Programme:

- enabled ICRC-assisted centres to provide 4,365 prostheses, 8,364 orthoses, 4,588.5 pairs of crutches and 873 wheelchairs;
- assisted, through the social reintegration programme, more than 1,500 disabled people by placing them in jobs (63), providing special education (604) or vocational training (303) and setting up or improving small businesses (565);
- conducted 2,888 home visits within the multidisciplinary home-care programme and assisted 874 paraplegics;
- supplied other organizations with 802 prosthetic knees and 1,065 prosthetic alignment systems produced by the orthopaedic component factory in Kabul.

The ICRC also runs a nine-month upgrading training programme in prosthetics and orthotics. The decentralized programme is under way in Kabul, Mazar-i-Sharif, Herat and Jalalabad. In all, 21 students are enrolled, of which 12 are ICRC staff.

**Patient services**

In 2004, more than 13,000 people received physical rehabilitation services with the assistance of the ICRC. Almost 21% of the people fitted with prostheses were first-time patients, as were 52% of those fitted with orthoses. Of the total number of prostheses fitted, 3,132 (72%) were for mine victims.



**Outlook for 2005**

- Continue supporting the activities of 6 physical rehabilitation centres.
- Upgrade the quality of the orthopaedic components produced by the factory in Kabul.
- Continue to support the social reintegration of physically disabled people.

**Cambodia**



Implementing Partner	Ministry of Social Affairs, Veterans and Youth Rehabilitation (MSAVY)
Location of project	Battambang and Phnom Penh
Statistics in 2004	
Prostheses	1494
Orthoses	732
Wheelchairs	289
Crutches (pairs)	1398
Beginning of assistance	1991

Cambodia ranks as one of the most mine-affected countries in the world, both in terms of human casualties and land lost owing to the presence of landmines and ERW. From 1998, following nearly three decades of war, the military situation in Cambodia began to stabilize and with it came a reduction in the number of new mine/ERW casualties. Even so, mines and ERW remain one of the foremost obstacles to the country's development and are an ever present threat to the lives and livelihoods of the people. In addition, the prolonged conflict damaged Cambodia's economy and infrastructure, which, while improving in the major cities, is still very weak in the provinces. The Disability Action Council estimates that 60,000



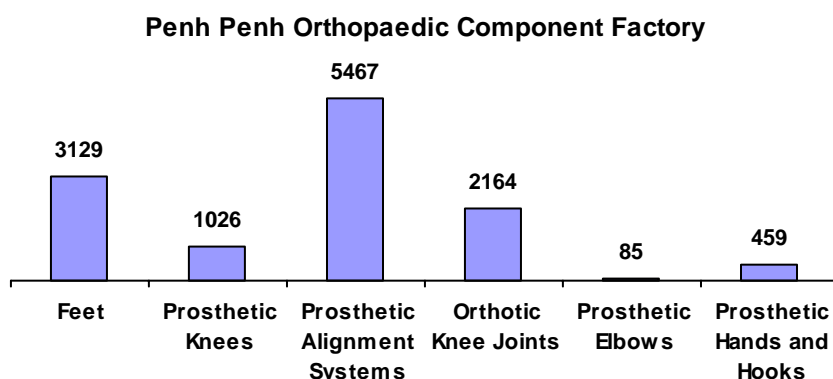
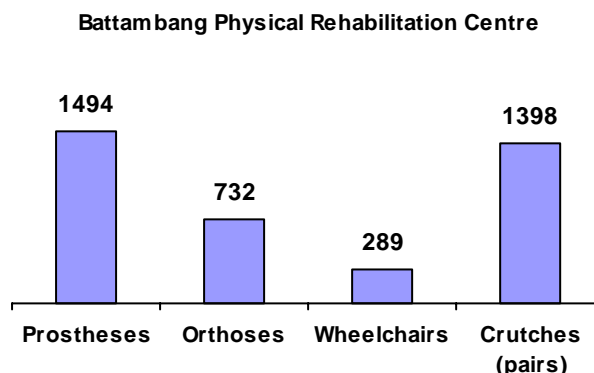
disabled people, including 36,000 mine victims, nationwide are in need of repeated physical rehabilitation services. Following an assessment of the situation and in keeping with one of its main objectives to ensure accessibility to services, the ICRC decided to assist an additional physical rehabilitation centre, based in Kompong Speu (formerly assisted by the American Red Cross), from January 2005. In 2004, the ICRC Physical Rehabilitation Programme:

- enabled ICRC-assisted centres to provide 1,494 prostheses, 732 orthoses, 1,398 pairs of crutches and 289 wheelchairs;
- supplied components through its factory in Phnom Penh to produce more than 10,000 orthopaedic appliances nationwide;
- carried out 25 outreach visits to the north-western provinces, during which the needs of 2,750 patients were assessed.

In 2004, the orthopaedic component factory in Phnom Penh fully assumed its functions as the only supplier of components and walking aids in the country. The regional physical rehabilitation centre in Battambang continued to ensure approximately 20% of the national production of prostheses and orthoses. The number of beneficiaries of services during outreach visits in the five north and north-west provinces increased by 30% over the preceding year.

### Patient Services

In 2004, the Battambang physical rehabilitation centre fitted 684 new patients (373 amputees and 311 non-amputees). Of the total number of prostheses fitted, 1,363 (91%) were for mine victims, as were 14 (2%) of orthoses. The centre had the highest level of production in the country, delivering some 20% of orthopaedic devices nationwide.



The orthopaedic component factory continued to deliver components to all centres for the production of orthopaedic devices. In addition, the factory provided the centres with over 4,000 pairs of walking aids.

### Outlook for 2005

- Continue to support the production of high-quality orthopaedic components at the factory in Phnom Penh;
- Continue to improve the quality of the services provided by and the accessibility of the Battambang regional physical rehabilitation centre and to initiate the same type of assistance at the Kompong Speu regional physical rehabilitation centre.
- Continue conducting outreach visits to the north-western provinces (from Battambang) and begin doing so in the south-western provinces (from Kompong Speu).

**China**



Implementing Partner	Chinese Red Cross Society (RCSC) – Yunnan branch
Location of project	Kunming City
Statistics in 2004	
Prostheses	313
Crutches (pairs)	4
Beginning of assistance	2003

In December 2003, the ICRC signed a cooperation agreement with the Yunnan branch of the Red Cross

Society of China to provide physically disabled people with orthopaedic appliances. The Orthopaedic Rehabilitation Centre was set up on the premises of the Yunnan Provincial Red Cross Disaster Relief Centre in Kunming City. The province is considered economically less developed than other parts of China. According to government statistics, 280,000 people (0.66% of the population of Yunnan) are disabled. Of these, some (exact figures unknown) were physically disabled during the Sino-Vietnamese war in the late 1970s; other reasons for amputation include disease, traffic accidents and work-related accidents. At present, the programme is concentrated in Wenshan and Honghe prefectures. The idea is to increase the accessibility of destitute amputees to physical rehabilitation services by helping the Yunnan branch of the Chinese Red Cross to create a provincial physical rehabilitation network, with its main centre in Kunming and decentralized repair centres.

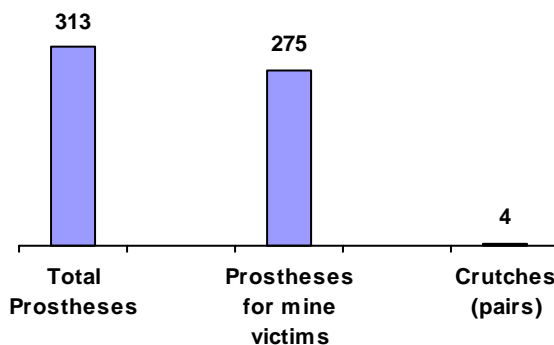
In 2004, the ICRC Physical Rehabilitation Programme:

- completed construction and equipment of the centre in Kunming;
- enabled the provision of 313 prostheses and 4 pairs of crutches
- The identification and registration of more than 350 potential beneficiaries
- subsidized the formal training of 4 technicians at the CHICOT

During the first six months of the year and while patient fitting was getting started, emphasis was put on training the centre’s national staff, as all of them were newcomers to this type of work. Theoretical and practical instruction was carried out by expatriate ortho-prosthetists and a physiotherapist. Alongside, the ICRC strengthened the capacities of the management team.

**Patient services**

In 2004, more than 350 patients were identified and registered in Wenshan. In all, 193 amputees were fitted at the centre. Of the total number of prostheses fitted, 275 (88%) were for mine victims.



**Outlook for 2005**

- Continue supplying materials and components for the manufacture of prostheses.
- Continue subsidizing the formal training of 4 technicians at the CHICOT.
- Support the Yunnan branch of the Chinese Red Cross in its plans to decentralize services by opening repair centres in several counties.

## Democratic People's Republic of Korea



Implementing Partner	Red Cross Society of the DPR Korea and the Ministry of Public Health
Location of project	Songrim
Statistics in 2004	
Prostheses	381
Orthoses	11
Wheelchairs	64
Crutches (pairs)	175
Beginning of assistance	2002

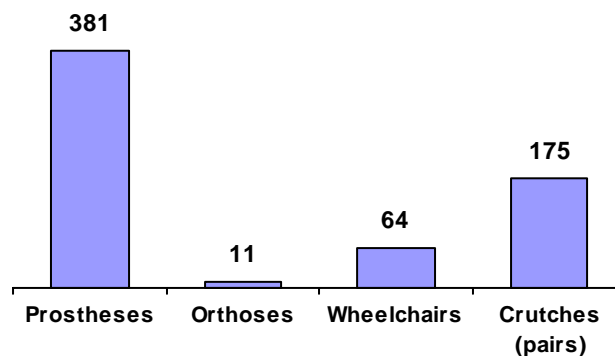
Physical rehabilitation needs are insufficiently covered in the DPRK. According to different sources, the number of amputees ranges from 11,000 (World Health Organization) to 36,000 (Ministry of Health). The ICRC's objective is to increase the national capacity for physical rehabilitation within the existing health-care system, in close cooperation with the DPRK Red Cross Society. The lack of qualified personnel hampered the start of the programme, obliging the ICRC to invest in training the national staff recruited to work at the Songrim physical rehabilitation centre. Over the year, the ICRC continued to provide hands-on training and, while the centre was closed for renovation between January and May, it stepped up the number of hours of training a day.

In 2004, the ICRC Physical Rehabilitation Programme:

- enabled ICRC-assisted centres to provide 381 prostheses and 11 orthoses;
- completed renovation of the Songrim physical rehabilitation centre;
- trained national staff in prosthetics and orthotics and physiotherapy.

### Patient services

In 2004, more than 400 people received physical rehabilitation services with the assistance of the ICRC. Almost 89% of the people fitted with prostheses were first-time patients, as were 100% of those fitted with orthoses. Of the total number of prostheses fitted, 58 (15%) were for mine victims.



### Outlook for 2005

- Provide assistance to a second physical rehabilitation centre in Pyongyang.
- Subsidize the formal training of 5 technicians in prosthetics and orthotics.
- Create a crutch-manufacturing unit at the Songrim centre.
- Continue strengthening national capacities to provide high-quality services at the Songrim centre.

**India**



Implementing Partner	Indian Red Cross Society (IRCS)
Location of project	Jammu
Statistics in 2004	
Prostheses	9
Wheelchairs	4
Crutches (pairs)	3
Beginning of assistance	2004

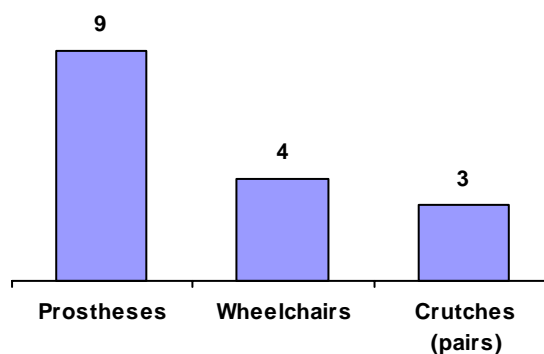
Jammu and Kashmir has witnessed several conflicts since India's independence in 1947. Situated in the north of India, the state is divided into three regions: Kashmir in the north and north-west, Ladakh in the east and Jammu in the south. India used mines in its three wars with Pakistan (1947–48, 1965 and 1971). In April 2003, as there were no physical rehabilitation services available in the region, the Kashmir branch of the Indian Red Cross Society and the state Ministry of Health jointly opened a prosthetic/orthotic department at the Jammu Government Medical College (JGMC). The Indian Red Cross supplied the department with equipment and materials to manufacture prostheses using the Jaipur technology. In late 2003, the Indian Red Cross asked for the ICRC's assistance in supporting these activities. Following a needs assessment mission in November 2003, the ICRC decided to provide the assistance requested. It includes supplying equipment, materials and components for the manufacture of prostheses using the polypropylene technology. In addition, the ICRC subsidizes training in prosthetics and orthotics in order to improve the quality of services. In 2004, the ICRC Physical Rehabilitation Programme:

- installed equipment and introduced the polypropylene technology at the JGMC prosthetic/orthotic department;
- subsidized the formal training of 2 technicians in prosthetics and orthotics.

An ICRC ortho-prosthetist arrived in June 2004 and until October, when the first patient was fitted, most of the time was devoted to installing the new equipment and to providing on-the-job training for the technicians in the use of the polypropylene technology.

**Patient services**

Patient services started in October 2004. Of the 9 prostheses delivered, 6 (66%) were for mine victims.



**Outlook for 2005**

- Continue to supply the Indian Red Cross with the necessary equipment, materials and components to enable the JGMC prosthetic/orthotic department to produce good-quality prostheses.
- Subsidize the formal training of 5 technicians in prosthetics and orthotics.
- Provide the physiotherapy department of the JGMC with equipment and lend it the expertise of an expatriate ICRC physiotherapist.

## Myanmar

Implementing Partner	Ministry of Health – Yangon, Mandalay and Madaya Ministry of Defence – Yangon and Mandalay Myanmar Red Cross Society – Hpa-An						
Location of projects	Yangon (2), Mandalay, Yenenthar, Pyin Oo Lwin, Hpa-An						
Statistics in 2004	Yangon (MoH)	Yangon (MoD)	Mandalay (MoH)	Yenenthar	Pyin Oo Lwin	Hpa - An	Total
Prostheses	368	479	246	77	200	701	2071
Orthoses	0	38	0	0	0	0	38
Crutches (pairs)	201	189	199	68	15	623.5	1295.5
Beginning of assistance	1986						



Since 1986, prosthetic services for the civilian population in Myanmar have depended largely on the ICRC's support to the Ministry of Health's physical rehabilitation units (at the Mandalay General Hospital, National Rehabilitation Hospital in Yangon and Yenathar Leprosy Hospital) and to the Ministry of Defence's centres (Defence Service Rehabilitation Hospital in Yangon and Pyin Oo Lwin Military Hospital in Mandalay division). The Hpa-An Orthopaedic Rehabilitation Centre in Kayin state, run by the Myanmar Red Cross Society, produces orthopaedic devices of an excellent technical quality. The outreach prosthetic programme, also managed by the Myanmar Red Cross, is the main means for patients in remote areas to access

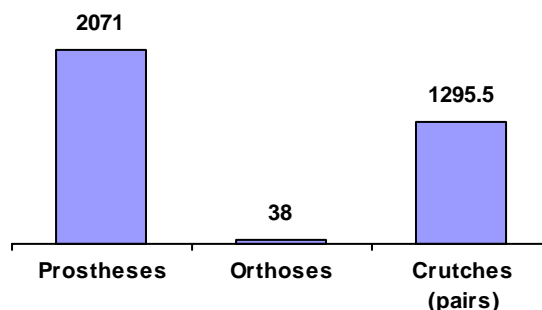
prosthetic services at civilian centres. In 2004, the ICRC Physical Rehabilitation Programme:

- enabled ICRC-assisted centres to provide 2,071 prostheses, 38 orthoses and 1,295.5 pairs of crutches;
- ran 2 refresher courses on the technical and clinical procedures for lower-limb prostheses and a three-month physiotherapy course at the Hpa-An Orthopaedic Rehabilitation Centre;
- subsidized the training of 3 technicians at the CSPO.

A total of 840 amputees were monitored under the outreach prosthetic programme, 490 by the ICRC in Yangon and Mandalay, in collaboration with the Ministry of Health, and 350 by the Myanmar Red Cross in Hpa-An.

### Patient services

In 2004, more than 2,000 people received physical rehabilitation services with the assistance of the ICRC. Almost 61% of people fitted with prostheses were first-time patients, as were 99% of those fitted with orthoses. Of the total number of prostheses fitted, 1,531 (74%) were for mine victims.



### Outlook for 2005

- Continue to support the facilities run by the Ministries of Defence and Health and the Myanmar Red Cross in the provision of high-quality and appropriate prosthetic services and in conducting the outreach prosthetic programme.
- Continue to subsidize the training of 3 technicians in prosthetics and orthotics

## Nepal



Implementing Partner	Green Pasture Hospital
Location of project	Pokhara
Statistics in 2004	
Prostheses	69
Orthoses	1
Wheelchairs	1
Crutches (pairs)	44
Beginning of assistance	2004

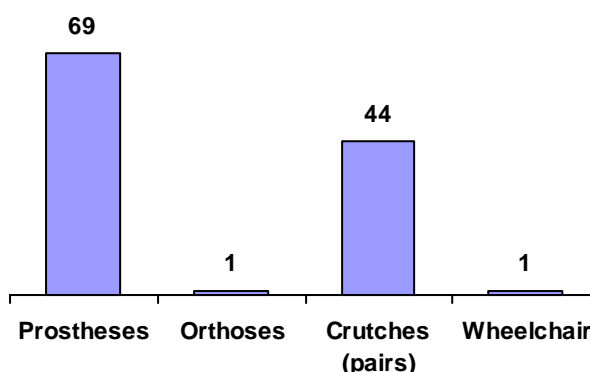
Since 1996, an internal conflict has been going on between the government forces and Maoist rebels. The conflict took a turn for the worse in November 2001, with a significant increase in violence. There is no government programme offering physical rehabilitation services to civilians with conflict-related disabilities. Therefore, only the very few who can afford to cover the costs receive adequate treatment. Access to the several physical rehabilitation centres, which are concentrated in the main cities, is almost impossible for most disabled people, as travelling is difficult and expensive, as is the cost of the services. Following a needs assessment mission in May 2003, the ICRC decided to initiate a programme to ensure that people with conflict-related disabilities had access to physical rehabilitation services. The programme is carried out in collaboration with the Green Pasture Hospital (GPH) in Pokhara, which provides services to patients through its prosthetic/orthotic department, and with the Nepal Red Cross Society, which identifies and registers patients in need of the services. In 2004, the ICRC Physical Rehabilitation Programme:

- supplied components for the production of orthopaedic devices;
- reimbursed the GPH prosthetic/orthotic department for the treatment of 78 war-disabled referred to the facility by the ICRC, including fitting, crutches, transport and accommodation;
- lent technical and clinical support by assigning an ICRC ortho-prosthetist to the GPH.

During the year, the ICRC provided on-the-job training for technicians in the use of the polypropylene technology and donated equipment to the GPH. National Society personnel received training in patient identification and registration. In collaboration with GPH staff, the ICRC helped set up an amputee assessment clinic employing a multidisciplinary team approach.

### Patient services

Patients assisted by the ICRC represent a large proportion but not all of those receiving treatment at the GPH facility. For example, ICRC-assisted patients received 95% of the prostheses produced by the centre. In all, 98 patients were referred by the ICRC to the GPH (89 amputees and 9 non-amputees). Of these, 70% were first-time patients and 16% were war-disabled.



### Outlook for 2005

- Continue to supply the GPH with materials and components for the manufacture of orthopaedic devices.
- Continue to reimburse the transport and accommodation costs of patients undergoing physical rehabilitation.

## Pakistan

The persistent fighting in Afghanistan, its spillover into Pakistan and the conflict over the disputed region of Azad Jammu and Kashmir (AJK) have inflicted considerable hardship and loss of life among the residents of the affected areas. Moreover, the land is strewn with mines and ERW. In

Implementing Partner	Christian Hospital Quetta
Location of project	Quetta
Statistics in 2004	No figure available as the programme started late 2004
Beginning of assistance	2004

In addition, inter-tribal and inter-ethnic clashes regularly occur in certain areas. As a result of all these factors, there are large numbers of people with conflict-related disabilities (caused by mines, ERW, gunshot wounds and artillery fire) among residents living along the Durand line, in AJK and northern areas, as well as among refugees from Afghanistan and displaced people from AJK. Following an assessment mission in August 2004, the ICRC decided to initiate a physical rehabilitation programme in Pakistan to ensure that amputees and other disabled people from conflict areas and in refugee camps had safe access to adequate physical rehabilitation services. In late 2004, it began providing technical assistance to the Christian Hospital in Quetta to support the activities of the Balochistan Community Rehabilitation Project (BCRP). Discussions were also opened with the Pakistan Institute of Prosthetic and Orthotic Sciences (PIPOS) and the Fauji Foundation with a view to increasing the number of centres to which the ICRC could refer patients. No figures are available yet for the programme, as work will only start properly in January 2005.

### Outlook for 2005

- Continue providing financial and technical assistance, materials and components to the BCRP to enable it to offer appropriate physical rehabilitation services and successfully introduce the polypropylene technology.
- Continue, when possible, to refer physically disabled Afghans to ICRC centres in Kabul and Jalalabad
- Complete negotiations and sign cooperation agreements with PIPOS and the Fauji Foundation.

## Tajikistan



Implementing Partner	Ministry of Labour and Social Protection (MLSP)
Location of project	Dushanbe
Statistics in 2004	
Prostheses	358
Orthoses	209
Wheelchairs	11
Crutches (pairs)	174
Beginning of assistance	1998

Thousands of disabled people and amputees wounded during or after the conflict in Tajikistan, including those injured by landmines, require the services of the Dushanbe Orthopaedic Centre. The centre is the only facility in Tajikistan providing physical rehabilitation services for the disabled. Since 1998, the ICRC programme in Tajikistan has met most of its objectives and overcome a number of challenges. In keeping with ICRC policy and the plan of action agreed with the authorities in May 2003, the ICRC is currently phasing out its support to the Dushanbe centre and handing over key responsibilities to the

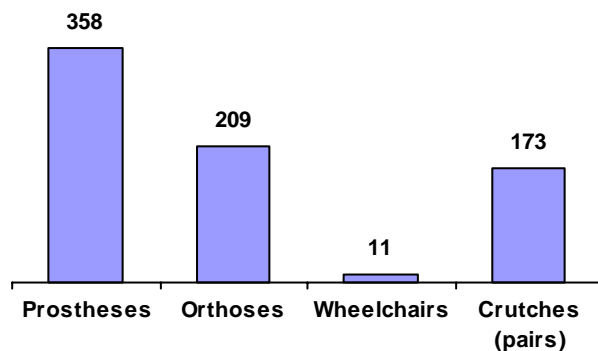
Ministry of Labour and Social Protection. The ICRC assisted the ministry in drafting project proposals, which were then submitted to the donors' mine-action consultative committee, a body established within the framework of the Tajikistan Mine Action Centre's activities. The project proposal was adopted, leading to the signing of an agreement between the Tajik Ministry of Labour and Social Protection and the United Nations Development Programme, through which the Italian government would channel funds. As proposed in the project document, the donor will cover the basic running costs of the Dushanbe Orthopaedic Centre as of January 2005.

In 2004, the ICRC Physical Rehabilitation Programme:

- enabled ICRC-assisted centres to provide 358 prostheses and 209 orthoses;
- monitored management and technical staff through the presence of an ICRC ortho-prosthetist;
- assisted in the regular follow-up of patients by the Red Crescent Society of Tajikistan.

#### Patient services

In 2004, more than 550 people received physical rehabilitation services with the assistance of the ICRC. Almost 28% of people fitted with prostheses were first-time patients, as were 59% of those fitted with orthoses. Of the total number of prostheses fitted, 37 (10%) were for mine victims.



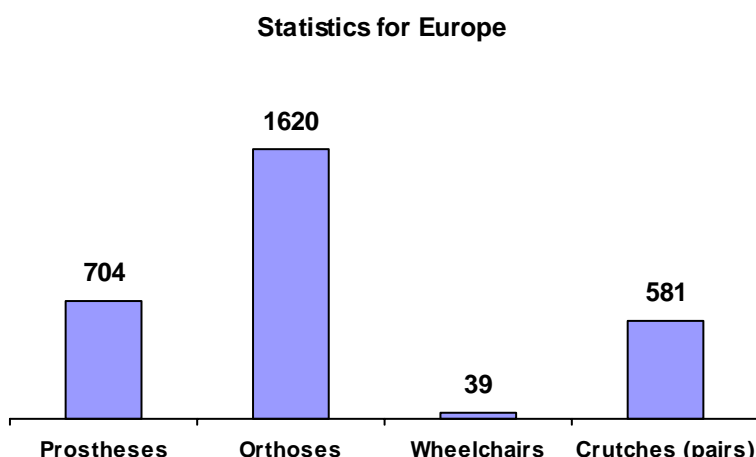
#### Outlook for 2005

- Continue the transfer of responsibilities for the Dushanbe Orthopaedic Centre to the Ministry of Labour and Social Protection.
- Continue to support the provision of physical rehabilitation services at the centre by providing materials and components and technical monitoring to enhance the capacities of the staff.
- Continue to support follow-up of patients by the Tajik Red Crescent.



### 3.3 Europe

In 2004, the ICRC supported seven projects in three countries in Europe (Azerbaijan, Georgia and the Russian Federation). Within these projects, a total of 704 prostheses and 1,620 orthoses were produced and 581 pairs of crutches and 39 wheelchairs distributed. More than 2,300 people received physical rehabilitation services, of whom 972 were first-time patients. Of the total number of prostheses fitted in Europe, 180 (26%) were for mine victims.



#### Azerbaijan



Implementing Partner	Ministry of Labour and Social Protection (MoLASP)			
Location of projects	Baku, Ganja and Nakhichivan			
Statistics in 2004	Baku	Ganja	Nakhichivan	Total
Prostheses	96	27	8	131
Orthoses	159	437	19	915
Beginning of assistance	1994			

The ICRC's physical rehabilitation programme in Azerbaijan started in 1994 in cooperation with the Ministry of Labour and Social Protection. Over the years, ICRC assistance has included: financial contributions (renovation of buildings, bonuses for national staff, partial reimbursement of patients' travel costs, etc.); technical support (provision of materials and components) and training (on-the-job training and formal training). Between 1998 and 2001, the ICRC and the Ministry of Labour and Social Protection jointly conducted a three-year course in prosthetics and orthotics, following which seven students received the internationally recognized ISPO Category II diploma. The ministry took over responsibility for the physical rehabilitation programme in 2001, employing the newly trained technicians. The Darnagul physical rehabilitation centre was closed in 2001, following a decision by the authorities to maintain only one such centre in Baku, the Ahmedly Prosthetic Orthopaedic Rehabilitation Centre (PORC). At the same time, it pursued a policy of decentralization of the country's physical rehabilitation services. With the assistance of the ICRC, two branches of the PORC were opened, one in Ganja in February 2003 and one in Nakhichevan in late 2003. While the Ganja centre was operational in 2004, the Nakhichevan centre still faced many problems linked mainly to the lack of trained staff.

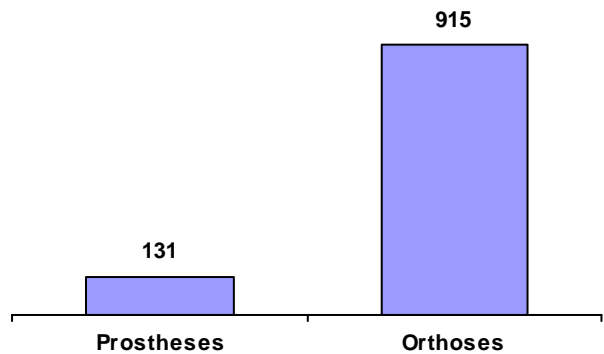
In 2004, the ICRC Physical Rehabilitation Programme:

- enabled ICRC-assisted centres to provide 131 prostheses and 915 orthoses;
- carried out regular technical monitoring visits by the ICRC's Tbilisi-based ortho-prosthetist;
- organized a participatory planning seminar bringing together everyone involved in the physical rehabilitation sector.

At the beginning of 2004, the ICRC reoriented its cooperation with the Ministry of Labour and Social Protection, stepping up technical monitoring missions and meeting more often with ministry officials. In June, the ICRC facilitated a participatory planning seminar, bringing together for the first time everyone actively or passively involved in the physical rehabilitation sector. The aim was to formulate a long-term strategy for the Ministry of Labour and Social Protection's physical rehabilitation activities and to establish a framework for future cooperation. Participants produced a plan of action defining responsibilities, outlining activities and establishing a timeframe, which will serve as the basis for the implementation of the decentralization policy for all partners involved.

**Patient services**

In 2004, more than 1,000 people received physical rehabilitation services with the assistance of the ICRC. Almost 67% of people fitted with prostheses were first-time patients, as were 37% of those fitted with orthoses. Of the total number of prostheses fitted, 2 (1.5%) were for mine victims.



**Outlook for 2005**

- Continue to conduct technical monitoring visits and to support the Ministry of Labour and Social Protection's physical rehabilitation programme in Baku, Ganja and Nakhichevan.
- Improve the accessibility of services, particularly for refugees/asylum seekers living in Azerbaijan.
- Assist the Ministry of Labour and Social Protection in improving physical rehabilitation services through seminars and the use of external consultants.

**Georgia**



Implementing Partner	Georgian Foundation for Prosthetic Orthopaedic Rehabilitation in Tbilisi Ministry of Health and Social Welfare (MoHSW) in Gagra		
Location of projects	Tbilisi and Gagra (Abkhazia)		
Statistics in 2004	Tbilisi	Gagra	Total
Prostheses	357	81	438
Orthoses	658	47	705
Wheelchairs	23	11	34
Crutches (pairs)	275	260	535
Beginning of assistance	1994		

The Georgian Foundation for Prosthetic Orthopaedic Rehabilitation (GEFPOR), created in late 2003, became operational in January 2004 and has taken over the management of the ICRC's physical rehabilitation centre in Tbilisi. The ICRC provided GEFPOR with funds to buy a vehicle, which has enabled the foundation to be more independent from the ICRC, and donated any remaining equipment, tools and stocks. The foundation is now in the consolidation phase. Because of the political situation in Abkhazia, the authorities there continue to lack the financial means to support fully the services provided by the Gagra Orthopaedic Centre. Nevertheless, they

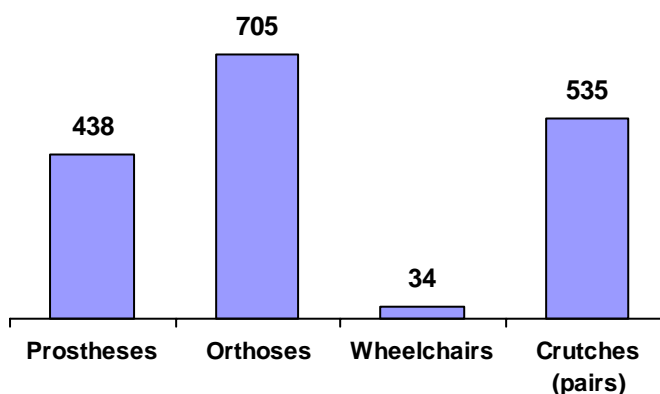
have expressed willingness to initiate a physical rehabilitation programme, even with their limited resources. In 2004, the ICRC Physical Rehabilitation Programme:

- helped GEFPOR to become operational and take over the management of the Tbilisi physical rehabilitation centre, enabling it to provide 357 prostheses and 658 orthoses;
- enabled the Gagra Orthopaedic Centre to provide 81 prostheses and 47 orthoses.

During 2004, a planning seminar was held to develop a long-term strategy to ensure GEFPOR's financial sustainability. The ICRC began to reimburse the cost of treatment provided by the Tbilisi centre, rather than covering all of the running costs, as previously. In 2004, the ICRC reimbursed approximately 75% of all the services provided at the centre. One-month physiotherapy courses, run by an expatriate ICRC physiotherapist, were organized at the Tbilisi and Gagra centres.

### Patient services

In 2004, more than 1,100 people received physical rehabilitation services with the assistance of the ICRC. Almost 40% of the people fitted with prostheses were first-time patients, as were 33% of those fitted with orthoses. Of the total number of prostheses fitted, 77 (18%) were for mine victims.



### Outlook for 2005

- Continue to support GEFPOR in its efforts to provide high-quality and appropriate physical rehabilitation services by reimbursing the costs of approximately 60% of the total services provided at the Tbilisi centre.
- Continue to support the activities of the Gagra Orthopaedic Centre by supplying materials and components.
- Provide technical monitoring to both the Tbilisi and Gagra centres, through regular visits by an expatriate ortho-prosthetist, and conduct refresher courses in physiotherapy.

### Russian Federation



Implementing Partner	Ministry of Health and Social Development
Location of project	Grozny
Statistics in 2004	
Prostheses	137
Wheelchairs	5
Crutches (pairs)	46
Beginning of assistance	2002

The hostilities of recent years have left many people with conflict-related disabilities. Many more continue to be injured by mines and ERW. Official and complete figures of the number of people in need of prosthetic services are still difficult to obtain; estimates of 5,000–6,000 amputees are given by different sources. The prolonged conflict in Chechnya has disrupted health services for long periods and led to the discontinuation of important public health programmes, such as childhood immunization. As a result, a large number of people suffering polio-related deformities or congenital anomalies

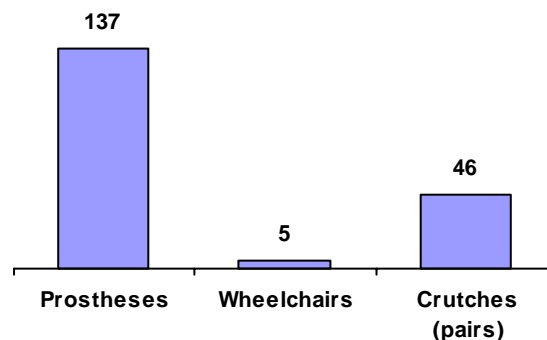
are in need of orthoses and other assistive devices such as wheelchairs and walking aids. The ICRC began its assistance to the Grozny Orthopaedic Centre in 2002 with the donation of equipment for the manufacture of prostheses and with the initiation of a training programme for eight technicians. The training was completed in October 2004, and the students were awarded a State diploma in prosthetics and orthotics issued by the St. Petersburg Social College. The return of the newly qualified technicians to the centre has boosted its day-to-day activities, and a growing number of people are being fitted with prostheses. Currently, about 1,000 people, mostly amputees, are registered at the centre. Although the Ministry of Health and Social Affairs has stated that it is financially able to care for the disabled, many needs are still unmet. In addition, the centre still lacks sufficient qualified personnel. With the eight newly trained prosthetic/orthotic technicians now working at the Grozny centre, a first step has been taken in setting up a properly functioning physical rehabilitation facility in Chechnya.

In 2004, the ICRC Physical Rehabilitation Programme:

- enabled ICRC-assisted centres to provide 137 prostheses;
- completed the training of 8 Chechen technicians, all of whom passed the final examination;
- held 1 seminar at the Sochi Orthopaedic Centre on trans-tibial prostheses, attended by 7 technicians from different centres in the region and by 6 technicians from Chechnya.

#### Patient services

In 2004, a total of 134 people received physical rehabilitation services with the assistance of the ICRC. Of the total number of prostheses fitted, 101 (74%) were for mine victims.

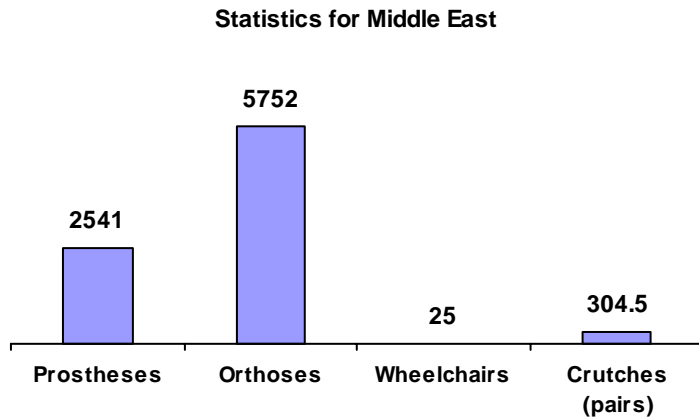


#### Outlook for 2005

- provide technical monitoring through regular visits to the Grozny Orthopaedic Centre by an ICRC ortho-prosthetist.
- provide of wheelchairs and walking aids as necessary
- organize a planning seminar involving all stakeholders in Chechnya to identify the needs and to develop strategies to respond to them.
- initiate a training programme for 10 additional technicians.
- organize refresher courses for the technicians already trained and for technicians from surrounding centres.

### 3.4 Middle East

In 2004, the ICRC supported 14 projects in 5 countries in the Middle East (Algeria, Iraq, Lebanon, Syria and Yemen). Within the projects assisted by the ICRC in the Middle East, a total of 2,579 prostheses and 5,795 orthoses were produced and 304.5 pairs of crutches and 25 wheelchairs distributed. More than 8,300 people received physical rehabilitation services, of whom 4,600 were first-time patients. Of the total number of prostheses fitted in the Middle East, 838 (33%) were for mine victims.



#### Algeria



Implementing Partner	Ben Aknoun Hospital
Location of project	Algiers
Statistics in 2004	
Prostheses	38
Orthoses	43
Beginning of assistance	2002

The ICRC signed a cooperation agreement with the Ministry of Health and the Algerian Red Crescent in June 2001. The agreement defined the roles and responsibilities of each partner in respect of the new prosthetic/orthotic workshop at the Ben Aknoun Hospital in Algiers. The aim of this partnership was to assist Sahrawi amputees and to help the Ministry of Health introduce low-cost technology based on the use of polypropylene, enabling those not covered by social insurance to have access to physical rehabilitation services. The Ben Aknoun centre offers small-scale services to the most vulnerable patients, using ICRC technology and materials to produce prostheses and orthoses. In 2004, the ICRC maintained technical and financial support to the centre.

#### Patient services

In 2004, more than 80 people received physical rehabilitation services with the assistance of the ICRC.

#### Outlook for 2005

- assist the Ministry of Health in extending the use of the low-cost polypropylene technology to other physical rehabilitation services in Algeria, by organizing technical seminars for ministry staff and Algerian prosthetists.

## Iraq

Implementing Partner	Ministry of Health – Baghdad (MRC, Al-Wasity, Baghdad Centre), Basrah and Najaf Ministry of Higher Education – Baghdad (P&O School) Iraqi Red Crescent Society – Mosul								
Location of projects	Baghdad (4), Mosul, Erbil, Najaf, and Basrah								
Statistics in 2004	Baghdad (MRC)	Baghdad (Al Wasity)	Baghdad Centre	Baghdad (P&O School)	Mosul	Erbil	Najaf	Basrah	Total
Prostheses	275	0	332	113	249	456	38	294	1757
Orthoses	2763	682	315	136	0	65	16	20	3997
Wheelchairs	0	0	0	0	0	10	0	15	25
Crutches (pairs)	17	0	3	23	23.5	121.5	16	54	258
Beginning of assistance	1994								



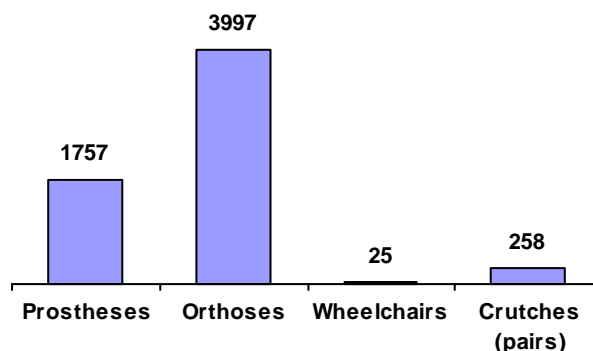
The unstable security situation throughout the country has affected physical rehabilitation services in all centres. The ICRC had planned to gradually withdraw and hand over this programme to its Iraqi counterparts by the end of 2004. However, the continuing hostilities have obliged it to postpone the handover to a later date, when the environment is more conducive and a clearer picture has developed of the general situation of the post-war authority. The Ministry of Health estimates that there are more than 50,000 amputees requiring prostheses and 60,000 people requiring orthoses in Iraq. As in the aftermath of all conflicts, the number of victims of mines and ERW is expected to rise across the country. Irregular staff attendance and the low level of

security has had a significant impact on the provision of physical rehabilitation services. Moreover, the increase in new amputees injured in mine/ERW accidents is creating long waiting lists in most of the centres. The escalating conflict and disturbances, together with a general climate of violence throughout the country, has hampered all humanitarian activities, including those of physical rehabilitation centres. For example, the centre in Najaf has been closed since April 2004 and the centre in Mosul was forced to move to another location. This has seriously affected the work harmony and patient flow. Iraqi physical rehabilitation services are still a long way from meeting needs, and the health authorities lack the financial means to maintain the facilities themselves. The ICRC participates in meetings of the Physical Rehabilitation Committee, which includes representatives of the Ministry of Health and of the Ministry of Higher Education. In 2004, the ICRC Physical Rehabilitation Programme:

- enabled ICRC-assisted centres to provide 1,757 prostheses, 3,997 orthoses and 258 pairs of crutches;
- conducted refresher courses on the technical and clinical procedures for lower-limb orthoses and carried out regular technical monitoring visits to all centres by an ICRC national staff member.

### Patient services

In 2004, more than 5,700 people received physical rehabilitation services with the assistance of the ICRC. Almost 39% of people fitted with prostheses were first-time patients, as were 69% of those fitted with orthoses. Of the total number of prostheses fitted, 772 (44%) were for mine victims.



Outlook for 2005

- Continue to supply materials and components for the manufacture of prosthetic and orthotic devices.
- Encourage and facilitate regular meetings of the Physical Rehabilitation Committee to improve the quality of services provided and coordination among the different centres.
- Continue to strengthen the capacities of the centres' staff to provide high-quality services through training and regular monitoring visits.

Lebanon



Implementing Partners	Sidon Orphan Welfare Society (Sidon) and Lebanon College for Disabled		
Location of projects	Beit Shabab and Sidon		
Statistics in 2004	Beit Shabab	Sidon	Total
Prostheses	56	28	84
Orthoses	40	24	64
Beginning of assistance	1982		

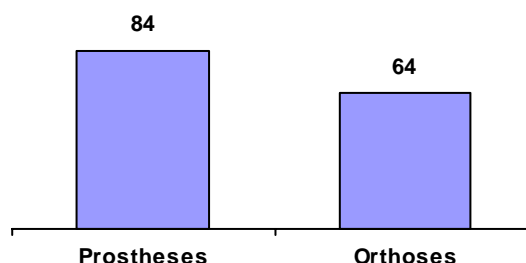
There are 32 physical rehabilitation centres in Lebanon. While most Lebanese citizens have access to physical rehabilitation services covered by State social insurance, Palestinian refugees do not benefit from this entitlement. The ICRC physical rehabilitation programme in Lebanon was initiated in 1982 and was handed over to its Lebanese counterparts in 1995 after ensuring that it had the support needed for its sustainability. Between 1995 and 2002, the SFD followed the project by conducting short missions and supplying materials and components to the centres in Sidon (in southern Lebanon) and Beit Chabab (east of Beirut). At the beginning of 2003, the ICRC Physical Rehabilitation Programme resumed direct support to the centre. In 2004, while continuing to supply the necessary materials and components to both centres, the ICRC also covered the cost of services for Palestinian refugees in Sidon. Following a monitoring visit in mid-2004, it was decided to cease assistance to the Beit Chabab centre at the end of year, while maintaining assistance to the Sidon centre.

In 2004, the ICRC Physical Rehabilitation Programme:

- enabled ICRC-assisted centres to provide 84 prostheses and 64 orthoses;
- reimbursed the costs of treatment of Palestinian refugees at the Sidon centre;
- conducted technical monitoring visits by an ICRC ortho-prosthetist.

Patient services

In 2004, more than 150 people received physical rehabilitation services with the assistance of the ICRC. Almost 31% of the people fitted with prostheses were first-time patients, as were 34% of those fitted with orthoses. Of the total number of prostheses fitted, 8 (5%) were for mine victims.



Outlook for 2005

- Continue supplying materials and components to the Sidon centre.
- Continue to cover the cost of treatment of Palestinian refugees.

## Syria



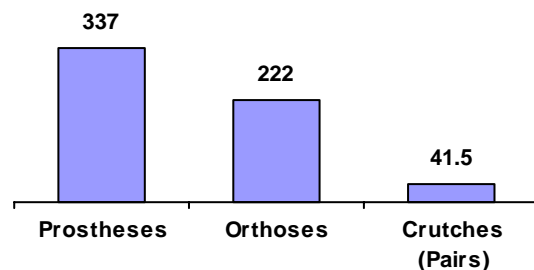
Implementing Partner	Palestinian Red Crescent (PRC)
Location of project	Damascus
Statistics in 2004	
Prostheses	337
Orthoses	222
Crutches (pairs)	41.5
Beginning of assistance	1983

After the Israeli invasion of Lebanon in 1982, the number of disabled Palestinians requiring physical rehabilitation services increased. Therefore, in 1983 the Syrian branch of the Palestinian Red Crescent asked the Swedish Red Cross to provide assistance to this vulnerable group. The Palestinian Red Crescent cooperated with the ICRC to establish rehabilitation services and to train staff. To begin with, the centre was located in Doumar, in the suburbs of Damascus; in 1994, it was moved to the Yarmouk camp to increase its accessibility for Palestinian refugees. Between 1996 and 2002, the SFD supported the centre. Assistance included supplying materials and components, maintenance and repair of equipment and monitoring visits by an expatriate ortho-prosthetist. In 2003, the ICRC took over direct assistance to the programme, while the Palestinian Red Crescent continued to manage the centre. The Red Crescent has had to adapt structurally to the sudden and painful drying up of external funding. The centre is the only facility providing physical rehabilitation services for Palestinian refugees. The Palestinian Red Crescent covers the centre's day-to-day expenses, such as the utilities and staff salaries. Even though the funds received from the Palestinian Red Crescent central structure (via the Palestine Liberation Organization's Palestinian National Fund, As-Sunduq) have stabilized over the past five years, they remain insufficient both to cover the centre's running costs and to prevent a general degradation of the services and infrastructure. Moreover, an assessment by an ICRC ortho-prosthetist in 2004 revealed the need to upgrade the services offered by the centre in order to meet ICRC standards. This concerns new procedures of quality control on the one hand, and additional training and mentoring of staff on the other hand. In 2004, the ICRC Physical Rehabilitation Programme:

- enabled ICRC-assisted centres to provide 337 prostheses and 222 orthoses;
- conducted technical monitoring visits by an ICRC ortho-prosthetist.

### Patient services

In 2004, more than 550 people received physical rehabilitation services with the assistance of the ICRC. Almost 50% of the people fitted with prostheses were first-time patients, as were 59% of those fitted with orthoses. Of the total number of prostheses fitted, 13 (4%) were for mine victims.



### Outlook for 2005

- Continue to supply materials and components to the Palestinian Red Crescent's physical rehabilitation centre.
- Provide specific training for staff working at the centre.



**Yemen**



Implementing Partner	Ministry of Health and Population (MoHP)		
Location of project	Sana'a and Mukalla		
Statistics in 2004	Sana'a	Mukalla	Total
Prostheses	311	52	363
Orthoses	1092	377	1469
Beginning of assistance	2002		

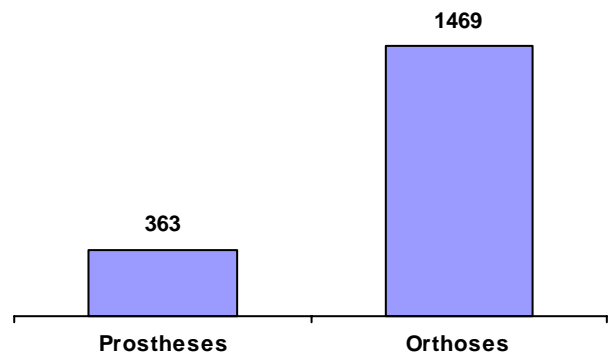
The Ministry of Health and Population runs several physical rehabilitation centres in Yemen, of which two, one in Sana'a and one in Mukalla, are assisted by the ICRC. The centre in Sana'a was set up in 1964 and was initially assisted by the ICRC between 1965 and 1975. In 2002, the ICRC resumed its support, supplying materials, components and equipment. Sana'a has now become a sizeable centre employing about 70 people (30 physiotherapists and 40 prosthetic/orthotic technicians, including about 15 expatriates from India and Bulgaria). In 2002, the Ministry of Health and Population constructed a new centre in Mukalla, about 750 km south of Sana'a, supported by the Social Fund for Development in Yemen. In 2003, the ICRC started to supply the Mukalla centre with materials, components and equipment. The Mukalla centre currently serves about 1,500 patients a year, of whom around 60 are amputees requiring prostheses, 450 require orthoses and about 1,000 require physiotherapy.

In 2004, the ICRC Physical Rehabilitation Programme:

- enabled ICRC-assisted centres to provide 363 prostheses and 1,469 orthoses;
- subsidized the training of 2 technicians in prosthetics and orthotics at Mobility India in Bangalore.

**Patient services**

In 2004, more than 1,700 people received physical rehabilitation services with the assistance of the ICRC. Almost 44% of the people fitted with prostheses were first-time patients, as were 42% of those fitted with orthoses. Of the 363 prostheses fitted, 45 (4%) were for mine victims.



**Outlook for 2005**

- Continue to assist both the Sana'a and Mukalla centres in the provision of high-quality and appropriate physical rehabilitation services.
- Continue to subsidize the training of 2 technicians in prosthetics and orthotics.

## 4 Conclusion

In 2004, the number of projects assisted by the ICRC remained stable. Within these projects, services continued to expand, with the most significant increase in the number of orthoses fitted (+24%). In 2005, the ICRC will step up the number of projects it assists by eight within existing national programmes in Cambodia, DRC, Ethiopia, India, DPRK, Myanmar and Pakistan.

Throughout the year, the ICRC continued to support the professional development of national staff at its assisted centres. It paid for 27 of them to attend courses on prosthetics and orthotics and supported formal training in Afghanistan, Ethiopia, the Russian Federation and Sudan. It also conducted several physiotherapy refresher courses.

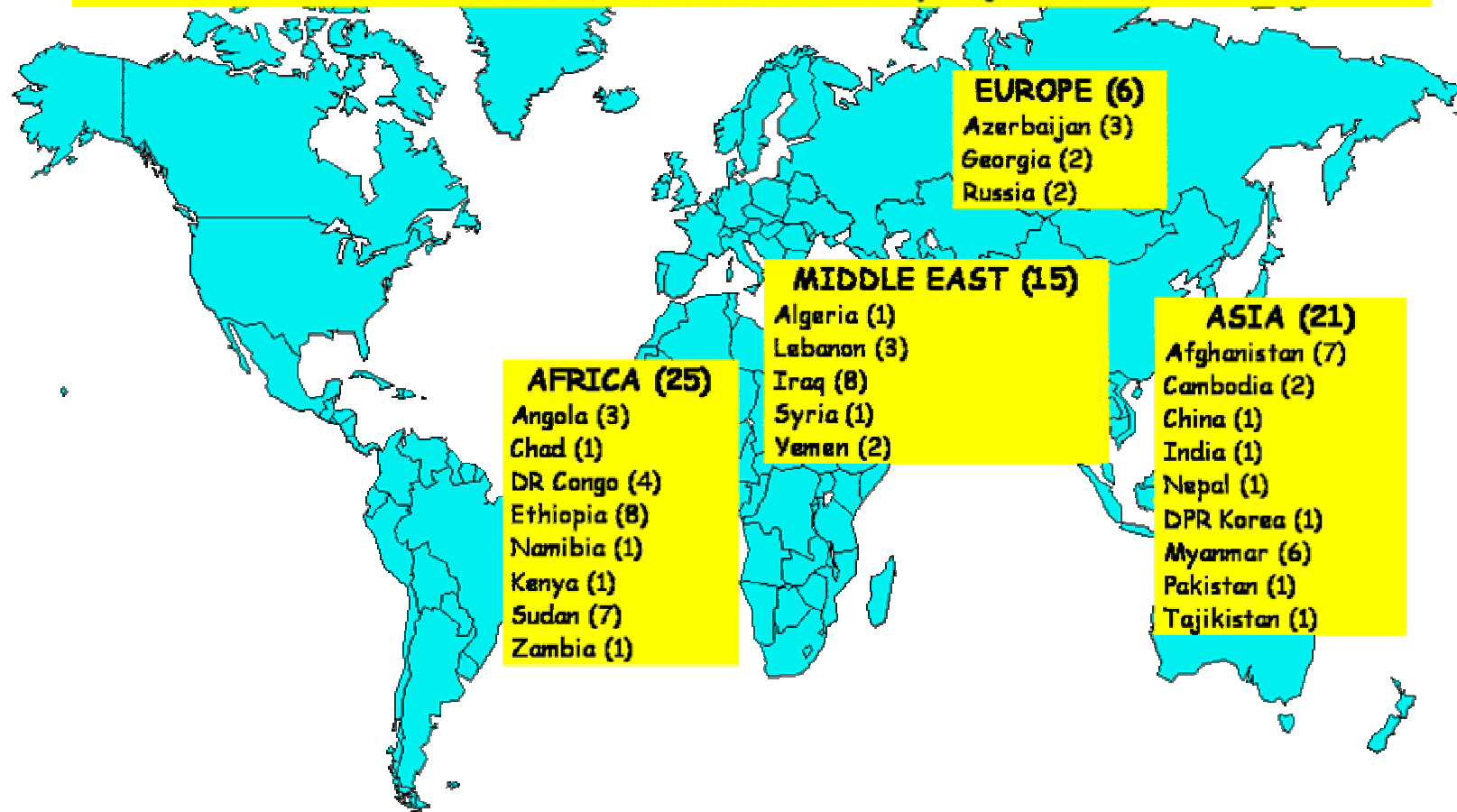
Since 1979, when the Physical Rehabilitation Programme was established, the ICRC has provided physical rehabilitation assistance to 93 projects in 37 countries. It has developed innovative rehabilitation techniques and internationally recognized standards for the management of physical rehabilitation activities such as:

- the polypropylene prosthetic system, which was awarded the ISPO Brian Blatchford Prize in 2004;
- a policy to increase accessibility to training of national staff involved in physical rehabilitation activities;
- guidelines for the management of physical rehabilitation activities, including treatment protocols.

Over the past 25 years, a tremendous effort has been made to achieve the programme's main objectives: to increase the accessibility of rehabilitation services to improve the quality of such services and to ensure their long-term functioning, since disabilities are permanent and the beneficiaries of these services will need them for the rest of their lives.

Annex 1: 2004 ICRC-assisted projects geographical distribution

# ICRC Physical Rehabilitation Programmes Geographical Distribution 2004: 25 countries / 69 projects



**Annex 2: Worldwide 2004 Statistics**

Country / Description	Algeria <sup>2</sup>	Afghanistan	Angola	Azerbaijan	Chad	Cambodia	China	DPR Korea <sup>3</sup>	DR Congo	Ethiopia	Georgia	Iraq	India <sup>4</sup>	Kenya	Lebanon	Myanmar	Nepal	Russia	Sudan	Syria	Tajikistan	Yemen	Zambia	TOTAL
Number of new patients fitted with prostheses	-	904	474	88	91	373	193	338	378	916	174	694	9	116	26	1267	64	134	388	167	101	161	114	<b>7170</b>
Total number of prostheses delivered	38	4365	1627	129	205	1494	313	381	408	1776	438	1757	9	392	84	2071	66	137	976	337	358	363	125	<b>17811</b>
Total number of prostheses delivered for mine victims	-	3132	1229	2	96	1363	275	58	81	948	77	772	6	79	8	1531	0	101	83	13	37	45	51	<b>9987</b>
Number of new patients fitted with orthoses	-	4375	81	339	95	311	0	10	87	1132	237	2777	0	63	22	38	1	0	532	132	123	621	70	<b>11046</b>
Total number of orthoses delivered	43	8364	125	915	142	732	0	11	88	2316	705	3997	0	116	64	38	1	0	1285	222	209	1469	95	<b>20894</b>
Total number of orthoses delivered for mine victims	-	23	17	1	4	14	0	1	22	39	1	80	0	2	0	12	0	0	1	3	0	6	0	<b>224</b>
Total number of crutches delivered (pairs)	-	4588.5	3079.5	0	458	1398.5	2	175	341	2388.5	535	258	3	659	0	1295.5	44	46	662	41.5	173	0	17.5	<b>16165.5</b>
Total number of wheelchairs delivered	-	873	249	0	0	289	0	64	7	80	34	25	4	33	0	0	1	5	0	0	11	0	0	<b>1675</b>

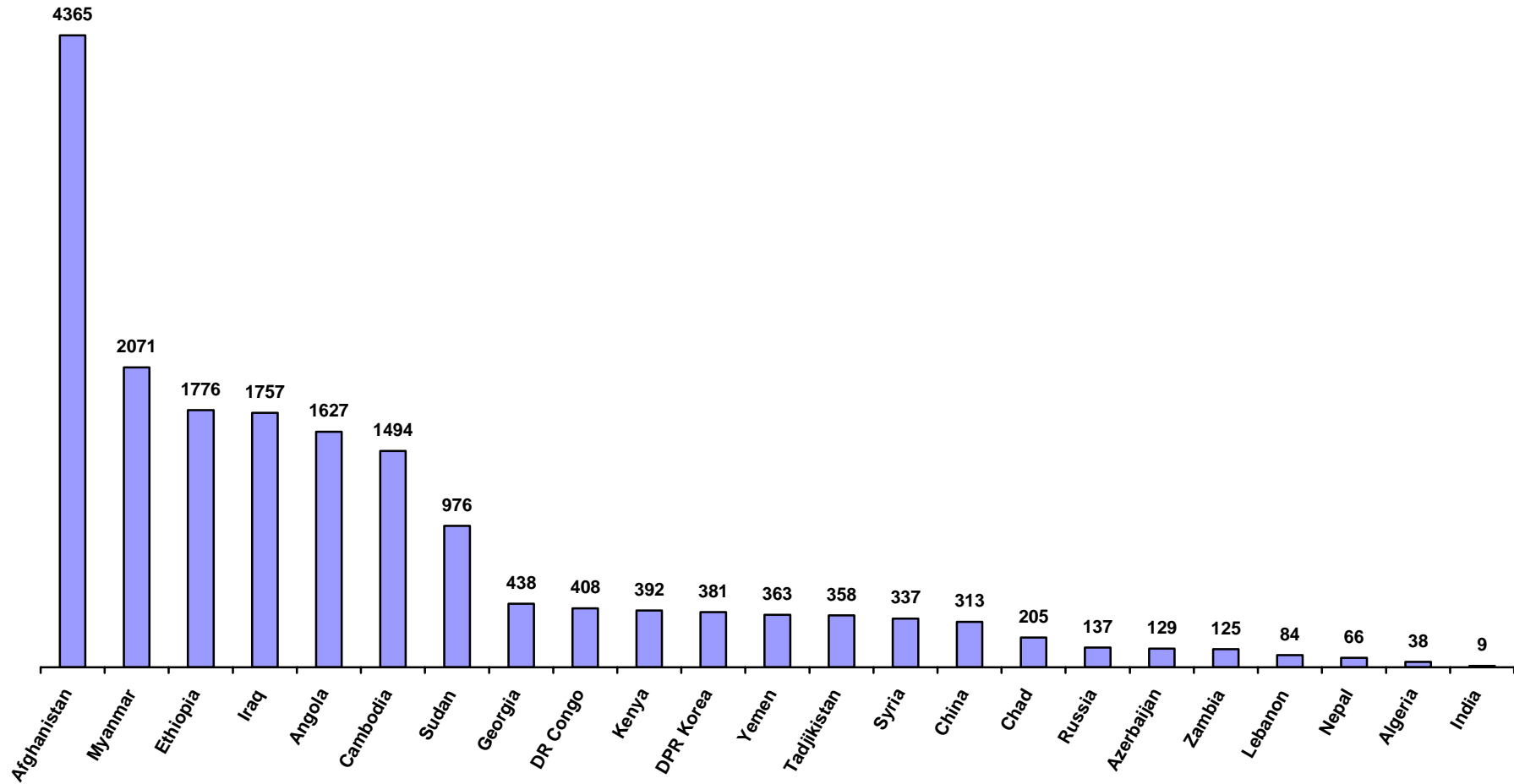
<sup>2</sup> Incomplete Statistics,

<sup>3</sup> June – December 2004 Statistics

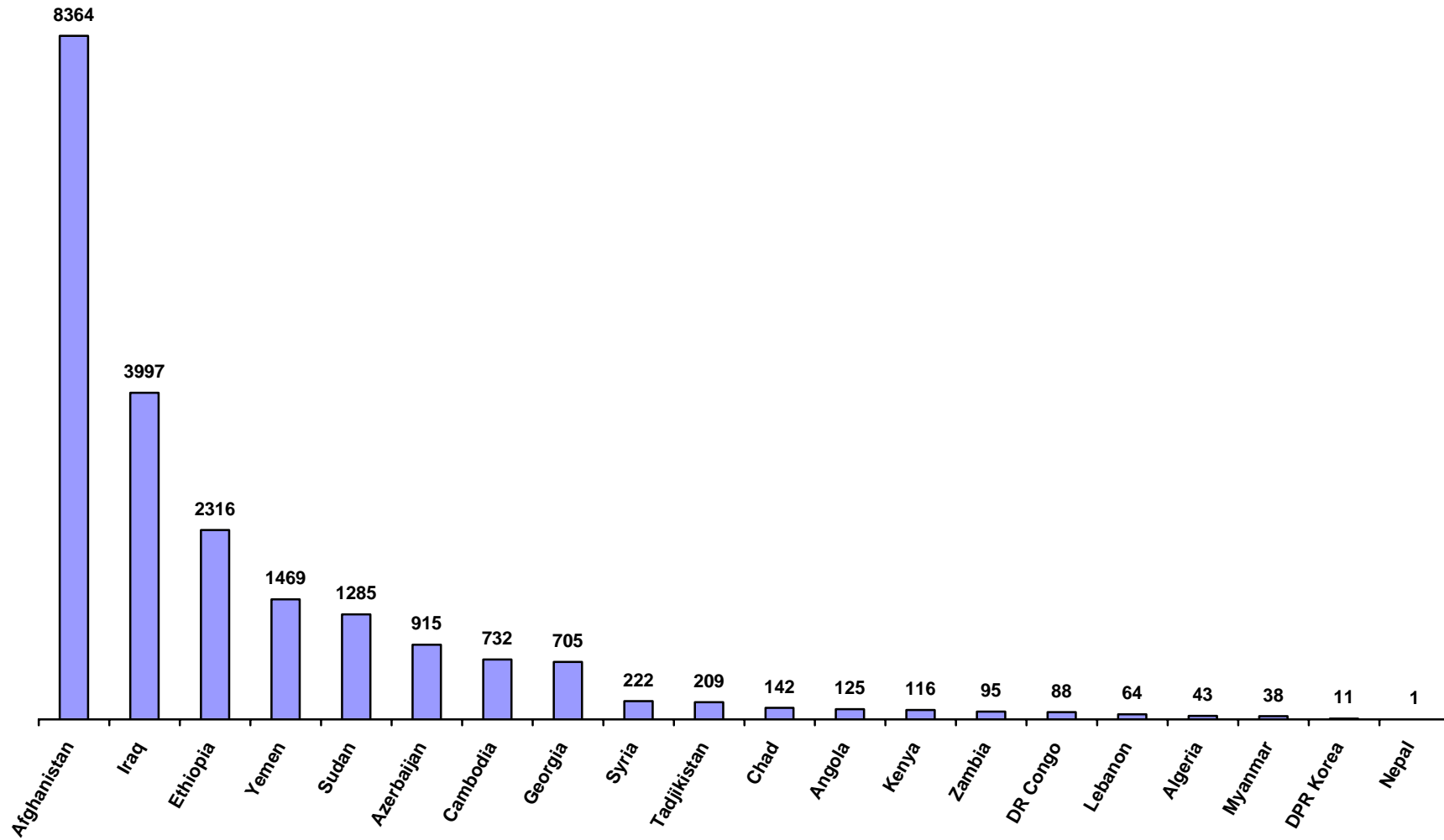
<sup>4</sup> October – December 2004 Statistics

### Annex 3: Prostheses / Orthoses production by programmes (countries)

#### Prostheses



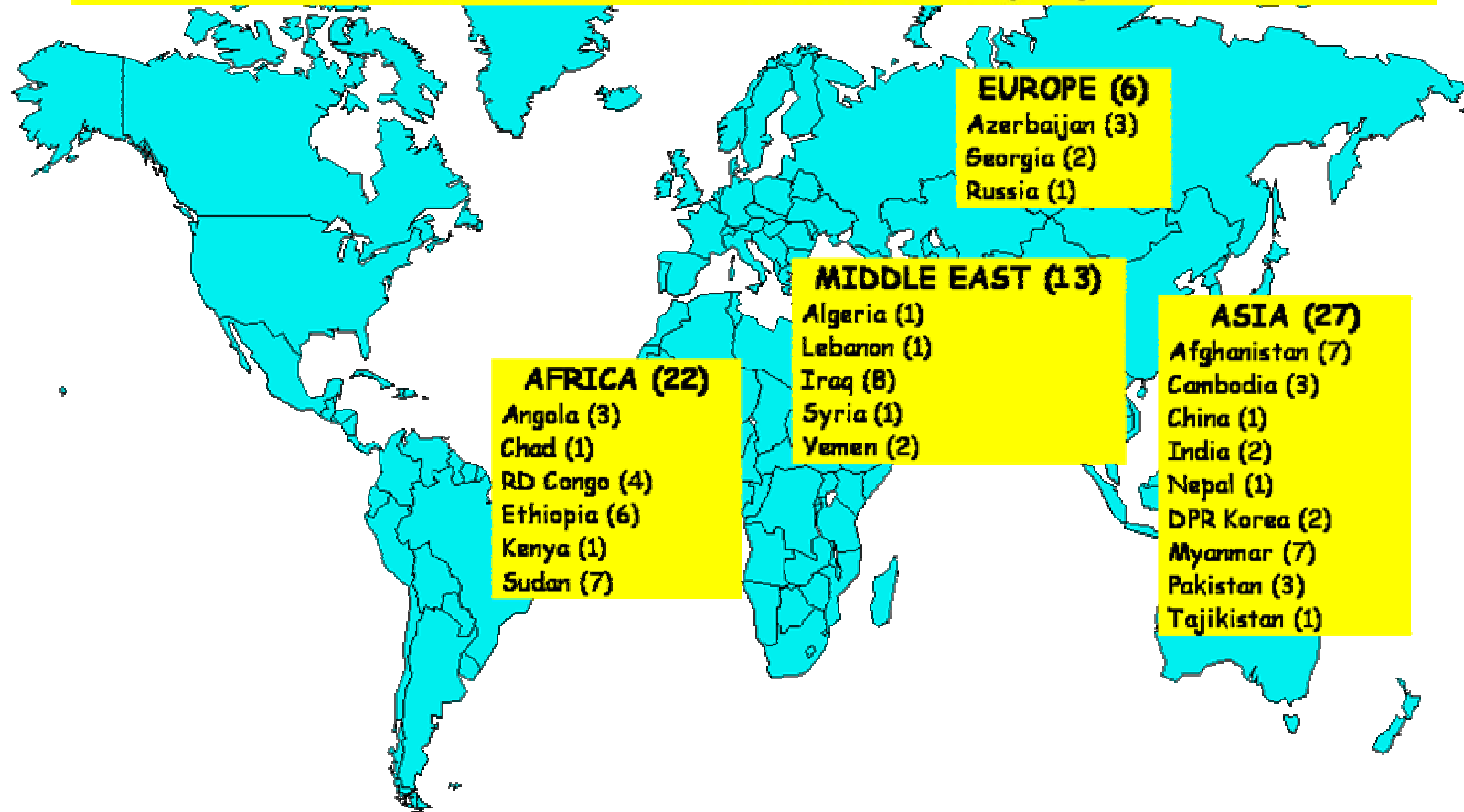
Orthoses



Annex 4: 2005 forecast projects geographical distribution

# ICRC Physical Rehabilitation Programmes Geographical Distribution

2005 Forecast: 23 countries / 68 projects.









## The mission

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of war and internal violence and to provide them with assistance. It directs and coordinates the international relief activities conducted by the Movement in situations of conflict. It also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles.

Established in 1863, the ICRC is at the origin of the International Red Cross and Red Crescent Movement.

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