

PHYSICAL REHABILITATION PROGRAMME

ANNUAL REPORT 2008



ICRC

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FOREWORD

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of war and internal violence and to provide those victims with assistance. Established in 1863, the ICRC is at the origin of the International Red Cross and Red Crescent Movement. It works to fulfil its mandate to protect and assist the millions of people affected by armed conflict and other situations of violence through its 80 delegations and missions around the world.

Although the ICRC had undertaken some physical rehabilitation activities before 1979, the establishment that year of the Physical Rehabilitation Programme (PRP) marked the beginning of a major commitment in this field. Since 1979, the PRP's activities have diversified and expanded throughout the world, from two projects in two countries in 1979 to a total of 85 projects in 25 countries and one territory in 2008. This development results from the recognition that humanitarian assistance in the form of physical rehabilitation requires more than an emergency response, since those in need of physical rehabilitation services will need such services for the rest of their lives. Over time, the ICRC has developed a leadership role in physical rehabilitation, mainly because of the scope of its activities worldwide, the development of its in-house technology, its acknowledged expertise, and its long-term commitment to assisted projects. In most countries where the ICRC has provided physical rehabilitation support, such services were previously either minimal or non-existent. In most cases, the support provided by the ICRC has served as a basis for the establishment of a national rehabilitation service dispensing care to those in need.

The term "rehabilitation" refers to a process whose aim is to remove – or to reduce as much as possible – restrictions on the activities of physically disabled persons, and

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

In addition, to its operational programme, the Physical Rehabilitation Programme, the ICRC is also providing assistance in the field of physical rehabilitation through its Special Fund for the Disabled. Created in 1983, the ICRC Special Fund for the Disabled (SFD) provides similar support as the PRP. It is primarily the political context and the need that determine which channel the ICRC uses in a given situation. The mission of the SFD is to support physical rehabilitation services in low-income countries, with priority given to former projects of the ICRC.

This report describes the worldwide activities of the ICRC Physical Rehabilitation Programme in 2008.

Information on the activities of the ICRC Special Fund for the Disabled may be obtained from the Fund's Annual Report for 2008 (www.icrc.org/fund-disabled).

1 – INTRODUCTION

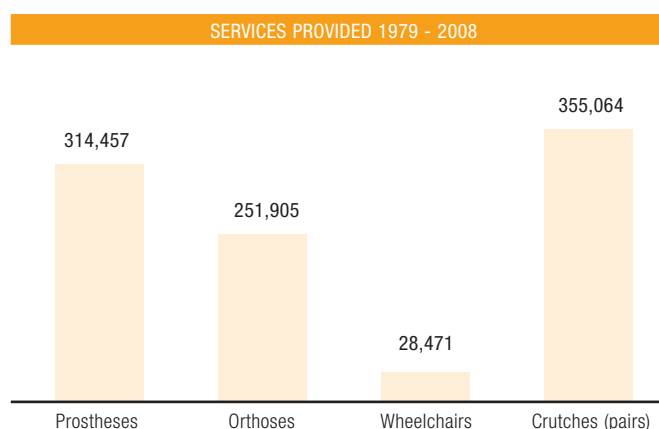
Rehabilitation is a process whose aim is to remove – or to reduce as much as possible – restrictions on the activities of persons with disabilities, and to enable them to become more independent and enjoy the highest possible quality of life. Restoration of mobility is the first step towards enjoying such basic rights as access to food, shelter and education, getting a job and earning an income, and, more generally, having the same opportunities as other members of society. Depending on the type of disability, various measures, such as medical care, physical rehabilitation, vocational training, social support, or help in achieving economic self-reliance, may be needed to achieve this end. Physical rehabilitation is an integral part of the process needed to ensure the full participation and inclusion in society of persons with disabilities. It includes providing assistive devices, such as prostheses, orthoses, walking aids and wheelchairs, together with the therapy that will enable disabled persons to make the fullest use of those devices. Physical rehabilitation must also include activities aimed at maintaining, adjusting, repairing and renewing the devices as needed.

The main objectives of a national physical rehabilitation programme are to ensure that the services provided are accessible, that they meet existing needs and are of good quality, and that they continue to function in the long term. ICRC physical rehabilitation assistance is designed to strengthen the overall physical rehabilitation services of a given country. It aims to improve the accessibility of services and their quality, and to develop national capacities to ensure their long-term viability.

History

Although the ICRC had undertaken some physical rehabilitation activities before 1979, the establishment of the Physical Rehabilitation Programme that year marked

the beginning of a serious commitment in this field. In 1979, two operational projects were implemented under the newly established Physical Rehabilitation Programme.



Since 1979, the ICRC's physical rehabilitation activities have diversified and expanded throughout the world. Between 1979 and 2008, the ICRC Physical Rehabilitation Programme provided support for 121 projects (centres) in 39 countries. Over half the centres were constructed during this period, frequently with substantial ICRC co-funding for construction and equipment costs. The programme's operational activities expanded from two centres in two countries in 1979 to a total of 85 assisted projects in 25 countries and one territory in 2008. A direct result of this steady increase in the number of assisted centres is the increase in the number of beneficiaries receiving services. Since 1979, large numbers of individuals have benefited from physical rehabilitation services, including the provision of prostheses, orthoses, wheelchairs and walking aids, physiotherapy, and follow-up (repair and maintenance of devices) with the assistance of the ICRC. The infrastructure and expertise developed with the help of the ICRC has benefited

patients not only during the period of assistance, but also afterwards. The number of beneficiaries is thus greater than indicated by the statistics, which do not include patients treated after the ICRC's withdrawal from assisted centres.

The approach

In the conflict-affected countries where the ICRC undertakes its mandated activities, it is not only people directly affected by the conflict who need physical rehabilitation services (those injured by landmines, bombs and other ordnance), but also those indirectly affected – people who become physically disabled because the breakdown of normal health services prevents them from receiving proper care and/or vaccinations. The projects assisted by the ICRC offer services without discrimination to all those in need.

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

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

In order to promote these aims, the ICRC provides:

- **Technical assistance,** including low-cost, high-quality technology; service protocols; specialists (ortho-prosthetists, physiotherapists, etc.) offering service and management support
 - **Educational assistance,** including direct training of national staff members, and sponsorships enabling them to enhance their technical and administrative skills at recognized regional training centres
- ICRC projects aim to allow the physically disabled to participate fully in society, both during and after the period of assistance. Although its focus is physical rehabilitation, the ICRC Physical Rehabilitation Programme recognizes the need to develop projects in cooperation with others so as to ensure that beneficiaries have access to other services in the rehabilitation chain. In all projects, referral networks are established with local and international organizations directly involved in other parts of the rehabilitation chain. In addition, where the ICRC is carrying out other activities, such as hospital support and economic-security projects, efforts are coordinated to ensure that beneficiaries of physical rehabilitation projects have access to proper medical care and to socio-economic projects implemented by the ICRC.

Developing national capacity

ICRC projects are designed and implemented to strengthen the overall physical rehabilitation services in a given country. For that reason, the ICRC will support national partners (governments, non-governmental organizations – NGOs, etc.) in providing physical rehabilitation services. The level of support provided varies from country to country, but the aim is always to develop national capacity. In certain circumstances, however, the ICRC may take the place of the authorities entirely. Ninety percent of the ICRC's projects have been, and continue to be, managed in close cooperation with national partners, primarily government authorities. Few centres have been, or continue to be, run by the ICRC alone. There are two situations in which the latter option may be adopted: when there is no suitable partner at the outset, and when a centre is set up to treat patients from a neighbouring country. In 2008, apart from one centre in Pakistan (Muzaffarabad), one centre in Iraq (Erbil), and all seven projects in Afghanistan, assisted centres were either government-run or managed by NGOs.

Sometimes the ICRC's withdrawal from functioning rehabilitation projects is successful; but other times, the long-term result is an empty centre without materials, trained personnel or patients. In countries with limited financial resources, the needs of the disabled, including the need for physical rehabilitation, are seldom given priority. The result is poorly funded and poorly supported centres. Besides the direct impact this has on patients and personnel, it represents a significant loss in terms of investment of human capital and materials. As has already been noted, a person with a disability needs

access to functioning rehabilitation services for the rest of his or her life. In order to improve the sustainability of these services, the ICRC has adopted a long-term approach in implementing and managing its physical rehabilitation projects. While the top priorities are increasing the accessibility of services and maintaining high quality, the ICRC is always aware of the need to increase its partners' capacity for managing services from the outset. It does this by providing training and mentoring, strengthening infrastructure, and promoting the development and implementation of a national physical rehabilitation policy within the relevant government structure(s).

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

As the quality of services depends largely on the availability of trained professionals, the training component of ICRC-assisted projects has gained in importance over the years. The presence of trained professionals increases the chances that rehabilitation facilities will continue to function over the long term. In 2003, the ICRC developed an in-house training package for orthotic/prosthetic technicians (Certificate of Professional Competency – CPC), which was recognized by the International Society for Prosthetics and Orthotics (ISPO). Since 1979, the ICRC has run formal prosthetic and orthotic (P&O) training programmes leading to a diploma in more than 10 countries, and formal training in physiotherapy in one country. It has also provided scholarships enabling a number of candidates to be trained at recognized schools in formal prosthetics and orthotics or physiotherapy.

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

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

The ICRC has provided support for 16 of the 26 States Parties to the Ottawa Convention that have acknowledged their responsibility for landmine survivors (Afghanistan, Albania, Angola, Cambodia, Chad, Colombia, Democratic Republic of the Congo, Eritrea, Ethiopia, Iraq, Mozambique, Nicaragua, Sudan, Tajikistan, Uganda and Yemen), and continues to do so for 13 of them (Afghanistan, Angola, Cambodia, Chad, Colombia, Democratic Republic of the Congo, Eritrea, Ethiopia, Iraq, Sudan, Tajikistan, Uganda and Yemen). Since 1997, the ICRC-assisted network of centres has

provided mine survivors with 110,725 prostheses and 2,816 orthoses, together with appropriate physical therapy. In addition, many survivors received wheelchairs and walking aids.

Polypropylene technology

The ICRC initially used raw materials and machinery imported from established Western suppliers to produce prosthetic and orthotic components. However, the organization soon started developing a new technology using polypropylene as the basic material, thus reducing the cost of rehabilitation services. Recognition of the ICRC's vital role in making rehabilitative appliances more widely available, by introducing low-cost, high-quality technology, came in 2004 when the ISPO awarded the Brian Blatchford Prize to the ICRC. The technology developed by the ICRC is now standard practice for the production of prostheses and orthoses and is used by a significant number of organizations involved in physical rehabilitation.

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

Support by specialists

Besides developing appropriate technology and training professionals, the ICRC promotes providing quality services by deploying its specialists. With a large international pool of experts, the ICRC employs by far the largest number of specialists among the international organizations working in the same field. Over time, the average number of expatriates per project has decreased from 7 in 1979 to 0.6 in 2008, mainly because of the increased experience both of the ICRC and of the growing number of national trained professionals working in assisted centres.

2 – OVERVIEW OF ACTIVITIES IN 2008

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

IMPROVING THE ACCESSIBILITY OF SERVICES

For the ICRC, improving accessibility to services implies:

- ▶ That the services exist, and that potential service users know they exist and how to access them
- ▶ That users have equal access to services, without any type of discrimination, and that the services provided are affordable, without compromising on quality
- ▶ That the services are physically accessible to users, that they are provided as close as possible to where users live, and that users have access to other services within the rehabilitation chain

To this end, equipment material and components are donated, direct support is provided to service users, covering the cost of transport, accommodation and food, information about supporting centre activities is disseminated, and the ICRC supports the development of referral networks within the catchments areas of the centres.

Projects worldwide

In 2008, the ICRC Physical Rehabilitation Programme assisted 85 projects in 25 countries and one territory. Apart from the two national orthopaedic component factories (in Cambodia and Afghanistan) and the national unit manufacturing crutches (in Iraq), all other projects were physical rehabilitation centres. The ICRC also began providing assistance in Uganda (one project) and resumed its support to three satellite centres managed by the Sudan National Authority for Prosthetics

and Orthotics (NAPO). At the beginning of the year, the ICRC ended its support in Syria (one project), in Haiti (one project), in Azerbaijan (three projects), and for two projects in Ethiopia (Harar and Addis Ababa). In June 2008, it ended its support for three projects in Angola.

In Africa, the ICRC provided support for 26 projects in seven countries: Angola (3 projects), Chad (2), Democratic Republic of the Congo (5), Eritrea (3), Ethiopia (6), Sudan (6), and Uganda (1). After nearly 30 years of support, the ICRC halted its assistance in Angola at the end of June, believing that Angola has all the necessary means to provide effective physical rehabilitation services. In Chad, the ICRC continued to support the activities of the two centres within the country, located in Moundou and in N'Djamena. In the Democratic Republic of the Congo, the ICRC continued to cover the treatment costs of those directly affected by the conflict in five centres in the country. In Eritrea, the project did not proceed as planned during 2008 since the Memorandum of Understanding was only signed in late October; however some activities were implemented during the year.

The ICRC provided support to six centres in Ethiopia, but discontinued its collaboration with the Harar centre and with the Prosthetics and Orthotics Centre in Addis Ababa. Nevertheless, these two centres continued to provide services in 2008 with the material given by the ICRC in 2007. In Sudan, while continuing to support centres in Khartoum, Nyala and Juba, the ICRC resumed its support to three satellite centres managed by the National Authority for Prosthetics and Orthotics (NAPO) in Kassala, Damazin and in Kadugli with the aim of improving accessibility to services. In October 2008, the ICRC resumed its assistance to Uganda in the field of physical rehabilitation, focusing on the west (Fort Portal).

In Asia, the ICRC provided support for 31 projects in 10 countries: Afghanistan (7 projects), Cambodia (3), China (3), Democratic People's Republic of Korea (2), India (2), Myanmar (7), Nepal (1), Pakistan (4), Sri Lanka (1), and Philippines (1). In addition, the ICRC covered the cost of treatment for 398 persons in Bangladesh who received 477 orthoses and 122 prostheses. These services were provided by centres receiving assistance from the ICRC Special Fund for the Disabled.

While physical rehabilitation services were available through a network of 14 centres in Afghanistan, only one was managed by the Afghan authorities; all the others were run by international organizations. In addition, in 2008, the ICRC continued to manage six physical rehabilitation centres throughout the country and one orthopaedic component factory in Kabul, which also produces wheelchairs. In Cambodia, the ICRC continued to support two centres (Battambang and Kompong Speu) and the Phnom Penh Component Factory, the only facilities directly managed by the authorities. In China, the ICRC concluded its first phase of assistance, and the Yunnan branch of the Red Cross Society of China is now fully responsible for managing physical rehabilitation activities with the assistance of the ICRC. In the Democratic People's Republic of Korea, the ICRC continued to provide assistance to the Ministry of Public Health for the development of physical rehabilitation services at its centre in Songrim, and to the Military Medical Bureau of the People's Armed Forces for the development of services at its centre in Rakrang.

In India, the ICRC backed the efforts of the Indian Red Cross Society to improve accessibility of services in Jammu and Kashmir by providing support for the P&O departments at the Jammu Governmental Medical College and the Bone and Joint Hospital in Srinagar. In Myanmar, government restrictions imposed on the ICRC continued to prevent the organization from fulfilling its mandate in accordance with its standard working procedures. Since mid-2007, the ICRC has been directly supporting only the Hpa-an Orthopaedic Rehabilitation Centre, run jointly by the Myanmar Red Cross Society and the ICRC. However, formally ICRC-assisted centres managed either by the Ministry of Health (3) or the Ministry of Defence (3) were given enough material to ensure that all the centres would continue to provide services in 2008. In Nepal, the ICRC continued to collaborate with the Green Pasture Hospital in Pokhara and agreed to provide assistance, starting in 2009, to the newly constructed first government-run rehabilitation centre, the Aarahiti National Rehabilitation Centre.

The ICRC maintained its support for Pakistan's Institute of Prosthetic and Orthotic Sciences in Peshawar, for the Quetta Christian Hospital Rehabilitation Centre, and for the Muzaffarabad Physical Rehabilitation Centre,

managed by the ICRC. In addition, the ICRC began collaborating with the Hayatabad Paraplegic Centre (Peshawar) within the framework of the Home Care Project. In the Philippines, the ICRC referred beneficiaries and covered the cost of their treatment at the Davao Jubilee Centre. In Sri Lanka, the ICRC maintained its support to the activities of the Jaffna Jaipur Centre for Disability Rehabilitation, the only physical rehabilitation service provider in Jaffna peninsula.

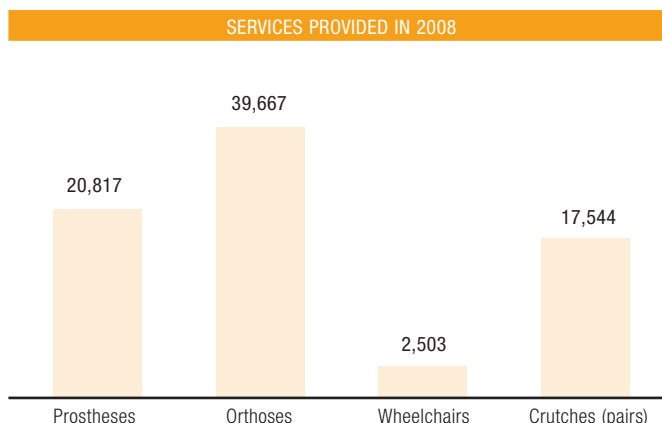
In Europe and the Americas, the ICRC provided support for 10 projects in five countries: Azerbaijan (1), Colombia (5), Georgia (2), Russian Federation (1), and Tajikistan (1). While direct assistance to Azerbaijan ended in 2007, the ICRC has maintained close contact with the management team of the facilities and has signed a contract of services with the Baku centre as service provider for the benefit of nine Chechen refugees. In Colombia, the ICRC continued to provide direct assistance to five existing rehabilitation facilities in Bogotá, Cúcuta, Cartagena, Cali and Medellín with management support, training, material and equipment. The ICRC's physical rehabilitation project in Georgia consisted of three components: support for the Georgian Foundation for Prosthetic and Orthopaedic Rehabilitation in Tbilisi, support for the Gagra centre in Abkhazia, and a referral service for patients from South Ossetia.

From the beginning of its work in the Russian Federation, the ICRC focused on developing the country's capacity to provide appropriate physical rehabilitation services. Since that objective has been achieved, the ICRC's support to the Grozny Prosthetics and Orthotics Centre ended in November. In Tajikistan, the ICRC continued to support the Ministry of Labour and Social Protection activities in the field of physical rehabilitation. In 2009, the ICRC will end its assistance in Tajikistan, but the ICRC Special Fund for the Disabled will provide limited support to facilitate the handover to the Ministry.

In the Middle East and North Africa, the ICRC provided support for 18 projects in three countries and one territory: Algeria (2 projects), Iraq (12), Gaza (1), and Yemen (3). In Algeria, ICRC assistance involved ensuring access to services for destitute Algerians by supporting the activities of the Ben Aknoun Hospital P&O department and for Saharawi refugees living in south-west Algeria. In the Gaza Strip, the ICRC supported the only functioning centre there, the Artificial Limb and Polio Centre located in Gaza City. The ICRC provided support to 12 facilities in Iraq, while in Yemen, the ICRC continued to support the National Artificial Limbs and Physiotherapy Centre in Sana'a, the Al-Mukalla Centre in Mukalla, and the Aden Physical Rehabilitation Centre.

Providing services

In 2008, more than 167,000 people benefited from various services at ICRC-assisted centres. These services included the production of 20,817 prostheses and 39,667 orthoses, and the provision of 2,503 wheelchairs and 17,544 pairs of crutches. No statistics were compiled on the number of persons who were given physiotherapy, but such treatment was available for most of them, and most received the treatment. The number of services provided in ICRC-assisted centres in 2008 was on average 6% greater than provided during the previous year. Children and women represented 27% and 17%, respectively, of all those benefiting from services.



Services for mine/ERW survivors

The ICRC provided support to 13 of the 26 States Parties to the Ottawa Convention that have acknowledged their responsibility for landmine survivors (Afghanistan, Angola, Cambodia, Chad, Colombia, Democratic Republic of the Congo, Eritrea, Ethiopia, Iraq, Sudan, Tajikistan, Uganda and Yemen). In all these countries, survivors had access to services with the aid of the ICRC, as did survivors from Azerbaijan, China, the Democratic People's Republic of Korea, Georgia, India, Myanmar, Nepal, Pakistan, the Russian Federation, and Sri Lanka.

The ICRC-assisted network of centres provided 8,326 prostheses (out of a total of 20,817) for mine survivors and 562 orthoses (out of a total of 39,667), along with the appropriate physical therapy. In addition, many survivors received wheelchairs and walking aids. Children and women accounted for 5% and 8%, respectively, of the total number of survivors who had access to prostheses and orthoses. In Afghanistan, Cambodia, Chad, Colombia, Ethiopia, Iraq, Myanmar and Sudan, the ICRC continued to be the main international organization providing, and helping to provide, physical rehabilitation services.

Promoting access to other services in the rehabilitation chain

Two ICRC physical rehabilitation projects (in Afghanistan and Colombia) had built-in socioeconomic components. The project in Afghanistan combined physical rehabilitation services with activities aimed at the social reintegration of the disabled. In 2008, more than 2,300 persons benefited from these activities, which included job placement, special education, vocational training, and micro-credit schemes. Since 1993, the project has pursued a policy of "positive discrimination" in that all the centres trained and employed only people with disabilities. Nearly all 500 employees of the project, male and female, are disabled former patients. In Colombia, the ICRC continued to refer mine survivors to a vocational training centre.

Beneficiaries receiving services in assisted-centres in the Democratic Republic of the Congo, Pakistan, the Russian Federation and Iraq also had access to assistance through the ICRC Micro-Economic Initiatives (MEI) programmes. In Cambodia, the ICRC maintained close contact with the Cambodian Red Cross MEI programmes, and in all other projects, referral networks were established with local and international organizations directly involved in other parts of the rehabilitation chain.

IMPROVING THE QUALITY OF SERVICES

Services were improved through training of national professionals and expatriate specialists, support provided by expatriate specialists, improvements in ICRC-developed polypropylene technology, the drafting and implementation of treatment guidelines, promoting a multidisciplinary patient-management approach, and emphasizing quality rather than quantity of services provided.

Improvements in ICRC-developed polypropylene technology

The ICRC has continuously monitored feedback from the field about the quality of prosthetic/orthotic components produced by CR Equipements SA, but efforts to improve the full range of products continue. New products have been developed and produced, including aluminium-free ankle joints, a low-cost alternative to ankle-flex joints, a wider range of feet for manufacturing long-stump trans-tibial prostheses, and a new design for orthotic offset knee joints.

The ICRC, in cooperation with the Norwegian University of Science and Technology, initiated the project on life-cycle analysis of polypropylene technology. The analyses of field questionnaires and the University's first visit to Cambodia revealed the need to raise

awareness about disposal issues in most supported centres and to establish clear guidance, which will be developed in the coming years.

Cooperation with the Bloorview Research Institute of Toronto, Canada, and the University of Melbourne is aimed at launching special research on improving CR knee-joint functionality for extension and swing-phase control.

Enhancing national capacity to provide service

While ICRC expatriate specialists (ortho-prosthetists and physiotherapists) continued to offer on-the-job training and mentoring in all projects, efforts continued to increase the number of qualified national professionals by providing and sponsoring formal training in prosthetics, orthotics and physiotherapy, and to update the skills and knowledge of those already working.

Improving physiotherapy services

Throughout the year, physiotherapy services within assisted-centres were enhanced through several activities. Nine persons completed or continued formal training in physiotherapy subsidized by the ICRC. Among the candidates from Cambodia who were enrolled in the training provided by the Singapore General Hospital Post-graduate Allied Health Institute, two went to Singapore for a six-month clinical placement.

Project	No. of students	School	Year	Diploma
Sudan	2	Kigali Health Institute	2007 - 2010	BSc. Physiotherapy
Cambodia	2	Singapore General Hospital (clinical placement in Singapore)	2008	Advance certificate in physiotherapy
	5	Singapore General Hospital (course in Cambodia)	2008	PT Upgrade Training

In addition, the ICRC supported the development of physiotherapy professionals by:

- supporting a two-year training programme for physiotherapists in Afghanistan;
- implementing continuous training for physiotherapists in Algeria, the Democratic People's Republic of Korea, Ethiopia, Sudan, India and Pakistan;
- conducting refresher courses for physiotherapists in Eritrea, Georgia, the Russian Federation, and Iraq;
- providing support to the Eritrea Ministry of Health for the development and implementation of a diploma-level national training course for physiotherapists.

Provision of appropriate physiotherapy services were also supported by:

- financing the construction of a new physiotherapy department at the Centre d'Appareillage et Rééducation Kabalaye in N'Djamena (construction should be completed in 2009);
- donating physiotherapy equipment to four facilities in Colombia (Cali, Medellín, Cartagena, and Cúcuta);
- ensuring access to appropriate post-surgical rehabilitation at the Al Shifa Hospital in Gaza (donation of equipment, on-the-job training and mentoring by an ICRC physiotherapist);
- developing and publishing a booklet entitled "Exercises for Lower-limb Amputees", that includes a computer-animation video on gait training in English, French and Spanish.

Improving P&O services

Throughout the year, P&O services within assisted centres were enhanced through several activities. Fifty-eight persons completed, continued or began formal P&O training subsidized by the ICRC. The ICRC also continued its formal training in Sudan and Afghanistan and conducted several technical seminars within the framework of assisted projects in the fields of prosthetics and orthotics.

Project	No. of students	School	Year	Diploma
Iraq	3	CSPO	2007 - 2010	ISPO Cat. II
	4	CSPO	2008 - 2011	ISPO Cat. II
Sudan	1	TATCOT	2007 - 2010	ISPO Cat. II
	4	TATCOT	2006 - 2009	ISPO Cat. II
	5	TATCOT	2008 - 2009	Single-discipline diploma (Cat. II level)
	5	TATCOT	2007 - 2008	Single-discipline diploma (Cat. II level)
Nepal	1	CSPO	2008 - 2011	ISPO Cat. II
Philippines	1	CSPO	2007 - 2010	ISPO Cat. II
DPRK	5	CSPO	2005 - 2008	ISPO Cat. II
	5	CSPO	2007 - 2010	ISPO Cat. II
Colombia	2	University of Don Bosco	2007 - 2010	ISPO Cat. II through distance learning
Colombia	6	University of Don Bosco	2008 - 2011	ISPO Cat. II
India	1	Mobility India	2007 - 2008	Lower-limb prosthetics diploma
	1	Mobility India	2008 - 2009	Lower-limb prosthetics diploma
Yemen	3	Mobility India	2008 - 2011	P&O diploma
	4	Mobility India	2006 - 2009	P&O diploma
Russian Federation	4	St Petersburg Social College	2005 - 2008	P&O diploma
Pakistan	4	PIPOS	2007 - 2010	ISPO Cat. II

In Afghanistan, the ICRC started a three-year formal P&O training course for 16 students, including seven women. The training follows the ICRC-developed programme. The Certificate of Professional Competency given at the successful conclusion of the training should entitle graduates to be recognized as ISPO Cat.II-level professionals.

In Sudan, the ICRC, in collaboration with the National Authority for Prosthetics and Orthotics, the El Geraif College, and the Ministry of Higher Education, started a second intake into the Sudanese Diploma for Prosthetics and Orthotics training course for 15 students, six of whom are women.

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

- conducting refresher courses in P&O in Colombia, the Russian Federation, Iraq, and Tajikistan;
- sponsoring eight technicians at refresher courses offered by the ICRC Special Fund for the Disabled regional training unit in Addis Ababa, Ethiopia.

Improving wheelchair services

Although wheelchairs are made available in most assisted projects, providing them has always raised some concern. Affordable and individualized wheelchairs are scarce in many of the countries where the ICRC undertakes its activities. Even when wheelchairs are available, they are often not readily adaptable to the needs of users. Those who provide the services are not always competent to assess the needs of patients and to set out appropriate programmes for their treatment, which includes selecting the proper wheelchair and modifying it to the user's needs.

Throughout the year, the ICRC supported appropriate wheelchair services by:

- conducting wheelchair service training for P&O technologists and physiotherapists from Afghanistan, Cambodia, Angola, Iraq, Pakistan and in the Democratic People's Republic of Korea;
- updating the wheelchair-production unit in Kabul;
- providing technical support to implement a one-month training course in wheelchair production in Eritrea, in collaboration with the Norwegian Association for Disabled and the Association for the Physically Disabled of Kenya.

Training of expatriate specialists

ICRC expatriate specialists do not directly provide patient services in most of the projects; rather, they advise national personnel on technical and clinical matters. Since it is important to maintain and develop the specialists' skills and knowledge so that they can continue this work, they were offered several training programmes in 2008.

Three training seminars on Ischial Containment Socket for Trans-femoral Prosthesis were held in cooperation with the Dortmund "BundesfachSchule" for Orthopaedic Technique, with the Vietnamese Training Centre for Orthopaedic Technologists in Hanoi (2 seminars), and

with the Tanzanian Training Centre for Orthopaedist Technologists in Moshi (1 seminar).

In January 2008, the first course on POP immobilizations and limb tractions was held in Addis Ababa for six expatriates.

To improve wheelchair services, the ICRC asked Motivation UK to design a training programme to equip ICRC expatriate ortho-prosthetists and physiotherapists with the skills and knowledge necessary for dealing with people requiring wheelchair services and for training national personnel in providing such services. The last two sessions of the "Wheelchair and Postural Support Training" course were held in India in January and June 2008. Between 2007 and 2008, 80 ICRC specialists were trained.

PROMOTING THE LONG-TERM FUNCTIONING OF SERVICES

The ICRC worked to ensure the long-term functioning of services not only by supporting training activities, but also by implementing projects in close cooperation with national partners, developing management tools, providing support for the work of existing national physical rehabilitation coordinating bodies, and promoting the development of national policies for the provision of physical rehabilitation services.

National partners

To help ensure that services will continue after it withdraws, the ICRC has adopted a long-term approach to implementing and managing its physical rehabilitation projects, and working with national partners is the cornerstone of this strategy. In 2008, of the 85 projects assisted by the ICRC, 53 were undertaken in collaboration with government authorities (ministries of health or social affairs), 15 with local NGOs, two with private providers, and six with national societies. Nine other projects were implemented directly by the ICRC.

Throughout the year, the ICRC worked to ensure the long-term functioning of services by:

- providing support for the work of several national coordinating bodies (in Afghanistan, Angola, Cambodia, Colombia, Iraq, Pakistan, and Sudan) in the area of physical rehabilitation;
- promoting the establishment of a coordinating body in Colombia;
- supporting the development of national physical rehabilitation policies in Ethiopia;
- maintaining efforts to enlist the support of other international and non-governmental organizations in countries where the ICRC is supporting physical rehabilitation services;

- maintaining contact with the National Community-Based Rehabilitation Programme in the Democratic Republic of the Congo;
- supporting the Uganda Ministry of Health in its efforts to develop a standard list of P&O materials intended for the central store;
- maintaining regular contact with the Ministry of Health in Pakistan-administered Kashmir to develop a strategy to hand over the Muzaffarabad Physical Rehabilitation Centre, managed by the ICRC, to the authorities;
- supporting the Ministry of Social Protection in Colombia in developing and drafting a resolution regarding standards for P&O services and in establishing a training programme for P&O personnel.

Academic institutions in developed and developing countries

- Norwegian University of Science and Technology to launch a life-cycle analysis on its polypropylene technology

National and international mine-action groups

- participation in meetings of the Standing Committee on Victim Assistance and Socio-economic Reintegration under the Ottawa Convention (inter-sessional meeting and the 9th States Parties Meeting)

Supporting the centres' management

The ICRC also helped management staff in assisted centres to improve their management skills and increase their knowledge of physical rehabilitation. In most of its assisted projects, the ICRC introduced an ISPO cost-calculation system that enabled managers to draw up budgets for their centres.

In Angola, during the first six months of the year, ICRC specialists helped the management directorates of the assisted centres to improve their management of stock and orders, administration of annual budgets and fund allocations, maintenance of machinery and equipment, patient management, through a computerized database (Patient Management System), and implementation of wheelchair services. In Cambodia, the ICRC provided financial support that enabled the managers of the Kompong Speu and Battambang centres to enrol in a three-year management-training course.

COOPERATION WITH OTHER BODIES

The ICRC continued to interact with various bodies involved in physical rehabilitation and in disability issues, including the ISPO, the World Confederation of Physical Therapists, CPT and the World Health Organization as follows:

International Society for Prosthetics and Orthotics

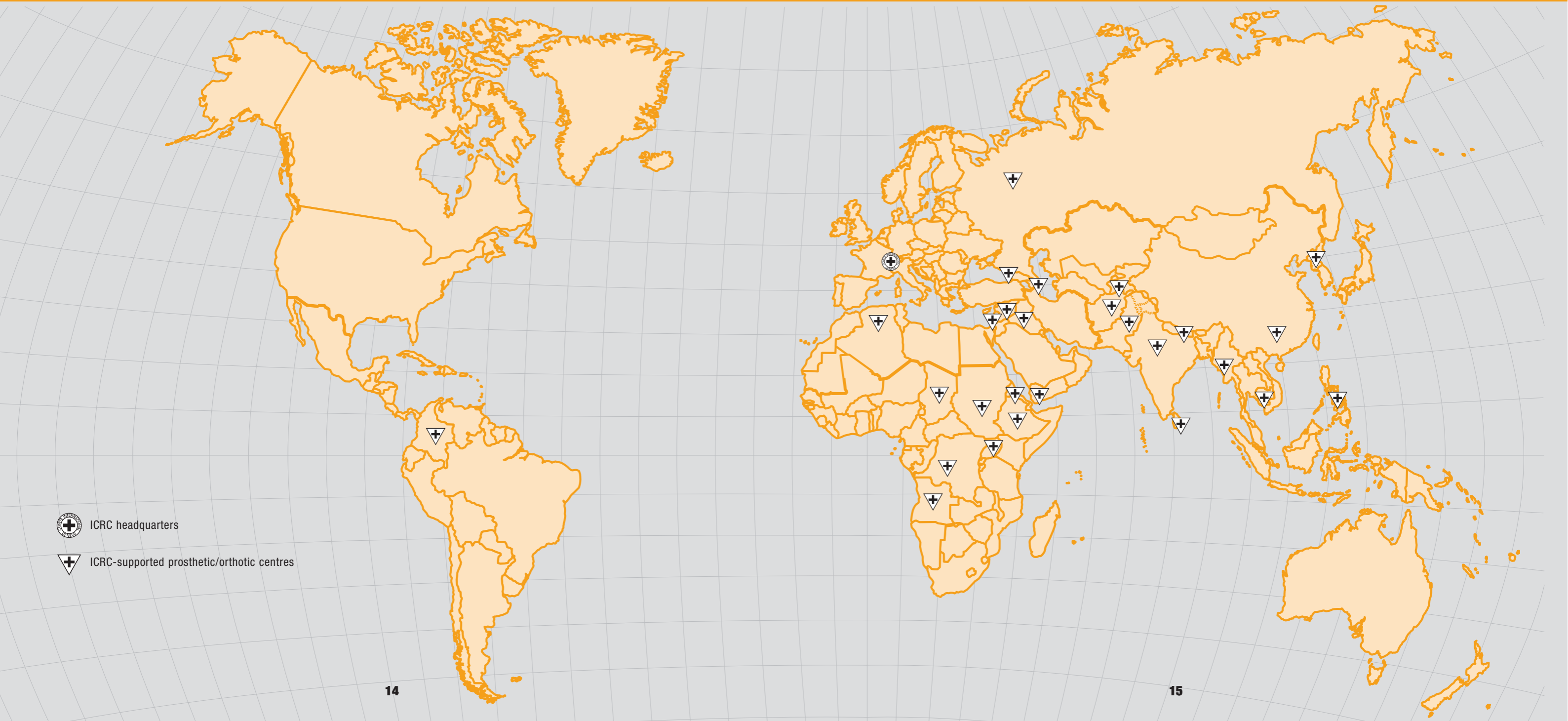
- participation in ISPO board meetings, educational committee and the ad hoc committee for non-industrial countries

International non-governmental organizations

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

AFRICA	7 Countries:	26 projects
ASIA AND THE PACIFIC	10 Countries:	31 projects
EUROPE AND THE AMERICAS	5 Countries:	10 projects
MIDDLE EAST AND NORTH AFRICA	3 Countries and one territory:	18 projects
TOTAL IN THE WORLD	25 Countries and one territory:	85 projects

3 — AROUND THE WORLD:
PHYSICAL REHABILITATION PROGRAMME



4 – PROJECT ACTIVITIES

4.1 – AFRICA



ICRC SUPPORT IN AFRICA AT A GLANCE

In 2008, the ICRC provided support for 26 projects in seven countries:

Angola (3 projects), Chad (2), Democratic Republic of the Congo (5), Eritrea (3), Ethiopia (6), Sudan (6), and Uganda (1).

Services provided

Patients attending the centres	18,902
New patients fitted with prostheses	2,096
New patients fitted with orthoses	3,118
Prostheses delivered	4,465
Orthoses delivered	4,806
Wheelchairs distributed	804
Walking aids distributed (pairs)	6,984

Children and women represented 22% and 23%, respectively, of all those benefiting from services.

Developing national capacities

15 candidates sponsored to attend formal training in P&O

2 candidates sponsored to attend formal training in physiotherapy

ICRC conducted formal P&O training in Sudan

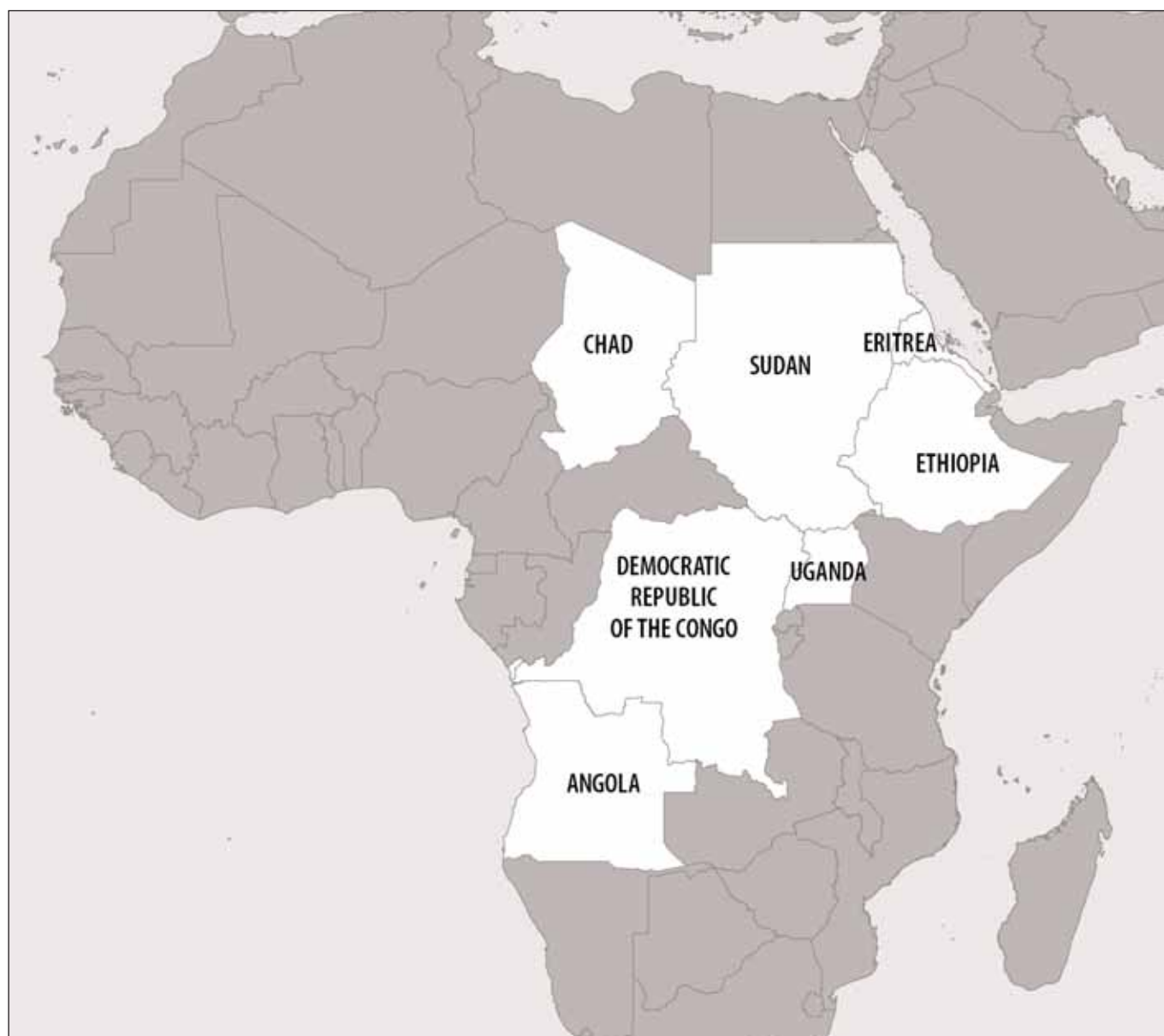
Promoting long-term functioning of services

Provided support for the work of national coordinating bodies in Angola and Sudan in the area of physical rehabilitation

Continued to support the development of national physical rehabilitation policies in Ethiopia

Continued to maintain contact with the National Community-Based Rehabilitation Programme in the Democratic Republic of the Congo

Supported the Uganda Ministry of Health in its efforts to develop a standard list of P&O materials intended for the central store



After close to 30 years of support, the ICRC halted its assistance in Angola at the end of June, believing that Angola has all the necessary means to provide effective physical rehabilitation services. Provision of physical rehabilitation services fell under the Ministry of Health's Programme for the Rehabilitation of Persons with Physical and Sensorial Disabilities. Until June 2008, the ICRC provided support to the Centro Ortopédico Neves Benhinda in Luanda, the Centro Ortopédico Kuito/Bié in Kuito, and the Centro de Medicina de Reabilitação Física Dr António Agostinho Neto in Huambo. Between January and June, more than 3,000 people benefited from various services at ICRC-assisted centres. These services included production of 420 prostheses (72% of them for mine survivors) and 80 orthoses (1% of them for mine survivors), and provision of 21 wheelchairs and 710 pairs of crutches. Children and women represented 13% and 23%, respectively, of the 3,048 persons benefiting from services.

In Chad, access to physical rehabilitation services remained limited to the only two centres in the country: the Maison Notre Dame de la Paix in Moundou and the Centre d'Appareillage et de Rééducation de Kabalaye in N'Djamena, both managed by local NGOs. Throughout the year, the ICRC continued to support the activities of these two centres, which benefited more than 3,300 people in 2008. These services included production of 325 prostheses (62% of them for mine survivors) and 473 orthoses (4% of them for mine survivors), and provision of 42 wheelchairs and 591 pairs of crutches. Children and women represented 41% and 17%, respectively, of the 3,315 persons benefiting from services.

In the Democratic Republic of the Congo, the Ministry of Health, though responsible for physical rehabilitation, did not manage any centres. Centres were managed by religious organizations, local NGOs, or by private companies. As in previous years, the ICRC did not provide direct support to centres, but covered the treatment costs of those directly affected by the conflict in centres with which the organization had cooperation agreements, notably the Centre de Rééducation pour Handicapé Physique and the Centre Orthopédique Kalembe Lembe in Kinshasa, the Hôpital St-Jean Baptiste Kansele in Mbiji Mayi, the Centre Shirika La Umoja in Goma, and the Centre pour Handicapés Heri Kwetu in Bukavu. In 2008, the ICRC covered the treatment costs of 674 patients who received 589 prostheses (16% of them for mine survivors), 129 orthoses (9% of them for mine survivors), 279 pairs of crutches and 15 wheelchairs. Children and women represented 11% and 15%, respectively, of all those benefiting from services.

In Eritrea, physical rehabilitation activities were managed by the Department of Social Affairs, which is under the Ministry of Labour and Human Welfare. The Department of Social Affairs was also responsible for other services to persons with disabilities, such as social reintegration and vocational training. The Department of Social Affairs has two divisions that are directly linked with physical rehabilitation: the Division of Orthopaedics

is responsible for providing physical rehabilitation services and the Division of Rehabilitation is responsible for other rehabilitation interventions, such as Community-Based Rehabilitation and socio-economic reintegration. The national network of centres includes the main centre in Asmara (Adi Guadad), and two smaller centres located in Keren and Assab. Both the Keren and Assab centres are satellites of Adi Guadad, meaning that they are under direct supervision of the Asmara centre director. Since 2007, the ICRC has been collaborating with the Ministry of Labour and Human Welfare, with the aim of strengthening the provision of appropriate physical rehabilitation services within the country, and with the Ministry of Health, in strengthening physiotherapy services in the country.

In Ethiopia, the responsibility for ensuring that physical rehabilitation services would be available to disabled persons rested with the Ministry of Labour and Social Affairs. However, the regional Bureaus of Labour and Social Affairs were in charge of providing services in each region. Services were provided through a network of centres managed either by the regional Bureau of Labour and Social Affairs or by local NGOs. In 2008, the ICRC continued its support for six physical rehabilitation centres in Dessie, Mekele, Arba Minch, Asela, Bahir Dar, and Menegsha. More than 8,600 people benefited from various services at ICRC-assisted centres that year. These services included production of 1,959 prostheses (27% of them for mine survivors) and 2,874 orthoses (2% of them for mine survivors), and provision of 697 wheelchairs and 2,593 pairs of crutches. Children and women represented 18% and 24%, respectively, of the 8,681 persons benefiting from services.

In Sudan, the responsibility for providing physical rehabilitation services in the northern regions of the country rested with the National Authority for Prosthetics and Orthotics (NAPO), a State body affiliated with the Ministry of Social Welfare and Social Development. The NAPO managed the national referral centre in Khartoum and satellite centres in Dongola, Kassala, Kadugli, Nyala and Damazin. The Ministry of Gender, Social Welfare and Religious Affairs was in charge of the rehabilitation of physically disabled people in southern Sudan, while the Central Equatorial State (CES) was in charge of the Juba Rehabilitation Centre. In 2008, the ICRC continued to provide support to the Khartoum national referral centre, and to the Nyala, Kadugli, Kassala and Damazin centres, all managed by the NAPO. It also continued to provide support to the Ministry of Gender, Social Welfare and Religious Affairs to ensure that services were provided in southern Sudan. More than 3,158 people benefited from various services at ICRC-assisted centres in 2008. These services included production of 1,172 prostheses (15% of them for mine survivors) and 1,227 orthoses (9% of them for mine survivors), and provision of 27 wheelchairs and 2,811 pairs of crutches. Children and women represented 24%, each, of the 3,158 persons benefiting from services.

In Uganda, physical rehabilitation was under the responsibility of the Ministry of Health and services were available through a network of 14 centres. Uganda has one training institution (Orthopaedic Technology Training School) based in Mulago Hospital complex but it is not recognized by the ISPO. In October 2008, the ICRC resumed its assistance in the field of physical rehabilitation, focusing on the west (Fort Portal) and the east (Mbale), and on developing, together with the Ministry

of Health, a central store in Kampala, operated through either the National Medical Store (NMS) or the Joint Medical Store (JMS). In November and December 2008, 26 people benefited from various services at ICRC-assisted centres. These services included production of 23 orthoses, and provision of two wheelchairs and one pair of crutches. Children and women represented 65% and 23%, respectively, of the 26 persons benefiting from services.



ANGOLA



National partner

Ministry of Health

Location of projects

Luanda, Huambo and Kuito

Patient services in 2008

January - June

Patients attending the centres	3,048
New patients fitted with prostheses	112
New patients fitted with orthoses	58
Prostheses	420
Orthoses	80
Wheelchairs	21
Crutches (pairs)	710

Beginning of assistance: 1979

In Angola, the provision of physical rehabilitation services fell under the Ministry of Health's Programme for the Rehabilitation of Persons with Physical and Sensorial Disabilities. There was a significant number of physically disabled persons in the country, and access to services was limited for most of them. Limited transportation and financial resources hindered access to services for those living in rural areas. Physical rehabilitation services were provided through a network of 11 centres.

After nearly 30 years of support, the ICRC halted its assistance in Angola, believing that the country has all the necessary means to provide effective physical rehabilitation services.

Up to June 2008, the ICRC provided support to the Centro Ortopédico Neves Benhinda in Luanda, the Centro Ortopédico Kuito/Bié in Kuito, and the Centro de Medicina de Reabilitação Física Dr António Agostinho Neto in Huambo. Over the years, ICRC assistance included:

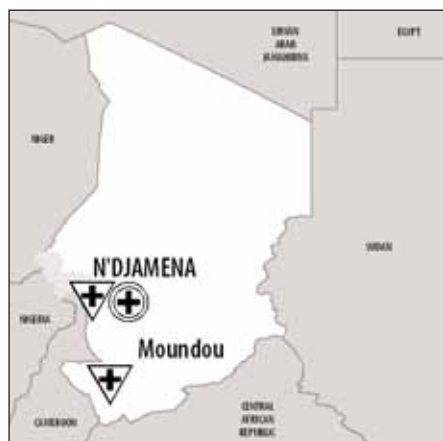
- construction of Centro Ortopédico Kuito/Bié in Kuito, and the Centro de Medicina de Reabilitação Física Dr António Agostinho Neto in Huambo
- renovation of the Centro Ortopédico Neves Benhinda in Luanda

- donation of equipment, materials and components, allowing the production of 33,041 prostheses (41% of them for mine survivors) and 962 orthoses (7% of them for mine survivors) and provision of 985 wheelchairs and 20,406 pairs of crutches
- institutional support through participation in national fora such as the National Commission on Demining and Humanitarian Assistance, and the National Coordination Committee of Orthopaedic Programmes
- provision of direct assistance to beneficiaries through covering the cost of transport to attend centres for services
- development of national capacities for providing appropriate physical rehabilitation services

Between January and June, the ICRC continued to donate materials and components to the three centres and covered the cost of transport for most beneficiaries. In addition, materials and components were given to ensure that the centres could function for a minimum of one year after the ICRC withdrew. During that period, more than 3,000 people benefited from various services at ICRC-assisted centres. These services included production of 420 prostheses (72% of them for mine survivors) and 80 orthoses (1% of them for mine survivors), and provision of 21 wheelchairs and 710 pairs of crutches. Children and women represented 13% and 23%, respectively, of the 3,048 persons benefiting from services.

During the first six months of the year, ICRC specialists provided support to the management directorates of the assisted centres to improve management of stock and orders, administration of annual budget and fund allocation, maintenance of machineries and equipment, patient management through a computerized database (Patient Management System), and implementation of wheelchair services.

CHAD



National partners

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

Location of projects

N'Djamena and Moundou

Patient services in 2008

Patients attending the centres	3,315
New patients fitted with prostheses	159
New patients fitted with orthoses	305
Prostheses	325
Orthoses	473
Wheelchairs	42
Crutches (pairs)	591

Beginning of assistance: 1981

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

The ICRC ensured access to services by undertaking a number of different activities implemented at the CARK in N'Djamena and at the MNDP in Moundou. Throughout the year, assisted centres were provided with raw materials and components, and the ICRC financed the construction of a new physiotherapy department at the CARK (construction should be completed in 2009). In addition, the ICRC established a referral system for disabled persons from eastern Chad and financed their transportation to N'Djamena and accommodation there while undergoing treatment. About 16 persons from these regions had access to physical rehabilitation services in 2008. As service users have to pay for services, the ICRC also financed the treatment of 187 beneficiaries at the CARK. In total, more than 3,300 people benefited from various services at ICRC-assisted centres

in 2008. These services included production of 325 prostheses (62% of them for mine survivors) and 473 orthoses (4% of them for mine survivors), and provision of 42 wheelchairs and 591 pairs of crutches. Children and women represented 41% and 17%, respectively, of the 3,315 persons benefiting from services.

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

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

In 2009, the ICRC intends to:

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

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

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

Location of projects

Kinshasa (2), Mbuji Mayi, Goma and Bukavu

Patient services in 2008

Patients receiving services with direct support from the ICRC	674
New patients fitted with prostheses	155
New patients fitted with orthoses	38
Prostheses	589
Orthoses	129
Wheelchairs	15
Crutches (pairs)	279

Beginning of assistance: 1998

The Ministry of Health, though responsible for physical rehabilitation, did not manage any centres. Centres were managed by religious organizations, local NGOs, or by private companies. The National Community-Based Rehabilitation Programme was the Ministry of Health's coordinating body in the area of physical rehabilitation. As in previous years, the ICRC did not provide direct support to centres in the country, but it covered the treatment costs of those directly affected by the conflict. After identifying and assessing patients, the ICRC referred them to centres with which it had cooperation agreements: the Centre de Rééducation pour Handicapé Physique and the Centre Orthopédique Kalembe Lembe in Kinshasa, the Hôpital St-Jean Baptiste Kansele in Mbuji Mayi, the Centre Shirika La Umoja in Goma, and the Centre pour Handicapés Heri Kwetu in Bukavu.

The ICRC donated imported components and raw materials and components while the centres procured locally available materials. The amounts reimbursed by the ICRC included the costs of manufacturing the devices, of providing physiotherapy and of walking aids. Indirectly, this scheme promoted the long-term functioning of the centres by generating income that allowed them to cover their operating costs and to provide services for other groups. Throughout 2008, the ICRC worked with several local organizations to reach those in need and to disseminate information.

In 2008, the ICRC covered the treatment costs of 674 patients who received 589 prostheses (16% of them for mine survivors), 129 orthoses (9% of them for mine survivors), 279 pairs of crutches and 15 wheelchairs. Children and women represented 11% and 15%, respectively, of all those benefiting from services.

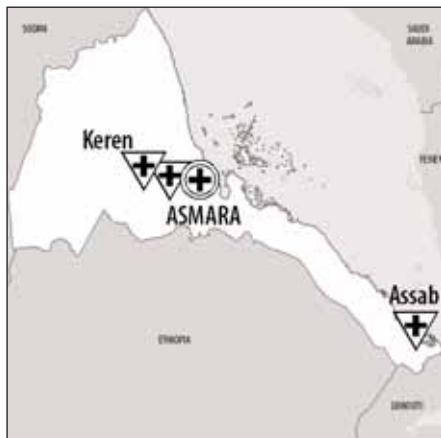
The quality of the services provided by the centres was enhanced by the support provided by ICRC ortho-prosthetists and physiotherapists (expatriate and national). The ICRC sponsored training for four technicians in refresher courses at the regional training unit of the ICRC Special Fund for the Disabled in Addis Ababa. In addition, the ICRC conducted a refresher course on alignment of lower-limb prostheses.

To ensure the long-term functioning of services, the ICRC continued to maintain regular contact with the National Community-Based Rehabilitation Programme and to provide ongoing support to the management of the assisted centres.

In 2009, the ICRC intends to:

- facilitate access to services by continuing to give patients direct support (reimbursement of the cost of treatment), strengthening cooperation with local NGOs and associations, the UN Mine Action Centre and the Direction des Oeuvres Sociales Militaires of the Ministry of Defence, with the aim of identifying those in need of services, and by donating equipment to centres as needed
- enhance the quality of services by continuing to provide support in the form of an expatriate ortho-prosthetist, by sponsoring training for staff in refresher courses at regional training units of the Special Fund for the Disabled in Addis Ababa, and by organizing refresher courses in the field of physical rehabilitation
- promote the long-term functioning of services by participating in national fora and sponsoring candidates to attend the congress of the African Federation of Orthopaedic Technologists (FATO)

ERITREA



National partners

Ministry of Labour and Human Welfare, Ministry of Health

Location of projects

Adi Guadad, Keren and Assab

Patient services in 2008

No statistics available

Patients attending the centres

New patients fitted with prostheses

New patients fitted with orthoses

Prostheses

Orthoses

Wheelchairs

Crutches (pairs)

Beginning of assistance: 2007

Physical rehabilitation activities in Eritrea were managed by the Department of Social Affairs, which is under the Ministry of Labour and Human Welfare. The Department of Social Affairs was also responsible for other services to persons with disabilities, such as social reintegration and vocational training. The Department of Social Affairs has two divisions that are directly linked with physical rehabilitation: the Division of Orthopaedics which is responsible for providing physical rehabilitation services, and the Division of Rehabilitation, which is responsible for other rehabilitation interventions, such as Community-Based Rehabilitation and socio-economic reintegration. The national network of centres includes the main centre in Asmara (Adi Guadad), and two smaller centres located in Keren and Assab. Both Keren and Assab centres are satellites of Adi Guadad, meaning that they are under direct supervision of the director of the Asmara centre. In addition, there is also a small P&O workshop at the Denden Camp in Asmara. This workshop produces lower-limb orthoses and distributes walking aids and wheelchairs for those living in the camp and those living close to the camp. Since 2007, the ICRC has been collaborating with the Ministry of Labour and Human Welfare with the aim of strengthening the provision of appropriate physical rehabilitation services, including physiotherapy. Eritrea acceded to the Mine Ban Treaty on 27 August 2001, becoming a State Party on 1 February 2002.

In 2007, the Eritrean Demining Authority identified at least 70 new mine/ERW casualties, including 17 people killed and 53 injured; no statistics were available for 2008.

The project did not proceed as planned during 2008, since the project proposal and Memorandum of Understanding were signed in late October. However, throughout the year the ICRC:

- conducted four refresher courses for 42 physiotherapists
- provided support to the Ministry of Health for developing and implementing a national, diploma-level training course for physiotherapists
- provided technical support to implement a one-month training course in wheelchair production, in collaboration with the Norwegian Association for Disabled and Association for the Physically Disabled of Kenya
- provided ongoing support to Adi Guadad activities by ICRC ortho-prosthetists and physiotherapists

In 2009, the ICRC intends to:

- support both the Ministry of Labour and Human Welfare and the Ministry of Health in strengthening their respective activities
- enhance the quality of services by providing expatriate specialists (an ortho-prosthetist and a physiotherapist), implementing refresher courses in physiotherapy and a six-month refresher course in Lower-Limb Orthotics, supporting the Ministry of Health in implementing formal physiotherapy training, and exploring the feasibility of providing formal training in prosthetics, orthotics and physiotherapy

ETHIOPIA



National partners

Ministry of Labour and Social Affairs, Tigrean Disabled Veterans Association, Arba Minch Rehabilitation Centre, Cheshire Services Ethiopia, Prosthetic and Orthotic Centre

Location of projects

Mekele, Dessie, Arba Minch, Asela, Menagesha and Bahir Dar

Patient services in 2008

Patients attending the centres	8,681
New patients fitted with prostheses	1,166
New patients fitted with orthoses	2,106
Prostheses	1,959
Orthoses	2,874
Wheelchairs	697
Crutches (pairs)	2,593

Beginning of assistance: 1979

In Ethiopia, the responsibility for ensuring that physical rehabilitation services would be available to disabled persons rested with the Ministry of Labour and Social Affairs (MoLSA). However, the regional Bureaus of Labour and Social Affairs (BoLSA) were in charge of providing services in each region, usually through a network of centres managed either by the regional BoLSA or by local NGOs. Access to physical rehabilitation services remained difficult, not only because of the limited number of centres but also because most disabled persons could not afford either or both the cost of transportation and of accommodation

during treatment. During a workshop organized in 2008, the MoLSA proposed creating a Disability Council with the aim of bringing all relevant ministries (Health, Education and MoLSA) together to implement the new UN Convention and Development Social Welfare Policy. This Disability Council shall be established under the office of the Prime Minister. The Federal Democratic Republic of Ethiopia signed the Mine Ban Treaty on 3 December 1997 and ratified it on 17 December 2004, becoming a State Party on 1 June 2005. In 2007, Landmine Monitor identified at least 84 new civilian mine/ERW casualties

in Ethiopia, and at least 62 casualties between January and July 2008. In 2008, the ICRC continued its support to six physical rehabilitation centres in Dessie, Mekele, Arba Minch, Asela, Bahir Dar, and Menagesha. While ICRC support to the Prosthetic and Orthotic Centre (POC) in Addis Ababa and to the Harar Physical Rehabilitation Centre ended in 2007, these two centres continued to provide services with material and components given by the ICRC in 2007.

Throughout the year, the ICRC donated materials and components to centres and provided direct support to disabled persons by reimbursing



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the centres for patients' registration fees (3,126 persons), transportation costs (3,376 persons) and expenses for food (3,404 persons). In 2008, more than 8,600 people benefited from various services at ICRC-assisted centres. This number is lower than in 2007 due to the termination of support to the POC and Harar. However, the six assisted centres increased services provision by nearly 26%. These services included production of 1,959 prostheses (27% of them for mine survivors) and 2,874 orthoses (2% of them for mine survivors), and provision of 697 wheelchairs and 2,593 pairs of crutches. Children and women represented 18% and 24%, respectively, of the 8,681 persons benefiting from services.

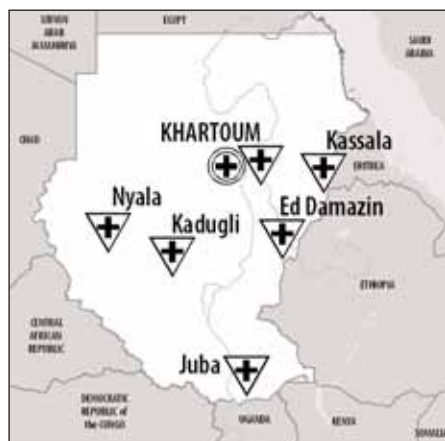
The quality of services provided at ICRC-assisted centres was enhanced by the continued mentoring of ICRC ortho-prosthetists and physiotherapists. In addition, the ICRC conducted a two-week refresher course on gait training, management of amputees and poliomyelitis for physiotherapists and physiotherapy assistants working in the assisted centres.

The ICRC provided support to centres and authorities, at both regional and national levels, to promote the long-term functioning of services. Expatriates provided ongoing support to the managerial staff at the centres. Throughout the year, the ICRC provided support to the MoLSA in developing a national strategy to provide physical rehabilitation services. The first draft will be discussed with major stakeholders during 2009. Once finalised, it will be submitted to the Council of Ministers for approval. At the regional level, the ICRC maintained regular contacts with the Bureaus of Labour and Social Affairs and developed a five-year plan of action with each of them with the aim of increasing their involvement in each centre.

In 2009, the ICRC intends to:

- enhance the quality of services by providing expatriate ortho-prosthetists and physiotherapists, promoting multidisciplinary patient-management, and conducting short training courses in wheelchair management and in upper limb prostheses for personnel working in assisted centres
- facilitate access to services by reimbursing the costs of transportation, food and registration fees directly to patients, donating the necessary raw materials and components, and initiating support to the Cheshire Home Ethiopia Dire Dawa Centre
- promote the long-term functioning of services by maintaining support to the centres' managerial staff, conducting training in several aspects of managing the centres, supporting the implementation of the five-year action plan with each Bureau of Labour and Social Affairs, and assisting the MoLSA in developing and implementing a national strategy to provide physical rehabilitation services

SUDAN



National partners

National Authority for Prosthetics and Orthotics, Ministry of Gender, Social Welfare and Religious Affairs of the Government of South Sudan

Location of projects

Khartoum, Nyala, Kadugli, Kassala, Damazin and Juba

Patient services in 2008

Patients attending the centres	3,158
New patients fitted with prostheses	504
New patients fitted with orthoses	590
Prostheses	1,172
Orthoses	1,227
Wheelchairs	27
Crutches (pairs)	2,811

Beginning of assistance: 1985

The responsibility for providing physical rehabilitation services in the northern regions of the country rested with the National Authority for Prosthetics and Orthotics (NAPO), a State body affiliated with the Ministry of Social Welfare and Social Development. The NAPO managed the national referral centre in Khartoum and satellite centres in Dongola, Kassala, Kadugli, Nyala and Damazin. The NAPO signed agreements with the relevant ministries of the states in which the centres are located to establish a framework for sharing responsibilities and carrying out activities. In addition, the NAPO began establishing committees in each state to coordinate work to improve the situation of persons with disabilities. Such committees were created in Kadugli and Damazine. The Ministry of Gender, Social Welfare and Religious Affairs was in charge of providing rehabilitation services for physically disabled people in southern Sudan, while the Central Equatorial State was in charge of the Juba Rehabilitation Centre. The Southern Sudan War Disabled, Widows and Orphans Commission, created in November 2006, formulates and promotes policies and legislation to protect and care for persons with war-related disabilities, war widows and war orphans, and advises the Government of South Sudan on the most effective ways to implement such policies and programmes.

The Republic of the Sudan signed the Mine Ban Treaty on 4 December 1997 and ratified it on 13 October 2003, becoming a State Party on 1 April 2004.

Victim Assistance coordination groups were well established in Sudan and the ICRC maintained close contact with them. The group in Khartoum is chaired by the National Mine Action Centre while in the south, the group in Juba is chaired by the Ministry of Gender, Social Welfare and Religious Affairs.

In 2008, the ICRC provided support to the Khartoum national referral centre and the Nyala, Kadugli, Kassala and Damazin centres, all managed by the NAPO. It also supported the Ministry of Gender, Social Welfare and Religious Affairs to ensure services were provided in southern Sudan.

Throughout the year, the ICRC implemented several activities to improve accessibility to services. These included: resuming support to three NAPO satellite centres (Kadugli, Kassala and Damazin), renovating and extending Kadugli and Nyala centres, providing the necessary raw materials and components to the Juba centre (the NAPO provided the material and components for the other assisted centres), and covering the costs of transportation and accommodation for persons receiving treatment at the Juba and Nyala centres. In addition, construction of the new referral centre in Juba, for southern Sudan, was completed in December. In 2008, more than 3,158 people benefited from various services at ICRC-assisted centres. These services included production of 1,172 prostheses (15% of them for mine survivors) and 1,227 orthoses (9% of them for mine survivors), and

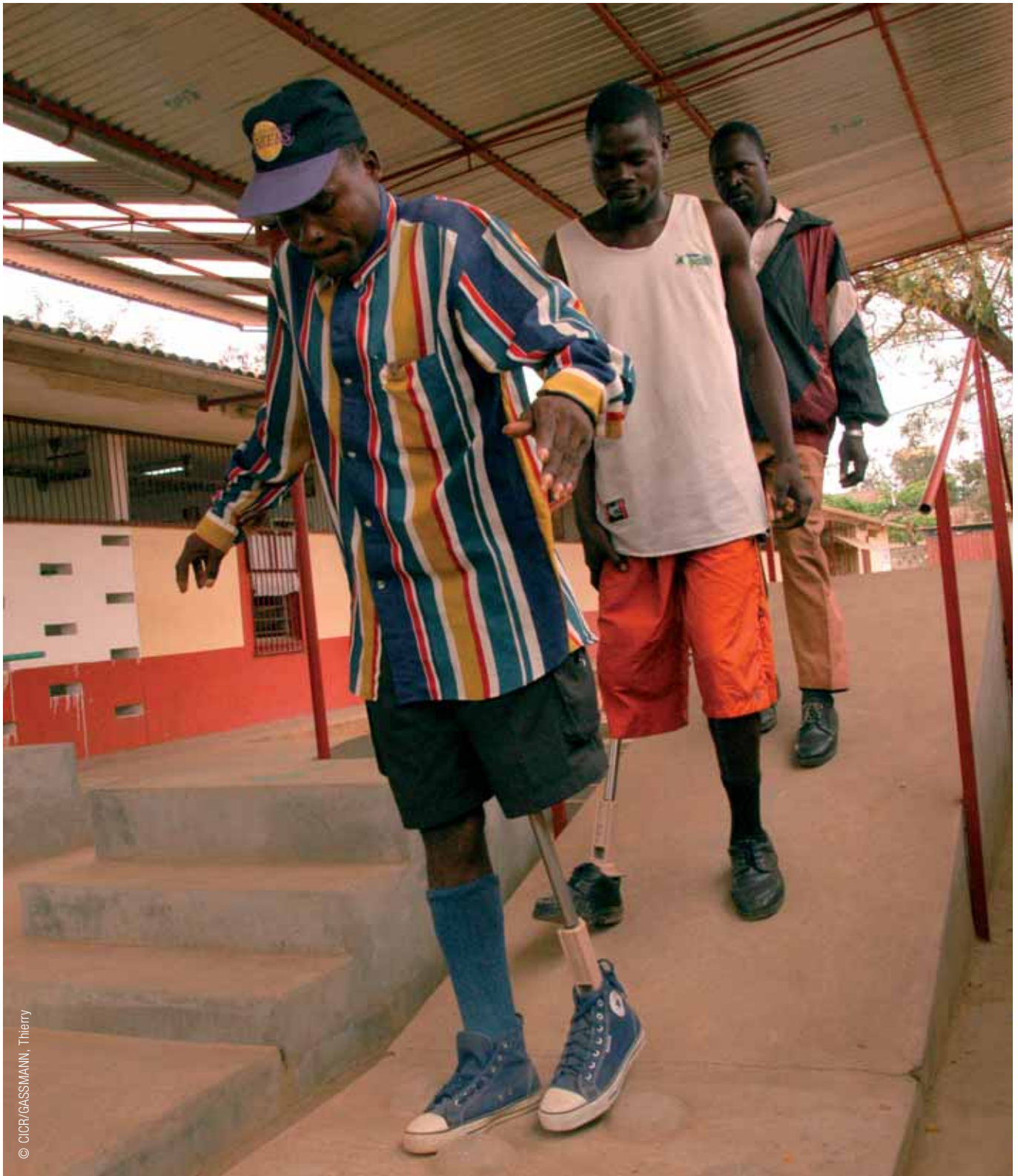
provision of 27 wheelchairs and 2,811 pairs of crutches. Children and women represented 24% each, of the 3,158 persons benefiting from services.

With the aim of improving the quality of services, the ICRC provided ongoing support and mentoring by ICRC ortho-prosthetists and physiotherapists. In January 2008, the ICRC started a second intake into the Sudanese Diploma for Prosthetics and Orthotics training course for 15 students, six of them women, in collaboration with the NAPO, the El Geraif College and the Ministry of Higher Education. To improve the training facilities, the ICRC financed an extension of the premises.

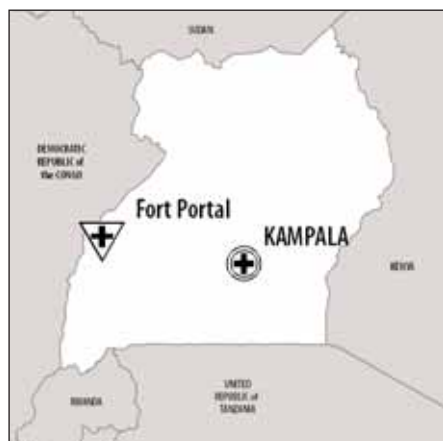
The ICRC also provided scholarships for 17 persons to begin, continue or complete formal P&O training at TATCOT (15 candidates) or formal physiotherapy training at the Kigali Health Institute (2 candidates). All these activities were undertaken to develop national capacity for providing high-quality services and are essential for ensuring the long-term functioning of services.

In 2009, the ICRC intends to:

- facilitate access to services by providing support to the NAPO and its Nyala, Kadugli, Kassala and Damazin satellite centres, maintaining support to the newly constructed referral centre in Juba, and covering the costs of transportation, accommodation and food for some patients
- enhance the quality of services by conducting the Sudanese Diploma for Prosthetics and Orthotics training, providing scholarships to candidates to attend formal training in P&O and in physiotherapy, and providing ongoing support through ICRC ortho-prosthetists and physiotherapists
- promote the long-term functioning of services by maintaining support to the NAPO to manage physical rehabilitation activities, and by assisting the Ministry of Gender, Social Welfare and Religious Affairs in the physical rehabilitation activities undertaken in southern Sudan



UGANDA



National partner

Ministry of Health

Location of projects

Fort Portal

Patient services in 2008 (statistics November and December)

Patients attending the centres	26
New patients fitted with orthoses	21
Orthoses	23
Wheelchairs	2
Crutches (pairs)	1

Beginning of assistance: 2007

In Uganda, the Ministry of Health was responsible for physical rehabilitation and services were available through a network of 14 centres. Uganda has one training institution, the Orthopaedic Technology Training School, based in Mulago Hospital complex, (which is not recognized by the ISPO). Given the difficulty in obtaining reliable statistics on persons with disabilities, the United Nations Development Programme worked with the Prime Minister's office, the Ministry of Health and the Ministry of Gender and Social Development to set up a database to capture such information. The Republic of Uganda signed the Mine Ban Treaty on 3 December 1997 and ratified it on 25 February 1999, becoming a State Party on 1 August 1999. National implementation legislation has been under development for six years, but as of June 2008 had still not been enacted. The cumulative number of mine casualties in Uganda is not known. The government has been reporting 900 survivors in northern Uganda and 200 in western Uganda since 2005.

Between 1998 and 2002, the ICRC provided physical rehabilitation assistance for three centres in Uganda (Fort Portal, Gulu, and Mbarara). Mbarara ceased functioning in 2006, when the centre ran out of material and components donated by the ICRC in 2002. The two other centres continue to function. Following an assessment conducted in early 2008, the ICRC resumed support for physical rehabilitation. Begun in October, ICRC assistance focused on the west

(Fort Portal) and the east (Mbale) and on developing, with the Ministry of Health, a central store in Kampala, operated through either the National Medical Store or the Joint Medical Store.

Assistance to Fort Portal began in late October and focused on improving the centre's structure and organization. Improvements were made to the stores, stock management, dormitory, and machinery. In November and December 2008, 26 people benefited from various services at the ICRC-assisted centre. These services included production of 23 orthoses, and provision of two wheelchairs and one pair of crutches. Children and women represented 65% and 23%, respectively, of the 26 persons benefiting from services.

In October, a meeting was held in Kampala with the Ministry of Health and various representatives of centres around the country to develop a standard list of P&O materials intended for the central store. The list was agreed and presented to the Ministry of Health.

In 2009, the ICRC intends to:

- improve accessibility to services by supporting the activities of the Fort Portal centre, initiating support to the Mbale centre, and covering the cost of transport and accommodation for a specific group of beneficiaries
- enhance the quality of services by providing ongoing support and mentoring through ICRC specialists (ortho-prosthetists and physiotherapists) and by sponsoring two P&O technicians to attend refresher courses at the ICRC Special Fund for the Disabled Regional Training Unit in Addis Ababa
- promote the long-term functioning of services by supporting the Ministry of Health in creating a central store

4.2 – ASIA



ICRC SUPPORT IN ASIA AT A GLANCE

In 2008, the ICRC provided support for 31 projects in ten countries:

Afghanistan (7 projects), Cambodia (3), China (3), Democratic People's Republic of Korea (2), India (2), Myanmar (7), Nepal (1), Pakistan (4), Sri Lanka (1), and Philippines (1).

In addition, while not directly supporting a centre in Bangladesh, the ICRC covered the cost of treatment for 398 persons there who received 477 orthoses and 122 prostheses in 2008. These services were provided by ICRC Special Fund for the Disabled-assisted centres: BRAC Limb and Brace Centre in Dhaka (96 persons), BRAC Orthotics & Physiotherapy Centre in Mymensingh (80 persons) and the Centre for the Rehabilitation of the Paralyzed in Dhaka (222 persons).

Services provided	
Patients attending the centres	92,028
New patients fitted with prostheses	3,895
New patients fitted with orthoses	6,198
Prostheses delivered	10,128
Orthoses delivered	13,994
Wheelchairs distributed	1,589
Walking aids distributed (pairs)	8,640

Children and women represented 20% and 15%, respectively, of all those benefiting from services.

In Afghanistan, more than 2,300 disabled persons received aid through the various activities of the social inclusion programme (job placement, special education, vocational training, micro-credit, etc.).

Developing national capacities

17 candidates sponsored to attend formal training in P&O

7 candidates sponsored to attend formal training in physiotherapy

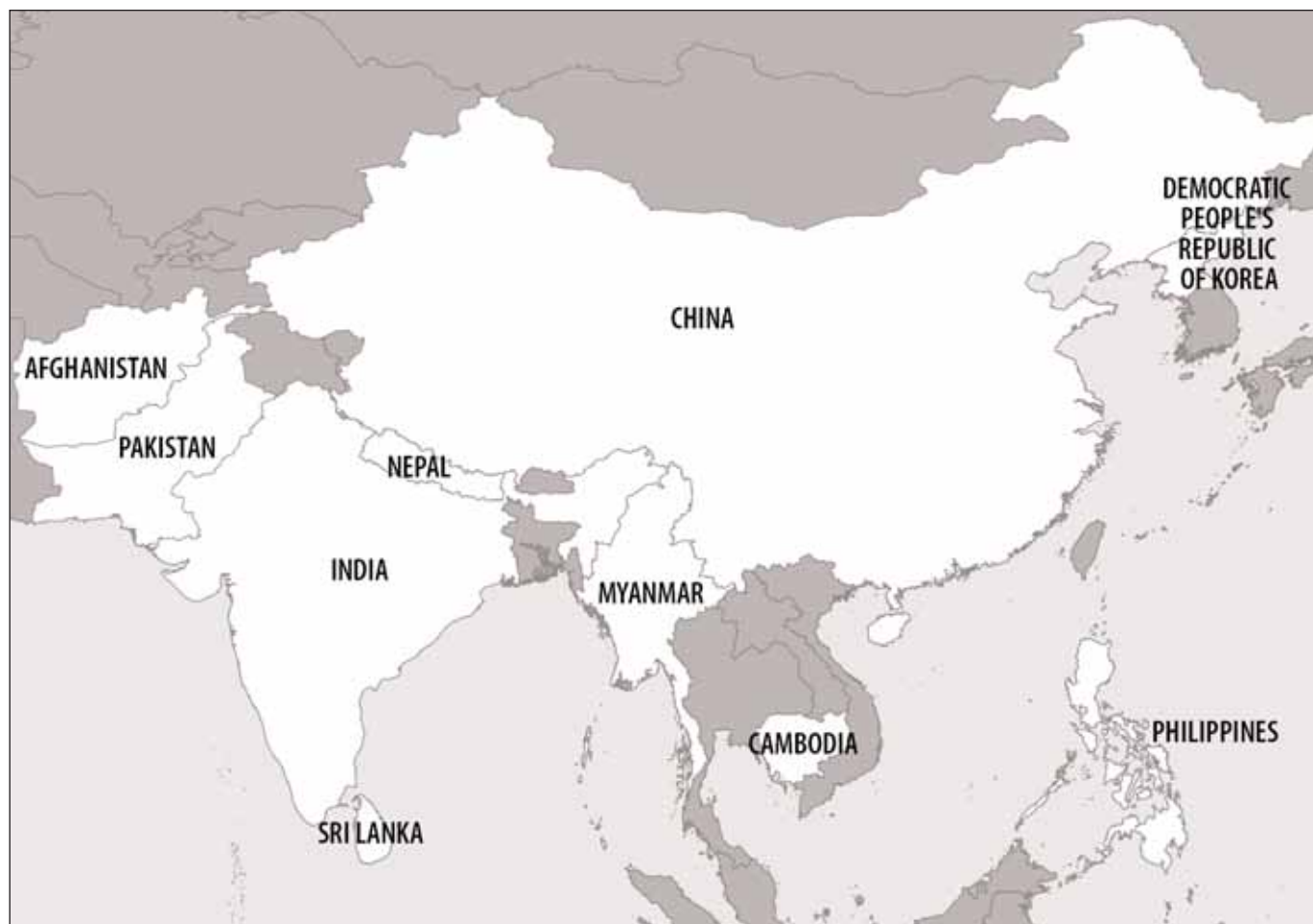
ICRC conducted formal P&O training in Afghanistan

Promoting long-term functioning of services

Provided support for the work of several national coordinating bodies in Afghanistan, Cambodia, and Pakistan in the area of physical rehabilitation

Maintained regular contact with the Ministry of Health in Pakistan-administered Kashmir to develop a strategy to hand over the MPRC (managed by the ICRC) to the authorities

Continued to strengthen the capacity of the authorities in Cambodia to manage and run all activities at the centres and at the component factory



In Afghanistan, three ministries were directly involved in the disability sector: the Ministry of Public Health, the Ministry of Social Affairs and Martyrs and Disabled, and the Ministry of Education. In each, a disability commission was operative as the referral point for any questions concerning the physical rehabilitation, social reintegration and education of persons with disabilities. While physical rehabilitation services were available through a network of 14 centres, only one was managed by the Afghan authorities; all the others were run by international organizations. In 2008, the ICRC continued to manage six physical rehabilitation centres throughout the country and one orthopaedic component factory in Kabul, which also produces wheelchairs. Close to 67,000 people benefited from various services at ICRC-managed centres. These services included the provision of 3,967 prostheses (66% of them for mine survivors) and 9,910 orthoses (0.6% of them for mine survivors), and of 818 wheelchairs and 4,581 pairs of crutches. In addition, the majority of those who were given assistive devices also received appropriate physiotherapy. Children and women represented 25% and 15%, respectively, of all those benefiting from services.

In Cambodia, although several government ministries had a role in disability issues, the Ministry of Social Affairs, Veterans and Youth Rehabilitation was entrusted with responsibility for providing physical rehabilitation and training in vocational skills to disabled persons. Physical rehabilitation services were provided through 11 Physical Rehabilitation Centres covering 24 provinces. Among these, only two are directly managed by the Ministry: Battambang and Kompong Speu, which are

supported by the ICRC. With ICRC support, the Ministry also manages the Phnom Penh Component Factory, the sole producer of orthopaedic components and walking aids. The Factory supplies those devices, free of charge, to all 11 centres in the country and to the Cambodian School of Prosthetics & Orthotics (CSPO). ICRC-assisted centres produced 1,675 prostheses (86% of them for mine survivors) and 1,394 orthoses (2.5% of them for mine survivors). Children and women represented 8% and 13%, respectively, of the 10,201 persons benefiting from services. At the same time, orthopaedic Component Factory in Phnom Penh continued to donate components to all centres in the country.

The ICRC concluded the first phase of its assistance in China. During the last five years, the ICRC helped to set up the Orthopaedic Rehabilitation Centre, in Kunming, and two repair workshops, in Malipo and Kaiyuan, all managed by the China Red Cross Society, Yunnan Branch. The Yunnan branch of the Red Cross Society of China is now fully responsible for managing physical rehabilitation activities. However, the ICRC continued to monitor and support the services through missions and donations of required components, walking aids and wheelchairs. In 2008, the Yunnan centre produced 176 prostheses, and 285 former beneficiaries had their prostheses repaired. Children and women represented 0.3% and 17%, respectively, of the 503 persons who had access to services. In addition, roughly 15% of all the patients belonged to minority groups.

In the Democratic People's republic of Korea, the Korean Federation for the Protection of the Disabled,



the Ministry of Public Health (MoPH) and the Military Medical Bureau of the Ministry of People's Armed Forces provided physical rehabilitation services. They were in charge of the centres in Hamhung, Songrim and Rakrang, respectively. In addition, the MoPH is running three repair workshops in Pyongyang, Chong Jin (North Hamgyong province) and Sunchon (North Pyongyang province), where mainly leather prostheses, manufactured at the Hamhung Factory, are repaired or maintained. In 2008, the ICRC provided assistance to the MoPH to develop physical rehabilitation services at its centre in Songrim, and to the Military Medical Bureau of the People's Armed Forces to develop services at its centre in Rakrang. Some 1,508 persons benefited from various services provided at ICRC-assisted centres. These services included the provision of 1,204 prostheses (0.17% of them for mine survivors) and 13 orthoses, 49 wheelchairs and 1,859 pairs of crutches. In addition, most of those who received devices were also given the appropriate physiotherapy treatment. Children and women represented 1% and 12%, respectively, of all those benefiting from services.

In India, the ICRC continued to back the efforts of the Indian Red Cross Society to improve accessibility of services in Jammu and Kashmir by providing support for the P&O departments at the Jammu Governmental Medical College and the Bone and Joint Hospital in Srinagar. With support from the ICRC, the assisted centre produced 76 prostheses (17% of them for mine survivors) and 95 orthoses (17% of them for mine survivors) and distributed 20 pairs of crutches and 19 wheelchairs. Children and women represented 11% and 21%, respectively, of the 540 persons benefiting from services.

In Myanmar, government restrictions imposed on the ICRC prevented the organization from discharging its mandate in accordance with its standard working procedures, which are internationally recognized and which the Myanmar authorities had accepted in previous years. Since mid-2007, the ICRC has directly supported only the Hpa-an Orthopaedic Rehabilitation Centre (HORC), run jointly by the Myanmar Red Cross Society and the ICRC. However, centres managed either by the Ministry of Health (3) or the Ministry of Defence (3), that were formerly assisted by the ICRC, were given enough materials to ensure that the centres would continue to provide services. A total of 5,419 people benefited from various services at the HORC (1,194) and within the MoH and MoD centres (4,225). These services included production of 1,867 prostheses and 1,204 orthoses, and provision of 26 wheelchairs and 1,155 pairs of crutches. Children and women represented 4% and 9%, respectively, of all those benefiting from services.

In Nepal, the first government-run rehabilitation centre, Aerahiti National Rehabilitation Centre, opened in Kathmandu under the management of the Army. The centre started providing services in June (only for

persons with spinal-cord injury). Under a cooperation agreement with the government, the ICRC will provide assistance to establish a prosthetics and orthotics department within the rehabilitation centre. With ICRC financial support (reimbursement for treatment), the P&O department of the Green Pasture Hospital provided services for more than 1,098 people and produced 97 prostheses and 174 orthoses in 2008. Children and women represented 14% and 27%, respectively, of the 1,098 persons benefiting from services.

In Pakistan, the ICRC maintained its support to the Pakistan Institute of Prosthetic and Orthotic Sciences in Peshawar, the Quetta Christian Hospital Rehabilitation Centre, and the Muzaffarabad Physical Rehabilitation Centre, which is managed by the ICRC. In addition, the ICRC began collaborating with the Hayatabad Paraplegic Centre (Peshawar) within the framework of the Home Care Project. In 2008, more than 5,200 people benefited from various services at ICRC-assisted centres. These services included production of 758 prostheses (39% of them for mine survivors) and 1,078 orthoses (8% of them for mine survivors), and provision of 118 wheelchairs and 309 pairs of crutches. Children and women represented 19% and 14%, respectively, of the 5,277 persons benefiting from services.

In the Philippines, physical rehabilitation services were mainly provided by national NGOs. In Mindanao, five of them were registered by the NCDA, including the Davao Jubilee Centre, managed by the Davao Jubilee Foundation, to which the ICRC refers beneficiaries. In 2008, the Davao Jubilee Centre provided services to 45 persons with the support of the ICRC, including the provision of 43 prostheses and 34 pairs of crutches. The ICRC met the patients' expenses for transportation, lodging, food, and for their treatment. Women represented 16%, of all those benefiting from services. While a regular follow-up of those who received services in the past was planned, in collaboration with the Philippines Red Cross Society, this activity was postponed because of the hostilities.

In Sri Lanka, the ICRC maintained its support to the activities of the Jaffna Jaipur Centre for Disability Rehabilitation, the only physical rehabilitation service provider in Jaffna peninsula. As a result of the political situation, disabled persons in the Jaffna district of Sri Lanka faced many obstacles in getting the physical rehabilitation that they needed. More than 842 persons benefited from various services provided with the assistance of the ICRC. These services included the provision of 265 prostheses (55% of them for mine survivors) and 126 orthoses (1.6% of them for mine survivors), 67 wheelchairs and 35 pairs of crutches. Children and women represented 4% and 25%, respectively, of the 842 persons benefiting from services.

AFGHANISTAN



National partner

None

Location of projects

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

Patient services in 2008

Patients attending the centres	66,595
New patients fitted with prostheses	888
New patients fitted with orthoses	4,069
Prostheses	3,967
Orthoses	9,910
Wheelchairs	818
Crutches (pairs)	4,581

Beginning of assistance: 1987

Since disability is a cross-cutting issue, touching several aspects of life, three ministries were actively involved: the Ministry of Public Health, the Ministry of Social Affairs and Martyrs and Disabled, and the Ministry of Education. In each, a disability commission operated as the referral point for any questions concerning physical rehabilitation, social reintegration and education of persons with disabilities. The Ministry of Public Health has included physical rehabilitation in the Basic Package of Health Services and the Essential Package of Hospital Services. While physical rehabilitation services were available through a network of 14 centres, only one was managed by the Afghan authorities; all the others were run by international organizations. Afghanistan was the only country in which the ICRC had completely assumed the task of ensuring access to rehabilitation services. Nevertheless, cooperation continued between the ICRC and the Ministry of Public Health, the Ministries of Social Affairs and Martyrs and Disabled and of Education, hospitals, health facilities, branches of the Afghan Red Crescent Society, local associations of the disabled, and NGOs.

In 2008, the ICRC managed six physical rehabilitation centres throughout the country and one orthopaedic component factory in Kabul, which also produces wheelchairs. In addition, the ICRC started a formal P&O training programme, continued to manage a special programme for

those with spinal-cord injuries (Home Care Programme), and supported the social inclusion of persons with disabilities.

Access to rehabilitation services, and health services in general, was made difficult by a number of obstacles: lack of awareness, ignorance, absence of professionalism among medical personnel, prejudiced views on physical disability, poverty, distances within the country and difficulties in transportation, violence, ethnic and political divisions. While ICRC assistance aims to remove some of these obstacles, much work needs to be done to enhance accessibility to services and to allow persons with disabilities to play an active role within their communities. Throughout the year, information was disseminated through field trips, participation in conferences and round tables on disability, cooperation and referral with the Afghan Red Crescent and other organizations, close relations with hospitals and health facilities, and training for students of the Medical Faculty and other paramedical schools. Close to 67,000 people benefited from various services at ICRC-managed centres. These services included the provision of 3,967 prostheses (66% of them for mine survivors) and 9,910 orthoses (0.6% of them for mine survivors), 818 wheelchairs and 4,581 pairs of crutches. Most of those who were given assistive devices also received appropriate physiotherapy. Children and women represented 25% and 15%, respectively, of all those benefiting from services.

The ICRC-managed component factory provided, free of charge, components to four non-ICRC centres. Under the ICRC's Home Care Programme for paraplegics with spinal-cord injuries, 1,098 persons received assistance during 6,983 home visits. The ICRC also ran a special physiotherapy programme for children with cerebral palsy (1,276 new registrations in 2008).

The ICRC's physical rehabilitation project in Afghanistan combined the provision of physical rehabilitation services with activities aimed at integrating disabled persons into society. More than 2,300 disabled persons received aid through job placement, special education, vocational training, and micro-credit schemes.

The ICRC maintained its support for the professional development of national P&O technicians and physiotherapists working in ICRC-managed centres. Besides the ongoing mentoring and other forms of support provided by ICRC ortho-prosthetists and physiotherapists, the ICRC, in cooperation with the Ministry of Public Health, started a three-year training course in prosthetics and orthotics. Sixteen trainees, 7 of whom are women, are enrolled and the training takes place in the ICRC dedicated facility in the Kabul Ortho Centre.

To ensure the long-term functioning of services, the ICRC maintained close contact with relevant authorities. While the complete handover of the project is not yet possible, the ICRC continued to develop the capacities of Afghan employees with the aim of transferring all management responsibilities to them.

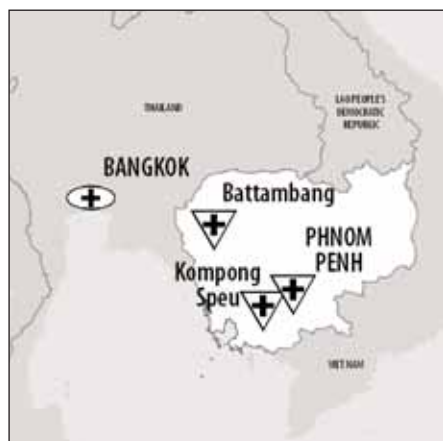
In 2009, the ICRC intends to:

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



© ICRC

CAMBODIA



National partner

Ministry of Social Affairs, Veterans and Youth Rehabilitation

Location of projects

Phnom Penh, Battambang and Kompong Speu

Patient services in 2008

Patients attending the centres	10,201
New patients fitted with prostheses	348
New patients fitted with orthoses	425
Prostheses	1,675
Orthoses	1,394
Wheelchairs	491
Crutches (pairs)	1,442

Beginning of assistance: 1991

In Cambodia, although several government ministries had a role in disability issues, the Ministry of Social Affairs, Veterans and Youth Rehabilitation was given the responsibility of providing physical rehabilitation and training in vocational skills to disabled persons. Physical rehabilitation services were provided through 11 Physical Rehabilitation Centres (PRCs) covering 24 provinces in Cambodia. Among these centres, only two are directly managed by the Ministry: Battambang and Kompong Speu, which are supported by the ICRC. The Ministry is also managing, with ICRC support, the Phnom Penh Component Factory, the sole producer of orthopaedic components and walking aids, which the Factory supplies free of charge to all 11 centres and to the Cambodian School of Prosthetics & Orthotics (CSPO). In June 2008, a Memorandum of Understanding was signed between the Ministry and all organizations supporting the sector stating that the Ministry would manage all the PRCs by the end of 2011. The ICRC will continue to build the Ministry's capacity to manage the Centres at both the local and national levels.

Accurate statistics on the number of persons with disabilities in Cambodia are not available. The most accurate data, found in the 2004 Cambodian Socio-Economic Survey, reports a disability rate of 4%; mobility-related disabilities account for the second largest share (24%). Landmines and ERW continue to threaten many rural communities.

Long-standing mine-clearance and mine-risk education activities have helped to reduce the number of new casualties. In 2008, 266 casualties were reported by the Cambodian Mine/UXO Victim Information System, which represents a decrease of 24% over 2007 figures. Most casualties occurred in provinces covered by the two regional physical rehabilitation centres supported by the ICRC.

To ensure full participation of and equal opportunities for disabled people in social activities, the Ministry, in collaboration with various government and non-government organizations such as the Disability Action Council and the Cambodian Disabled Persons Organization, drafted legislation on the Right of People with Disabilities, which is still pending adoption.

The two ICRC-assisted centres in Battambang and Kompong Speu remain the most important providers of physical rehabilitation services. According to national statistics, they provided about 55% of all services in 2007. To enhance access to services, the ICRC and the Ministry provided direct support to patients, reimbursing transportation and accommodation costs. The ICRC also maintained its support for the centres' outreach programmes, and supported the development of a comprehensive network of potential partners within the centres' catchment areas. Through the centres' outreach programmes, 8,892 patients were examined, 3,537 devices were repaired and

281 wheelchairs and 1,310 pairs of crutches were distributed. ICRC-assisted centres produced 1,675 prostheses (86% of them for mine survivors) and 1,394 orthoses (2.5% of them for mine survivors). Children and women represented 8% and 13%, respectively, of the 10,201 persons benefiting from services. In addition, the orthopaedic Component Factory in Phnom Penh provided components for all the centres, thus ensuring proper care for about 15,000 persons annually.

To improve the quality of the services provided, the ICRC developed the capacity of national personnel to provide services. Besides providing ongoing mentoring for all personnel, ICRC ortho-prosthetists and physiotherapists conducted a third, two-week training course on wheelchairs and postural seating for all P&O technicians and physiotherapists working at assisted centres. In addition, the ICRC sponsored training for physiotherapists in a programme to upgrade skills, which was conducted in Cambodia in cooperation with the Singapore General Hospital Postgraduate Allied Health Institute. During the year, seven physiotherapists were enrolled in the training, two of whom attended a six-month clinical placement in Singapore.

Beside promoting access to the centres and improving the quality of the services, the ICRC continued to build the capacity of the Ministry to manage all activities at the centres and at the Component Factory.

In 2008, the ICRC participated in the work of several committees that address disability issues. Expatriate staff mentored directors and heads of departments in all centres, and the ICRC provided scholarships for the managers of two centres, enabling them to study for a bachelor's degree in business management.

In 2009, the ICRC intends to:

- enhance the quality of services through continued assistance from ICRC ortho-prosthetists and a physiotherapist, by sponsoring two candidates to attend formal training in P&O (ISPO Cat. I), and by helping to develop the national capacity to deliver services
- facilitate access to services by maintaining its support for the Battambang and Kompong Speu centres and the Phnom Penh Component Factory, supporting the centres' outreach programmes, providing direct support for patients, and helping to develop referral networks in the areas covered, including with the Cambodian Red Cross Micro-Economic Initiative programme
- promote the long-term functioning of services by participating in the Physical Rehabilitation Committee, developing the Ministry's capacities to manage physical rehabilitation activities, and urging the Ministry to increase its financial contribution for physical rehabilitation services



CHINA



National partner

Red Cross Society of China (Yunnan branch)

Location of projects

Kunming, Malipo and Kaiyuan

Patient services in 2008

Patients attending the centres	503
New patients fitted with prostheses	44
Prostheses	176
Crutches (pairs)	3.5

Beginning of assistance: 2003

While many physical rehabilitation service providers exist in China, the two main providers are the Ministry of Civil Affairs and the Chinese Disabled Persons' Federation. Since 2004, the Yunnan branch of the Red Cross Society of China (YRC) has been managing a physical rehabilitation centre in Yunnan, which provides free services to destitute amputees. The YRC also managed two repair workshops located in Malipo and Kaiyuan. Following the earthquake in Sichuan, the Hong Kong Red Cross asked the YRC to purchase needed equipment, set up a physical rehabilitation facility and start fitting amputees. The centre opened in September and some 30 to 40 individuals received prostheses. The YRC sent four teams of one orthopaedic technologist and one physiotherapy assistant each to assist the Hong Kong Red Cross for a five-month period.

The first phase of the ICRC's assistance ended in 2008. During the past five years, the ICRC helped establish the Orthopaedic Rehabilitation Centre in Kunming and two repair workshops in Malipo and Kaiyuan. The ICRC also sponsored a formal training course in prosthetics and orthotics for four candidates, while ICRC specialists provided intensive in-house training for technicians, workshop assistants and physiotherapy assistants. The ICRC also donated all necessary production material, machines, equipment and various tools. The YRC now manages all physical rehabilitation activities. The

ICRC will continue to monitor and support the services by donating required components, walking aids and wheelchairs, and conducting field missions

To enhance access to services, the YRC supported two repair workshops to accommodate beneficiaries who live far away from the Kunming centre. The YRC also conducted four outreach visits in which close to 140 amputees were assessed and 37 prostheses were repaired on the spot; 60 beneficiaries received an appointment to have their prostheses replaced at the Kunming centre. During these visits, 13 new amputees were identified and had their first fitting. In 2008, the Yunnan centre produced 176 prostheses and 285 former beneficiaries had their prostheses repaired. Children and women represented 0.3% and 17%, respectively, of the 503 persons who had access to services. In addition, roughly 15% of all patients belonged to minority groups. During the year, the YRC reported three new landmine casualties. The YRC-managed centre provided 44 prostheses (25%) out of a total of 176 to landmine survivors, including four survivors who had never had access to services.

To improve the quality of services, a refresher course on lower-limb prosthetic alignment was conducted at the beginning of year. The four technicians trained at the China Training Centre for Orthopaedic Technologists are now fully engaged in providing services. The ICRC promoted the

long-term functioning of services by strengthening the capacity of the YRC to manage physical rehabilitation activities.

In 2009, the ICRC intends to:

- ensure the quality of services through support from ICRC regional ortho-prosthetists
- facilitate access to services by donating the necessary components, wheelchairs and walking aids to the centre in Kunming and its two repair workshops
- promote the long-term functioning of services by developing the capacity of the YRC to manage all activities relating to physical rehabilitation

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

Red Cross Society of the DPRK, Ministry of Public Health, Ministry of Defence

Location of projects

Songrim and Pyongyang

Patient services in 2008

Patients attending the centres	1,508
New patients fitted with prostheses	640
New patients fitted with orthoses	4
Prostheses	1,204
Orthoses	13
Wheelchairs	49
Crutches (pairs)	930

Beginning of assistance: 2002

The Korean Federation for the Protection of the Disabled (KFPD), the Ministry of Public Health and the Military Medical Bureau of the Ministry of People's Armed Forces were the sole providers of physical rehabilitation activities. They were in charge of the centres in Hamhung, Songrim and Rakrang, respectively. The Ministry of Public Health also runs three repair workshops in Pyongyang, Chong Jin (North Hamgyong province) and Suncheon (North Pyongyang province), where mainly leather prostheses, manufactured at the Hamhung Factory, are repaired or maintained. Since 2002, the ICRC has been providing assistance to the Ministry of Public Health for the development of physical rehabilitation services at its centre in Songrim (30 km from Pyongyang). Since 2005, the ICRC has been providing assistance to the Military Medical Bureau to develop services at its centre in Rakrang. There is still no national policy regarding physical rehabilitation services. In November 2008, the KFPD organized a joint information seminar with the Military Medical Bureau, the Ministry of Public Health, the Ministry of Labour, and the DPRK Red Cross Society. Management representatives from the three physical rehabilitation centres and repair workshops were present, as was the ICRC. All participants expressed their interest in working to develop a national structure that would standardize regulations and methods. The ICRC will support this initiative.

To improve access to services, the ICRC donated the raw materials, equipment and components needed to ensure that services were provided in both centres. With ICRC support, the Ministry of Public Health, in collaboration with the DPRK Red Cross Society, conducted four outreach visits with the aim of following up on those who had received services and, when needed, repairing devices on the spot. Some 300 persons were examined during the visits and 236 devices were repaired. Some 1,508 persons benefited from various services provided at ICRC-assisted centres. These services included the provision of 1,204 prostheses (0.17% of them for mine survivors) and 13 orthoses, and 49 wheelchairs and 1,859 pairs of crutches. In addition, most of those who received devices were also given the appropriate physiotherapy treatment. Children and women represented 1% and 12%, respectively, of all those benefiting from services.

The quality of services at ICRC-assisted centres was improved through in-house training and mentoring of national personnel by ICRC ortho-prosthetists and physiotherapists. Clinical personnel were coached almost daily, and short-term training courses were provided on such subjects as trans-tibial and trans-femoral amputations, pre/post-fitting physical therapy, and gait deviation analyses. In addition, a 10-day training session on wheelchair prescription, adaptation and training for users was

conducted in both centres. During the year, five students returned to DPRK after successfully graduating from the CSPO in Phnom Penh. They had received financial support from the ICRC. All of them are now working within the centres. In addition, the ICRC sponsored the training of five persons at the CSPO.

In 2009, the ICRC intends to:

- enhance the quality of services by providing mentoring by ICRC ortho-prosthetists and physiotherapists, sponsoring persons for formal training in P&O and in physiotherapy, and conducting a short course in upper-limb prostheses and ankle-foot orthotics
- facilitate access to services by supporting the Songrim and Rakrang physical rehabilitation centres, and assisting the Ministry of Public Health and the DPRK Red Cross Society in conducting the outreach programme
- promote the long-term functioning of services by building the national capacity to provide and manage physical rehabilitation services and supporting any national initiatives to develop a national policy for physical rehabilitation

INDIA

*National partner*

Indian Red Cross Society

Location of projects

Jammu and Srinagar

Patient services in 2008

Patients attending the centres	540
New patients fitted with prostheses	58
New patients fitted with orthoses	89
Prostheses	76
Orthoses	95
Wheelchairs	19
Crutches (pairs)	20

Beginning of assistance: 2004

In 2008, the ICRC continued to back the efforts of the Indian Red Cross Society to improve accessibility of services in Jammu and Kashmir by providing support for the P&O departments at the Jammu Governmental Medical College and the Bone and Joint Hospital in Srinagar. The strategically located Jammu and Kashmir State is bounded by Pakistan, Afghanistan and China. One-fifth of the State's population of nearly nine million live in urban areas. Partly because of the landscape, it is difficult for those in need of physical rehabilitation services to travel either to Srinagar or in Jammu. Public transportation is available, but in some cases, it takes up to three days to reach the cities. Given that many people live in poverty, they often cannot afford the cost of transport and accommodation when under treatment and so cannot access services. The Republic of India has not acceded to the Mine Ban Treaty. A Landmine Monitor field visit to Jammu and Kashmir in October and November 2007 noted that mines continue to pose a threat for civilians living near the Line of Control and that casualties occur while people are carrying out livelihood activities, such as collecting firewood, shepherding and farming.

The ICRC donated P&O materials, equipment and components, physiotherapy equipment, and wheelchairs and walking aids during 2008. In addition, the ICRC covered the cost of accommodation for beneficiaries coming to the Bone and Joint

Hospital in Srinagar. With support from the ICRC, the assisted centre produced 76 prostheses (17% of them for mine survivors) and 95 orthoses (17% of them for mine survivors) and distributed 20 pairs of crutches and 19 wheelchairs. Children and women represented 11% and 21%, respectively, of the 540 persons benefiting from services.

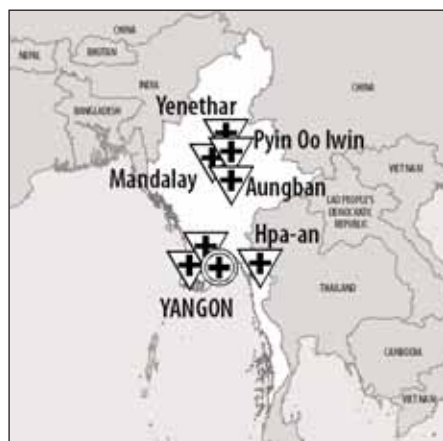
The quality of the services provided in the centres was ensured by continued on-the-job training and mentoring by ICRC expatriate and national ortho-prosthetists and an expatriate physiotherapist. The ICRC also sponsored two candidates from the Bone and Joint Hospital in Srinagar to attend formal training in P&O at the Mobility India centre in Bangalore.

The ICRC continued to promote the long-term functioning of services by strengthening the capacity of its partners, including the Indian Red Cross Society, the Jammu Governmental Medical College and the Bone and Joint Hospital in Srinagar.

In 2009, the ICRC intends to:

- enhance the quality of services through continued on-the-job training and mentoring by ICRC expatriate and national ortho-prosthetists, by sponsoring candidates for P&O training at Mobility India, and by organizing short-term refresher courses in topics related to physical rehabilitation
- facilitate access to services by supporting the Indian Red Cross in providing assistance to the P&O departments at the Jammu Governmental Medical College and the Bone and Joint Hospital in Srinagar, by covering the cost of transport for some beneficiaries, and by assisting the Indian Red Cross Assam State Branch in opening a centre in Guwahati
- promote the long-term functioning of services by strengthening the capacity of the Indian Red Cross, and that of the managerial staff in the two centres, to provide physical rehabilitation services

MYANMAR



National partners

Myanmar Red Cross Society

Location of projects

Hpa-an

Patient services in 2008

Patients attending the centres	5,419
New patients fitted with prostheses	1,031
New patients fitted with orthoses	672
Prostheses	1,867
Orthoses	1,204
Wheelchairs	1,155
Crutches (pairs)	26

Beginning of assistance: 1986

In Myanmar, government restrictions imposed on the ICRC continued to prevent the organization from fulfilling its mandate in accordance with its standard working procedures – procedures that are internationally recognized and which the Myanmar authorities had accepted in previous years. In June 2007, the ICRC was left with no choice but to publicly denounce significant and repeated violations of international humanitarian law committed against civilians, and against detainees who were being used as porters, in some conflict-affected border areas. Since then, the delegation has adapted its overall activities, including its physical rehabilitation activities, to the situation. Only the Hpa-an Orthopaedic Rehabilitation Centre (HORC), run jointly by the Myanmar Red Cross Society and the ICRC, continued to receive direct support from the ICRC. However, centres that were formerly assisted by the ICRC and managed either by the Ministry of Health (3) or the Ministry of Defence (3) were given enough materials to ensure that they could continue to provide services. In 2008, a total of 5,419 people benefited from various services at the HORC (1,194) and within the centres run by the two ministries (4,225). These services included production of 1,867 prostheses and 1,204 orthoses, and provision of 26 wheelchairs and 1,155 pairs of crutches. Children and women represented 4% and 9%, respectively, of all those benefiting from services.

On 2 May 2008, a cyclone (Nargis) struck Myanmar. The ICRC physical rehabilitation project provided a small generator for the Defence Services Rehabilitation Hospital in Yangon, managed by the Ministry of Defence, to supply water to the amputee wards and 80 hygiene kits, consisting of soap, laundry detergent, towel, toothpaste, toothbrush, napkin, T-shirt, longyi, plastic cup and plastic back-bag, for hospitalized amputees. Raw materials needed to produce spinal-cord orthoses and wheelchairs for 30 patients with spinal-cord injuries were provided to the National Rehabilitation Hospital in Yangon, managed by the Ministry of Health.

The Outreach Prosthetic Programme at the HORC was expanded to another eight townships in eastern Bago Division in 2008, and now covers Mon State, Kayin State, Thanintheryi Division and eight townships in eastern Bago Division. During the year, 223 amputees received services from the HORC through the programme. Some 98 of those patients had never been fitted before.

In 2008, 67% of the prostheses were delivered to landmine survivors (in which 93% were for men, 6% for women and 1% for children). Most of those injured by landmines came from eastern Bago Division (157), Kayin State (109), Mon State (57), and Thanintheryi Division (41).

Throughout the year, an ICRC expatriate specialist conducted regular in-house theoretical and on-the-job training for P&O technicians and assistant-physiotherapists in the HORC. The ICRC also sponsored two candidates to attend a one-month training course in clinical methods for lower-limb prosthetics fitting at the ICRC Special Fund for the Disabled training unit in Addis Ababa, Ethiopia.

In 2009, the ICRC intends to:

- facilitate access to services by supporting the activities of the Hpa-an Orthopaedic Rehabilitation Centre and the Myanmar Red Cross's Outreach Prosthetic Programme
- conduct quarterly technical visits to centres managed by the Ministry of Health to follow up on the continuity of services
- promote long-term functioning of services by strengthening the capacities of partners to deliver rehabilitation services

NEPAL



National partners

Green Pasture Hospital, Nepal Army

Location of project

Pokhara and Kathmandu

Patient services in 2008

Patients attending the centre	1,098
New patients fitted with prostheses	91
New patients fitted with orthoses	144
Prostheses	97
Orthoses	174
Crutches (pairs)	132
Wheelchair	1

Beginning of assistance: 2004

In 2008, the first government-run rehabilitation centre, the Aerahti National Rehabilitation Centre, opened in Kathmandu. Managed by the Army, the centre started providing services in June for persons with spinal-cord injuries. Under a cooperation agreement, the ICRC provides assistance to establish a prosthetics and orthotics department within the centre. While ongoing support was provided in 2008, direct assistance will begin in early 2009. Most physical rehabilitation services were provided through such organizations as the International Nepal Fellowship (assisted by the ICRC), and other international and national NGOs. Although in charge of the rehabilitation of persons suffering impaired mobility, the Ministry of Social Welfare did not directly provide those services.

Most potential beneficiaries live in remote, mountainous regions where there is often no transport. Poor roads, lack of or irregular public transport and high travel fares, which increased by 60% in 2008, often make it impossible to access services. The ICRC increased its financial support by 70% over the previous year so that more beneficiaries would be reimbursed for their transportation costs. The ICRC continued to help organize outreach visits in close collaboration with the Green Pasture Hospital and the Nepalese Red Cross Society. With ICRC support (reimbursement for treatment), the P&O department of the Green Pasture Hospital provided services for more

than 1,098 people and produced 97 prostheses and 174 orthoses in 2008. Children and women represented 14% and 27%, respectively, of the 1,098 persons benefiting from services.

Nepal is not a signatory to the anti-personnel mine-ban treaty and is not a signatory to the Convention on Certain Conventional Weapons. According to the Informal Sector Service Centre, representatives reported 37 incidents with 68 casualties in 2008. All five regions (24 districts out of 75) had incidents of victim-activated explosions, with the central region having the highest number of accidents. Some 63.88% of victims were children. Most of the incidents (89%) resulting in civilian injuries were caused by IEDs. With the ICRC's assistance, the Green Pasture Hospital delivered four prostheses and one orthosis to mine/ERW survivors. In addition, the ICRC's Micro-Economic Initiative programme, implemented through the Nepal Red Cross Society, provided financial assistance (cash for kind) to survivors to start small businesses.

The quality of the services provided was supported by regular visits by an ICRC ortho-prosthetist. In addition, two groups of two P&O technicians and two occupational therapists were sent to the ICRC-assisted centres in Cambodia for two months, during which they received training in prosthetics and orthotics and in wheelchair prescription/modifications/adaptations and user-training. One candidate started formal train-

ing in P&O at the Cambodian School of Prosthetics & Orthotics with financial support from the ICRC.

In 2009, the ICRC intends to:

- enhance the quality of services through continued support from an ICRC ortho-prosthetist and physiotherapist, by sending P&O technicians and physiotherapists for clinical practice in Cambodia, sponsoring one person for formal P&O training (ISPO Cat. II) at the Cambodian School of Prosthetics and Orthotics, and conducting in-house training in wheelchair services
- facilitate access to services by donating the necessary equipment, tools and materials to establish a P&O department at the Aerahti National Rehabilitation Centre, supporting the P&O department of the Green Pasture Hospital, covering the costs of treatment transportation and accommodation for a certain number of beneficiaries, and supporting field follow-up visits by hospital personnel
- promote long-term functioning of services by supporting initiatives to develop a national physical rehabilitation structure

PAKISTAN



National partners

Ministry of Health, Quetta Christian Hospital, Pakistan Institute of Prosthetic and Orthotic Sciences, Hayatabad Paraplegic Centre

Location of projects

Peshawar (2), Muzaffarabad and Quetta

Patient services in 2008

Patients attending the centres	5,277
New patients fitted with prostheses	732
New patients fitted with orthoses	692
Prostheses	758
Orthoses	1,078
Wheelchairs	118
Crutches (pairs)	309

Beginning of assistance: 2004

In Pakistan, political turmoil continued to hamper access to services in most regions where the ICRC provides assistance for physical rehabilitation services. Since the 2005 earthquake, physical rehabilitation in Pakistan has received more attention and support from both the authorities and international organizations. However, the network of centres providing physical rehabilitation services remained inadequate to meet existing needs. The 1998 census found that the disability rate per 1,000 members of the population was 25.4 in rural areas and 25.9 in urban areas. In absolute terms, however, the number of disabled persons in rural areas was twice that in urban areas. The Islamic Republic of Pakistan has not acceded to the Mine Ban Treaty, and while there are no reliable data on mine casualties, the Landmine Monitor Report 2008 noted that there were at least 271 new casualties in 2007. Most of the casualties occurred in Balochistan, the Federally Administered Tribal Areas and the North-West Frontier Province.

In 2008, the ICRC maintained its support for the Pakistan Institute of Prosthetic and Orthotic Sciences in Peshawar, for the Quetta Christian Hospital Rehabilitation Centre, and for the Muzaffarabad Physical Rehabilitation Centre (MPRC), managed by the ICRC. In addition, the ICRC began collaborating with the Hayatabad Paraplegic Centre (Peshawar) within the framework of the Home Care Project. To enhance accessibility to services, the organization

donated material and components, reimbursed transportation and accommodation costs, covering the cost of treatment for patients referred by the ICRC to the Pakistan Institute of Prosthetic and Orthotic Sciences, and conducted two outreach visits in collaboration with the Pakistan Red Crescent Society. More than 5,200 people benefited from various services at ICRC-assisted centres during the year. These services included production of 758 prostheses (39% of them for mine survivors) and 1,078 orthoses (8% of them for mine survivors), and provision of 118 wheelchairs and 309 pairs of crutches. Children and women represented 19% and 14%, respectively, of the 5,277 persons benefiting from services.

The Home Care Project, implemented in collaboration with the Ministry of Health for the North-West Frontier Province and the Hayatabad Paraplegic Centre, provided direct assistance to 224 persons and conducted 527 home visits. In addition, 221 Afghan refugees were referred to the ICRC centre in Jalalabad, Afghanistan. Transportation costs were covered by ICRC Pakistan and treatment costs were covered by ICRC Afghanistan. Through the ICRC Micro-Economic Initiative (MEI) programme, 104 grants were issued to physically disabled persons registered at the MPRC who live in Muzaffarabad district. This joint collaboration reintegrated MPRC beneficiaries into mainstream society by improving their socio-economic conditions.

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

Throughout the year, the ICRC held bi-monthly meetings with the Ministry of Health in Pakistan-administrated Kashmir to develop a strategy to hand over the MPRC, which is managed by the ICRC, to the authorities. The ICRC also worked to build the management capacities of all assisted centres.

In 2009, the ICRC intends to:

- enhance the quality of services through continued support from ICRC ortho-prosthetists and an ICRC physiotherapist, by providing sponsorship to the four persons undergoing training in P&O at the Institute in Peshawar, and by improving the professional expertise of those involved in the Home Care Project
- facilitate access to services by covering the cost of treatment for patients at the Pakistan Institute of Prosthetic and Orthotic Science in Peshawar, donating materials and components to the Balochistan Community Rehabilitation Centre, supporting the Home Care Project, supporting the centre in Muzaffarabad, working with the Ministry of Health's Lady Health Workers Programme to help disseminate services, working with the ICRC MEI programme, and assisting Afghan refugees in gaining access to services in Jalalabad
- promote long-term functioning of services by maintaining close contact with the Ministry of Health in Pakistan-administered Kashmir to ensure a smooth handover of the MPRC, and by building the management capacities of the assisted centres



PHILIPPINES



National partner

Davao Jubilee Foundation

Location of collaborating centre

Davao

Patient services in 2008

Patients referred by the ICRC	45
New patients fitted with prostheses	28
Prostheses	43
Crutches (pairs)	34

Beginning of assistance: 2000

Hostilities between the Government and the Moro Islamic Liberation Front resumed in August. As a result, some 400,000 persons were displaced within the Mindanao peninsula and the ICRC launched a large-scale assistance programme for them.

In February, the functions and organizational structure of the National Council for the Welfare of Disabled Persons were redefined and the body was renamed the National Council on Disability Affairs (NCDA). It is now the national government agency mandated to formulate policies and coordinate the activities of all agencies, whether public or private, concerning disability issues. The NCDA is also tasked with monitoring the implementation of several laws to ensure that the civil and political rights of persons with disabilities are protected. Physical rehabilitation services are mainly provided by national NGOs. In Mindanao, five were registered by the NCDA, including the Davao Jubilee Centre, managed by the Davao Jubilee Foundation. The ICRC refers beneficiaries to the centre and covers the cost of their treatment.

Since 2000, the ICRC has provided financial support and facilitated medical treatment for thousands of persons, including over 230 persons who were fitted with prostheses. The ICRC is not directly involved in managing the centre but it shares its experience through regional support missions. The ICRC sponsors formal training courses, clinical placements abroad, and short-term in-house coaching.

In 2008, the Davao Jubilee Centre, supported by the ICRC, provided services to 45 persons, including the provision of 43 prostheses and 34 pairs of crutches. The ICRC met the patients' expenses for transportation, lodging, food, and treatment. Women represented 16% of all those benefiting from services. While the ICRC and the Philippines Red Cross Society planned to conduct follow-up visits to those who had received services, these visits were postponed due to the hostilities.

To enhance the quality of the services provided at the Davao Jubilee Centre, the ICRC sponsored one person for formal training in prosthetics and orthotics at the Cambodian School of Prosthetics and Orthotics in Phnom Penh (second year). In addition, the ICRC ortho-prosthetist

conducted short-term, in-house training sessions.

In 2009, the ICRC intends to:

- facilitate access to services for victims of the internal conflict by subsidizing services, including first fittings, replacements and repairs, and covering users' expenses for transportation, lodging and food
- enhance the quality of services by providing support from an ICRC ortho-prosthetist, sponsoring clinical placement for one physiotherapist in Cambodia, and sponsoring the trainee at the Cambodian School of Prosthetics & Orthotics in Phnom Penh



SRI LANKA



National partner

Jaffna Jaipur Centre for Disability Rehabilitation

Location of project

Jaffna

Patient services in 2008

Patients attending the centre	842
New patients fitted with prostheses	35
New patients fitted with orthoses	103
Prostheses	265
Orthoses	126
Wheelchairs	67
Crutches (pairs)	35

Beginning of assistance: August 2007

In Sri Lanka, physical rehabilitation was the responsibility of the Directorate of Rehabilitation for Youth, Elderly, Disabled and Displaced in the Ministry of Health; however, the Ministry of Social Services and Social Welfare was also involved. It is unclear how responsibilities were divided between the two, but in general, the Ministry of Health was responsible for establishing guidelines and providing hospital-based physiotherapy services, while the Ministry of Social Services and Social Welfare was responsible for providing assistive devices and financial support for disabled persons. As a result of the political situation, disabled persons in the Jaffna district of Sri Lanka faced many obstacles in getting the physical rehabilitation that they needed. Although distances in the Jaffna peninsula are small, high prices and irregular bus transport could make a trip of just a few kilometres very difficult and time-consuming. The Democratic Socialist Republic of Sri Lanka has not acceded to the Mine Ban Treaty. According to the Landmine Monitor Report 2008, the northern Jaffna peninsula is the most severely affected area. About half of all mines laid in Sri Lanka are estimated to be in the peninsula. However, northern districts of Kilinochchi, Mullaittivu, Mannar, and Vavuniya, and eastern districts of Ampara, Batticaloa, and Trincomalee have also been affected by the resumed conflict. Landmine Monitor identified at least 34 new mine/ERW casualties in 2007, and at least 39 casualties between January and

August 2008. In 2008, the ICRC maintained its support to the activities of the Jaffna Jaipur Centre for Disability Rehabilitation (JJCDR), the only physical rehabilitation service-provider in the Jaffna peninsula.

To make services more accessible, the ICRC continued to cover the costs of transportation for persons going to the centre, when needed. The ICRC also donated all the necessary materials and components and assumed responsibility for clearing and transporting goods into Jaffna. More than 842 persons benefited from various services provided, which included the provision of 265 prostheses (55% of them for mine survivors) and 126 orthoses (1.6% of them for mine survivors), 67 wheelchairs and 35 pairs of crutches. Children and women represented 4% and 25%, respectively, of the 842 persons benefiting from services.

The quality of the services provided at the centres was improved by the mentoring and on-the job training provided by an ICRC ortho-prosthetist and an ICRC physiotherapist. To promote the long-term functioning of services, the ICRC intervened with the Social Services to encourage them to reinforce their support, and worked with the Management Board of the JJCDR to develop funding proposals.

In 2009, the ICRC intends to:

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

4.3 – EUROPE AND THE AMERICAS



ICRC SUPPORT IN EUROPE AND THE AMERICAS AT A GLANCE

In 2008, the ICRC provided support for 10 projects in five countries:

Azerbaijan (1 project), Colombia (5), Georgia (2), Russian Federation (1), and Tajikistan (1).

Services provided

Patients attending the centres	18,399
New patients fitted with prostheses	746
New patients fitted with orthoses	3,412
Prostheses delivered	2,052
Orthoses delivered	6,668
Wheelchairs distributed	25
Walking aids distributed (pairs)	396

Children and women represented 44% and 22%, respectively, of all those benefiting from services.

Developing national capacities

12 candidates sponsored to attend formal training in P&O

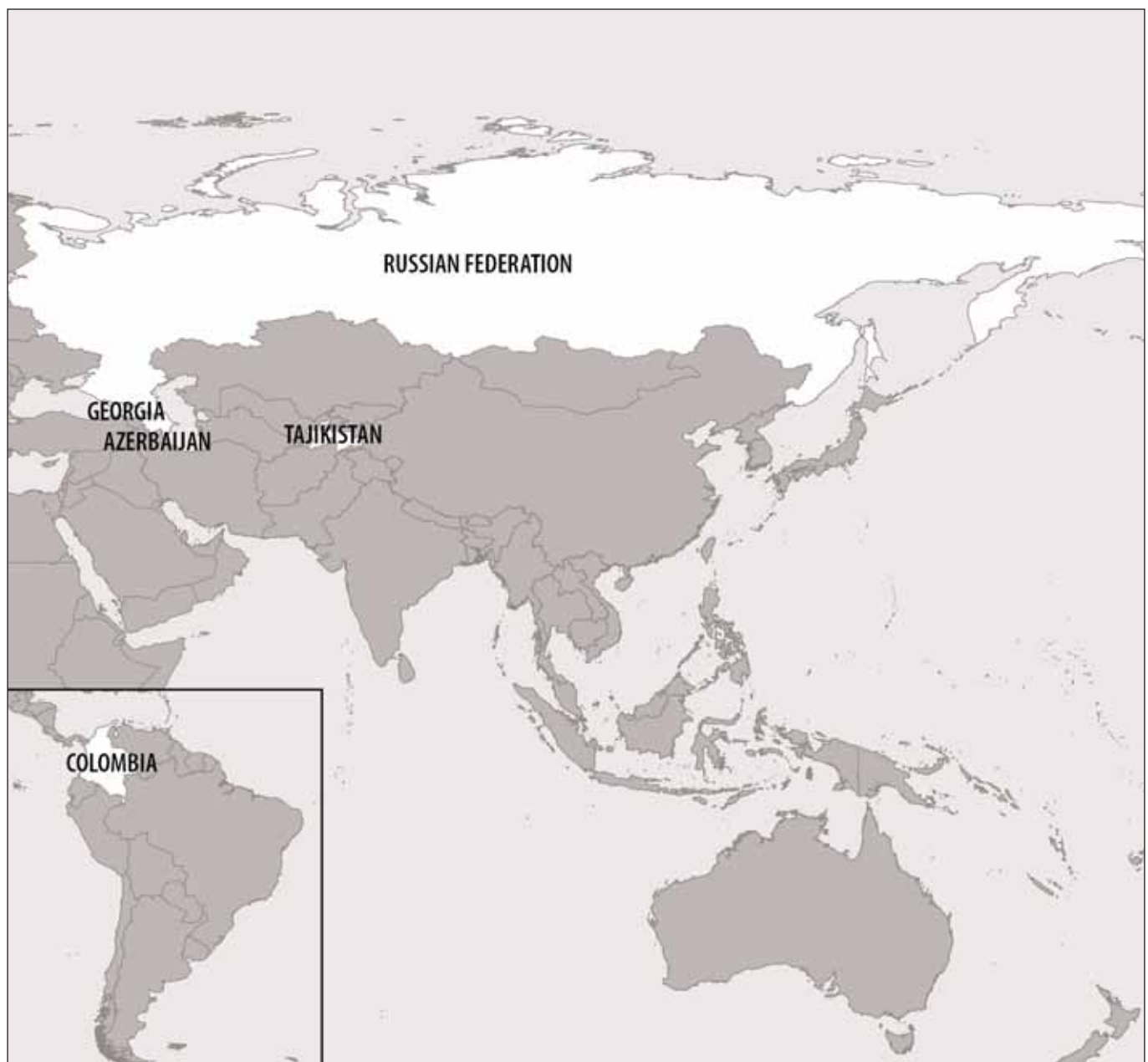
Promoting long-term functioning of services

Promoted the establishment of a coordinating body in Colombia

Supported the Ministry of Social Protection in Colombia in developing and drafting a resolution on standards for P&O services

Supported the Ministry of Social Protection and other institutions in Colombia in establishing a training programme for P&O personnel

Continued to support the Ministry of Labour, Health and Social Affairs in Georgia in its efforts to develop a national physical rehabilitation policy



In Azerbaijan, the Ministry of Labour and Social Protection is in charge of providing physical rehabilitation services. It does so through a network of three centres: a national centre in Baku (the Ahmedly Prosthetic Orthopaedic Rehabilitation Centre – PORC) and two decentralized centres, in Ganja and Nakhichevan. While direct assistance was ended, the ICRC delegation has maintained close contact with the management team of these facilities and has been able to sign a contract of services with the PORC as service provider for the benefit of nine Chechen refugees. Under the supervision of an ICRC expert, these services were delivered on time and were of good quality.

In Colombia, the Ministry of Social Protection is responsible for physical rehabilitation and for the health sector. The main responsibilities of the Ministry are to define standards and guidelines regulating the sector. In 2006, the ICRC resumed its physical rehabilitation support under the umbrella of the comprehensive mine-action programme, implemented by the ICRC's Weapons Contamination Department in collaboration with the Norwegian Red Cross. In 2008, the ICRC continued to provide direct assistance to five existing rehabilitation facilities in Bogotá, Cúcuta, Cartagena, Cali and Medellín in the form of management support, training, material and equipment. The ICRC provided technical advice to the Hospital Universitario de Santander in Bucaramanga (Santander) and to the Gobernación del Meta in Villavicencio (Meta). In 2008, more than 14,300 people benefited from various services at ICRC-assisted centres. These services included production of 1,108 prostheses (14% of them for mine survivors) and 5,052 orthoses (0.4% of them for mine survivors), 23 wheelchairs and 35 pairs of crutches. Children and women represented 44% and 25%, respectively, of the 14,370 persons benefiting from services.

In Georgia, the Ministry of Labour, Health and Social Affairs is responsible for physical rehabilitation services. The ICRC's physical rehabilitation project consisted of three major components: support for the Georgian Foundation for Prosthetic and Orthopaedic Rehabilitation in Tbilisi, support for the Gagra centre in Abkhazia, and a referral service for patients from South Ossetia (the ICRC covered the cost of devices for them). In both Tbilisi and Gagra, different activities were initiated and/or implemented for gradually transferring all responsibilities (managerial, technical and financial) to local partners. In total, more than 1,100 people benefited from various services at ICRC-assisted centres. These services included production of 336 prostheses (12% of them for mine survivors) and 692 orthoses, and provision of 242 pairs of crutches. Children and women represented 32% and 12%, respectively, of the 1,121 persons benefiting from services.

In the Russian Federation, disability issues were handled by the Federal Agency for Health and Social Development, which was attached to the Ministry of Health and Social Development. The Ministry allocated the funds for providing rehabilitation services in the Federation.

Since 2002, the ICRC has been providing support to the Grozny Prosthetics and Orthotics Centre (GPOC). From the beginning, the ICRC focused on developing capacity to provide appropriate physical rehabilitation services by: providing scholarships to candidates to attend formal P&O training (eight candidates), providing the services of ICRC specialists (ortho-prosthetist and physiotherapist), donating equipment and tools, and upgrading the GPOC infrastructure. In 2008, more than 1,800 persons benefited from various services at the Grozny Prosthetics and Orthotics Centre. These services included production of 377 prostheses (9% of them for mine survivors) and 787 orthoses. Children and women represented 60% and 13%, respectively, of the 1,840 persons benefiting from services. In addition, and with the aim of promoting social inclusion for persons with disabilities, 39 people applied for the ICRC Micro-Economic Initiative programme. Eleven of them were approved and received ICRC support.

In Tajikistan, physical rehabilitation services were available at the Dushanbe Physical Rehabilitation Centre, managed by the Ministry of Labour and Social Protection (MoLSP). To improve access to services, the Dushanbe centre ran three satellite workshops in Kulob, Khorog and Khujand to repair devices belonging to those living in neighbouring areas. In 2009, the ICRC intends to end its support in Tajikistan. However, following a request from the MoLSP, the ICRC Special Fund for the Disabled will provide limited support to facilitate the handover process.

AZERBAIJAN



National partner

Ministry of Labour and Social Protection

Location of projects

Baku

Patient services in 2008

No statistics available

Beginning of assistance: 1994

The Ministry of Labour and Social Protection is in charge of providing physical rehabilitation services in Azerbaijan. It does so through a network of three centres: a national centre in Baku (the Ahmedly Prosthetic Orthopaedic Rehabilitation Centre – PORC) and two decentralized centres, in Ganja and Nakhichevan. The Director of the Ahmedly PORC and its administration manage the network from Baku. Azerbaijan has not acceded to the Mine Ban Treaty; and mines and ERW continue to pose a threat to the civilian population living in conflict-affected areas. The partnership established through the safe play areas project has a positive impact on both the ICRC and the Azerbaijan Red Crescent Society (AzRCS). Nine local branches regularly

visit and work with the affected communities, thus positioning the AzRCS as an important actor in mine issues. The AzRCS has been encouraged to include mine action in its Strategic Work Plan 2008–2010.

Following repeated attempts by the ICRC to raise concern about weak points in the physical rehabilitation sector, which were met with indifference, ICRC assistance in this field ended in 2007. However, the ICRC delegation has maintained close contact with the team managing these facilities. The management style used in Azeri physical rehabilitation facilities does not allow the ICRC to develop training programmes and, consequently, the ICRC does not have a meaningful impact on the services

delivered. Nevertheless, the ICRC signed a contract of services with the PORC as service provider for the benefit of nine Chechen refugees. Under the supervision of an ICRC expert, these services were delivered on time and were of good quality.

In 2009, the ICRC intends to:

- maintain regular contact with the Ministry of Labour and Social Protection
- monitor accessibility of services, in collaboration with the AzCRS
- ensure access to appropriate physical rehabilitation services for some foreign detainees

COLOMBIA



National partners

Ministry of Social Protection and State Training Institute, two local NGOs (CIREC in Bogotá and Foundation REI in Cartagena), two private providers (Orthopraxis in Medellín and Ortopédica American in Cali), one governmental centre (Cúcuta)

Location of projects

Bogotá, Cartagena, Cúcuta, Medellín and Cali

Patient services in 2008

Patients attending the centres	14,370
New patients fitted with prostheses	461
New patients fitted with orthoses	2,676
Prostheses	1,108
Orthoses	5,052
Wheelchairs	23
Crutches (pairs)	35

Beginning of assistance: 2006

The Ministry of Social Protection is responsible for physical rehabilitation and the health sector in Colombia. The main responsibilities of the Ministry are to define standards and guidelines regulating the sector. Two bodies within the Ministry cover the cost of services: the FIDUFOSYGA (FIDUciaria del FONdo de Solidaridad Y GARantía) and Acción Social. In recent years, laws and regulations have been adopted enabling more people with disabilities to have better access to education, public spaces, and the health and social security systems. Although these laws exist, complex administrative procedures often hinder, rather than improve, access to services. In the latest National Statistics Department housing and population survey (2005), some 6.3% of the population were found to have some kind of disability.

Colombia signed the Mine Ban Treaty on 3 December 1997, ratified it on 6 September 2000, and became a State Party on 1 March 2001. Mines continue to be planted in many rural areas and in areas previously unaffected or marginally affected by them. Colombia is one of the top three mine-affected countries (along with Afghanistan and Cambodia) when measured by the number of casualties.

In 2006, the ICRC resumed its physical rehabilitation support under the umbrella of the comprehensive mine-action programme implemented by

the ICRC's Weapons Contamination Department in collaboration with the Norwegian Red Cross. In 2008, the ICRC continued to provide direct assistance to five existing rehabilitation facilities in Bogotá, Cúcuta, Cartagena, Cali and Medellín with management support, training, material and equipment. The ICRC provided technical advice to the Hospital Universitario de Santander in Bucaramanga (Santander) and to the Gobernación del Meta in Villavicencio (Meta). During the year, the ICRC completed the renovation of charity-run hostels in Medellín, Cartagena, and Cali.

In 2008, the ICRC contributed to the rehabilitation of 14,370 persons. Children and women represented 44% and 25%, respectively, of the 14,370 persons benefiting from services. These persons benefited from services delivered by five assisted centres, including the provision of 1,108 prostheses (152 of which were for mine/UXO/IED victims) and 5,042 orthoses (including 18 for mine/UXO/IED victims). Among these users, the ICRC directly assisted 205 persons (153 amputees and 52 non-amputees), including 37 women and 25 children, and covered the full costs for their 155 prostheses (including 96 for mine/UXO/IED victims) and 57 orthoses (including seven for mine/UXO/IED victims). Most of the patients benefited from additional direct economic assistance in the form of transport, food and accom-

modation. The organization also covered the full costs of wheelchairs and crutches for 75 beneficiaries.

To enhance the quality of services, the ICRC provided ongoing support through ICRC specialists, by conducting several refresher courses, and providing scholarships to eight candidates to attend formal training in P&O (two candidates enrolled in a distance-learning programme at the University of Don Bosco in El Salvador and six candidates enrolled in a three-year training course in the same institution).

Throughout the year, the ICRC worked closely with national institutions with the aim of promoting long-term functioning of services. With input from the ICRC and other involved institutions, in 2008 the Ministry published a draft resolution on standards for P&O services. The ICRC also supports national authorities in establishing a training programme for orthopaedic technologists (through the State training institution, SENA), and supports an apprenticeship programme for orthopaedic technicians at the technical college, Centro Don Bosco.

In 2009, the ICRC intends to:

- cooperate with the Norwegian Red Cross in a comprehensive mine-action project in Colombia involving physical rehabilitation, data gathering, support for the social and economic reintegration of survivors into society, mine-risk reduction and public education
- facilitate access to services by maintaining its support for the five physical rehabilitation centres it supported in 2008, covering the costs of transportation and accommodation for disabled persons undergoing treatment, and strengthening the existing referral network
- enhance the quality of services by providing scholarships for formal P&O training at the University of Don Bosco and through continued support from ICRC ortho-prosthetists
- promote the long-term functioning of services by providing support in managing physical rehabilitation activities for national authorities and for the managerial staff of local centres



GEORGIA



National partners

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

Location of projects

Tbilisi and Gagra

Patient services in 2008

Patients attending the centres	1,121
New patients fitted with prostheses	124
New patients fitted with orthoses	300
Prostheses	336
Orthoses	692
Crutches (pairs)	242

Beginning of assistance: 1994

In Georgia, the Ministry of Labour, Health and Social Affairs is developing a comprehensive National Physical Rehabilitation Policy with an appropriate legislative and institutional framework to protect the rights of the disabled. A concept paper on the Social Integration of People with Disabilities was drawn up by the Coalition for Independent Living, a coalition of NGOs, in cooperation with the Ministry. At the beginning of December, the Ministry announced that a parliamentary commission had been established to develop a National Disability Policy. In Abkhazia, the Ministry of Health provided services at the Gagra Physical Rehabilitation Centre and at its repair workshop in Gali. The ICRC's physical rehabilitation project in Georgia consisted of three components: support for the Georgian Foundation for Prosthetic and Orthopaedic Rehabilitation (GEFPOR) in Tbilisi, support for the Gagra centre in Abkhazia, and a referral service for patients from South Ossetia (the ICRC covered the cost of devices for them). In both Tbilisi and Gagra, different activities were initiated and/or implemented to gradually transfer all managerial, technical and financial responsibilities to local partners.

In 2008, the GEFPOR centre in Tbilisi provided 258 prostheses and 592 orthoses. In all, 752 persons benefited from services provided at the centre. Through its Patient Service Support programme (PSS), the ICRC covered the cost of 278 devices (33% of the total production of the centre).

With the support of the ICRC the Gagra centre in Abkhazia provided 78 prostheses and 100 orthoses. In all, 369 persons benefited from services provided at the centre. In addition, four persons from South Ossetia received services with ICRC support: two at the GEFPOR centre and two at the Vladikavkaz Orthopaedic Centre in the Russian Federation. In total, more than 1,100 people benefited from various services at ICRC-assisted centres. These services included production of 336 prostheses (12% of them for mine survivors) and 692 orthoses, and provision of 242 pairs of crutches. Children and women represented 32% and 12%, respectively, of the 1,121 persons benefiting from services.

The quality of services was enhanced through ongoing support from ICRC ortho-prosthetists and physiotherapists. In addition, seminars on a multidisciplinary team approach and on the psychological approach to patients were held in both centres.

While the managerial staff at GEFPOR struggled to raise funds, there were some positive signals from new donors. In 2008, the ICRC, through its PSS programme, represented 37% of the total income of GEFPOR, while contributions from the State represented 22%, support from other organizations 18% and direct sale of devices 23%. Despite a difficult economic situation, the authorities in Abkhazia increased support for physical rehabilitation services. In 2008, they covered all the centre's expenses.

In 2009, the ICRC intends to:

- enhance the quality of services by providing continued support from ICRC specialists
- facilitate access to services by covering the treatment costs of some patients at the GEFPOR centre, and covering the cost of treatment at the Vladikavkaz centre or the GEFPOR centre for patients from South Ossetia
- promote the long-term functioning of services by supporting the consolidation of GEFPOR, providing continued support for the Ministry of Labour, Health and Social Affairs in its efforts to develop a national physical rehabilitation policy, and assisting the Abkhaz authorities in developing and implementing a long-term strategy to ensure the sustainability of the Gagra centre
- organize a regional seminar on managing physical rehabilitation activities

RUSSIAN FEDERATION



National partner

Ministry of Health and Social Development

Location of project

Grozny

Patient services in 2008

Patients attending the centre	1,840
New patients fitted with prostheses	62
New patients fitted with orthoses	377
Prostheses	288
Orthoses	787

Beginning of assistance: 2002

In the Russian Federation, disability issues were handled by the Federal Agency for Health and Social Development, which was attached to the Ministry of Health and Social Development. The Ministry allocated funds to provide rehabilitation services in the Federation. Since 2002, the ICRC has been supporting the Grozny Prosthetics and Orthotics Centre. The ICRC provided scholarships to candidates to attend formal P&O training (eight candidates) and support from ICRC specialists (ortho-prosthetist and physiotherapist), donated equipment and tools, and improved the Centre's infrastructure. Between 2002 and 2008, thousands of persons benefited from various services at the Centre. These services included production of 1,258 prostheses (67% of them for mine survivors) and 1,328 orthoses, and provision of 103 wheelchairs and 688 pairs of crutches. The ICRC ended its support to the Centre in November 2008.

The Grozny Centre depended largely on timely allocations from the Social Insurance Fund, the main government body responsible for funding the Centre's activities. In 2008, more than 1,800 persons benefited from various services at the Grozny Prosthetics and Orthotics Centre. These services included production of 288 prostheses (43% of them for mine survivors) and 787 orthoses. Children and women represented 60% and 13%, respectively, of the 1,840 persons benefiting from services. In addition, 39 people applied for

the ICRC Micro-Economic Initiative programme; 11 of them were approved and received ICRC support.

In 2008, a group of students completed their training at the St Petersburg Social College. Earlier, they developed their clinical skills at the Albrecht Scientific and Practical Prosthetic Centre in St Petersburg. In addition, an ICRC ortho-prosthetist provided ongoing support to the technicians, while an ICRC physiotherapist provided a two-month course on gait training. In January, the ICRC organized a seminar on P&O prescription for more than 30 doctors working in different hospitals around the country. A two-week seminar on trans-femoral prostheses was organized at the Vladikavkaz Prosthetics and Orthotics Centre.

In 2009, the ICRC intends to:

- monitor and evaluate the services provided at the Grozny Centre and will invite two officials from Chechnya to attend the regional seminar on physical rehabilitation, which will be held in Tbilisi

TAJIKISTAN



National partner

Ministry of Labour and Social Protection, Red Crescent Society of Tajikistan

Location of project

Dushanbe

Patient services in 2008

Patients attending the centre	1,068
New patients fitted with prostheses	99
New patients fitted with orthoses	59
Prostheses	320
Orthoses	137
Wheelchairs	2
Crutches (pairs)	119

Beginning of assistance: 1999

Tajikistan has legislation protecting the rights of persons with disabilities and providing them with medical care, physical rehabilitation, socio-economic reintegration and pensions. Physical rehabilitation services were available at the Dushanbe Physical Rehabilitation Centre managed by the Ministry of Labour and Social Protection. To ease access to services, the Dushanbe centre ran three satellite workshops in Kulob, Khorog and Khujand, whose aim was to repair devices belonging to those living in neighbouring areas. The Republic of Tajikistan acceded to the Mine Ban Treaty on 12 October 1999, becoming a State Party on 1 April 2000. The Tajikistan Mine Action Centre is responsible for coordinating all activities related to mine action, including demining and victim assistance.

Since 1999, the ICRC has assisted the Ministry of Labour and Social Protection in developing national capacities to provide physical rehabilitation services. Over the years, more than 2,200 persons benefited from various services at the Dushanbe Physical Rehabilitation Centre. These services included production of 3,488 prostheses (11% of them for mine survivors) and 1,062 orthoses, and provision of 70 wheelchairs and 1,039 pairs of crutches. The scope of ICRC support ranged from donating material and components, to providing direct support to service users, including covering transportation and accommodation costs.

Besides donating raw materials and components, in 2008 the ICRC supported several activities that were undertaken to enhance access to services. In 2008, more than 1,000 persons benefited from various services at the Dushanbe Physical Rehabilitation Centre. These services included production of 320 prostheses (9% of them for mine survivors) and 137 orthoses, and provision of two wheelchairs and 119 pairs of crutches. Children and women represented 17% and 21%, respectively, of the 1,068 persons benefiting from services.

The quality of services was maintained and enhanced by regular mentoring provided by an ICRC ortho-prosthetist and physiotherapist. The ICRC physiotherapist spent two months in the centre and partially re-organized the services with the two assistant physiotherapists. The ICRC ortho-prosthetist spent one month reorganizing P&O services and revising the guidelines for producing prostheses.

Throughout 2008, the ICRC supported the Ministry of Labour and Social Protection in implementing its strategy to ensure the long-term functioning of the centre. It continued to mobilize other actors, such as the Tajikistan Mine Action Centre, to assist the Ministry in managing physical rehabilitation activities. The centre's managerial staff received ongoing support.

The ICRC intends to end its support in Tajikistan in 2009. However, following a request from the Ministry, the ICRC Special Fund for the Disabled will provide limited support to facilitate the handover.

4.4 – MIDDLE EAST AND NORTH AFRICA



ICRC SUPPORT IN THE MIDDLE EAST AND NORTH AFRICA AT A GLANCE

In 2008, the ICRC provided support for 18 projects in three countries and one territory:

Algeria (2 projects), Iraq (12), Gaza (1), and Yemen (3).

Services provided

Patients attending the centres	38,639
New patients fitted with prostheses	3,044
New patients fitted with orthoses	12,089
Prostheses delivered	4,172
Orthoses delivered	14,199
Wheelchairs distributed	85
Walking aids distributed (pairs)	1,524

Children and women represented 38% and 18%, respectively, of all those benefiting from services.

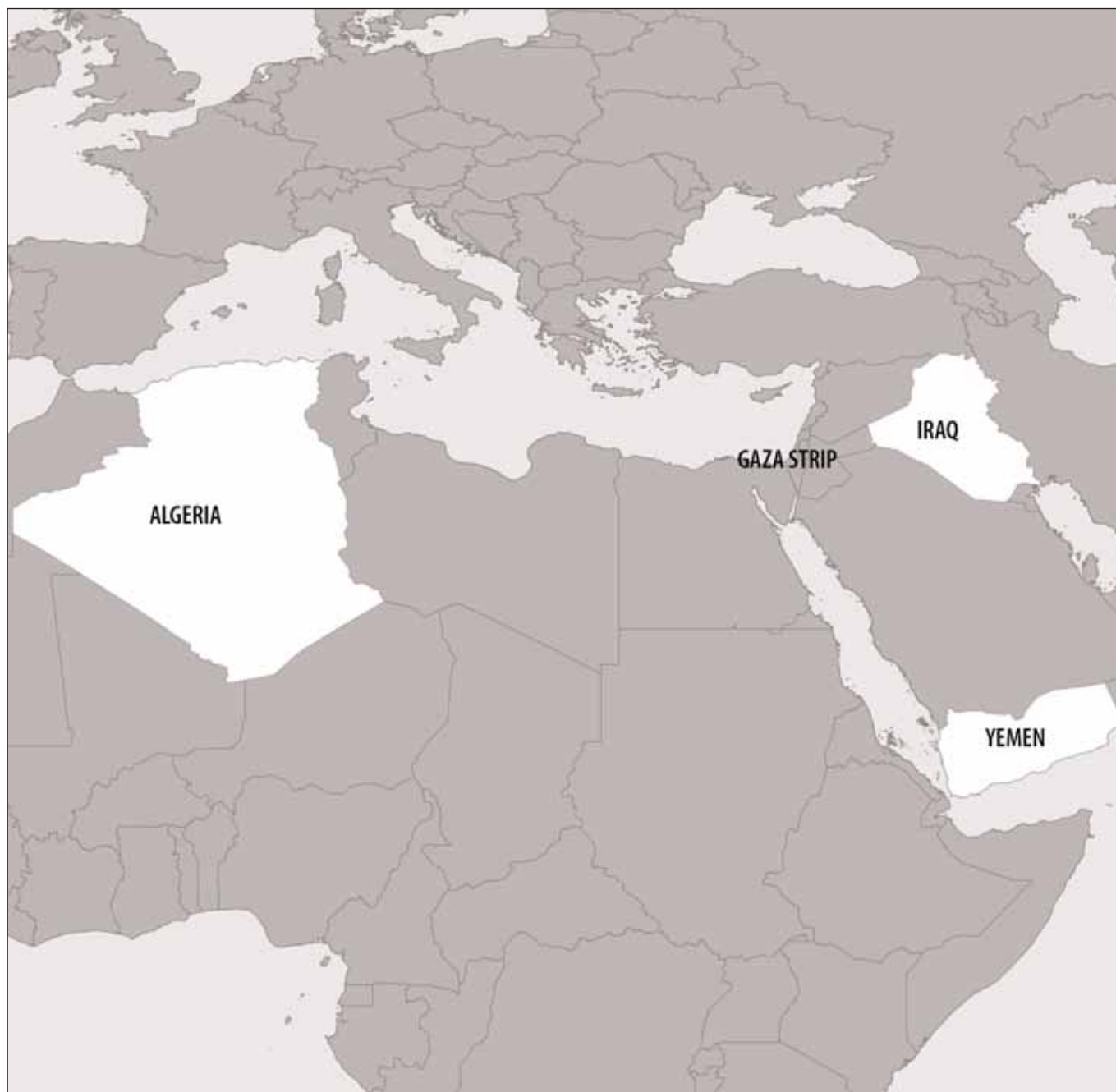
Developing national capacities

14 candidates sponsored to attend formal training in P&O

Promoting long-term functioning of services

Mentored the director of the Martyr Chereïf Centre in Rabouni to develop his capacity to manage physical rehabilitation activities

Supported the Iraqi Ministry of Health, the Ministry of Higher Education and the Iraqi Red Crescent in managing physical rehabilitation activities



Algeria had a nationwide network of facilities providing physical rehabilitation services. However, services were available only to those registered with the national social security system. Physically disabled persons not covered by the system could not afford the cost of services. In June 2001, the ICRC signed a cooperation agreement with the Algerian Ministry of Health and with the Algerian Red Crescent. This agreement defined the role and responsibilities of each partner in implementing a new P&O department within the rehabilitation unit of the Ben Aknoun hospital in Algiers. Initially, the project had two main objectives: ensuring access to services for Saharawi amputees living in the refugee camp in south-west Algeria, and ensuring access to Algerian amputees who are not covered by the social security system. The project in favour of the Saharawi lasted 18 months and ended in 2003. However, the centre continues to offer services to those who are not covered by the social security system. In 2008, the ICRC maintained its support for the Ben Aknoun P&O department. More than 40 people benefited from various services at the ICRC-assisted centre. These services included production of four prostheses and 53 orthoses. Children and women represented 29% and 17%, respectively, of the 41 persons benefiting from services. The centre was largely closed between July and December.

An armed conflict between the Government of Morocco and the Polisario Front (PF) raged from 1975 to 1991, when a ceasefire went into effect. As a consequence of the conflict, thousands of Saharawis became refugees. A large number of these refugees were living in five camps located in the region of Tindouf, in south-west Algeria. Between 2002 and 2003, the ICRC supported accessibility to services for Saharawis living in this area. During that period, 64 Saharawis were fitted with prostheses in the Ben Aknoun centre in Algiers. In 2006, the ICRC signed a cooperation agreement with the PF public health authorities to open a small physical rehabilitation centre in Rabouni, aimed at ensuring that services would be provided over the long term. In early 2008, installation of the centre was completed and the first service was provided in May. Since then, 50 people have benefited from various services at the ICRC-assisted centre. These services included production of 18 prostheses (94% of them for mine survivors) and two orthoses, and provision of one wheelchair and two pairs of crutches.

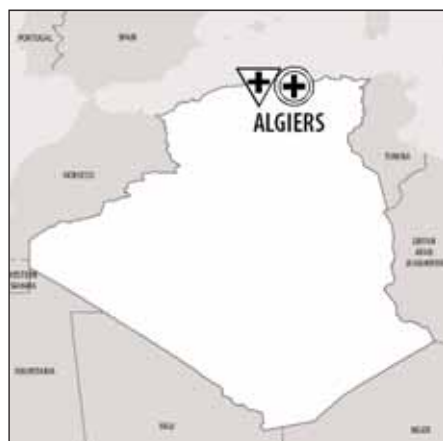
The Gaza Strip is one of two Palestinian territories; the other is the West Bank. Until the end of 2008, there was no physical rehabilitation coordinating body active in the Gaza Strip. However, the Ministry of Health's Physiotherapy and Rehabilitation Unit became active at the end of the year, a few months after it was created. The only operational physical rehabilitation centre in the Gaza Strip is the Artificial Limb and Polio Centre (ALPC) located in Gaza City. Created nearly 25 years ago, the centre has been managed by the Municipality of Gaza since 1998. The ICRC has supported the activities of the ALPC and the activities of the Al Shifa Hospital since 2007 with the aim of ensuring access to appropriate physical rehabilitation services and appropriate

post-surgical rehabilitation focused on physiotherapy. In 2008, more than 1,400 people benefited from various services at ICRC-assisted centres. These services included production of 71 prostheses and 313 orthoses, and provision of eight wheelchairs and four pairs of crutches. No statistics were compiled on the number of persons who were given physiotherapy, but such treatment was available for most of them, and the majority did receive those services. Children and women represented 50% and 9%, respectively, of the 1,474 persons benefiting from services.

In Iraq, the Ministry of Health was solely responsible for all physical rehabilitation activities through a dedicated department, the Higher Committee for Physical Rehabilitation. The low number of services provided nationwide does not mean that the national capacity was overwhelmed, but rather that patients were not coming to existing structures. There are many reasons for this, including the risk of travel, given the current security situation, travel costs, ethnic considerations and lack of information about available services. In the Kurdistan region, seven physical rehabilitation centres were functioning, including the ICRC-managed centre in Erbil. In the other parts of the country, 10 centres were providing services. Among them, eight were managed by the Ministry of Health (and supported by the ICRC), one was managed by the Ministry of Defence, and one was managed by the Iraqi Red Crescent Society, with support from the ICRC. In addition, the ICRC supported the Ministry of Health's Al-Salam crutch production unit and the P&O school, run by the Ministry of Higher Education. In 2008, more than 29,400 people benefited from various services at ICRC-assisted centres. These services included production of 2,863 prostheses (16% of them for mine survivors) and 9,864 orthoses (0.8% of them for mine survivors), and provision of 70 wheelchairs and 1,316 pairs of crutches. Children and women represented 35% and 17%, respectively, of the 29,422 persons benefiting from services.

In Yemen, the Ministry of Public Health and Population and the Ministry of Labour and Social Affairs were the main ministries in charge of the physical rehabilitation sector. Existing centres were located in big cities (Sana'a, Mukalla, and Aden), making access difficult for people from remote areas. People who receive orthopaedic appliances had difficulty maintaining the devices, given the distance to the nearest centre. Many people remain without services, especially in rural areas where there is a near total absence of disability support services, including health education and rehabilitation. In 2008, the ICRC continued to provide support for the National Artificial Limbs and Physiotherapy Centre in Sana'a, for the Al-Mukalla Centre in Mukalla, and for the Aden Physical Rehabilitation Centre. In 2008, more than 7,652 people benefited from various services at ICRC-assisted centres. These services included production of 1,216 prostheses (33% of them for mine survivors) and 3,967 orthoses (2% of them for mine survivors), and provision of six wheelchairs and 201 pairs of crutches. Children and women represented 48% and 23%, respectively, of the 7,652 persons benefiting from services.

ALGERIA



National partner

Ministry of Health

Location of project

Algiers

Patient services in 2008

Patients attending the centres	41
New patients fitted with prostheses	3
New patients fitted with orthoses	37
Prostheses	4
Orthoses	53

Beginning of assistance: 2002

In 2008, Algeria had a nationwide network of facilities providing physical rehabilitation services. However, services were available only to those registered with the national social security system. Physically disabled persons not covered by the system could not afford the cost of services. In June 2001, the ICRC signed a cooperation agreement with the Ministry of Health and with the Algerian Red Crescent. This agreement defined the role and responsibilities of each partner in implementing a new P&O department within the rehabilitation unit of the Ben Aknoun hospital in Algiers. Initially, the project had two main objectives: ensuring access to services for Saharawi amputees living in the refugee camp in south-west Algeria, and ensuring access to amputees not covered by the social security system. The project in favour of the Saharawi lasted 18 months and ended in 2003, during which 64 persons had access to services (see the section Algeria – Saharawi Refugee Camp for more details). However, the centre continues to offer services to Algerians not covered by the social security system.

The ICRC maintained its support for the Ben Aknoun P&O department during 2008. More than 40 people benefited from various services there that year. These services included production of four prostheses and 53 orthoses. Children and women represented 29% and 17%, respectively, of the 41 persons benefiting from services. The centre was largely closed between July and December.

Since 2007, the ICRC has been trying to find ways to increase the impact of the Ben Aknoun P&O department. Late in 2006, a proposition was made to move the production unit from the rehabilitation unit of the Ben Aknoun hospital to the paramedic professional school (INFPF), which will promote and increase practical training within the school and increase the referral system for destitute patients. This proposition was rejected. In 2007, a convention project was proposed by the school of paramedics in which the Ben Aknoun P&O department would become a place to train students of the INFPF and would ensure that those who were not covered by the social security system had access to services. A draft of the convention was also sent to the Algerian Federation of the Disabled (FAHM), which was responsible for identifying and referring destitute persons with disabilities to Ben Aknoun. Even though the convention was never signed, in 2008, the Ben Aknoun P&O department received students for clinical placement, and the FAHM identified 20 destitute amputees and three individuals were referred.

For more than two years, the Ministry of Health has not shown any interest in the ICRC-assisted centre, and has never answered any proposals made by ICRC.

In 2009, the ICRC intends to end its support to the Ben Aknoun P&O department by the beginning of July,

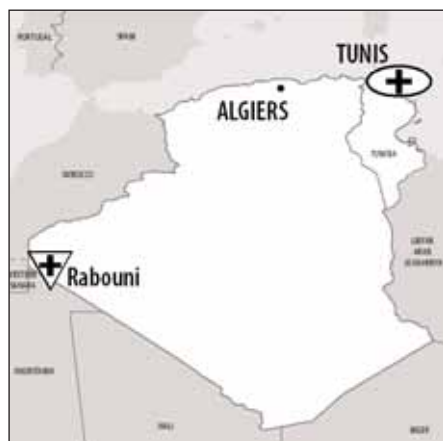
given the low impact of ICRC assistance and lack of strong commitment from the implementing partners.

In 2009, the ICRC intends to:

- donate the necessary material and components to ensure a smooth handover
- maintain contact with various actors (Ben Aknoun, INFPF and FAMH) to facilitate the implementation of the proposed convention

ALGERIA

(SAHARAWI REFUGEES LIVING IN SOUTH-WEST ALGERIA)



Partner

Public Health Authority of the Polisario

Location of project

Rabouni

Patient services in 2008 (statistics May – December)

Patients attending the centres	50
New patients fitted with prostheses	41
New patients fitted with orthoses	2
Prostheses	18
Orthoses	2
Wheelchairs	1
Crutches (pairs)	2

Beginning of assistance: 2007

An armed conflict between the Government of Morocco and the Polisario Front (PF) raged from 1975 to 1991, when a ceasefire went into effect. As a consequence of the conflict, thousands of Saharawis became refugees. A large number of these refugees were living in five camps located in the region of Tindouf, in south-west Algeria.

In June 2001, the ICRC signed a cooperation agreement with the Polisario Front and the Algerian Red Crescent Society, with the aim of ensuring access to services for Saharawi refugees living in the Tindouf region. The ICRC set up a P&O department at the Ben Aknoun hospital (Algiers). Between 2002 and 2003, 64 individuals were fitted with prostheses there. In 2006, the ICRC signed a cooperation agreement with the public health authorities of the Polisario Front to open a small physical rehabilitation centre in Rabouni that would provide services to about 100 persons a year and ensure new fittings, repairs, follow-up and physiotherapy over the long term. In early 2008, installation of the centre was completed and the first service was provided in May. Since then, 50 people have benefited from various services at the ICRC-assisted centre. These services included production of 18 prostheses (94% of them for mine survivors) and two orthoses, and provision of one wheelchair and two pairs of crutches. No statistics were compiled on the number of persons

who were given physiotherapy, but such treatment was available for most of them, and most received those services.

Throughout the year, the ICRC ortho-prosthetist and physiotherapist provided ongoing mentoring and on-the-job training to the five assistant ortho-prosthetists and to the four assistant physiotherapists. In addition, the director of the Martyr Chereif Centre was mentored to help develop his capacity to manage physical rehabilitation activities.

In 2009, the ICRC intends to:

- support the activities of the Martyr Chereif Centre by donating materials and components, widening the types of services provided, and conducting visits to the different camps to identify those in need
- enhance the quality of services by providing ongoing support from ICRC ortho-prosthetists and physiotherapists, and providing on-the-job training to technicians and physiotherapists working at the Martyr Chereif Centre
- promote long-term functioning of services by providing ongoing support to the director of the centre in managing physical rehabilitation activities

GAZA

*National partner*

Municipality of Gaza

Location of project

Gaza

Patient services in 2008

Patients attending the centre	1,474
New patients fitted with prostheses	63
New patients fitted with orthoses	289
Prostheses	71
Orthoses	313
Wheelchairs	8
Crutches (pairs)	4

Beginning of assistance: 2007

The Gaza Strip is one of two Palestinian territories; the other is the West Bank. The Gaza Strip has borders with the Mediterranean Sea, Egypt and Israel, and has one of the highest densities of population in the world. According to the World Health Organization, the population of physically disabled in need of P&O services averages 0.5% of the population. That means that there are an estimated 7,000 persons in need in the Gaza Strip. Persons with disabilities, who are among the most vulnerable and usually over-represented among those living in poverty, are severely affected by the current crisis. Until the end of 2008, there was no physical rehabilitation coordinating body active in the Gaza Strip. However, the Ministry of Health's Physiotherapy and Rehabilitation Unit became active at the end of that year, several months after it was created. The only operational physical rehabilitation centre in the Gaza Strip is the Artificial Limb and Polio Centre (ALPC), located in Gaza City. Created nearly 25 years ago, the centre has been managed by the Municipality of Gaza (MoG) since 1998. Following a needs assessment, and after the signing of a cooperation agreement, the ICRC began to provide support for the centre in October 2007 with the aim of ensuring access to appropriate physical rehabilitation services and appropriate post-surgical rehabilitation focused on physiotherapy.

To ensure access to appropriate physical rehabilitation services, the ICRC implemented several activities throughout the year, including donating needed materials, components, physiotherapy equipment, and wheelchairs, renovating the centres, and providing on-the-job training and ongoing support and mentoring by ICRC ortho-prosthetists and physiotherapists. In 2008, more than 1,400 people benefited from various services at ICRC-assisted centres. These services included production of 71 prostheses and 313 orthoses, and provision of eight wheelchairs and four pairs of crutches. No statistics were compiled on the number of persons who were given physiotherapy, but such treatment was available for most of them, and the majority did receive those services. Children and women represented 50% and 9%, respectively, of the 1,474 persons benefiting from services.

At the same time, the ICRC supported the Al Shifa Hospital to ensure access to appropriate post-surgical rehabilitation. The support included donation of equipment, on-the-job training and mentoring by an ICRC physiotherapist, and organizing a war-surgery seminar in March 2008 that focused on a multidisciplinary team approach, correct amputation techniques, and post-surgical physiotherapy services. It was attended by 50 persons, including surgeons, physiotherapists, anaesthetists, and nurses from 15 medical facilities in the Gaza strip.

In 2009, the ICRC intends to:

- ensure access to appropriate physical rehabilitation services for those in need by donating materials, components and wheelchairs to the ALPC, and financially supporting the construction of a dormitory
- ensure access to post-surgical rehabilitation by supporting the activities of the Al Shifa Hospital (South Gaza Strip) and initiating the same kind of support at the European Gaza Hospital (North Gaza Strip)
- improve the quality of services by providing ongoing support and mentoring by ICRC ortho-prosthetists and physiotherapists, proving sponsorships to two candidates to attend formal P&O training, and organizing a physiotherapy seminar

IRAQ

*National partners*

Ministry of Health, Ministry of Higher Education, Iraqi Red Crescent Society

Location of projects

Baghdad (5), Najef, Hilla, Tikrit, Basrah, Falluja, Mosul and Erbil

Patient services in 2008

Patients attending the centres	29,422
New patients fitted with prostheses	1,845
New patients fitted with orthoses	8,267
Prostheses	2,863
Orthoses	9,864
Wheelchairs	70
Crutches (pairs)	1,316

Beginning of assistance: 1993

Although the security environment improved throughout 2008, the internationalized internal armed conflict in Iraq continued on many fronts. The series of conflicts that erupt result in an ever-growing number of persons disabled by war. The World Health Organization in Amman reported that statistics from emergency rooms in Iraq show that 80% of the patients are admitted for injuries; 60% of them are war-related, 10% are due to traffic accidents and 10% to domestic accidents. The Republic of Iraq acceded to the Mine Ban Treaty in mid-August 2007 and the treaty entered into force on 1 February 2008. There is no reliable information available on mine/ERW victims in most of the country. A Landmine Monitor report identified 216 mine/ERW/IED casualties in 2007 and 111 casualties between January and August 2008.

While disability issues were handled by several ministries, including the Ministry of Health, the latter was solely responsible for all physical rehabilitation activities through a dedicated department, the Higher Committee for Physical Rehabilitation. This body, responsible for coordinating the provision of services across the nation, does not meet regularly. The low number of services provided does not mean that the national capacity is overwhelmed, but rather that patients are not coming to existing structures. There are many reasons for this, including the risk of travel, given the current security situation, travel costs, ethnic considerations and lack of informa-

tion about available services. In the Kurdistan region, seven physical rehabilitation centres were functioning, including the ICRC-managed centre in Erbil. In the other parts of the country, 10 centres were providing services. Among them, eight were managed by the Ministry of Health (and supported by the ICRC), one was managed by the Ministry of Defence, and one was managed by the Iraqi Red Crescent Society (with support from the ICRC). In addition, the ICRC supported the MoH Al-Salam crutch production unit and the P&O school, run by the Ministry of Higher Education.

With the aim of improving services, the ICRC worked to ensure that the centres had enough raw materials and components, and that the network of assisted centres covered most of the country so that most patients would not have to travel long distances for treatment. The newly-constructed centre in Fallujah, financially supported by the ICRC, was inaugurated in October and began providing services in December. In Erbil, the ICRC covered the transportation costs of those seeking treatment at the centre. In cooperation with the Higher Committee for Physical Rehabilitation, a leaflet was produced showing the location of centres nationwide. In addition, several patients at the Erbil centre benefited from the ICRC's Micro-Economic Initiative programme and set up an income-generating scheme. In 2008, more than 29,400 people benefited from various services at ICRC-assisted centres. These services

included production of 2,863 prostheses (16% of them for mine survivors) and 9,864 orthoses (0.8% of them for mine survivors), and provision of 70 wheelchairs and 1,316 pairs of crutches. Children and women represented 35% and 17%, respectively, of the 29,422 persons benefiting from services.

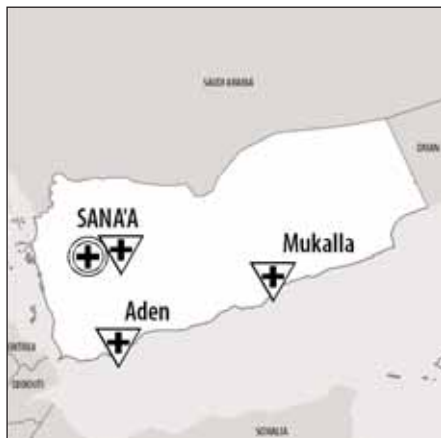
In addition, the ICRC enhanced the quality of the services provided by organizing four training sessions in P&O and physiotherapy. The topics included: gait analysis, lower-limb deformities in children, cosmetic cover of prostheses, and wheelchair management. In addition, ICRC specialists, both expatriates and nationals, provided ongoing mentoring. Finally, the ICRC sponsored seven persons for formal training at the Cambodian School for Prosthetics & Orthotics (CSPO) in Phnom Penh.

In 2009, the ICRC intends to:

- enhance the quality of services by organizing training sessions in P&O, physiotherapy and wheelchair services, through continued support from ICRC expatriates and national personnel, and by continuing to provide scholarships for persons to continue or to begin formal training in prosthetics and orthotics
- facilitate access to services by donating raw materials and components to the 12 assisted centres, covering transportation costs for those undergoing treatment at the centres, and closely monitoring the situation in the country with the aim of determining the extent to which available services are meeting needs
- promote the long-term functioning of services through continued support to the Ministry of Health, the Ministry of Higher Education, and the Iraqi Red Crescent in managing physical rehabilitation activities



YEMEN



National partners

Ministry of Public Health and Population, Ministry of Labour and Social Affairs

Location of projects

Sana'a, Mukalla and Aden

Patient services in 2008

Patients attending the centres	7,652
New patients fitted with prostheses	1,118
New patients fitted with orthoses	3,494
Prostheses	1,216
Orthoses	3,967
Wheelchairs	6
Crutches (pairs)	201

Beginning of assistance: 2002

Yemen's cohesion was increasingly jeopardized by a deteriorating security situation in the south and in the north. The country was largely dependent on external aid from Persian Gulf countries, Western donors, and international financial institutions, and it was the poorest nation in the Arab region, ranking 151 out of 177 countries on the United Nations Development Programme's Human Development Index. The Republic of Yemen signed the Mine Ban Treaty on 4 December 1997 and ratified it on 1 September 1998. The treaty entered into force on 1 March 1999. A Landmine Monitor report identified at least 26 new mine/ERW casualties in Yemen in 2007 and at least 18 casualties from January to August 2008.

The Ministry of Public Health and Population and the Ministry of Labour and Social Affairs were the main ministries in charge of the physical rehabilitation sector. The Social Fund for Development, which is an independent body under the Prime Minister, and the Rehabilitation Fund and Care of Handicapped Persons, which is under the Ministry of Labour and Social Affairs, provided funding and support directly to individuals and to the physical rehabilitation centres. Existing centres were located in big cities (Sana'a, Mukalla, and Aden), making access difficult for people from remote areas. People who receive orthopaedic appliances had difficulty maintaining them, given the distances to the nearest

centre. Many people remain without services, especially in rural areas where there is a near total absence of disability support services, including health education and rehabilitation. In 2008, the ICRC continued to provide support for the National Artificial Limbs and Physiotherapy Centre in Sana'a, for the Al-Mukalla Centre in Mukalla, and for the Aden Physical Rehabilitation Centre.

The ICRC promoted access to services by donating raw materials and components to all assisted centres. In addition, the ICRC gave final support to set up a mobile clinic, located in Sa'ada, with the aim of improving accessibility of services in the governorate. In 2008, more than 7,652 people benefited from various services at ICRC-assisted centres. These services included production of 1,216 prostheses (33% of them for mine survivors) and 3,967 orthoses (2% of them for mine survivors), and provision of six wheelchairs and 201 pairs of crutches. Children and women represented 48% and 23%, respectively, of the 7,652 persons benefiting from services.

The quality of services provided at the Sana'a, Mukalla and Aden centres was maintained through continued support from an ICRC ortho-prosthetist, who provided on-the-job training and monitoring. In 2008, the ICRC provided scholarships to seven candidates to attend formal P&O training at Mobility India in Bangalore.

In 2009, the ICRC intends to:

- facilitate access to services by donating raw materials and components so that the Sana'a, Mukalla and Aden centres can provide services, supporting the implementation of a unit to manufacture crutches at the Sana'a centre, and supporting the activities of the Sa'ada mobile clinic
- enhance the quality of services by providing regular support to all centres from an ICRC ortho-prosthetist and physiotherapist, and sponsoring trainees at Mobility India
- promote more coordination among stakeholders through continuous meetings and networking

ANNEX – ICRC PUBLICATIONS

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

P&O manufacturing guidelines

In 2007, manufacturing guidelines for trans-tibial, trans-femoral, partial-foot, trans-humeral and trans-radial prostheses and ankle-foot, knee-ankle and patellar-tendon-bearing orthoses, and for using the alignment jig in the manufacture of lower-limb prostheses, were published and widely distributed among all ICRC-assisted projects and NGOs and among stakeholders involved in providing P&O services in developing countries. Each manual contains material that should be of help in transferring know-how in projects.



Polypropylene technology



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

Physiotherapy



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

MISSION

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.



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