PHYSICAL REHABILITATION PROGRAMME

ANNUAL REPORT

2010

ICRC

REPORT

ICRC

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CONTENTS

FOREWORD

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

The Convention on the Rights of Persons with Disabilities, which seeks to promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedoms, requires States Parties to take effective measures to ensure that people with disabilities have access to rehabilitation services (Article 26) and to mobility devices (Article 20). Ensuring access to physical rehabilitation, which involves providing physiotherapy and mobility devices (prostheses, orthoses, walking aids and wheelchairs), is the general objective of the ICRC's Physical Rehabilitation Programme. The term "rehabilitation" refers to a process aimed at removing – or reducing as far as possible – restrictions on the activities of disabled people, and enabling them to become more independent and enjoy the highest possible quality of life in physical, psychological, social and professional terms. Different measures, such as medical care, therapy, psychological support and vocational training, may be needed for this. Physical rehabilitation is an important part of the rehabilitation process. It is not an objective in itself, but an essential part of fully integrating disabled people in society. Restoring 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.

Since 1979, the ICRC's physical rehabilitation activities have diversified and expanded throughout the world. Between 1979 and 2010, the ICRC's Physical Rehabilitation Programme provided support for 144 projects (centres) in 44 countries and one territory. Over time, the ICRC has acquired a leadership position in physical rehabilitation, mainly because of the scope of its activities, the development of its in-house technology, its acknowledged expertise and its long-term commitment to assisted projects. In most countries where the ICRC has provided physical rehabilitation support, such services were previously either minimal or non-existent. In most cases, ICRC support has served as a basis for establishing a national rehabilitation service that cares for those in need. In 2010, the Physical Rehabilitation Programme assisted 84 projects in 25 countries and one territory, and more than 200,000 people benefited from various services at ICRC-assisted centres. These services included production of 20,283 prostheses and 45,129 orthoses, and provision of 2,474 wheelchairs and 14,908 pairs of crutches. Statistics were not compiled for persons who received physiotherapy, but it was available for most of them, and the majority received it. An average of 10% more people received services in ICRC-assisted centres in 2010 than in the previous year. Children represented 28% and women 17% of the beneficiaries.

In addition to its operational Physical Rehabilitation Programme, the ICRC provides support for physical rehabilitation through its Special Fund for the Disabled. Created in 1983, the Fund provides support similar to the Programme. It is primarily the political context and the specific needs that decide which channel the ICRC uses in a given situation. The Fund's mission is to provide support for physical rehabilitation in low-income countries, with priority for projects formerly run by the ICRC. In 2010, the Fund assisted 64 projects in 32 countries. Throughout 2010, it contributed to the rehabilitation of close to 15,000 people worldwide, which included the fitting of 18,296 devices (6,944 prostheses and 11,352 orthoses). The centres supported by the Fund also distributed 410 wheelchairs and 4,143 pairs of crutches to people with disabilities. Overall, 24% percent of all assisted amputees were mine victims, the ratio of mine victims to amputees being especially high in Viet Nam and Nicaragua.

This report describes the worldwide activities of the ICRC's Physical Rehabilitation Programme in 2010.

Information on the activities of the Special Fund for the Disabled may be obtained from the Fund's Annual Report for 2010 (www.icrc.org/fund-disabled).

Witold Krassowski/ICRC

1 – INTRODUCTION

The Convention on the Rights of Persons with Disabilities, which seeks to promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedoms, requires States Parties to take effective measures to ensure access to rehabilitation services (Article 26). Rehabilitation is a process whose aim is to remove – or to reduce as far as possible – restrictions on the activities of disabled persons and enable them to become more independent and enjoy the highest possible quality of life. Depending on the type of disability, various measures, such as medical care, physical rehabilitation, vocational training, social support, or help in achieving economic self-reliance, may be needed to achieve this end. Physical rehabilitation is an indispensable element in ensuring the full participation and inclusion in society of persons with disabilities. It includes the provision of mobility devices such as prostheses, orthoses, walking aids and wheelchairs together with the therapy that will enable disabled persons to make the fullest use of their devices. Physical rehabilitation must also include activities aimed at maintaining, adjusting, repairing and renewing the devices as needed.

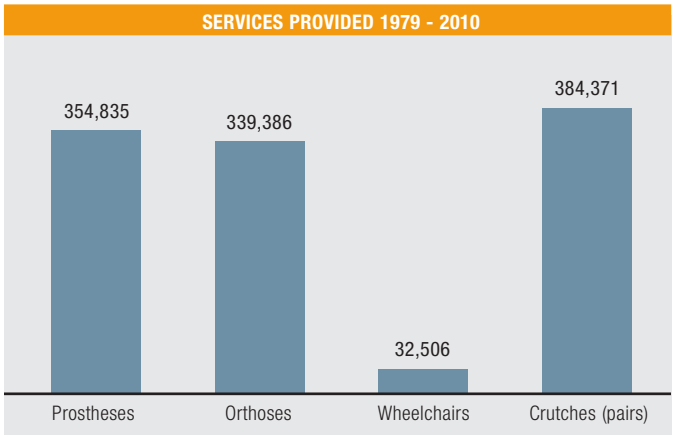
The Convention on the Rights of Persons with Disabilities requires States Parties to take effective measures to ensure that people with disabilities have access to mobility devices (Article 20). Restoration of mobility, through the use of devices such as prostheses and orthoses, is the first step towards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

The main objectives of a national physical rehabilitation programme are to ensure the following: that the services provided are accessible, that they meet existing needs and are of good quality, and that they will continue to function over the long term. Physical rehabilitation focuses on helping a person recover the use or improve the functioning of his or her body, with physical mobility as the primary goal.

Ensuring access to physical rehabilitation, which involves providing physiotherapy and mobility devices (prostheses, orthoses, walking aids and wheelchairs), is the general objective of the ICRC's Physical Rehabilitation Programme. ICRC assistance in the area of physical rehabilitation is designed to strengthen the services provided by a given country, by developing national capacities. It aims to improve the accessibility of services and their quality and ensure their long-term availability.

HISTORY

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



Since 1979, the ICRC's physical rehabilitation activities have diversified and expanded worldwide. Between 1979

and 2010, the ICRC's Physical Rehabilitation Programme provided support for 144 projects in 45 countries and one territory. Over half of the centres were newly built, frequently with substantial ICRC co-funding of construction and equipment. The programme's operational activities expanded from two centres in two countries in 1979 to a total of 84 assisted projects in 25 countries and one territory in 2010. A direct result of this steady growth in the number of assisted centres is the rise in the number of persons receiving services. Since 1979, large numbers of individuals have benefited from physical rehabilitation services such as the provision of prostheses, orthoses, wheelchairs and walking aids, physiotherapy, and follow-up (repair and maintenance of devices) with the assistance of the ICRC. Patients who have received treatment keep benefiting from the infrastructure and expertise developed by the ICRC, not only during the period of assistance but afterwards. Thus, the true number of beneficiaries is higher than indicated in the statistics, which do not include patients treated after the ICRC's withdrawal from the assisted centres.

APPROACH

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

ICRC physical rehabilitation projects are planned and implemented in such a way as to strengthen the physical rehabilitation services offered in the country concerned, the primary aims being to improve the accessibility of services for the physically disabled, upgrade the quality of those services, and ensure their long-term availability.

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

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

ICRC projects aim to help bring about full integration of persons with disabilities into society, both during and after the period of assistance. Although its focus is on physical rehabilitation itself, the ICRC's Physical Rehabilitation Programme recognizes the need to work with others to ensure that beneficiaries have access to other services in the rehabilitation 'chain.' In all projects, referral networks are established with local and international organizations that are directly involved in other segments of the rehabilitation chain. In addition, where the ICRC is engaged in activities such as hospital support and economic-security projects, steps are taken to ensure that beneficiaries of physical rehabilitation projects have access to proper medical care and to ICRC socio-economic projects implemented.

DEVELOPING NATIONAL CAPACITY

ICRC projects are designed and implemented to strengthen the overall physical rehabilitation services in a given country. For that reason, the ICRC supports local partners (governments, NGOs, etc.) in providing these services. The level of support varies from country to country but the aim is always to develop national capacity, technical and managerial. However, in certain circumstances the ICRC may substitute entirely for the authorities. Ninety percent of the ICRC's projects have been, and continue to be, managed in close cooperation with local partners, primarily government authorities. Few centres have been or are run by the ICRC alone. There are two situations in which this may happen: when there is no suitable partner at the outset, and when a centre is set up to treat patients from a neighbouring country. In 2010, apart from one centre in Pakistan (Muzaffarabad), one centre in Iraq

(Erbil), and all eight projects in Afghanistan, assisted centres were either government-run, managed by NGOs, by National Red Cross/Red Crescent Societies or by private entrepreneurs.

The ICRC's withdrawal from functioning rehabilitation projects has been successful in a number of instances; however, on other occasions, the result after a year or so has been an empty centre without materials, trained personnel or patients. In countries with limited financial resources, the needs of the disabled, including rehabilitation, are seldom given priority. The result is poorly funded and poorly supported centres. Besides the impact on patients and personnel, this represents a significant loss in terms of investment of human capital and materials. As noted above, persons with disabilities need access to functioning rehabilitation services for the rest of their lives. In order to improve the chances of services continuing to function, the ICRC uses a long-term approach when setting up and managing its projects. While the top priorities are to maintain high quality and increase accessibility, the ICRC is always attentive to fostering its partners' managerial and technical capacity from the outset. It does this by training and mentoring, by improving facilities, and by promoting an effective physical rehabilitation policy within the government.

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

Since the quality and the long-term availability of services depend largely on a ready supply of trained professionals, the training component within ICRC-assisted projects has gained in importance over the years. The presence of trained professionals also increases the chances of rehabilitation facilities continuing to function in the long term. In 2003, an in-house training package for orthotic/prosthetic technicians (Certificate of Professional Competency – CPC) was developed by the ICRC and recognized by the International Society for Prosthetics and Orthotics (ISPO). Since 1979, the ICRC has run formal prosthetic and orthotic (P&O) programmes leading to a diploma in more than 12 countries, as well as formal training in physiotherapy in one country. It has also provided scholarships enabling a number of candidates to be trained at recognized schools in P&O or physiotherapy. Over the years, support from the ICRC, either through scholarships or through formal training programmes, has led to more than 360 persons becoming P&O professionals and more than 60 physiotherapy professionals.

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

PROMOTING ACCESS TO OTHER SERVICES IN THE REHABILITATION CHAIN

The aim of rehabilitation is to remove – or to reduce as far as possible – restrictions on the activities of persons with disabilities, and to enable them to become more independent and enjoy the highest possible quality of life. Various measures, such as medical care, physical rehabilitation, vocational training, social support, and programmes promoting economic self-reliance, may be needed. Physical rehabilitation, though indispensable in the restoration of mobility, is only one of many measures needed to achieve full rehabilitation. Although its focus is physical rehabilitation, the ICRC's Physical Rehabilitation Programme recognizes the need to develop its partners' understanding of the overall rehabilitation process and the needs of persons with disabilities to ensure that such persons have access to other measures that promote their full integration in society.

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

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

A total of 26 States party to the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction (Mine-Ban Convention) have acknowledged their responsibility for numerous landmine survivors: over the years, the ICRC has provided support to 18 of them (Afghanistan, Albania, Angola, Burundi, Cambodia, Chad, Colombia, the Democratic Republic of the Congo, Eritrea, Ethiopia, Guinea-Bissau, Iraq, Mozambique, Nicaragua, Sudan, Tajikistan, Uganda and Yemen) and is still supporting 12 of them (Afghanistan, Burundi, Cambodia, Chad, Colombia, the Democratic Republic of the Congo, Ethiopia, Guinea-Bissau, Iraq, Sudan, Uganda and Yemen). Since 1997, the ICRC-assisted network of centres has furnished 125,261 prostheses for mine survivors and 4,032 orthoses along with physical therapy. In addition, many survivors have received wheelchairs and walking aids, not only in the countries mentioned above, but in most countries where the ICRC's Physical Rehabilitation Programmes has provided assistance.

POLYPROPYLENE TECHNOLOGY

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

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

SPECIALIST SUPPORT

Besides developing technologies and training professionals, the ICRC uses its specialists to promote high-quality services. It has by far the largest international pool of experts – drawn from more than 25 countries – among the international organizations working in the same field. Over time, the average number of expatriates per project has dropped from seven (in 1979) to about one in 2010, mainly because of the ICRC's greater experience and the growing number of locally trained professionals working in assisted centres.

Ben Milpas/ICRC

2 – OVERVIEW OF ACTIVITIES IN 2010

In 2010, the ICRC continued its efforts to improve the accessibility of services, enhance their quality and promote their long-term availability.

IMPROVING ACCESSIBILITY

Projects worldwide

In 2010, the Physical Rehabilitation Programme assisted 84 projects in 25 countries and one territory: apart from the two local component factories (in Cambodia and Afghanistan) and the local unit manufacturing crutches in Iraq, all projects were rehabilitation centres. Also in 2010, the ICRC began to provide physical rehabilitation assistance in Burundi (1 project), Guinea-Bissau (1 project) and Niger (1 project). In addition, it started collaborating with five additional centres in already-assisted countries: Afghanistan (1), Yemen (1), India (1), the Democratic Republic of the Congo (1) and Colombia (1). It also ended its support to one centre in the Democratic Republic of the Congo.

In Africa, the ICRC provided support for 25 projects in eight countries: Burundi (1), Chad (2), the Democratic Republic of the Congo (5), Ethiopia (7), Guinea-Bissau (1), Niger (1), Sudan (6) and Uganda (2). In Burundi, the ICRC began to provide support for the activities of the Institut Saint Kizito in Bujumbura. In Chad, it provided support for the only two centres in the country: the Maison Notre Dame de la Paix in Moundou and the Centre d'Appareillage et de Rééducation de Kabalaye in N'Djamena, both managed by local NGOs. It also supported a referral system for persons with disabilities from eastern Chad. In the Democratic Republic of the Congo, the ICRC continued to cover the cost of treatment for people directly affected by the conflict, without providing direct support to assisted centres (5). In Ethiopia, the ICRC continued to provide support for seven rehabilitation centres and launched a multi-year training programme in P&O. The national strategy for the provision of physical rehabilitation services, developed by the Ministry of Labour and Human Welfare with ICRC support, was included in the National Social Welfare Policy. In Guinea-Bissau, the ICRC began to provide support for the activities of the Centro de Reabilitação Motora in Bissau; most of the ICRC's activities in 2010 were directed at completing the renovation and construction work, installing new equipment and preparing to resume provision of services, which should take place in 2011. In Niger, the ICRC began to work jointly with the Projet de réadaptation à base communautaire aux aveugles et autres personnes handicapées du Niger (PRAHN), to ensure access to services for persons with disabilities living in the Agedez region. In Sudan, the ICRC continued to provide support for the National Authority for Prosthetics and Orthotics in its network of centres (5). It also assisted the Ministry of Gender, Social Welfare and Religious Affairs in South Sudan in the provision of services at the Juba Physical Rehabilitation Centre. In addition, the ICRC continued to conduct formal training in P&O towards the Sudanese Diploma for Prosthetics and Orthotics. In Uganda, the ICRC continued to provide support for the Fort Portal Orthopaedic Centre and the Mbale Orthopaedic Centre, while at the same time aiding the Ministry of Health in drawing up a standard list of P&O materials for the central stores.

In Asia, the ICRC provided support for 28 projects in 10 countries: Afghanistan (8), Cambodia (3), China (3), the Democratic People's Republic of Korea (2), India (3), Myanmar (1), Nepal (2), Pakistan (4), Philippines (1), and Sri Lanka (1). In Afghanistan, it continued to manage six rehabilitation centres throughout the country and one component factory in Kabul (also producing wheelchairs), and set up a new centre in Lashkar Gah. In addition, it continued to conduct a formal P&O training programme, manage a special programme for

people with spinal-cord injuries (home-care programme) and work for the social inclusion of people with disabilities. In Cambodia, the ICRC continued working with the Ministry of Social Affairs, Veterans and Youth Rehabilitation to provide support for the work of the Battambang regional centre, the Kompong Speu regional centre and the Phnom Penh P&O component factory. In China, the ICRC continued to support the work of the rehabilitation centre in Kunming, Yunnan, managed by the Yunnan Branch of the Red Cross Society of China, and its two repair workshops in Malipo and Kaiyuan. In the Democratic People's Republic of Korea, the ICRC continued to work with the Ministry of Public Health, between January and August: it provided support for the Songrim rehabilitation centre. Throughout the year, the ICRC also continued to work with the Ministry of Defence by supporting the Rakrang rehabilitation centre. In India, the ICRC continued its support for the Bone and Joint Hospital in Srinagar and the Government Medical College in Jammu and began to provide support for the Dimapur District Disability Rehabilitation Centre managed by the Indian Red Cross Society. In Myanmar, only the Hpa-an rehabilitation centre, run jointly by the Myanmar Red Cross Society and the ICRC, continued to receive direct ICRC support.

In Nepal, the ICRC continued to support the P&O department of the Green Pasture Hospital in Pokhara and the Yerahity rehabilitation centre in Kathmandu managed by the Nepalese army, which provides services to both military personnel and civilians. In Pakistan, 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 ICRC-managed Muzaffarabad rehabilitation centre. In addition, the ICRC managed a home-care project for the benefit of people with spinal-cord injuries. In the Philippines, it continued to work with the Davao Jubilee Centre, the only qualified provider of this service on the entire island of Mindanao. In Sri Lanka, the ICRC continued its support for the Jaffna Jaipur Centre for Disability Rehabilitation, the only centre supplying physical rehabilitation services on the Jaffna peninsula.

In 2010, the ICRC provided support for 12 projects in four countries: Colombia (6), Georgia (2), Guatemala (3) and Mexico (1). In Colombia, it continued to work with eight institutions spread across the country: the Centro Integral de Rehabilitación de Colombia (CIREC) in Bogotá, the Centro de Rehabilitación Cardioneuromuscular in Cúcuta, the Fundación REI para la Rehabilitación Integral in Cartagena, Orthopraxis Ltda and the San Vicente de Paúl University Hospital in Medellín and Ortopédica Americana and the University Hospital del Valle in Cali. During the year, the ICRC began to work with the Hospital Universitario de Santander in Bucaramanga, where it provided financial support for expanding the P&O department. In addition, the ICRC worked closely with the Ministry of Social Protection and with training institutions – the Centro Don Bosco in Bogotá (ISPO Cat. 3) and the Servicio Nacional de Aprendizaje (ISPO Cat. 2) – to develop programmes for P&O professionals.

The ICRC project in Guatemala and in Mexico was part of a regional effort by the organization to ensure access to suitable rehabilitation services for migrants. Many of these migrants suffer serious injury while travelling north in dangerous conditions, with little chance of access to physical rehabilitation. The strategy and approach employed in Guatemala complement those implemented in Mexico, Honduras and Nicaragua. In all these countries, the ICRC, after identifying migrants in need of physical rehabilitation services, refers them to one of the assisted centres, where it then covers the cost of treatment, transportation and accommodation. Migrants fitted with devices in, say, Mexico, are informed, before being returned to their countries of origin, of how they may continue to receive services through the network of ICRC-assisted centres in the various countries. In Guatemala, in order to ensure access to physical rehabilitation services for migrants, the ICRC worked with four institutions in 2010: the Associación Guatemalteca de Rehabilitación de Lisiados (AGREL), the Centro de Atención a Discapacitados del Ejercito de Guatemala (CADEG), the Hospital Infantil de Infectologia y Rehabilitación (HIIR) for children under 18 and Transitions Foundation of Guatemala. In Mexico, the ICRC continued to work with the Orthimex Prosthetics and Orthotics Centre in Tapachula (Chiapas state), primarily to ensure access to adequate physical rehabilitation for migrants injured when falling off trains on the way to the United States. In addition to ensuring access to physical rehabilitation services for 13 persons in Mexico and almost 60 in Guatemala, the ICRC covered the cost of treatment for 26 Honduran migrants who received services (29 prostheses) at centres (3) assisted by the ICRC Special Fund for the Disabled.

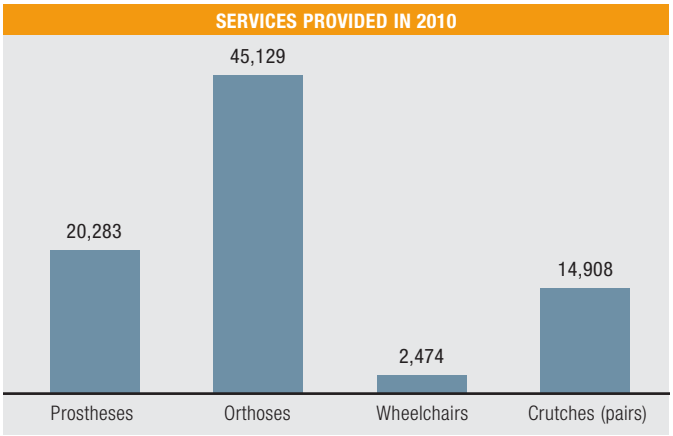
In the European region, the ICRC's rehabilitation work in Georgia was threefold: support for the Georgian Foundation for Prosthetic Orthopaedic Rehabilitation in Tbilisi, support for the Gagra centre in Abkhazia and a referral service for patients from South Ossetia (the ICRC covered the cost of devices for them).

In the Middle East and North Africa, the ICRC supported 19 projects in three countries and one territory: Algeria (1), Iraq (12), Yemen (5) and Gaza (1). In southwest Algeria, where Sahrawi refugees live, the ICRC continued to provide support for the activities of the Centre Martyr Chereïf, managed by the Polisario Front's Public Health Authority. The centre was in the desert, about five km from Rabouni, where the Front had set up its administrative headquarters. In Gaza, the ICRC continued to provide aid for the Artificial Limb and Polio Centre (ALPC) in Gaza City, managed by the city authorities. The ICRC also continued to work with Al-Shifa Hospital and the European Gaza Hospital, and began to work with the Nasser Hospital. In Iraq, the ICRC continued to support 12 facilities around the country, nine of them managed by the Ministry of Health: four in Baghdad (Al-Wasity, the Medical Rehabilitation Centre, Baghdad Centre and Al-Salam Crutch Production Unit) and one each in Falluja, Basra, Najaf, Hilla, and Tikrit. One was managed by the Ministry of Higher Education (the Baghdad

P&O School); the ICRC continued to manage the Erbil Physical Rehabilitation Centre and finance the construction of a new centre in Nasiriya. In Yemen, the ICRC continued its support for the National Artificial Limb and Physiotherapy Centre in Sana'a, the Artificial Limb and Physiotherapy Centre in Mukalla and the Limb-fitting Workshop and Rehabilitation Centre in Aden, and began to provide support for the Taiz Rehabilitation Centre. In addition, it supported the Sa'ada Physical Rehabilitation Clinic, attached to the Al Jumhuri Hospital. This clinic was a joint venture between the Ministry of Public Health and Population, the Rehabilitation Fund and Care for Handicapped Persons, the Yemen Red Crescent Society, and the ICRC.

Services provided

In 2010, more than 200,000 people benefited from various services at ICRC-assisted centres. These services included production of 20,283 prostheses and 45,129 orthoses, and the provision of 2,474 wheelchairs and 14,908 pairs of crutches. No statistics were compiled on the number of persons who received physiotherapy, but it was available for most of them, and the majority received it. An average of 10% more people received services in ICRC-assisted centres in 2010 than in the previous year. Children represented 28% and women 17% of the beneficiaries.



Services for mine/ERW survivors

In 2010, the ICRC provided assistance to 12 (Afghanistan, Burundi, Cambodia, Chad, Colombia, the Democratic Republic of the Congo, Ethiopia, Guinea-Bissau, Iraq, Sudan, Uganda and Yemen) of the 26 States party to the Mine-Ban Convention that had acknowledged their responsibility for landmine survivors. In all these countries, survivors' access to services was facilitated by the ICRC. This was also the case with survivors from China, the Democratic People's Republic of Korea, Georgia, Guatemala, India, Myanmar, Nepal, Pakistan and Sri Lanka.

The ICRC-assisted network of centres provided 7,405 prostheses for mine survivors and 492 orthoses, along with the appropriate physical therapy. In addition, many survivors received wheelchairs and walking aids. Children accounted for 4% and women 9% of the total number of survivors who received prostheses and orthoses. In Afghanistan, Cambodia, Chad, Colombia, Ethiopia, Iraq, Myanmar and Sudan, the ICRC continued to be the main international organization providing, and assisting in the provision of, physical rehabilitation.

Promoting access to other services in the rehabilitation chain

Two ICRC physical rehabilitation projects (in Afghanistan and Colombia) had built-in socio-economic components in 2010. The project in Afghanistan combined physical rehabilitation with activities aimed at reintegrating persons with disabilities into society. In 2010, more than 2,600 people benefited from various activities promoting social inclusion (job placement, special education, vocational training, micro-credit, etc.). Since 1993, acting on the conviction that physical rehabilitation is a step towards a disabled person's reintegration into society, the project has pursued a policy of "positive discrimination." In order to set an example, to prove that a disabled person is as capable as an able-bodied person, all the centres have trained and employed only people with disabilities. At present, almost all 600 employees of the project, male and female, have disabilities.

In Nepal, the Nepal Red Cross runs a micro-economic initiative programme. Cash-for-kind assistance of this kind aims to help victims of the past conflict who have lost physical mobility to start small businesses and regain their economic independence; the International Nepal Fellowship runs, jointly with Partnership for New Life, a number of socio-economic and vocational training programmes. In Cambodia, the Ministry of Social Affairs, Veterans and Youth Rehabilitation has assigned a social worker to the Battambang and Kompong Speu centres, which contributes to diminishing the social exclusion of persons with disabilities.

In addition, beneficiaries at assisted centres in the Congo, in Pakistan and in Iraq had access to the services of the ICRC's micro-economic initiative programme. At all other assisted centres, referral networks were set up with local and international organizations directly involved in other parts of the rehabilitation chain.

IMPROVING QUALITY

A number of factors helped improve services: training for locally recruited and expatriate professionals, the skills brought by expatriate specialists, improvements in ICRC-developed polypropylene technology, treatment guidelines, promoting a multidisciplinary patient-management approach and the emphasis on the quality rather than the quantity of services provided.

Enhancing local capacity

While ICRC expatriates (ortho-prosthetists and physiotherapists) continued to give on-the-job training and mentoring in all projects, efforts were maintained to increase the number of qualified local professionals by providing and sponsoring training in prosthetics, orthotics and physiotherapy to increase and update the skills and knowledge of those already working.

Improving physiotherapy

Physiotherapy is an important element of the overall physical rehabilitation process; it can ensure that individuals are physically prepared for the fitting process (pre-prosthetic/orthotic training) and given guidance in the use of the device (through gait-training and functional training). Throughout the year, physiotherapy in the assisted centres was enhanced by several means. The ICRC's physiotherapy technical commission continued developing the Physiotherapy Reference Manual and guidelines for physiotherapists. Various short courses for expatriates (POP immobilizations and limb traction, prosthetic gait defaults and analysis) were implemented in order to strengthen the skills of field personnel. The materials developed for these two courses will also be used to train physiotherapy professionals at assisted centres.

The huge needs in the countries where the ICRC is working prompted the organization to devise an effective approach to national capacity building in the provision of suitable high-quality physiotherapy services. This approach encompasses numerous activities, of which the following are essential:

- Supporting the development and/or implementation of physiotherapy departments within assisted centres
- Supporting the professional development of existing physiotherapy professionals by developing and conducting short courses and by making available physiotherapist specialists to support the activities of physiotherapy departments
- Supporting the development of treatment protocols and guidelines
- Providing scholarships for formal training in physiotherapy

As a means of fostering the development of physiotherapy services, and given the difficulties in equipping assisted centres with trained physiotherapists, the ICRC decided to provide support for developing a lower level of physiotherapy professional: the physiotherapist assistant (PTA). Physiotherapist assistants exist in developed countries (the UK, USA, Canada, Australia, etc.): they are qualified staff members working under a physiotherapist who take part in the assessment and treatment of patients. The PTA is also responsible for housekeeping tasks, the maintenance of equipment, and reporting.

As formal training for PTAs is comparatively scarce in developing countries, the ICRC began to develop a training package of its own. The proposed teaching method, inspired by the ICRC training programme in prosthetics and orthotics (ISPO Cat II), was designed to meet two main obligations: a) professionalism – the level of education provided must conform to international standards and must be recognized by the national educational system, the aim being to produce physiotherapy assistants whose training would count towards degree programmes in physiotherapy; b) flexibility – a modular approach was adopted that took into account various types of patient (amputees, cerebral palsy, post-surgical care, etc.) and the facilities available (hospitals, physical rehabilitation centres, etc). The ICRC selected five priority areas: amputations; peripheral-nerve injuries; central-nerve injuries; paediatrics (cerebral palsy and clubfoot); and hospital care (fractures, burns and respiratory disorders). Each area is dealt with in a module. The modules may be taken either independently (25 to 30 credits, as defined by the European Credit Transfer and Accumulation System (ECTS)) or altogether (120 ECTS credits) by students who have completed the 12th grade.

While ICRC physiotherapists continued to give on-the-job training and mentoring in all projects, efforts were maintained to: a) increase the number of qualified local physiotherapy professionals by providing and sponsoring training in physiotherapy, and b) increase and update the skills and knowledge of those already working. In 2010, eight persons completed or continued formal training in physiotherapy subsidized by the ICRC.

Location	No. of students	School	Year	Diploma
Sudan	2	Kigali Health Institute	2007-2010	BSc. Physiotherapy
	2	St-Mary's University	2007-2010	BSc. Physiotherapy
DPRK	4	Mobility India	2009-2010	Rehabilitation Therapy Assistant

In addition, the ICRC supported the professional development of physiotherapists by:

- Providing daily mentoring and support in most assisted centres
- Tracking the progress of physiotherapy students from Ahfad University for Women (Khartoum) during their internship at the NAPO centre in Khartoum
- Providing lectures at a course for physiotherapist assistants at St-Mary's University (Juba)
- Conducting a short course in lower-limb-amputee assessment and gait training in Uganda
- Conducting refresher courses in cerebral palsy management in Afghanistan
- Sponsoring a therapist from the Philippines (Davao) for a two-month placement at a centre in Cambodia
- Conducting upgrading courses for physiotherapist assistants at the Jaffna Jaipur Centre for Disability Rehabilitation (Sri Lanka)
- Conducting three upgrading courses in gait training for lower-limb amputees for physiotherapists working in ICRC-assisted centres in Iraq

The ICRC also supported the development of physiotherapy by:

- Maintaining contact with, and in some cases supporting, professional associations: the Ethiopian Physical Therapists Association, the Afghan Association of Physiotherapy, the Cambodian Physiotherapist Association, and the Yemen Physiotherapy Syndicate
- Refurbishing the physiotherapy department of the Centro de Reabilitação Motora in Guinea-Bissau
- Financing the construction of a gait-training area at the Mbuji Mayi centre (in the Democratic Republic of the Congo) and the extension of the gait-training area at the Hpa-An centre (in Myanmar)
- Financing the construction of an outdoor gait-training area at the Davao Jubilee Centre (in the Philippines)
- Establishing and equipping a Cerebral Palsy Unit at the Muzaffarabad Physical Rehabilitation Centre (Pakistan)

In Gaza, the ICRC continued to work with the Al Shifa Hospital and the European Gaza Hospital, and began to work with the Nasser Hospital, to ensure the availability of post-surgical rehabilitation in these hospitals. The ICRC continued to provide on-the-job training and mentoring while also promoting the reorganization of the physiotherapy department in all three hospitals. A referral system was developed in each hospital and communication between the various departments improved. The project implemented with the Ministry of Health in the three hospitals has been successful in developing and establishing an in-patient physiotherapy department that is recognized within the hospital structure and accepted by the multidisciplinary team, provides input for patient rehabilitation before and after surgery, and to which patients are referred by different departments. This has been undeniably effective in reducing the possibility of persons becoming disabled during hospitalization.

Improving P&O

The ICRC's approach to national capacity building in the provision of suitable high-quality prosthetic and orthotic services encompasses numerous activities, of which the following are essential:

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

Throughout the year, P&O services at assisted centres were enhanced by several means. Efforts were consistently made by ICRC technical commission members and field P&O experts to promote and develop internal P&O standards and new technical manuals. Manufacturing guidelines continued to be developed. The quality of the prosthetic/orthotic components produced by CR Equipements SA was monitored throughout the year via systematic feedback from field projects. Research continued to upgrade and further develop the full range of products.

In 2010, 58 persons completed, continued or began P&O courses subsidized by the ICRC. The ICRC also continued its courses in Sudan and Afghanistan and began a formal multi-year training programme in Ethiopia.

Location	No. of students	School	Year	Diploma
Iraq	3	CSPO1	2007-2010	ISPO Cat. II
	2	CSPO	2008-2011	ISPO Cat. II
	3	CSPO	2009-2012	ISPO Cat. II
	1	TATCOT2	2009-2013	ISPO Cat. I
	3	NCPO3	2010-2015	Masters
Sudan	2	TATCOT	2007-2010	ISPO Cat. II
Nepal	1	CSPO	2008-2011	ISPO Cat. II
	2	CSPO	2010-2013	ISPO Cat.II
Philippines	1	CSPO	2007-2010	ISPO Cat. II
DPRK	5	CSPO	2007-2010	ISPO Cat. II
Colombia	2	Don Bosco University	2007-2010	ISPO Cat. II through distance learning
	54	Don Bosco University	2008-2011	ISPO Cat. II
India	2	Mobility India	2009-2010	ISPO Cat. II (single discipline)
	2	Mobility India	2010-2011	ISPO Cat. II (single discipline)
Yemen	3	Mobility India	2008–2011	ISPO Cat. II
	4	Mobility India	2010-2013	ISPO Cat. II
Pakistan	5	PIPOS5	2007-2010	ISPO Cat. II
	1	TATCOT	2009-2013	ISPO Cat. I
Gaza	1	Mobility India	2009-2010	ISPO Cat. II (single discipline)
	3	Mobility India	2010-2011	ISPO Cat. II (single discipline)
Myanmar	2	CSPO	2010-2013	ISPO Cat. II
Chad	4	ENAM6	2010-2013	ISPO Cat. II
Cambodia	1	TATCOT	2010-2013	ISPO Cat. I

[1] Cambodian School for Prosthetics and Orthotics

[2] Tanzania Training Centre for Orthopaedic Technologists

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

[4] Students sponsored jointly by the ICRC and ISPO / Leahy War Victims Fund

[5] Pakistan Institute of Prosthetic and Orthotic Sciences

[6] Ecole National des Auxiliaires Médicaux

In Afghanistan, the ICRC continued to conduct a three-year P&O course in conjunction with the Ministry of Public Health. Twenty-two trainees were enrolled for this course at the ICRC facility in Kabul. The first examination (Module 1: Lower-Limb Prosthetics) took place in March 2010 under the supervision of the ISPO, which granted its formal recognition to the course.

In Sudan, the 11 students enrolled for the Sudanese Diploma for Prosthetics and Orthotics (SDPO) contin-

ued their training with Module 2: Lower Limb Orthotics. The SDPO course is conducted by the ICRC in cooperation with the NAPO, El Geraif College and the Ministry of Higher Education and Scientific Research. The examination for Module 2 (under ISPO supervision) is planned for January 2011.

In Ethiopia, the ICRC began, in conjunction with the Ministry of Labour and Social Affairs, a multi-year course in P&O, in which 25 students, from all over the country, are enrolled. The course has been accredited by the Technical and Vocational and Educational Training system in Ethiopia and follows the ICRC's Certificate of Professional Competency training package.

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

- Providing daily mentoring and support in most assisted centres
- Conducting refresher courses in the Democratic Republic of the Congo in prosthetic alignment
- Conducting eight refresher courses in P&O for P&O professionals working in ICRC-assisted centres in Iraq
- Sponsoring three technicians for refresher courses organized by the regional training unit of the Special Fund for the Disabled in Addis Ababa
- Sponsoring five technicians for refresher courses offered by Don Bosco University (El Salvador) with support from the Special Fund for the Disabled

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

- Maintaining contact with, and in some cases supporting, professional P&O associations: the Khmer Association of Prosthetists/Orthotics (KhAPO), the Association des Professionnels de l'Orthopédie et de la Rééducation du Tchad (APORT), the Afghan National Society of Prosthetics and Orthotics (ANSOP), the Orthotics and Prosthetics Association of India (OPAI), and professional organizations in Colombia
- Refurbishing the P&O department at the Centro de Reabilitação Motora in Guinea-Bissau

Improving wheelchair services

Though wheelchairs are made available in most assisted projects, providing them has always been problematic. First, affordable and individualized wheelchairs remain scarce in many of the countries where the ICRC works. Second, even when wheelchairs are available, they are often not readily adaptable to the user's needs. Another source of concern is the competence of those providing wheelchairs: their ability to properly assess the patients' needs and to set out appropriate treatment, which includes selecting the proper wheelchair and modifying it to the user's needs. To overcome these problems, the ICRC developed a strategy to promote access to appropriate wheelchair services. This strategy includes the following:

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

Throughout the year, the ICRC supported provision of appropriate wheelchairs by:

- Organizing training for P&O and physiotherapy professionals from Afghanistan, Cambodia, Iraq (Najaf), and Ethiopia
- Continuing to upgrade the wheelchair-production unit in Kabul
- Sponsoring seven candidates from various assisted centres in India for a course – "Basic Level Training on Wheelchair Service Delivery" – conducted by Mobility India (Bangalore)
- Translating a leaflet developed by Motivation – *Health & Mobility Guide for Wheelchair Users* – into several languages

PROMOTING LONG-TERM FUNCTIONING OF SERVICES

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

Local partners

To help services continue functioning after it has withdrawn, the ICRC has adopted a long-term approach to implementing and managing its rehabilitation projects. Implementing projects with local partners is the cornerstone of this strategy. Of the 84 projects assisted by the ICRC in 2010, 42 had been undertaken in conjunction with governments (ministries of health or of social affairs), 21 with local NGOs, three with private entities, and eight with National Societies. Ten other projects were implemented directly by the ICRC.

The ICRC launched several activities to ensure services over the long term:

- In Ethiopia, the national physical rehabilitation strategy, developed by the Ministry of Labour and Social Affairs with ICRC support, has been included in the national social welfare policy released at the end of 2010.
- In Ethiopia, the ICRC participated in several forums addressing physical rehabilitation and/or disability issues, such as the National Rehabilitation Task Force.
- In Chad, the ICRC provided financial support for organizing the Journées de Réflexion sur la Réadaptation des Personnes Handicapées au Tchad, which brought together various interested parties with the objective of initiating a dialogue between service providers and users.
- In Sudan, to promote the long-term functioning of the National Authority for Prosthetics and Orthotics, the ICRC continued to work closely with the directorate to strengthen the Authority's capacity to implement, lead and coordinate physical rehabilitation activities.
- It supported the Ugandan Ministry of Health in developing a standard list of P&O materials for the central stores.
- The ICRC continued to foster the ability of the Cambodian authorities to manage the work of the centres and the component factory.
- In Afghanistan, the ICRC maintained close contact with the pertinent authorities and helped develop national P&O guidelines and took part in the Disability Stakeholder Commission Group, a working group set up by the Ministry of Martyrs, Disabled and Social Affairs to promote reintegration into society.
- In India, the ICRC established close links with organizations of persons with disabilities working within the catchment areas of the assisted centres and was able to involve them in developing physical rehabilitation activities in Indian states where the ICRC provided physical rehabilitation assistance.
- In Gaza, the ICRC supported the work of the Physical Rehabilitation Unit of the Ministry of Health to develop and implement physiotherapy protocols.
- In Iraq, the ICRC continued to work with ministries involved in rehabilitation and actively participated in meetings of the Higher Committee for Physical Rehabilitation.
- In Yemen, the ICRC organized two national coordination meetings, one in Sana'a and the other in Aden. The purpose of these meetings was to address challenges and to improve communication between interested parties.
- In Colombia, several activities were implemented nationally and at centre level. At the national level, they included the following: mobilization and cooperation with other interested parties, ongoing support to the Ministry of Social Protection related to regulating the provision of physical rehabilitation services and ongoing support to national institutions for implementing training in P&O (SENA and Centro Don Bosco). At centre level, activities included managerial assistance, translation, introduction of management tools, and the establishment of price lists for services.

Supporting management at centres

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

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

COOPERATION WITH OTHER BODIES

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

International Society for Prosthetics and Orthotics

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

International non-governmental organizations

In addition to the regular and ongoing contacts maintained at field level between the ICRC and other organizations, the Physical Rehabilitation Programme held regular meetings at headquarters level with organizations such as Handicap International, Cambodia Trust, the Christoffel Blinden Mission, and Motivation, in order to share information and to coordinate activities.

Academic institutions in developed and developing countries

In 2010, the ICRC continued to interact with several training institutions to improve the ICRC-developed polypropylene technology and to support the profes-

sional development of persons working in the field of physical rehabilitation. These included:

- The Norwegian University of Science and Technology: initiating a life-cycle analysis of the polypropylene technology
- Geneva University Hospital: performing a biomechanical study comparing CR–SACH-foot performance with SACH foot purchased on the open market
- Ahfad University for Women (Khartoum) and St-Mary's University (Juba): participation in the training of physiotherapy professionals
- The Cambodian School of Prosthetics and Orthotics (CSPO): participating in the Board of Study meeting
- The Servicio Nacional de Aprendizaje" (SENA) and the Centro Don Bosco in Colombia: providing support for the development of formal training in P&O
- The Physiotherapy School of Kabul: implementing an upgrading course
- The Pakistan Institute of Prosthetics and Orthotic Sciences (PIPOS): providing support for their P&O training programmes
- The Ministry of Higher Education of Iraq: providing support for P&O training in Baghdad

National and international groups aiding mine/ERW and cluster-munitions victims

Throughout the year, the Physical Rehabilitation Programme continued its efforts at headquarters and in the field to ensure that survivors receive the help they need to play an active role in society. In 2010, the Physical Rehabilitation Programme participated in the work prescribed by the Mine-Ban Convention, which included meetings of the Standing Committee on Victim Assistance and Socio-Economic Reintegration, as well as the Second Review Conference, both of which were held in Geneva.

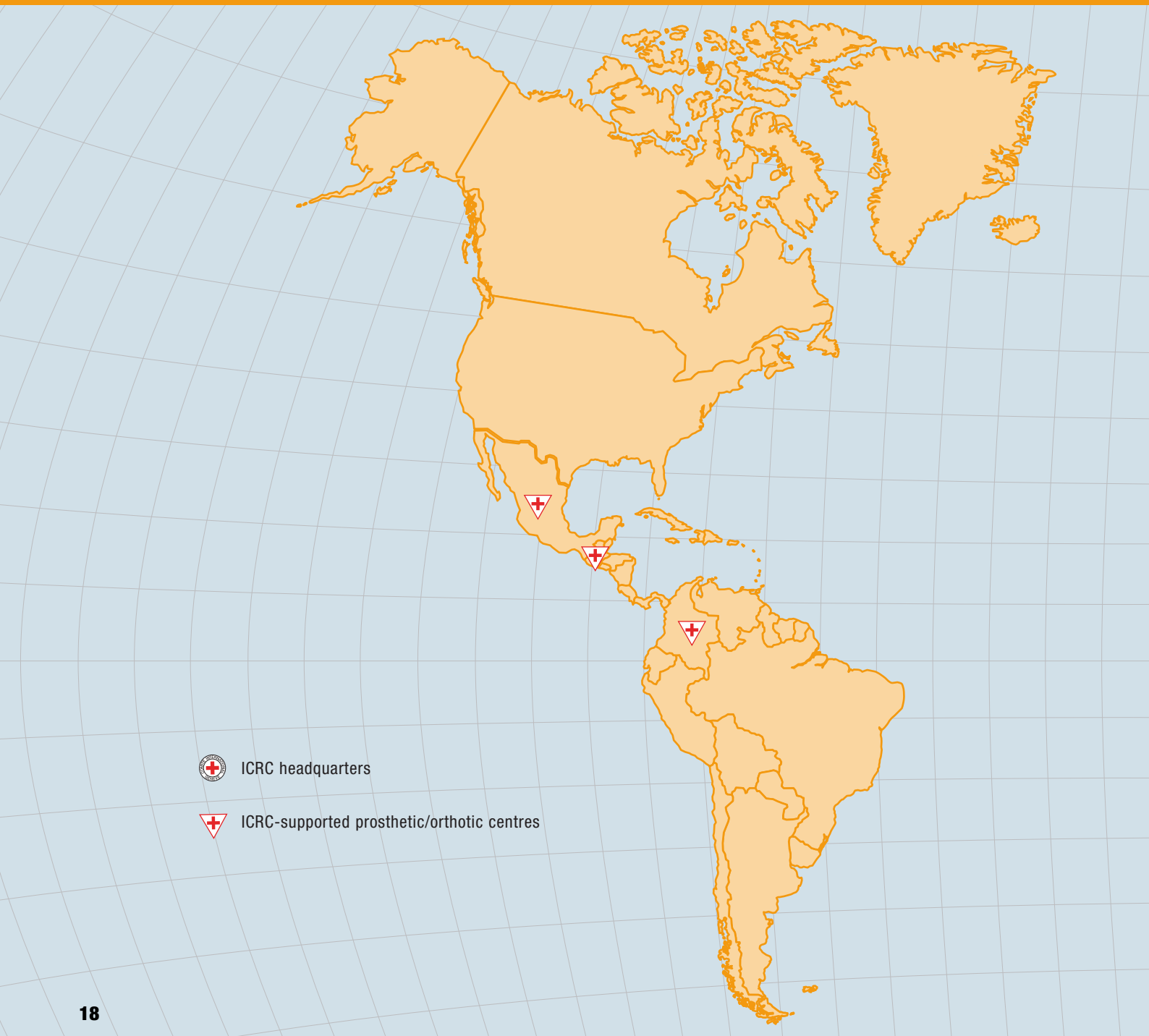
In addition, the ICRC worked closely with the Co-Chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration and with the Implementation Support Unit of the Mine-Ban Treaty in developing activities for the Victim Assistance Parallel Programmes, which were held during these meetings.

Fédération Africaine des Techniciens Orthoprothésistes (FATO)

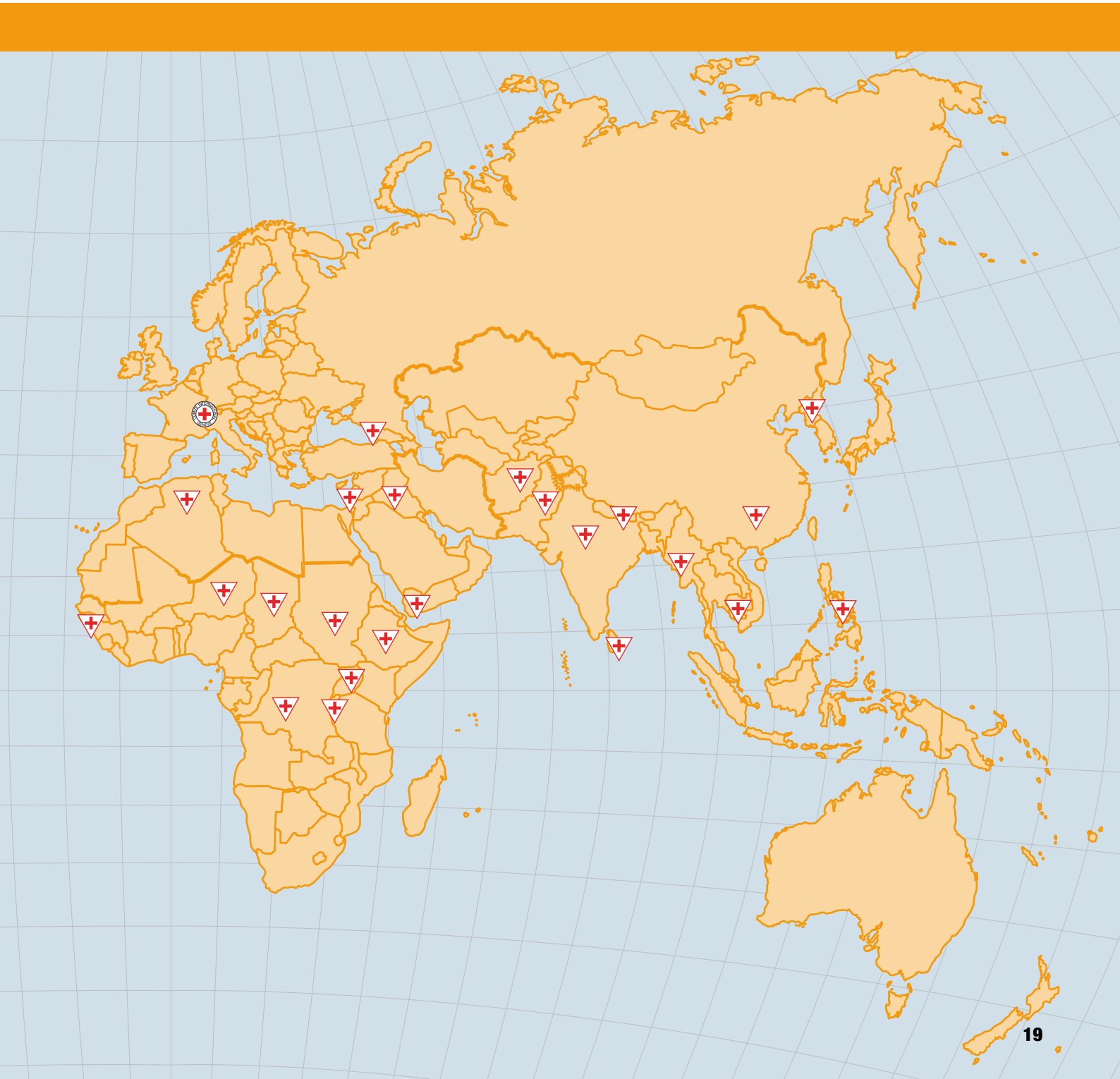
The ICRC's Physical Rehabilitation Programme and the ICRC Special Fund for the Disabled signed an agreement with the FATO, under which both organizations would work to improve and promote access to appropriate rehabilitation services in Africa.


Bernard Thomas Barrett/ICRC

3 – PHYSICAL REHABILITATION PROGRAMME: AROUND THE WORLD



AFRICA	8	Countries:	**25**	**projects**
ASIA AND THE PACIFIC	10	Countries:	**28**	**projects**
EUROPE AND THE AMERICAS	4	Countries:	**12**	**projects**
MIDDLE EAST AND NORTH AFRICA	3	Countries and one territory:	**19**	**projects**
TOTAL	25	Countries and one territory:	**84**	**projects**



4 – PROJECT ACTIVITIES

4.1 – AFRICA

Thierry Gassmann/ICRC

ICRC SUPPORT IN AFRICA AT A GLANCE

In 2010, the ICRC provided support for 25 projects in eight countries: Burundi (1), Chad (2), the Democratic Republic of the Congo (5), Ethiopia (7), Guinea-Bissau (1), Niger (1), Sudan (6) and Uganda (2).

- In Burundi, the ICRC began to support the activities of the Institut Saint Kizito in Bujumbura
- In Guinea-Bissau, the ICRC began to support the activities of the Centro de Reabilitação Motora in Bissau
- In Niger, the ICRC began to work jointly with the Projet de réadapation à base communautaire aux aveugles et autres personnes handicapées du Niger (PRAHN), to ensure access to services for persons with disabilities living in the Agedez region.

Services provided	
Patients attending the centres	18,779
New patients fitted with prostheses	1,796
New patients fitted with orthoses	2,638
Prostheses delivered	4,258
Orthoses delivered	4,844
Wheelchairs distributed	434
Walking aids distributed (pairs)	4,090

Children and women represented 33% and 19%, respectively, of all those benefiting from services.

Developing national capacities

Six candidates sponsored for formal training in P&O

Four candidates sponsored for formal training in physiotherapy

In Sudan, the ICRC continued to conduct formal training in P&O (11 students enrolled)

In Ethiopia, the ICRC began to conduct, in conjunction with the Ministry of Labour and Social Affairs, a multi-year training programme in P&O (24 students enrolled).

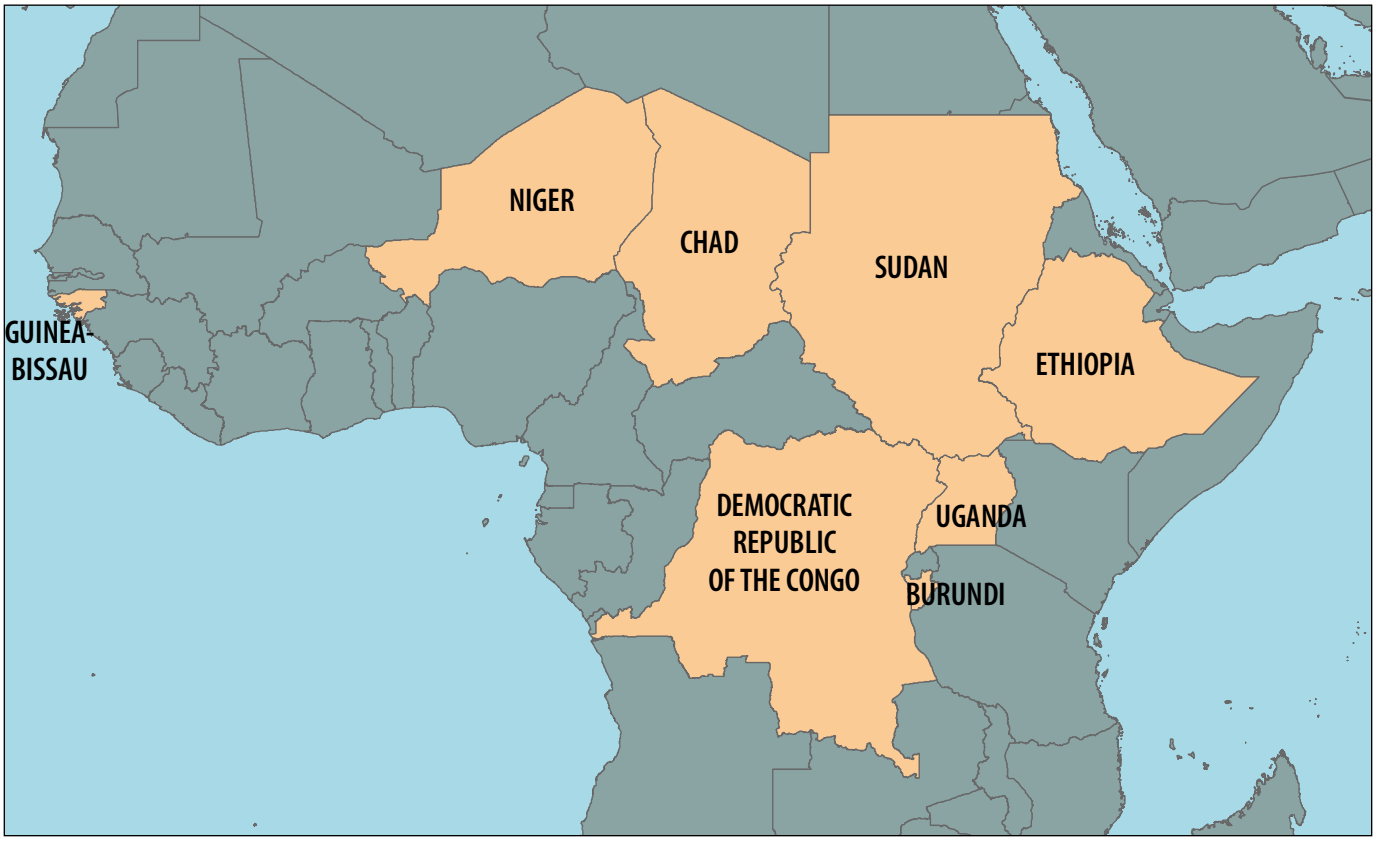
Promoting long-term functioning of services

In Ethiopia, the national physical rehabilitation strategy, developed by the Ministry of Labour and Social Affairs with ICRC support, has been included in the national social welfare policy released at the end of 2010.

In the Democratic Republic of the Congo, the ICRC ccontinued to maintain contact with the National Community-Based Rehabilitation Programme.

In Uganda, the ICRC continued to support the Ministry of Health in its efforts to develop a standard list of P&O materials intended for the central store.

In Chad, the ICRC provided support for organizing the Journées de Réflexion sur la Réadaptation des Personnes Handicapées au Tchad, which brought together various interested parties with the objective of initiating a dialogue between service providers and users.



In Burundi, in 2010, the ICRC began to work in conjunction with the Institut Saint Kizito in Bujumbura, which is managed by a religious community, to provide physical rehabilitation services. The Institut Saint Kizito was established in 1956 by the Bujumbura diocese with the aim of ensuring that children with disabilities would have access to education and physical rehabilitation services. It is the oldest physical rehabilitation service provider in Burundi and is now able to provide services to adults and children. In 2010, to improve the accessibility of services, the ICRC conducted several activities, which included renovating the Institut's facilities (the dormitory as well) and donating materials, components and equipment. In all, 2,232 people benefited from the various services provided by the ICRC-assisted centre. This included production of three prostheses and 213 orthoses, and provision of eight pairs of crutches. Children represented 92% and women 3% of the 2,232 beneficiaries.

In Chad, the ICRC continued supporting the only two centres in the country: the Maison Notre Dame de la Paix, in Moundou (southern Chad), and the Centre d'Appareillage et de Rééducation de Kabalaye (CARK) in N'Djamena (central Chad), both managed by local NGOs. The ICRC also continued to provide support for a referral system for persons with disabilities from eastern Chad and financed their transportation to N'Djamena. Through the referral systems implemented in eastern and northern Chad approximately 50 persons with disabilities from eastern Chad and 10 from northern Chad received treatment at the CARK, with ICRC support. The ICRC also financed the treatment of 281 persons at the CARK. In total, over 4,200 people benefited from various services at ICRC-assisted centres in 2010, which included production of 363 prostheses (77% of them for mine survivors) and 577 orthoses (4% of them for mine survivors), and provision of 57 wheelchairs and 506 pairs of crutches. Children represented 43% and women 17% of the 4,234 beneficiaries.

In the Democratic Republic of the Congo, the ICRC continued to work with 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 stopped working with the Centre de Rééducation pour Handicapé Physique and began to work with the Cliniques Universitaires of Kinshasa. As in previous years, the ICRC did not provide direct support for centres in the country, but covered treatment costs for people directly affected by the conflict. In 2010, it covered treatment costs for 680 patients, who received 670 prostheses (13% of them for mine survivors), 44 orthoses (11% of them for mine survivors), 360 pairs of crutches and 21 wheelchairs. Children represented 5% and women 17% of the beneficiaries.

In Ethiopia, the ICRC continued its support for seven physical rehabilitation centres in Dessie, Mekele, Arba Minch, Asela, Bahir Dar, Menegesha, and Dire Dawa. In addition, the ICRC, in conjunction with the Ministry of Labour and Social Affairs, began to conduct a multi-year course in prosthetics and orthotics, in which 24 students from various regions of the country are enrolled. In total, over 7,900 people benefited from various services at ICRC-assisted centres in 2010. Those services included production of 1,830 prostheses (24% of them for mine survivors) and 2,874 orthoses (1% of them for mine survivors), and provision of 355 wheelchairs and 2,522 pairs of crutches. Children represented 21% and women 22% of the 7,985 beneficiaries.

In Guinea-Bissau, the ICRC started supporting the Centro de Reabilitação Motora, with a view to improving the quality and accessibility of services, and ensuring their long-term functioning, by strengthening the capacities of the Ministry of Public Health in the management of such activities. Most of the ICRC's activities in 2010 were directed at the completion of renovation and construction work, the installation of new equipment and at preparations for resuming the provision of services, which should start in 2011.

In Niger, in order to provide physical rehabilitation services, the ICRC began to work in conjunction with Projet de réadaptaion à base communautaire pour les handicapés du Niger (PRAHN), which is managed by a local NGO and located in Niamey. Following a needs assessment mission carried out in 2009, it was decided to work with PRAHN to ensure access to appropriate physical rehabilitation services for people living in the Agadez region – those directly affected by the conflict and those injured by landmines and/or other types of weapon. During the year, eighteen persons were referred by the ICRC to the PRAHN centre; all of them received prostheses and appropriate physiotherapy with direct financial support from the ICRC. Among the 18 prostheses delivered, 13 were for landmine survivors.

In Sudan, the ICRC continued supporting the national referral centre in Khartoum of the National Authority for Prosthetics and Orthotics (NAPO), and its branches in Kadugli, Kassala and Damazin. It also continued to participate, in conjunction with the Ministry of Gender, Social Welfare and Religious Affairs in South Sudan, in the management of the Juba Physical Rehabilitation Centre. In addition to providing support to operate the centres, the ICRC conducted, jointly with NAPO, a course in P&O, in which 11 students are enrolled. Over 2,900 people benefited from various services at ICRC-assisted centres. These services included production of 1,282 prostheses (10% of them for mine survivors) and 765 orthoses (0.2% for mine survivors), and provision of 650 pairs of crutches. Children represented 15% and women 23% of the 2,982 beneficiaries.

In Uganda, the ICRC continued supporting the activities of the Fort Portal Orthopaedic Centre and the Mbale Orthopaedic Centre. The ICRC also continued to work closely with the Ministry of Health in the planning for a central store whose budget structure would allow all the centres in Uganda to function in the long term. The ICRC conducted several activities aimed at improving access to services, which included donating needed material and components to assisted centres and networking with representatives of disabled persons' organizations. In all, 648 people benefited from various services at ICRC-assisted centres. These services included production of 92 prostheses (18% of them for mine survivors) and 371 orthoses, and provision of one wheelchair and 46 pairs of crutches. Children represented 41% and women 26% of the 648 beneficiaries.

BURUNDI

National partner	
Institut Saint Kizito	
Location of project	
Bujumbura	
Patient services in 2010	
Patients attending the centres	2,232
New patients fitted with prostheses	1
New patients fitted with orthoses	129
Prostheses	3
Orthoses	213
Crutches (pairs)	8
Beginning of assistance: 2010	

In 2010, the ICRC began to work in conjunction with the Institut Saint Kizito in Bujumbura, which is managed by a religious community, in order to provide physical rehabilitation services. After several years of conflict, the Republic of Burundi continued to move towards reconciliation. A peace agreement was signed in 2000: however, between 2000 and 2008, the country experienced several periods of turmoil.

The Republic of Burundi signed the Mine-Ban Treaty in 1997 and ratified it in 2003, becoming a State Party in 2004. There are estimated to be 5,000 mine survivors in the country. Burundi signed the UN Convention on the Rights of Persons with Disabilities (and its Optional Protocol) on 26 April 2007, but had not ratified it as of December 2010. There is no reliable current data on the incidence of disability in Burundi. The World Health Organization (WHO) estimates that in developing countries, people with physical disabilities who need physical rehabilitation services constitute 0.5% of the population: in Burundi, which has a population of about 8.5 million, approximately 40,000 persons should be in need of physical rehabilitation services. Given that devices need to be replaced every three years, approximately 13,000 persons should have access to services each year, which is far removed from what is actually provided within the country (estimated at 1,800 devices per year).

The physical rehabilitation sector, which is under the responsibility of the Ministry of National Solidarity, Human Rights and Gender, includes four centres in Gitega (managed by the ministry) and in Muyinga, Makamba and Bujumbura (all managed by religious communities). Access to rehabilitation remained difficult for most of those in need. The main causes remained the same: lack of facilities and professionals, and the cost of treatment (users have to pay for services).

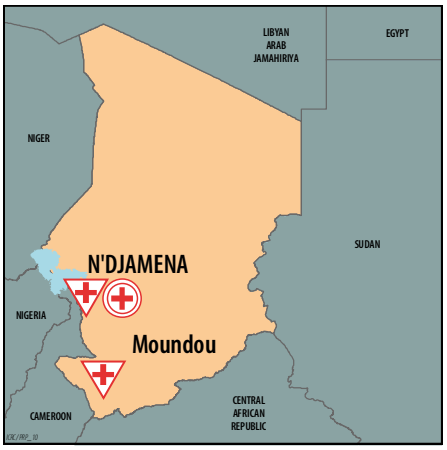
The Institut Saint Kizito was established in 1956 by the Bujumbura diocese with the aim of ensuring that children with disabilities would have access to education and to physical rehabilitation services. It is the oldest physical rehabilitation service provider in Burundi and is now able to provide services to adults and children. In 2010, to improve the accessibility of services, the ICRC conducted several activities, which included renovating the Institut's facilities (the dormitory as well) and donating materials, components and equipment. In all, 2,232 people benefited from the various services provided by the ICRC-assisted centre, which included production of three prostheses and 213 orthoses, and provision of eight pairs of crutches. Children represented 92% and women 3% of the 2,232 beneficiaries.

The quality of the services provided was enhanced by the technical and clinical mentoring of an ICRC ortho-prosthetist. ICRC specialists provided on-the-job training and mentoring for the entire staff of the assisted centre.

In 2011, the ICRC intends to:

- improve access to services by continuing to support the activities of the Institut Saint Kizito, by continuing to subsidize the cost of treatment for a certain number of beneficiaries, by covering the cost of transport and, in conjunction with the Red Cross Society of Burundi, by raising awareness of the services available at the assisted centre;
- enhance the quality of services through support and mentoring provided by an ortho-prosthetist and a physiotherapist, both from the ICRC; and
- promote the long-term functioning of services by continuing to support the Institut in its efforts to develop a suitable cost-recovery scheme.

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 2010	
Patients attending the centres	4,234
New patients fitted with prostheses	126
New patients fitted with orthoses	235
Prostheses	363
Orthoses	577
Wheelchairs	57
Crutches (pairs)	506
Beginning of assistance: 1981	

In 2010, the ICRC continued supporting the only two centres in the country: the Maison Notre Dame de la Paix, in Moundou (southern Chad), and the Centre d'Appareillage et de Rééducation de Kabalaye (CARK) in N'Djamena (central Chad), both managed by local NGOs. The ICRC also continued supporting a referral system for persons with disabilities from eastern Chad and financed their transportation to N'Djamena. The ICRC used to pay for their accommodation during their treatment, under an agreement with the Association d'Entraide aux Handicapés Physique du Tchad (AEHPT): the Association accommodated and fed those coming from eastern Chad, with the ICRC's financial support. However, during the year, the AEHPT accommodation facility was demolished to make way for a road. Despite the ICRC's lobbying on its behalf and despite the support of the N'Djamena city hall, the AEHPT is still searching for a place to build a new facility. In addition to the referral system for eastern Chad, the ICRC is also providing support for a referral system for persons with disabilities living in northern Chad.

Access to rehabilitation remained difficult for most of those in need. The main causes remained the same: lack of facilities and professionals, the cost of transportation (when available) and the security situation. The Ministry of Social Action, National Solidarity and Family was responsible for protecting the rights of persons with disabilities. In 2010, there was no direct involvement by the government in physical rehabilitation, and those seeking services had to pay for them. In 2010, the ICRC actively supported the organization of the Journées de Réflexion sur la Réadaptation des Personnes Handicapées au Tchad, to which all interested parties were invited and most participated, except the Ministry of Social Action, National Solidarity and Family. While the exact number of persons with disabilities in need of physical rehabilitation services is unknown, it was obvious that the two functioning centres did not have the capacity, both in term of infrastructure and human resources, to meet the needs.

Chad had not signed the UN Convention on the Rights of Persons with Disabilities as of December 2010 and the domestic law protecting the rights of disabled persons, adopted in 2007, remained inoperative, pending the passing of a decree to make it enforceable. Landmines and ERW continued to be a threat for many rural communities. While the total number of mine/ERW survivors in Chad is not known, there were at least 1,633 at the end of 2009, according to the *Landmine Monitor Report 2010*.

Assisted centres were provided with raw materials and components throughout the year. Through the referral systems implemented in eastern and northern Chad, approximately 50 disabled persons from eastern Chad and 10 from northern Chad received treatment at the CARK, with ICRC support. The ICRC also financed the treatment of 281 persons at the CARK. In total, over 4,200 people benefited from various services at ICRC-assisted centres in 2010, which included production of 363 prostheses (77% of them for mine survivors) and 577 orthoses (4% of them for mine survivors), and provision of 57 wheelchairs and 506 pairs of crutches. Children represented 43% and women 17% of the 4,234 beneficiaries.

The quality of the services provided by both centres was enhanced by technical and clinical mentoring from ICRC specialists (an ortho-prosthetist and a physiotherapist). ICRC specialists provided on-the-job training and mentoring for the entire staff of both centres. The ICRC also started sponsoring four persons for training in P&O at the Ecole Nationale des Auxiliaires Médicaux (ENAM) in Lomé (Togo).

To ensure services over the long term, the ICRC continued supporting both centres in their efforts to find additional sources of income and in their efforts to improve their management. It also provide support for organizing the Journées de Réflexion sur la Réadaptation des Personnes Handicapées au Tchad, which brought together various interested parties with the objective of initiating a dialogue between service providers and users.

In 2011, the ICRC intends to:

- enhance the quality of services by continuing to provide an expatriate ortho-prosthetist and a physiotherapist, by continuing to sponsor candidates for formal training in P&O at ENAM, and by promoting a multidisciplinary approach;
- facilitate access to services by continuing to support both the CARK in N'Djamena and the Maison Notre Dame de la Paix in Moundou, by operating a referral system for disabled persons from eastern and northern Chad and by covering their transportation, and by covering the cost of treatment for some beneficiaries at the CARK, and by lobbying on behalf of AEHPT in order to find a suitable site for a new accommodation facility; and
- promote the long-term functioning of services by supporting assisted centres in their efforts to find additional sources of income, by continuing to help make their managerial staff self-sufficient and by supporting the organization of another Journées de Réflexion sur la Réadaptation des Personnes Handicapées au Tchad.

DRC DEMOCRATIC REPUBLIC OF THE CONGO

National partners	
Red Cross Society of the Democratic Republic of the Congo, Ministry of Health, and local NGOs	
Location of projects	
Kinshasa (2), Mbuji Mayi, Goma and Bukavu	
Patient services in 2010	
Patients receiving services with direct support from the ICRC	680
New patients fitted with prostheses	247
New patients fitted with orthoses	23
Prostheses	670
Orthoses	44
Wheelchairs	21
Crutches (pairs)	360
Beginning of assistance: 1998	

In 2010, the ICRC continued to work in conjunction with 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 stopped working with the Centre de Rééducation pour Handicapé Physique and began to work with the Cliniques Universitaires of Kinshasa. As in previous years, the ICRC did not directly support centres in the country, but it covered the treatment costs of people directly affected by the conflict. After identifying and assessing patients, the ICRC referred them to centres with which it had cooperation agreements.

Though responsible for physical rehabilitation, the Ministry of Health did not manage any centres and its involvement in rehabilitation remained modest. The National Community-Based Rehabilitation Programme was the Ministry of Health's coordinating body for physical rehabilitation, but remained weak and lacked funding. As of December 2010, the Democratic Republic of the Congo had not signed the UN Convention on the Rights of Persons with Disabilities and the country had no specific legislation for disabled people. Physical rehabilitation was provided by religious organizations and local NGOs, and for most who needed it, physical rehabilitation remained difficult to access for several reasons, including lack of funding to cover the cost of transportation and of treatment, and the lack of service providers.

The Democratic Republic of the Congo acceded to the Mine Ban Treaty in 2002, becoming a State Party the same year. Analysis by the UN Mine Action Coordination Centre, DR Congo, (UNMACC) database indicated that by the end of 2009, 2,287 mine/ERW casualties had been recorded in the country; of these, 1,333 had suffered injuries. As in past years, the UN reported that the current casualty data underestimated the extent of the problem. Total casualty figures for the country are expected to "rise dramatically" when information can be adequately collected. The ICRC maintained close contact with the UNMACC throughout the year and participated in the first national workshop on victim assistance.

The ICRC took several measures to enhance access to services. In Bukavu, Mbuji Mayi and Kinshasa (Cliniques Universitaires), the ICRC covered the cost of renovating the centres to improve the facilities. The ICRC also strengthened its referral network by continuing to work closely with several international NGOs, and covered the cost of transportation for most of those it helped. In 2010, it covered the treatment costs of 680 patients, who received 670 prostheses (13% of them for mine survivors), 44 orthoses (11% of them for mine survivors), 360 pairs of crutches and 21 wheelchairs. Children represented 5% and women 17% of the beneficiaries.

Service quality was enhanced by the work of ICRC orthoprosthetists and physiotherapists (expatriate and local). ICRC specialists conducted technical seminars and provided on-the-job mentoring and support.

To ensure services over the long term, the ICRC maintained regular contact with the National Community-Based Rehabilitation Programme.

In 2011, the ICRC intends to:

- facilitate access to services by continuing direct support for patients (covering the cost of treatment and transportation), by strengthening cooperation with local and international NGOs, the UN Mine Action Centre and the Direction des Oeuvres Sociales Militaires of the Ministry of Defence as a means of identifying people in need of services, by donating equipment to centres as needed and by implementing a specific referral programme for those coming from Kananga and Kisangani;
- improve services by monitoring the quality of rehabilitation in assisted centres through the presence of an ortho-prosthetist and a physiotherapist (both from the ICRC), and by sponsoring refresher training for staff, at the regional training unit of the Special Fund for the Disabled in Addis Ababa; and
- promote the long-term functioning of services by participating in local forums, by providing ongoing support to centre managers and by maintaining close contact with the relevant ministries.

ETHIOPIA

National partners	
Ministry of Labour and Social Affairs, Tigrean Disabled Veterans Association, Arba Minch Rehabilitation Centre, Cheshire Services Ethiopia, Prosthetic & Orthotic Centre	
Location of projects	
Mekele, Dessie, Arba Minch, Asela, Menagesha, Dire Dawa, and Bahir Dar	
Patient services in 2010	
Patients attending the centres	7,985
New patients fitted with prostheses	913
New patients fitted with orthoses	1,645
Prostheses	1,830
Orthoses	2,874
Wheelchairs	355
Crutches (pairs)	2,522
Beginning of assistance: 1979	

In 2010, the ICRC continued its support for seven physical rehabilitation centres in Dessie, Mekele, Arba Minch, Asela, Bahir Dar, Menegesha, and Dire Dawa. It also began, in conjunction with the Ministry of Labour and Social Affairs, to conduct a multi-year course in prosthetics and orthotics.

In Ethiopia, the overall responsibility for physical rehabilitation rested with the Ministry of Labour and Social Affairs. However, it was the regional Bureau of Labour and Social Affairs that was charged with ensuring that these services were available. While many aspects of the management of rehabilitation activities fell directly under the responsibility of the Bureau (centre budget, regional promotion of activities, service provision, number of staff, centre management, etc.), responsibility for other areas lay with the Ministry of Labour and Social Affairs (professional recognition for staff, human resources development and training, national policy for the sector, link with the health sector, etc.). The physical rehabilitation services available in the country were limited and concentrated in the urban areas. There was a network of thirteen rehabilitation centres managed either by the regional bureaux (seven) or by local NGOs (six). Owing to their geographical situation, most service users in need had great difficulty in getting to the service centres. This was particularly true of persons with disabilities living in rural areas: they had hardly any access to physical rehabilitation services.

Throughout the year, materials and components were donated to centres to ensure services. In order to improve access, the ICRC provided direct support to persons with disabilities by covering their registration fees at the centres (3,910 persons), transportation costs (3,355 persons) and food expenses (3,398 persons). In total, over 7,900 people benefited from various services at ICRC-assisted centres in 2010. Those services included production of 1,830 prostheses (24% of them for mine survivors) and 2,874 orthoses (1% of them for mine survivors), and provision of 355 wheelchairs and 2,522 pairs of crutches. Children represented 21% and women 22% of the 7,985 beneficiaries.

The quality of the services at ICRC-assisted centres was enhanced by continued mentoring from ICRC ortho-prosthetists and physiotherapists. In addition, the ICRC began, in conjunction with the Ministry of Labour and Social Affairs, to conduct a multi-year course in prosthetics and orthotics in which 24 persons, from all over the country, are enrolled. The course has been accredited by the Technical and Vocational and Educational Training system in Ethiopia.

The ICRC helped centres and the authorities, at both regional and national levels, to promote the long-term functioning of services. The national physical rehabilitation strategy, developed by the Ministry of Labour and Social Affairs with ICRC support, has been included in the national social welfare policy released at the end of 2010. Throughout the year, the ICRC participated in several forums addressing physical rehabilitation and/or disability issues, such as the National Rehabilitation Task Force, and maintained close contact with the Ethiopian Physical Therapists Association.

In 2011, the ICRC intends to:

- enhance quality through continued support from expatriate ortho-prosthetists and physiotherapists, by promoting multidisciplinary patient management, by conducting short courses for personnel in assisted centres and by continuing to conduct its multi-year course in P&O for 24 candidates;
- facilitate access to services by directly supporting patients (covering the costs of transportation, food and registration fees), by donating needed raw materials and components to the assisted centres, and by supporting outreach visits; and
- promote long-term functioning of services by maintaining support for managerial staff, by training them in various aspects of management, by helping each Bureau of Labour and Social Affairs to implement the five-year plan, by assisting the Ministry in its efforts to implement the national physical rehabilitation strategy and by continuing to participate in the National Rehabilitation Task Force.

GUINEA-BISSAU

National partner	
Ministry of Public Health	
Location of project	
Bissau	
Patient services in 2010	**No statistics reported**
Patients attending the centres	
New patients fitted with prostheses	
New patients fitted with orthoses	
Prostheses	
Orthoses	
Wheelchairs	
Crutches (pairs)	
Beginning of assistance: 2010	

Guinea-Bissau is bordered in the north by Senegal (Casamance region), in the east and south by Guinea-Conakry and in the west by the Atlantic Ocean. After an 11-year liberation war, Guinea-Bissau gained independence from Portugal in 1974. Independence did not bring stability to the country as continuous political wrangling led to internal conflicts, which further weakened its severely damaged infrastructure. Despite the needs, physical rehabilitation services, like most health services in Guinea-Bissau, were rudimentary. There are only two physical rehabilitation centres in the country: the Centro de Reabilitação Motora managed by the Ministry of Public Health and a centre managed by the Associação Nacional para o Desenvolvemento Sanitario (ANDES), both of which provide limited services. In 2010, the ICRC started supporting the Centro de Reabilitação Motora, with a view to improving the quality and accessibility of services, and ensuring their long-term functioning, by strengthening the capacities of the Ministry of Public Health in the management of such activities.

From 2004 until 2008, the ICRC's Special Fund for the Disabled provided support to ANDES for the provision of physical rehabilitation services. However, as ANDES showed no real commitment, the Fund decided to end its assistance. In October 2009, in order to boost physical rehabilitation services in the country, the Ministry of Public Health organized a meeting of various potential partners, including the ICRC, to determine how the Centro de Reabilitação Motora could resume its activities. After the meeting, the ICRC conducted an assessment and proposed a plan of action to the Ministry of Public Health, which was accepted. At the beginning of 2010, an ICRC ortho-prosthetist arrived in Bissau to begin work.

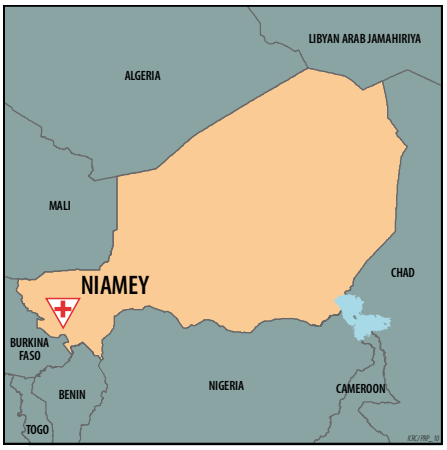
There is no reliable current data on the incidence of disability in Guinea-Bissau. The World Health Organization (WHO) estimates that in developing countries people with physical disabilities who need physical rehabilitation services constitute 0.5% of the population: in Guinea-Bissau, which has a population of about 1.5 million, approximately 7,500 persons should be in need of physical rehabilitation services. As of December 2010, Guinea-Bissau had not signed the UN Convention on the Rights of Persons with Disabilities and no domestic disability legislation existed. Guinea-Bissau signed the Mine-Ban Treaty in 1997 and ratified it in 2001. The Centro Nacional de Coordenção da Accão Anti-Minas gives a figure of 1,206 casualties from mines/ERW, for the period 1974-April 2010. However, this is not believed to be wholly accurate.

The Centro de Reabilitação Motora stopped functioning during the civil war (1998-1999), when it was looted and completely destroyed. Between 2007 and 2008, the Economic Community of West African States funded its renovation and other construction work. Most of the ICRC's activities in 2010 were directed at the completion of renovation and construction work, the installation of new equipment and at preparations for resuming the provision of services, which should start in 2011.

In 2011, the ICRC intends to:

- improve access to services by continuing to support the activities of the Centro de Reabilitação Motora and by raising awareness of the services available at assisted centres;
- enhance quality through support and mentoring provided by an ortho-prosthetist and a physiotherapist, both from the ICRC; and
- promote the long-term functioning of services by continuing support to the Ministry of Public Health to develop its capacity to manage physical rehabilitation services.

NIGER



National partner	
Projet de Réadaptation à base communautaire aux aveugles et autres personnes handicapées du Niger (PRAHN)	
Location of project	
Niamey	
Patient services in 2010	
Patients attending the centres	
New patients fitted with prostheses	
New patients fitted with orthoses	
Prostheses	18
Orthoses	
Crutches (pairs)	
Beginning of assistance: 2010	

In 2010, the ICRC began to work in conjunction with Projet de réadaptaion à base communautaire pour les handicapés du Niger (PRAHN), which is managed by a local NGO and located in Niamey. Following a needs assessment mission carried out in 2009, it was decided to work with PRAHN to ensure access to appropriate physical rehabilitation services for people living in the Agadez region – those directly affected by the conflict and those injured by landmines and/or other types of weapon.

PRAHN was created in 1985 as an initiative of the National Blind Union of Niger. In the beginning, it was an agricultural project for the visually impaired. In 1995, it started moving towards community-based rehabilitation and began taking into account the needs of other groups of disabled persons. In 2006, it began to provide physical rehabilitation services through its centre, Hope House. PRAHN is managed by a consortium of NGOs and governmental authorities and its objective is to improve the quality of life of disabled persons and their families.

The Republic of Niger signed the Mine Ban Treaty in 1997 and ratified it in 1999, becoming a State Party that same year. Niger is contaminated with anti-vehicle mines, especially in the Agadez region in the north. The extent of contamination has not yet been determined. According to *Landmine Monitor Report 2010*, 56 casualties were identified in 2009, all the incidents occurring in the Agadez region.

The state of alert in the Agadez region of the country, where most mine survivors live, was lifted in November 2009. This increased the accessibility of victim assistance services: improved security conditions permitted greater freedom of movement, for people seeking services as well as for service providers. However, access to services remained limited, mainly because no physical rehabilitation services are available in the Agadez region and because the cost of transportation (the centres are in Niamey) and of treatment are beyond the means of the vast majority of those in need of services.

To facilitate access to appropriate physical rehabilitation services for persons from the Agadez region, the ICRC signed an agreement with PRAHN, under which PRAHN will provide the services and the ICRC will subsidize the cost of treatment for persons from the Agadez region. During the year, eighteen persons were referred by the ICRC to the PRAHN centre; all of them received prostheses and appropriate physiotherapy with direct financial support from the ICRC (including treatment costs, transportation and accommodation). Among the 18 prostheses delivered, 13 were for landmine survivors. To support PRAHN, an ICRC ortho-prosthetist provided technical and clinical mentoring during the patients' treatment.

In 2011, the ICRC intends to:

- improve access to services by continuing to cover the cost of treatment, transportation and accommodation for disabled persons living in the Agadez region.

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 2010	
Patients attending the centres	2,982
New patients fitted with prostheses	424
New patients fitted with orthoses	277
Prostheses	1,282
Orthoses	765
Crutches (pairs)	650
Beginning of assistance: 1985	

In 2010, the ICRC continued supporting the national referral centre in Khartoum of the National Authority for Prosthetics and Orthotics (NAPO), and its branches in Kadugli, Kassala and Damazin. It also continued to participate, in conjunction with the Ministry of Gender, Social Welfare and Religious Affairs in South Sudan, in the management of the Juba Physical Rehabilitation Centre. In addition to providing support to operate the centres, the ICRC conducted, jointly with NAPO, a formal course in P&O, in which 11 students are enrolled.

Sudan signed the UN Convention on the Rights of Persons with Disabilities on 30 March 2007 and ratified it on 24 April 2009. Accurate figures are not available, but, based on WHO estimates and according to the last census (2008), the number of physically disabled people in need of prosthetic and orthotic services throughout Sudan is approximately 200,000 (0.5% out of an estimated total population of four million).

NAPO, which is affiliated to the Ministry of Welfare and Social Security, was in charge of the main physical rehabilitation centre in Khartoum and its branches in Dongola, Kassala, Kadugli, Nyala, Damazin and Gedaref. Recently, as a consequence of a resolution adopted by the Council of Ministers and signed by the President, NAPO became the adviser and source of reference in all matters related to physical rehabilitation for the government of Sudan. Its constant financial difficulties during the last three years, the result of funds not being allocated by the Ministry of Finance in accordance with the budget, have prevented NAPO from running activities of the quality and in the quantity that might be expected. NAPO voluntarily suspended its services for three months in 2010, with the aim of drawing the attention of the authorities to its financial difficulties

South Sudan's Ministry of Gender, Social Welfare and Religious Affairs was in charge of physical rehabilitation in that part of the country while Central Equatoria state ran the Juba rehabilitation centre. A disability strategic plan for Central Equatoria state was drafted to guide activities and programmes for disabled persons and their families. The focus of the plan is to define effective strategies to empower persons with disabilities. The plan is also designed to give support and direction for the mobilization of resources within disability-related programmes. In addition, the Ministry of Social Development ran the Nile Assistance for the Disabled Centre in Juba and the Rumbek Rehabilitation Centre.

Sudan ratified the Mine-Ban Treaty on 13 October 2003, becoming a State Party on 1 April 2004. In 2010, as before, the ICRC participated in several meetings of the Victim Assistance Coordination Group, which had the mandate to develop strategies and policy for rehabilitation services in South Sudan.

In Sudan, all those in need were supposed to have equal access to physical rehabilitation. However, long distances, the lack of a transportation system and security-linked constraints hampered accessibility. The ICRC conducted several activities aimed at improving accessibility: helping with the cost of transportation and accommodation for those attending the Juba and Nyala centres, developing a referral system in South Sudan and in the Darfur region, donating materials and components for all assisted centres (including NAPO branches), etc. Over 2,900 people benefited from various services at ICRC-assisted centres, which included production of 1,282 prostheses (10% of them for mine survivors) and 765 orthoses (0.2% for mine survivors), and provision of 650 pairs of crutches. Children represented 15% and women 23% of the 2,982 beneficiaries.

To improve quality, ICRC specialists (ortho-prosthetists and physiotherapists continued their support and mentoring. The 11 students enrolled for the Sudanese Diploma for Prosthetics and Orthotics (SDPO) continued their training with Module 2: Lower-Limb Orthotics. The SDPO course is conducted by the ICRC in cooperation with the NAPO, El Geraif College and the Ministry of Higher Education and Scientific Research. The ICRC provided scholarships for two persons to complete a course in P&O at the Tanzania Training Centre for Orthopaedic Technologists and for two others to complete a course in physiotherapy at the Kigali Health Institute. It also provided scholarships to two persons to

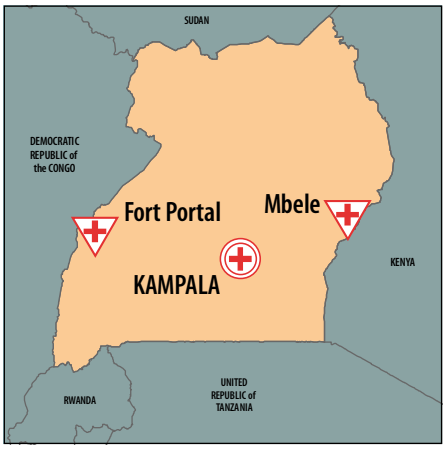
continue their training in physiotherapy at the St. Mary University in Juba. All these activities were undertaken to build local capacity for high-quality services, essential to ensuring long-term functioning.

To promote NAPO's long-term functioning, the ICRC continued to work closely with the directorate to strengthen its capacity to implement, coordinate, and lead physical rehabilitation activities. In the south, meetings between the ICRC and the Ministry of Gender, Social Welfare and Religious Affairs in Juba were held to discuss and implement and/or improve rehabilitation services (patient registration and admission, working procedures, disciplinary measures, storekeeping, etc.).

In 2011, the ICRC intends to:

- facilitate access to services by supporting NAPO and its branch centres, by continuing to work with the Ministry of Gender, Social Welfare and Religious Affairs in the south, by maintaining support for the referral centre in Juba, by donating materials and components, and by covering the costs of transportation, accommodation and food for disabled persons attending the Juba and Nyala centres;
- enhance quality by continuing to conduct the SDPO course, by giving training in wheelchair services, and by maintaining the support from its ortho-prosthetists and physiotherapists; and
- promote the long-term functioning of services by maintaining its support for NAPO in managing physical rehabilitation activities, and by doing likewise for the Ministry in South Sudan.

UGANDA



National partner	
Ministry of Health	
Location of projects	
Fort Portal, Mbale	
Patient services in 2010	
Patients attending the centres	648
New patients fitted with prostheses	67
New patients fitted with orthoses	329
Prostheses	92
Orthoses	371
Wheelchairs	1
Crutches (pairs)	46
Beginning of assistance: 2008	

In 2010, the ICRC continued supporting the activities of the Fort Portal Orthopaedic Centre and the Mbale Orthopaedic Centre. The ICRC also continued to work closely with the Ministry of Health in the planning for a central store whose budget structure would allow all the centres in Uganda to function in the long term.

In Uganda, two ministries were actively involved in disability issues: the Ministry of Health, responsible for rehabilitation, and the Ministry of Gender and Social Affairs, responsible for the socio-economic reintegration of disabled people. Uganda signed the UN Convention on the Right of Persons with Disabilities and its Optional Protocol on 30 March 2007. In 2005, the National Policy on Disability in Uganda was prepared, and in 2006, was translated into the Persons with Disability Act. The Act, which takes a rights-based approach to disability, ensures legal protection and equal opportunities for disabled persons. The Health Sector Strategic Plan III was finalized at the end of 2010. It provides a strategy and sets objectives for the Ministry of Health for health-related activities, including the treatment of disability and physical rehabilitation, from 2010 to 2015. One of the "strategies and key interventions" regarding disability contained in the Plan is to "[p]ut in place preventive, promotive and rehabilitative interventions to reduce mortality and morbidity or disability caused by injuries"; and one of the means for doing this is to "[p]roduce various types of assistive devices for people with disabilities." The Plan also gives a target in this regard: "Assistive devices provided to 80% of [persons with disabilities] who need them by 2015." At present, the total number of assistive devices produced per year is approximately 2,000, which falls far short of estimated needs: approximately 50,000 devices per year. The physical rehabilitation sector included a network of 12 centres spread across the country and managed by either the Ministry of Health or local NGOs. There is also a training institute each for P&O and for physiotherapy.

Uganda signed the Mine-Ban Treaty in 1997 and ratified it in 1999. The exact number of mine casualties as of today is not known, but between 1986 and 2009, 542 persons were killed and 865 injured; the fate of 12 others remains unascertained. Also, according to information available to the ICRC, no new case was reported in 2010.

According to the Ministry of Health, only 2% of all the persons with disabilities in need of assistive devices were receiving services, and needs were steadily growing. There are several reasons for this: the low production rates of centres; the lack of information among disabled persons about the availability and location of services; and, the financial situation of disabled persons, which made it difficult for them to cover the cost of transportation to gain access to the services, the cost of accommodation during treatment and the cost of the treatment itself.

The ICRC conducted several activities aimed at improving access to services, which included donating needed material and components to assisted centres and networking with representatives of disabled persons' organizations. In all, 648 people benefited from various services at ICRC-assisted centres, which included production of 92 prostheses (18% of them for mine survivors) and 371 orthoses, and provision of one wheelchair and 46 pairs of crutches. Children represented 41% and women 26% of the 648 beneficiaries.

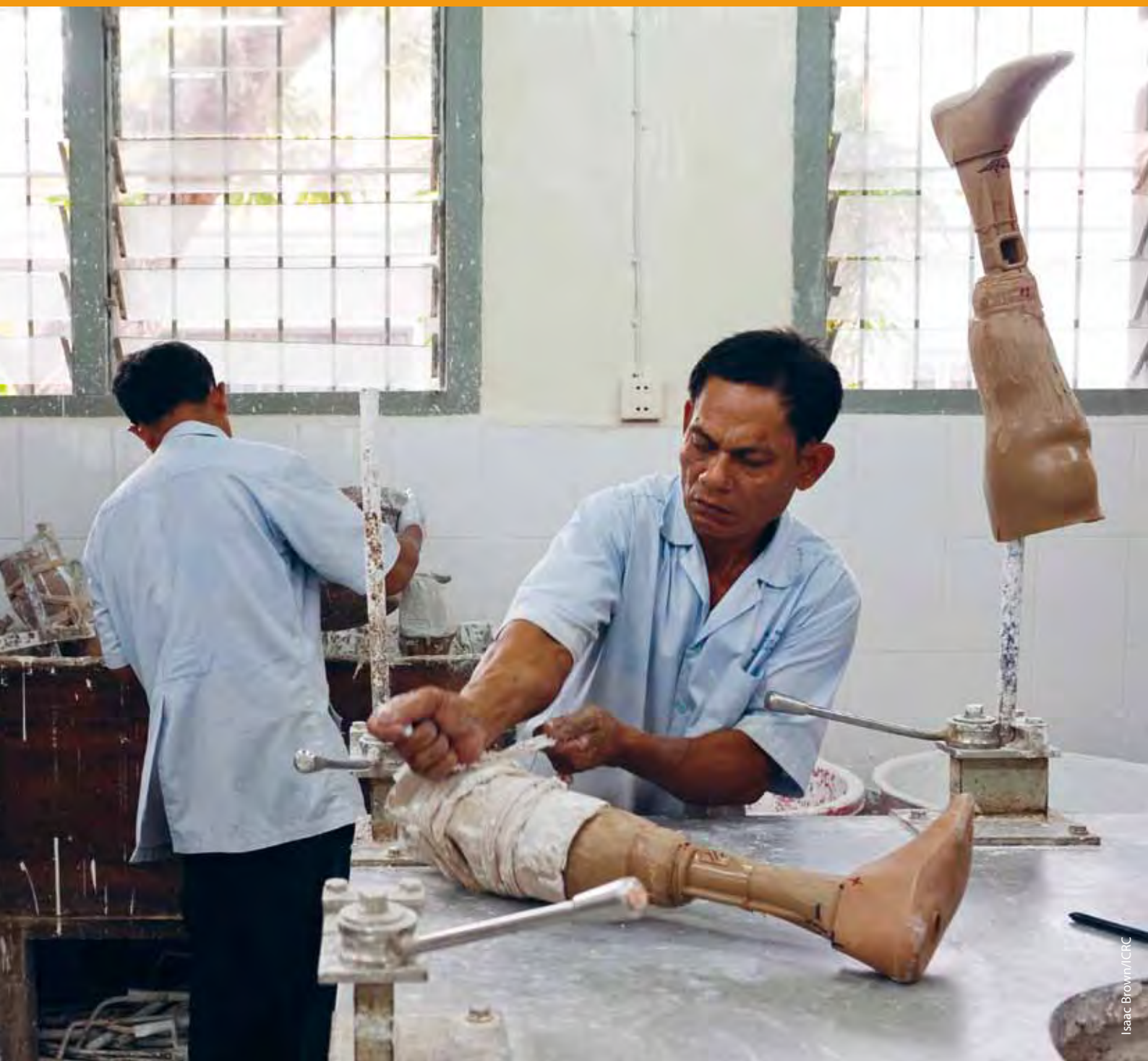
Quality was enhanced through ongoing support and mentoring provided by an ICRC ortho-prosthetist and a physiotherapist. The ICRC sponsored one P&O technician for a refresher course at the regional training unit of the ICRC's Special Fund for the Disabled in Addis Ababa. ICRC specialists conducted several refresher courses in P&O and physiotherapy.

The ICRC continued to support the Ministry of Health in its desire to compile a standard list of P&O materials intended for the central store. Despite the steps taken in 2009, no real progress was made in 2010. The need for a budget for components and raw materials to allow the centres to function was acknowledged, but none was drawn up.

In 2011, the ICRC intends to:

- improve access to services by continuing to support the activities of the Fort Portal and Mbale orthopaedic centres, by covering the cost of transportation and accommodation for a specific group of beneficiaries and by raising awareness of the services available at assisted centres;
- enhance quality through support and mentoring provided by the ICRC ortho-prosthetist and physiotherapist and by sponsoring candidates for short courses at the regional training unit of the ICRC's Special Fund for the Disabled in Addis Ababa; and
- promote the long-term functioning of services by continuing support for the Ministry in setting up the central store.

4.2 – ASIA



Isaac Brown/ICRC

ICRC SUPPORT IN ASIA AT A GLANCE

In 2010 the ICRC supported 28 projects in 10 Asian countries: Afghanistan (8 projects), Cambodia (3), China (3), the Democratic People's Republic of Korea (2), India (3), Myanmar (1), Nepal (2), Pakistan (4), Sri Lanka (1), Philippines (1)

- In Afghanistan, it opened a new centre in Lashkar Gah
- In India, it began to support an additional centre, in Dimapur
- In the Democratic People's Republic of Korea, it halted support to the Songrim Physical Rehabilitation Centre

Services provided	
Patients attending the centres	108,104
New patients fitted with prostheses	4,271
New patients fitted with orthoses	7,302
Prostheses delivered	10,433
Orthoses delivered	15,316
Wheelchairs distributed	1,881
Walking aids distributed (pairs)	8,770

Children represented 19% and women 16% of the beneficiaries.

In Afghanistan, over 2,600 persons with disabilities were aided by the various activities of the social-inclusion programme (job placement, special education, vocational training, micro-credit, etc.).

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

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

Developing national capacities

22 persons sponsored for P&O courses

Four persons sponsored for physiotherapy courses

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

In Cambodia, two centre managers were sponsored for a management course

Promoting long-term functioning of services

The ICRC continued fostering the ability of the Cambodian authorities to manage the work of the centres and the component factory.

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

In India, the ICRC established close links with organizations of disabled people working in the catchment areas of the assisted centres and was able to involve them in developing physical rehabilitation activities in Indian states where the ICRC provided physical rehabilitation assistance.

In Afghanistan, the ICRC's physical rehabilitation project combined physical rehabilitation with activities aimed at social inclusion. In 2010, the ICRC continued managing six physical rehabilitation centres throughout the country and one component factory in Kabul (which also produces wheelchairs). It also began to manage another centre, in Lashkar Gah. In addition, the ICRC continued to conduct formal training in P&O, to manage a special programme for spinal-cord injuries (home-care programme) and to help disabled people reintegrate into society, through its Social Reintegration Programme. In 2010, close to 75,000 people benefited from various services at ICRC-managed centres. These services included the provision of 3,790 prostheses (63% for mine survivors), 9,975 orthoses (0.4% for mine survivors), 985 wheelchairs and 5,191 pairs of crutches. Most of those receiving these devices also received physiotherapy. Children represented 21% and women 17% of the beneficiaries. Under the ICRC's home-care programme for paraplegics with spinal-cord injuries, 1,446 persons were aided during 7,832 home visits. More than 2,600 disabled persons were aided by the social inclusion programme.

In Cambodia, the ICRC continued working with the Ministry of Social Affairs, Veterans and Youth Rehabilitation to support the activities of the Battambang Regional Physical Rehabilitation Centre, the Kompong Speu Regional Physical Rehabilitation Centre and the Phnom Penh P&O Component Factory. In 2004, the ICRC began to reduce its role in managing the assisted projects and to focus on strengthening the ministry's capacity (at national and centre level) and gradually transferring all responsibilities to the ministry. ICRC staff acted as advisers for ministry personnel in running the centres. In all, 10,662 people benefited from various services provided at ICRC-assisted centres. These services included the provision of 1,806 prostheses (86% for mine survivors), 1,264 orthoses (2% for mine survivors), 398 wheelchairs and 782 pairs of crutches. Most of those who received devices also received physiotherapy. Children represented 7% and women 11% of the beneficiaries. In addition, the orthopaedic component factory in Phnom Penh continued to provide components for all the centres in Cambodia, thus ensuring proper care for everyone receiving services throughout the country.

In China, the ICRC continued to support the activities of the Orthopaedic Rehabilitation Centre in Kunming, managed by the Yunnan Branch of the Red Cross Society of China, and its two repair workshops in Malipo and Kaiyuan. The change in Chinese social attitudes towards disabled people has been gradual but fundamental, and largely the result of the active advocacy of people within the disabled community and governmental support for disability initiatives. In all, 568 people benefited from various services at ICRC-assisted centres, which included production of 269 prostheses (11% of them for mine survivors) and provision of three pairs of crutches. Children represented 4% and women 21% of the 568 beneficiaries.

In the Democratic People's Republic of Korea, the ICRC continued to assist the Ministry of Public Health by providing support for the Songrim Physical Rehabilitation Centre, and the Ministry of the People's Armed Forces by providing support for the Rakrang Physical Rehabilitation Centre. In August, the Ministry of Public Health ended its working relationship with the ICRC, which had lasted seven years. During that period, the ICRC had built up the capacity of the Songrim Physical Rehabilitation Centre by improving the infrastructure and increasing the number of trained personnel (five P&O technicians and two physiotherapy assistants), and through continuous mentoring by ICRC specialists. In all, 975 people benefited from various services provided at ICRC-assisted centres. These services included the provision of 1,010 prostheses (0.4% for mine survivors), 11 orthoses, 28 wheelchairs and 482 pairs of crutches. Most of those who received devices also received physiotherapy. Children represented 3% and women 15% of the beneficiaries.

In India, the ICRC continued to provide support for the Bone and Joint Hospital (Srinagar) and the government medical college (Jammu). This included the donation of materials and components essential for manufacturing prostheses and orthoses, and of wheelchairs and walking aids. The ICRC subsidized treatment for patients living far from the centres (reimbursement for the cost of transportation, accommodation and food). ICRC support was maintained for the centres located in Jammu and Kashmir, and, in 2010, extended to cover the activities of the District Disability Rehabilitation Centre in Dimapur, in conjunction with the Indian Red Cross Society and the Ministry of Health. The Dimapur centre was the only institution providing physical rehabilitation services in the state of Nagaland. Its official opening took place in December, through the joint efforts of the Indian Red Cross, the Ministry of Health and the ICRC, which renovated and fully equipped the centre. The ICRC-assisted centres in Jammu and Kashmir produced 55 prostheses (9% for mine survivors) and 66 orthoses, and distributed 37 pairs of crutches and 23 wheelchairs. Children represented 12% and women 21% of the 412 beneficiaries.

In Myanmar, government restrictions imposed on the ICRC since 2005 continued to prevent the organization from discharging its mandate in accordance with its standard working procedures. Since June 2007, the delegation had adapted its activities, including the provision of support to the physical rehabilitation sector. Only the Hpa-an Orthopaedic Rehabilitation Centre, run jointly by the Myanmar Red Cross Society and the ICRC, continued to receive support from the ICRC. However, centres formerly assisted by the ICRC, and managed by the Ministry of Health (3) and the Ministry of Defence (3), were given enough materials to ensure that they could continue to operate. These centres continued to provide prostheses with some of the materials and components donated by the ICRC in 2007. Services provided by the Hpa-an Orthopaedic Rehabilitation Centre included the provision of 612 prostheses (65% of them for mine survivors), 14 orthoses, 11 wheelchairs and 534 pairs of crutches. At this centre, children and women represented 4% and 8%, respectively, of the 1,450 beneficiaries.

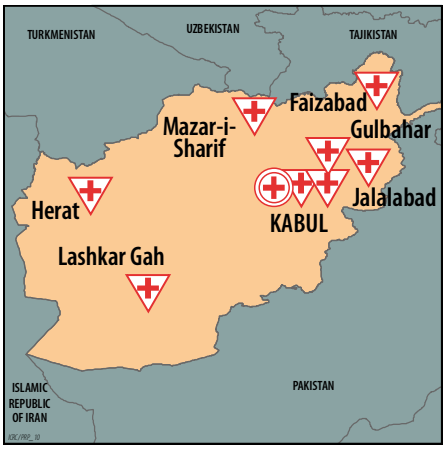
In Nepal, the ICRC continued supporting the P&O department of the Green Pasture Hospital in Pokhara and the Yerahity Rehabilitation Centre in Kathmandu, managed by the Nepalese army. The centre was the sole government-run facility in Nepal and, since June 2009, had provided physical rehabilitation services. Both military personnel and civilians had access to it. More than 1,600 people benefited from various services at ICRC-assisted centres. These services included the production of 204 prostheses (7% for mine survivors) and 124 orthoses (2% for mine survivors), and provision of 173 wheelchairs and 103 pairs of crutches. Children represented 6% and women 25% of the beneficiaries. In addition to providing physical rehabilitation assistance, the ICRC maintained close contact with the Nepal Red Cross Society which runs a micro-economic Initiative programme for victims of the conflict who have lost physical mobility. Furthermore, the International Nepal Fellowship, in conjunction with Partnership for New Life, provides socio-economic integration and vocational training programmes.

In Pakistan, the ICRC maintained its support for the Pakistan Institute of Prosthetic and Orthotic Sciences (PIPOS) in Peshawar, the Quetta Christian Hospital Rehabilitation Centre, and the Muzaffarabad Physical Rehabilitation Centre. The last of these was managed by the ICRC, while the other two were managed by local organizations. The ICRC concluded its home-care project in Peshawar, aimed at reintegrating patients with spinal-cord injuries in their families and communities and restoring their dignity; however, with the objective of eventually handing over responsibility to national authorities in mind, the ICRC began to work with the Hayatabad Paraplegic Centre to ensure that persons with spinal-cord injuries had better access to services, in proximity to their communities. Throughout the year, the primary objectives of the ICRC's physical rehabilitation projects in Pakistan were to raise the quality of services and make them more accessible for persons with disabilities in Baluchistan, Khyber Pakhtunkhwa and Pakistan-administered Kashmir. More than 11,700 people benefited from various services at ICRC-assisted centres. These services included production of 1,386 prostheses (37% for mine survivors) and 2,397 orthoses (11% for mine survivors), and provision of 206 wheelchairs and 947 pairs of crutches. In addition, most of those receiving assistive devices had access to appropriate physical therapy. Children represented 23% and women 15% of the 11,719 beneficiaries.

In the Philippines, the ICRC continued to cooperate with the Davao Jubilee Foundation by providing support for its physical rehabilitation centre, the Davao Jubilee Centre. Besides physical rehabilitation, the Centre offers medical consultations, psychological support (especially for victims of the armed conflict) and community-based rehabilitation. The Foundation facilitates, in conjunction with national and international partners, the reintegration of persons with disabilities by sponsoring scholarships for children and integrating economically vulnerable adults into the workplace. The Centre provided services for 47 persons with ICRC support in 2010. This included provision of 43 prostheses, four wheelchairs and 43 pairs of crutches. The ICRC also met the costs of transportation, lodging and food. Children represented 4% and women 11% of the 47 beneficiaries.

In Sri Lanka, the ICRC continued supporting the Jaffna Jaipur Centre for Disability Rehabilitation, which offered a broad range of services, including the provision of prosthetics, orthotics, various mobility aids (wheelchairs, tricycles, crutches, etc.), physiotherapy, micro-credit and financial support for disabled students. It was the only centre providing physical rehabilitation on the Jaffna peninsula. The ICRC's access to former conflict zones remained limited, which adversely affected the implementation of most of its planned assistance activities Nevertheless, technical and material support to the Jaffna centre continued throughout the year. More than 1,200 people benefited from various services provided with ICRC assistance. This represented an increase of 10% over 2009. Services included the provision of 416 prostheses (34% for mine survivors), 154 orthoses (6% for mine survivors), 53 wheelchairs and 116 pairs of crutches. Children represented 5% and women 25% of the 1,280 beneficiaries.

AFGHANISTAN



National partner	
None	
Location of projects	
Kabul (2), Mazar-i-Sharif, Herat, Jalalabad, Gulbahar, Faizabad, Lashkar Gah	
Patient services in 2010	
Patients attending the centres	75,297
New patients fitted with prostheses	954
New patients fitted with orthoses	4,512
Prostheses	3,790
Orthoses	9,975
Wheelchairs	985
Crutches (pairs)	5,191
Beginning of assistance: 1987	

The ICRC's physical rehabilitation project in Afghanistan combined physical rehabilitation with activities aimed at social inclusion. In 2010, the ICRC continued managing six physical rehabilitation centres throughout the country and one component factory in Kabul (which also produced wheelchairs). It also began to manage another centre, in Lashkar Gah. In addition, it continued to conduct formal training in P&O, to manage a special programme for spinal-cord injuries (home-care programme) and to contribute to the social reintegration of persons with disabilities, through its Social Reintegration Programme.

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

Afghanistan remains one of the most weapon-contaminated places in the world. According to the Mine Action Programme for Afghanistan, in 2010, approximately 630 Afghans were injured or killed by landmines and other explosive remnants of war, an average of roughly 52 a month. Of these, 60% were children. On the whole, 74% of all casualties were caused by ERW. These figures do not include incidents involving improvised explosive devices.

The actual number of disabled persons in Afghanistan is not known. The Central Statistical Organisation puts the current population of Afghanistan at approximately 29 million. It is estimated that 2-3% of the total population (560,000-840,000) are disabled. Of these, roughly 495,000 need access to physical rehabilitation services. The current annual production of mobility devices in the country would indicate that only about 12-15% of those who need orthopaedic devices, including mobility devices, are able to receive them.

Physical rehabilitation services were available through a network of 15 centres, of which seven are managed by the ICRC; the others are managed by NGOs, except one that is managed by the Ministry of Public Health. As these centres are concentrated in 11 of the 34 provinces of the country, patients are forced to travel long distances to reach them. The obstacles to rehabilitation (and health-care services generally) were numerous: ignorance, lack of professionalism among medical personnel, prejudices against disability, poverty, the distances and transportation difficulties, violence, ethnicity and political divisions. While ICRC aid aimed to remove some of these obstacles, much work remained to be done to improve access to services and allow disabled people to play an active role in their communities. The ICRC continued working with various entities to boost access to services. It has also opened a new centre in Lashkar Gah, which should have a significant impact on the accessibility of services.

In 2010, close to 75,000 people benefited from various services at ICRC-managed centres. These services included the provision of 3,790 prostheses (63% for mine survivors), 9,975 orthoses (0.4% for mine survivors), 985 wheelchairs and 5,191pairs of crutches. Most of those receiving these devices also received physiotherapy. Children represented 21% and women 17% of the beneficiaries. In addition, the ICRC-managed component factory continued furnishing components free of charge for five non-ICRC centres. Under the ICRC's home-care programme for paraplegics with spinal-cord injuries, 1,446 persons were aided during 7,832 home visits. The ICRC also ran a special physiotherapy programme for children with cerebral palsy. In 2010, 532 children with

club foot were registered at ICRC centres, 10% more than in 2009. More than 70% of them were treated with the Ponseti method.

Patients living in areas to which the ICRC had access were offered reintegration opportunities such as education, vocational training, micro-credit and employment. More than 2,600 disabled persons were aided by the social inclusion programme.

The ICRC maintained its support for the professional development of local P&O technicians and physiotherapists working in ICRC-managed centres. Besides mentoring and other forms of support from ICRC staff, the organization continued conducting a three-year P&O course in conjunction with the Ministry of Public Health. Twenty-two trainees were enrolled for this course at the ICRC facility in Kabul. The first examination (Module 1: Lower-Limb Prosthetics) took place in March 2010, and was supervised by the ISPO, which formally recognized the course. In addition, ICRC specialists conducted upgrading training in foot orthotics and on the Ponseti method for P&O technicians and physiotherapists already working.

To ensure services over the long term, the ICRC maintained close contact with the relevant authorities and participated in the drawing up of national guidelines for P&O services and in the Disability Stakeholder Commission Group (Ministry of Martyrs, Disabled and Social Affairs), a working group set up to promote social reintegration. To ensure long-term functioning of services, the ICRC agreed that responsibility for the programme should be handed over to the relevant ministries: to the Ministry of Public Health for rehabilitation and the Ministry of Martyrs, Disabled and Social Affairs for social reintegration. However, this was not yet possible, since these ministries preferred the role of coordinating the work of NGOs rather than directly managing rehabilitation facilities. Nevertheless, in order to make a future handover feasible, the ICRC continued developing the skills of Afghan employees with the aim of eventually transferring all management responsibilities to them.

In 2011, the ICRC intends to:

- enhance the quality of services by continuing to conduct the three-year P&O course, continuing to improve the components and wheelchairs produced at the Kabul factory, maintaining its support for the training of physiotherapists, by conducting several refresher courses, and continuing support from ICRC expatriate ortho-prosthetists and physiotherapists;
- facilitate access to services by continuing support for the seven centres, conducting outreach visits, maintaining a good working relationship with health-care facilities and with 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;
- continue its social inclusion programme and to promote participation in sport among disabled persons as a mean of rehabilitation; and
- promote long-term services by developing local capacities, participating in any forum on disability issues and supporting government action to promote physical rehabilitation and social reintegration.

CAMBODIA

National partner	
Ministry of Social Affairs, Veterans and Youth Rehabilitation	
Location of projects	
Phnom Penh, Battambang and Kompong Speu	
Patient services in 2010	
Patients attending the centres	10,662
New patients fitted with prostheses	238
New patients fitted with orthoses	349
Prostheses	1,806
Orthoses	1,264
Wheelchairs	398
Crutches (pairs)	782
Beginning of assistance: 1991	

In 2010, the ICRC continued its cooperation with the Ministry of Social Affairs, Veterans and Youth Rehabilitation in support of the Battambang Regional Physical Rehabilitation Centre, the Kompong Speu Regional Physical Rehabilitation Centre and the Phnom Penh P&O Component Factory. In 2004, the ICRC began to reduce its role in managing the assisted projects and to focus on strengthening the ministry's capacity (at national and centre level) and gradually transferring all responsibilities to the ministry. ICRC staff have acted as advisers for ministry personnel in running the centres.

Cambodia has signed the Convention on the Rights of Persons with Disabilities and its Optional Protocol in 2007, but not yet ratified it. To ensure full participation and equal opportunities for disabled people in social activities, the Royal Cambodian Government promulgated a law on the Protection and Promotion of the Rights of Persons with Disabilities on 3 July 2009. In August 2009, the Ministry of Social Affairs, Veterans and Youth Rehabilitation set up a technical working group (14 members, including representatives from the ministry, the Disability Action Council, and disability advisers from NGOs) to prepare the necessary legal documents and promote the implementation of the law. The mandate of this group was to design and implement a medium or long-term strategy and activities for ensuring effective implementation of the law. Unfortunately, only one piece of supporting legislation (a sub-decree on a quota system for employing disabled persons) out of the necessary 14 was drafted in 2010. Several ministries were involved in disability issues, such as the Ministry of Education, Youth and Sports, with its Special Education Office responsible for promoting inclusive education for disabled children; and the Ministry of Health, which promoted physiotherapy services. However, the Ministry of Social Affairs, Veterans and Youth Rehabilitation had the core responsibility for providing rehabilitation services and training in vocational skills for persons with disabilities.

Landmines and ERW, including cluster munitions, continued to pose a threat in many rural communities despite mine/ERW clearance and mine-risk-education activities of long standing. In 2010, Cambodia registered its first increase in casualties resulting from landmines and ERW since 2005. The number of people injured or killed was nearly 20 percent more than in 2009. From January to December 2010, 286 mine/ERW casualties were reported by the Cambodia Mine Victims Information System. The figures for January to December 2010 represent an increase of 17.21% over 2009. As in previous years, most of the accidents (64%) occurred in the five northern and western provinces (Battambang, Banteay Meanchey, Pailin, Oddar Meanchey, Preah Vihear) covered by the Battambang Regional Physical Rehabilitation Centre.

There are currently 11 physical rehabilitation centres throughout the country, of which two are supported by the ICRC (Battambang and Kompong Speu). The others are managed mainly by international organizations. Apart from the 11 centres, the physical rehabilitation sector includes the Phnom Penh Component Factory (supported by the ICRC), the Cambodian School for Prosthetics and Orthotics (CSPO), and a school for physiotherapists (managed by the Ministry of Health).

In 2010, to enhance the accessibility of services, the ICRC continued to provide direct support to the beneficiaries (reimbursing, together with the Ministry of Social Affairs, the costs of transportation and of accommodation at the centres), maintained its support for the centres' outreach programmes, and provided support for the development of a comprehensive network of potential partners within the catchments of the centres. In all, 10,662 people benefited from various services provided at ICRC-assisted centres. These services included the provision of 1,806 prostheses (86% for mine survivors), 1,264 orthoses (2% for mine survivors), 398 wheelchairs and 782 pairs of crutches. Most of those who received devices also received physiotherapy. Children represented 7% and women 11% of the beneficiaries. In addition, the orthopaedic component factory in Phnom Penh continued to provide components for all the centres in Cambodia, thus ensuring proper care for all persons receiving services in centres throughout the country. Both centres continued their outreach programmes: 8,465 patients were examined, 4,636 devices

and 654 wheelchairs repaired and 852 pairs of crutches distributed. To ensure access to economic reintegration programmes, social workers from the Ministry of Social Affairs, Veterans and Youth Rehabilitation employed in assisted centres continued to refer individuals to vocational training institutions and/or micro-economic initiatives managed by the Cambodian Red Cross.

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

Besides promoting access to the centres and improving the quality of the services provided in the centres, the ICRC continued implementing its strategy for strengthening the capacity of the Ministry of Social Affairs, Veterans and Youth Rehabilitation at central and provincial levels to run all activities at the centres and at the component factory. In 2010, the ICRC continued to promote the long-term functioning of services by actively participating in the work of several committees addressing disability issues. The Ministry of Social Affairs, Veterans and Youth Rehabilitation, with technical and financial support from the ICRC, organized two workshops for fixing the cost of devices provided by all the centres and for standardizing stock management in all the centres, using the stock management system developed by the ICRC. The ICRC continued to provide some financial support for the Cambodian P&O and physical therapists' professional associations (covering the cost of participation for staff working in assisted centres). In addition, the ICRC continued to provide scholarships for the managers of both centres, enabling them to study for a bachelor's degree in business management.

In 2011, the ICRC intends to:

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

CHINA

National partner	
Red Cross Society of China, Yunnan branch	
Location of projects	
Kunming, Malipo and Kaiyuan	
Patient services in 2010	
Patients attending the centres	568
New patients fitted with prostheses	68
Prostheses	269
Crutches (pairs)	3
Beginning of assistance: 2003	

In 2010, the ICRC continued to support the activities of the Orthopaedic Rehabilitation Centre in Kunming, managed by the Yunnan Branch of the Red Cross Society of China, and its two repair workshops in Malipo and Kaiyuan. The change in Chinese social attitudes towards disabled people has been gradual but fundamental, and largely the result of the active advocacy of people within the disabled community and governmental support for disability initiatives.

China ratified the UN Convention on the Rights of Persons with Disabilities in August 2008, but not the Optional Protocol. The constitution of China provides a general principle regarding the protection of disabled people, with Article 45 establishing that "all citizens (…) have the right to material assistance from the State and society when they are old, ill or disabled." More than 70 national laws and decrees –criminal, civil, educational, labour laws and others – contain specific provisions related to people with disabilities and the protection of their rights. The law on the Protection of Disabled Persons, enacted in 1991, is of particular significance. Still, disabled people remain a vulnerable group, with a particular set of difficulties, in a society whose economy is undergoing an enormous transition. China had an estimated 83 million people with various kinds of disability, according to official data from the Second National Sampling Survey on Disabilities, conducted in 2006. The Chinese Disabled People's Federation estimates that nearly 10 million disabled persons are living in poverty, most of them in rural areas.

China has still not acceded to the Mine-Ban Treaty, but has endorsed the "ultimate goal of a total ban." In 2009, at the Second Review Conference, China declared that the end of demining along the Yunnan section of its border with Vietnam "represents the completion of mine clearance of mine-affected areas within China's territory." Since 2004, the Red Cross Society of China, Yunnan Branch, has registered, and fitted with devices, 315 landmine survivors at its Orthopaedic Rehabilitation Centre in Kunming. The majority of these survivors were injured in the southern region of the Wenshan prefecture (Malipo and Maguan counties bordering Vietnam). In 2010, the Yunnan Red Cross did not report any new casualties caused by mines. It replaced worn-out prostheses for 44 registered landmine survivors and fitted seven others with devices for the first time.

The ICRC continued supporting the Yunnan Orthopaedic Rehabilitation Centre and its two repair workshops throughout the year, allowing services to be brought closer to beneficiaries living far from Kunming. In 2010, 284 persons who had received prostheses in previous years had access to follow-up at the two repair workshops. In addition, several outreach sessions were carried out at the two repair workshops. In all, 568 people benefited from various services at ICRC-assisted centres. These services included production of 269 prostheses (11% of them for mine survivors) and provision of three pairs of crutches. Children represented 4% and women 21% of the 568 beneficiaries.

The Yunnan Red Cross branch remained fully responsible for carrying out rehabilitation and ensuring the proper functioning of its facilities. To ensure a smooth transition, the ICRC agreed to prolong its donations of components until the end of 2011.

In 2011, the ICRC intends to:

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

DPRK DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

National partners	
Red Cross Society of the Democratic People's Republic of Korea, Ministry of Public Health and Ministry of People's Armed Forces	
Location of projects	
Songrim and Pyongyang	
Patient services in 2010	
Patients attending the centres	975
New patients fitted with prostheses	514
New patients fitted with orthoses	3
Prostheses	1,010
Orthoses	11
Wheelchairs	28
Crutches (pairs)	482
Beginning of assistance: 2002	

In 2010, the ICRC continued to assist the Ministry of Public Health by providing support for the Songrim Physical Rehabilitation Centre, and the Ministry of the People's Armed Forces by providing support for the Rakrang Physical Rehabilitation Centre. In August, the Ministry of Public Health ended its working relationship with the ICRC, which had lasted seven years. During that period, the ICRC had built up the capacity of the Songrim Physical Rehabilitation Centre by improving the infrastructure and increasing the number of trained personnel (five P&O technicians and two physiotherapy assistants), and through continuous mentoring by ICRC specialists.

In 2003, the Presidium of the Supreme People's Assembly adopted a law for the Protection of Persons with Disabilities that ensured equality of access to public places, services and transportation. The Democratic People's Republic of Korea has not yet ratified the UN Convention on the Rights of Persons with Disabilities. Recently published State estimates, taken from the 2008 national census, show that about 2.5% of the population (approximately 21.6 million) need some form of physical rehabilitation or walking aids. People with impaired mobility have to apply to the medical equipment department of the Ministry of Public Health, which is in charge of physical rehabilitation. The Ministry of Education has to guarantee proper schooling for children and the Ministry of Labour ensures job opportunities for disabled persons according to their ability. The Korean Federation for the Protection of the Disabled (KFPD), established in 1998 within the Ministry of Public Health, has an advisory role in establishing State policies. The KFPD also manages the country's sole vocational training centre in Pyongyang. Physical rehabilitation services in the country were provided through a network of centres managed by the Ministry of Public Health (Songrim Physical Rehabilitation Centre, the orthopaedic factory in Hamhung and its six repair workshops), by the KFPD (Hamhung Physical Rehabilitation Centre) and by the Military Medical Bureau (Rakrang Physical Rehabilitation Centre).

To improve accessibility of services, the ICRC continued to donate essential materials and components to the assisted centres, including one last donation in October for Songrim. In all, 975 people benefited from various services provided at ICRC-assisted centres. These services included the provision of 1,010 prostheses (0.4% for mine survivors), 11 orthoses, 28 wheelchairs and 482 pairs of crutches. Most of those who received devices also received physiotherapy. Children represented 3% and women 15% of the beneficiaries.

To improve the quality of services at the assisted centres, ICRC ortho-prosthetists and physiotherapists continued supporting and mentoring local personnel. ICRC staff conducted several upgrading courses for P&O technicians and physiotherapist assistants. The ICRC also continued sponsoring five students for training in P&O at the Cambodian School of Prosthetics and Orthotics in Phnom Penh and four learning rehabilitation physiotherapy at Mobility India in Bangalore. All these candidates successfully completed their training and are working at the centres.

In 2011, the ICRC intends to:

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

INDIA

National partners	
Indian Red Cross Society and Ministry of Health	
Location of projects	
Jammu, Srinagar and Dimapur	
Patient services in 2010	
Patients attending the centres	412
New patients fitted with prostheses	42
New patients fitted with orthoses	64
Prostheses	55
Orthoses	66
Wheelchairs	23
Crutches (pairs)	37
Beginning of assistance: 2004	

In 2010, the ICRC continued to provide support for the Bone and Joint Hospital (Srinagar) and the government medical college (Jammu). This included the donation of materials and components essential for manufacturing prostheses and orthoses, and of wheelchairs and walking aids. The ICRC subsidized treatment for patients living far from the centres (reimbursement for the cost of transportation, accommodation and food). ICRC support was maintained for the centres located in Jammu and Kashmir, and, in 2010, extended to cover the activities of the District Disability Rehabilitation Centre in Dimapur, in conjunction with the Indian Red Cross Society and the Ministry of Health. The Dimapur centre was the only institution providing physical rehabilitation services in the state of Nagaland.

In 2007, India signed and ratified the UN Convention on the Rights of Persons with Disabilities, but not its Optional Protocol, which requires monitoring of the implementation of the Convention. India has legislation to protect and assist disabled people. No valid statistical data on persons with disabilities in India is available; various figures are projected by various agencies in the country. The 2001 national census estimated that disabled persons constituted 2.13% (25 million people) of the total population. This includes persons with visual, hearing, speech, locomotor and mental disabilities. Seventy-five per cent of all disabled persons live in rural areas, 49% are literate and only 34% are employed.

The Indian physical rehabilitation sector was coordinated by the Ministry of Justice and Social Empowerment. The Disability Division of the ministry facilitated the empowerment of all persons with disabilities and regulated physical rehabilitation services and various disability funds, and developed and implemented India's legal framework as it related to physical disability (Persons with Disabilities Act). The Rehabilitation Council of India, a statutory body within the same ministry, regulated all training institutes for ortho-prosthetists and physiotherapists. The central government in New Delhi had set up five Composite Regional Centres (CRC) and 118 District Disability Rehabilitation Centres (DDRC) in most districts of the country, which dealt with the full range of disabilities. While the CRCs were funded directly by the central government, the DDRCs were run by an implementing agency for a maximum period of three years and then handed over to an independent organization. Should such an organization not be forthcoming, the centre would be handed over to the appropriate state or district branch of the Indian Red Cross, with the exception of centres in the north-east and in Jammu and Kashmir, where DDRCs are handed over to the Indian Red Cross after a period of five years. Access to rehabilitation nevertheless remained difficult for the poorest people for a number of reasons, such as that most facilities were not fully operational owing to insufficient funds for equipment, materials and professional staff, lack of facilities in rural areas, lack of awareness of existing services and of legislation, lack of schemes to cover costs during treatment (accommodation, food), and the high cost of transportation.

The ICRC implemented several activities to increase the accessibility of services throughout the year, including: donation of materials and components to centres located in the state of Jammu and Kashmir and reimbursing the cost of transportation and accommodation for beneficiaries visiting those two centres. In addition, the ICRC began to provide support for the opening of the DDRC in Dimapur. Its official opening took place in December, through the joint efforts of the Indian Red Cross, the Ministry of Health and the ICRC, which renovated and fully equipped the centre. The ICRC-assisted centres in Jammu and Kashmir produced 55 prostheses (9% for mine survivors) and 66 orthoses, and distributed 37 pairs of crutches and 23 wheelchairs. Children represented 12% and women 21% of the 412 beneficiaries.

Quality was ensured by continued on-the-job training and mentoring by ICRC expatriates and local ortho-prosthetic technicians and a physiotherapist. The ICRC continued sponsoring four persons from assisted centres (two from the Bone and Joint Hospital in Srinagar and two from the DDRC in Dimapur) for formal training in P&O courses at Mobility India in Bangalore. In addition, the ICRC sponsored seven persons from the DDRC in

Dimapur for basic training in wheelchair services provided by Mobility India.

The ICRC continued to promote the long-term functioning of services by strengthening the capacity of the various partners: the Indian Red Cross and the board of directors of assisted centres. In addition, the ICRC established close links with organizations of disabled people working in the catchment areas of the assisted centres and was able to involve them in developing physical rehabilitation activities in Indian states where it provided physical rehabilitation assistance.

In 2011, the ICRC intends to:

- improve accessibility of services by continuing to support the Bone and Joint Hospital and the Government Medical College to ensure access to services in Jammu and Kashmir, by continuing to support the development of services at the DDRC in Dimapur, and by continuing to subsidize the cost of transportation, accommodation and food;
- improve the quality of the services provided by strengthening the skills and knowledge of local technicians and physiotherapists through mentoring and support by ICRC specialists, by sponsoring candidates for formal training in P&O and/or short courses in P&O, physiotherapy and wheelchair services; and
- promote long term-functioning of services by strengthening the skills of managers of assisted centres, by continuing to support organizations of disabled people, and by maintaining close contact with all interested parties.

MYANMAR

National partner	
Myanmar Red Cross Society	
Location of project	
Hpa-an	
Patient services in 2010	
Patients attending the centres	5,515
New patients fitted with prostheses	806
New patients fitted with orthoses	635
Prostheses	1,454
Orthoses	1,325
Wheelchairs	1,067
Crutches (pairs)	11
Beginning of assistance: 1986	

In 2010, government restrictions imposed on the ICRC since 2005 continued to prevent the organization from discharging its mandate in accordance with its standard working procedures. Since June 2007, the delegation had adapted its activities, including the provision of support to the physical rehabilitation sector. Only the Hpa-an Orthopaedic Rehabilitation Centre, run jointly by the Myanmar Red Cross Society and the ICRC, continued to receive support from the ICRC. However, centres formerly assisted by the ICRC, and now managed by the Ministry of Health (3) and the Ministry of Defence (3), were given enough materials to ensure that they could continue to operate. These centres continued to provide prostheses with some of the materials and components donated by the ICRC in 2007.

Several institutions were involved in physical rehabilitation: the Ministry of Health, the Ministry of Defence, and the Myanmar Red Cross Society played an important role in the provision of mobility aids, especially prosthetics and orthotics. In 2010, Leprosy Mission International conducted a comprehensive national disability survey that was endorsed by the Ministry of Social Welfare, Relief and Resettlement. The survey indicated that 1,276,000 persons in Myanmar were affected – 2.32% of the population or 11.22% of all households. In addition, males were more likely to be disabled than females. Also, among this disabled population of 1,276,000 persons, roughly 70% suffered from impaired mobility; impairment among the rest was sensory or mixed. The survey gave further proof of the fact, observable throughout the world, that persons with disabilities are disproportionately represented amongst the poorest sections of society: 85% of all persons with disabilities in Myanmar did not have a job and their academic achievements were considerably lower than the national average, with only 10% attending high school.

The Department of Social Welfare, within the Ministry of Social Welfare, Relief and Resettlement, was responsible for community-based rehabilitation and for carrying out social welfare services through preventive, protective and rehabilitative measures. In conjunction with Leprosy Mission International and organizations of disabled people, the department drafted and endorsed the National Plan of Action for Persons with Disabilities 2010-2012. After the department formally launched the plan of action in May 2010, a working group on disability was assembled to coordinate and implement the plan. The group included pertinent units of the department (health, education, general administration), representatives from organizations of disabled people, NGOs and international NGOs, UN agencies, donor agencies and representatives of the private sector, including media and business.

In 2010, the ICRC continued to support the activities of the Hpa-An Orthopaedic Rehabilitation Centre. The Myanmar Red Cross and the ICRC have been jointly managing the centre since September 2002. The ICRC is also supporting the Myanmar Red Cross's Outreach Prosthetic Programme, which is being managed by the Hpa-An centre. The importance of this programme cannot be sufficiently emphasized: it enables persons living in remote areas to have access to the centre, but it could certainly do more. During 2010, 162 persons, including 16 women and two children, benefited from the Hpa-An centre's services, provided through the outreach programme; there were 61 amputees among them who had never received services before.

In all, 5,223 people benefited from various services at the Hpa-An centre (1,450) and at Ministry of Health and Ministry of Defence centres (4,065). These services included provision of 1,454 prostheses (60% for mine survivors), 1,325 orthoses (1% for mine survivors), 11 wheelchairs and 1,067 pairs of crutches. Children represented 7% and women 13% of the beneficiaries. Services provided by the Hpa-An centre specifically included the provision of 612 prostheses (65% of them for mine survivors), 14 orthoses, 11 wheelchairs and 534 pairs of crutches. At the Hpa-An centre, children and women represented 4% and 8%, respectively, of all 1,450 persons benefiting from services.

Regular in-house and on-the-job training was provided throughout the year to P&O technicians at the Hpa-An centre. In addition, the ICRC sponsored two persons

for a month's training at the regional training unit of the ICRC Special Fund for the Disabled in Addis Ababa and two others to begin formal training in P&O at the Cambodian School for Prosthetics and Orthotics in Phnom Penh.

In 2011, the ICRC intends to:

- facilitate access to services by continuing to support the activities of the Hpa-an centre and by supporting the Outreach Prosthetic Programme;
- enhance the quality of services through ongoing support by an ICRC specialist, by continuing to provide scholarships for two persons for formal training in P&O and by sponsoring two other persons for training in P&O at the regional training unit of the ICRC Special Fund for the Disabled in Addis Ababa; and
- promote long-term functioning of services by strengthening its partners' capacities.

NEPAL

National partners	
International Nepal Fellowship and the Nepalese army	
Location of projects	
Pokhara and Kathmandu	
Patient services in 2010	
Patients attending the centres	1,629
New patients fitted with prostheses	194
New patients fitted with orthoses	105
Prostheses	204
Orthoses	124
Wheelchairs	173
Crutches (pairs)	103
Beginning of assistance: 2004	

In 2010, the ICRC continued supporting the P&O department of the Green Pasture Hospital in Pokhara and the Yerahity Rehabilitation Centre in Kathmandu, managed by the Nepalese army. The centre was the sole government-run facility in Nepal and since June 2009 had provided physical rehabilitation services. Both military personnel and civilians had access to it.

There is no accurate current data on the incidence of disability in Nepal and the available statistics do not reflect the range of disabilities. Physical disability is still considered by many Nepalese to be a punishment for sins committed in a previous life. Children with disabilities in particular suffer the consequences of this belief. Nepal has developed specific policies and laws to deal with these issues, but most of them are not implemented. The Nepalese government ratified the UN Convention on the Rights of Persons with Disabilities and its Optional Protocol only at the end of 2009. The ministries responsible for caring for people with disabilities, and for the provision of physical rehabilitation, were the Ministry of Women, Children and Social Welfare, the Ministry of Health and Population and the Ministry of Peace and Reconstruction. However, most disabled people continued to rely on international organizations for regular physical rehabilitation. The National Federation of the Disabled Nepal is an umbrella organization that represents disabled people's organizations working for the disabled throughout the country. It has been leading the disability movement in Nepal since 1993 to ensure the human rights and dignity of disabled people by emphasizing social inclusion, mainstreaming and equality of opportunity.

Nepal has not acceded to the Mine-Ban Treaty. In February 2010, the Ministry of Peace and Reconstruction established a committee at the ministerial level to examine what becoming party to the Treaty entailed. Nepal attended the inter-sessional Standing Committee in June 2010 in Geneva and informed the States Parties that this "high-level task force" had been created to review accession to the Treaty and that it was expected to submit a report in the near future. The Informal Sector Service Centre reported that mines, ERW and improvised explosive devices had claimed 40 casualties from January to December 2010. Children continued to be the most affected: of the victims, 20 were children. The most significant change in 2010 from the previous year is that none of the victims was killed. The Green Pastures Hospital provided prostheses to four survivors, while the Yerahity Rehabilitation Centre provided eleven prostheses to survivors.

The accessibility of health care and especially of physical rehabilitation services is still a challenge for the rural population. Potential beneficiaries living in mountainous areas hesitated to travel long distances because of limited and unreliable public transportation and the expenses involved. Although the ICRC is reimbursing these expenses for some patients, others still have to find the money for their journey to the physical rehabilitation centres.

To facilitate access to rehabilitation, the ICRC reimbursed 232 patients for travel expenses to and from both assisted centres. It also reimbursed the cost of services provided by assisted centres for 83 victims of the recent conflict. In December, the ICRC, the Green Pastures Hospital and Partnership for New Life conducted a follow-up camp in Butwal. A total of 94 amputees from four different districts were evaluated and 40 prostheses repaired on the spot; 45 amputees who needed to have their prostheses replaced were referred to the Green Pastures Hospital (28) and the Yerahity Rehabilitation Centre (17). More than 1,600 people benefited from various services at ICRC-assisted centres. These services included production of 204 prostheses (7% for mine survivors) and 124 orthoses (2% for mine survivors), and provision of 173 wheelchairs and 103 pairs of crutches. Children represented 6% and women 25% of the beneficiaries.

Ongoing support and mentoring was provided by ICRC specialists (ortho-prosthetists and a physiotherapist) to centre personnel with the aim of improving the quality of services. ICRC staff conducted several in-house courses. The ICRC continued to provide one student with a scholarship for P&O courses at the Cambodian School of Prosthetics and Orthotics in Phnom Penh. It

also began to sponsor two additional persons from the Yerahity Rehabilitation Centre for P&O training at the same institution.

In addition to providing physical rehabilitation assistance, the ICRC maintained close contact with the Nepal Red Cross Society, which runs a micro-economic initiative programme for victims of the conflict who have lost mobility. Furthermore, the International Nepal Fellowship, in conjunction with Partnership for New Life, provides socio-economic integration and vocational training programmes.

In 2011, the ICRC intends to:

- improve access to services by continuing support for the Green Pasture Hospital and the Yerahity Rehabilitation Centre, by reimbursing the cost of physical rehabilitation services (including lodging and transportation expenses), and by providing support for the development of follow-up services at both centres and for follow-up camps at the Green Pasture Hospital;
- improve quality by continuing to provide support and mentoring from ICRC staff, continuing scholarships for training, and conducting refresher courses in physiotherapy and P&O; and
- promote the long-term functioning of services by providing support for the managers of the Yerahity Rehabilitation Centre.

PAKISTAN

National partners	
Ministry of Health, Quetta Christian Hospital, and the Pakistan Institute of Prosthetic and Orthotic Sciences	
Location of projects	
Peshawar (2), Muzaffarabad, Quetta	
Patient services in 2010	
Patients attending the centres	11,719
New patients fitted with prostheses	1,130
New patients fitted with orthoses	1,530
Prostheses	1,386
Orthoses	2,397
Wheelchairs	206
Crutches (pairs)	947
Beginning of assistance: 2004	

In 2010, the ICRC maintained its support for the Pakistan Institute of Prosthetic and Orthotic Sciences (PIPOS) in Peshawar, the Quetta Christian Hospital Rehabilitation Centre, and the Muzaffarabad Physical Rehabilitation Centre, The last of these was managed by the ICRC, while the other two were managed by local organizations. The ICRC concluded its home-care project in Peshawar, aimed at reintegrating patients with spinal-cord injuries in their families and communities and restoring their dignity; however, with the objective of eventually handing over responsibility to national authorities in mind, the ICRC began to work with the Hayatabad Paraplegic Centre to ensure that persons with spinal-cord injuries had better access to services, in proximity to their communities. The primary objectives of the ICRC's physical rehabilitation projects in Pakistan in 2010 were to raise the quality of services and make them more accessible for persons with disabilities in Baluchistan, Khyber Pakhtunkhwa and Pakistan-administered Kashmir.

In Pakistan, the Ministry of Health was responsible for ensuring access to rehabilitation. The 1998 National Census Report estimates that only 2.49% of the population had some type of disability. In 2002 Pakistan adopted its National Policy for Persons with Disabilities "to provide by 2025 an environment that would allow full realization of the potential of persons with disabilities through their inclusive mainstreaming and providing them full support of the government, private sector and civil society. The goal is empowerment of persons with disabilities, irrespective of caste, creed, religion, gender or other consideration for the realization of their full potential in all spheres of life, specially social, economic, personal and political." Rehabilitation was available through a network of government-managed centres and the private sector.

In 2010, the ICRC strove to enhance access to the centres it assisted by reimbursing patients for transportation and accommodation costs and for the cost of treatment for patients referred by the ICRC to PIPOS, by donating equipment and necessary materials and components to all assisted centres, including the PIPOS branches in Khar, Saidu and Banu, and by conducting outreach visits in several districts of Pakistan-administered Kashmir (followed-up for 300 patients). More than 11,700 people benefited from various services at ICRC-assisted centres. These services included production of 1,386 prostheses (37% for mine survivors) and 2,397 orthoses (11% for mine survivors), and provision of 206 wheelchairs and 947 pairs of crutches. In addition, most of those receiving assistive devices had access to appropriate physical therapy. Children represented 23% and women 15% of the 11,719 beneficiaries. The home-care project conducted 1,500 home visits in Peshawar City, and in Mardan, Nowshera and Charsadda districts. During these visits, 50 houses were adapted to meet the specific needs of persons with disabilities, 300 persons were given nutritional support, 275 were given incontinence appliances and 60 were referred for further medical and/or surgical care.

Quality was improved through promoting a "team approach" and continued mentoring and on-the-job training provided by ICRC ortho-prosthetists and physiotherapists. ICRC staff conducted several courses in various areas of P&O, physiotherapy and wheelchair services. The ICRC also continued sponsoring five persons for P&O training (ISPO Cat. 2) at PIPOS and one person for P&O courses (ISPO Cat. 1) at the Tanzania Training Centre for Orthopaedic Technologists. In addition, to strengthen the training provided at PIPOS, ICRC specialists supervised several PIPOS students during clinical placement in ICRC-assisted centres.

Besides promoting access to the centres and improving the quality of the services provided there, the ICRC continued to implement its strategy for strengthening technical and managerial capacities.

In 2011, the ICRC intends to:

- enhance quality by continuing to provide support from ICRC ortho-prosthetists and physiotherapists, by receiving students from PIPOS for clinical placement in assisted centres, by continuing to sponsor P&O trainees at PIPOS and at other schools (for ISPO Cat.I and Cat.II levels), by working with PIPOS to strengthen its educational programme, and by conducting several refresher courses for those working in the home-care programme;
- facilitate access to services by continuing to cover the cost of treatment for patients at PIPOS, by continuing to donate materials and components to all assisted centres (including PIPOS branches), by strengthening cooperation with the Hayatabad Paraplegic Centre, by initiating cooperation with other partners to improve access to more disabled persons in areas where assisted centres are situated, by continuing to manage and support the centre in Muzaffarabad, and by continuing to provide support for Afghan refugees to gain access to services in Jalalabad; and
- promote long-term functioning of services and a sense of involvement through close contact with the Ministry of Health in Pakistan-administrated Kashmir, to ensure a smooth handover of the Muzaffarabad centre and by providing support for directors of assisted centres in developing their managerial skills.

PHILIPPINES

National partner	
Davao Jubilee Foundation	
Location of project	
Davao	
Patient services in 2010	
Patients referred by the ICRC	47
New patients fitted with prostheses	16
Prostheses	43
Wheelchairs	4
Crutches (pairs)	43
Beginning of assistance: 2000	

In 2010, the ICRC continued to cooperate with the Davao Jubilee Foundation by providing support for its physical rehabilitation centre, the Davao Jubilee Centre. The Foundation assures equitable accessibility of its services for every patient irrespective of his/her financial means or affiliation to opposition groups. Besides physical rehabilitation, the Centre offers medical consultations, psychological support (especially for victims of the armed conflict) and community-based rehabilitation. The Foundation facilitates, in conjunction with national and international partners, the reintegration of disabled people by sponsoring scholarships for children and integrating economically vulnerable adults into the workplace. In 2010, the ICRC continued to strive to meet, more comprehensively, the needs of conflict-affected patients on Mindanao and by doing this, to improve access to appropriate physical rehabilitation services for all those who need them. In addition to reimbursing the rehabilitation costs and travel expenses of victims of the conflict, it also promoted the professional development of centre staff, sponsoring them for a formal training course in prosthetics and orthotics and practical training abroad, and providing on-the-job training.

The Philippines ratified the UN Convention on the Rights of Persons with Disabilities on 15 April 2008, but not its Optional Protocol. The Republic Act 10070 called for the creation of 'Persons with Disability Affairs Offices' in "every province, city and municipality" to direct the activities, development and welfare of this target population. The National Council on Disability Affairs is mandated by the State to formulate policies, coordinate activities by government agencies and monitor the implementation of legislation. The Department of Social Welfare and Development manages social/welfare services for disabled people. It operates the vocational rehabilitation centres for the disabled. The Department of Health implements the Integrated Community Health Service Programme for the prevention of disabilities. The Department of Education, Culture and Sports oversees special education schools, including the Philippine schools for the deaf and the blind. The Department of Labour and Employment facilitates employment opportunities for trained and qualified disabled people. The Republic Act No. 9442, also known as the Magna Carta for People with Disabilities, outlines the rights of the handicapped, including employment quotas and health benefits. It stipulates that disabled people are entitled to a 20% discount on medical/dental care, medicines, public transportation and assistive devices.

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

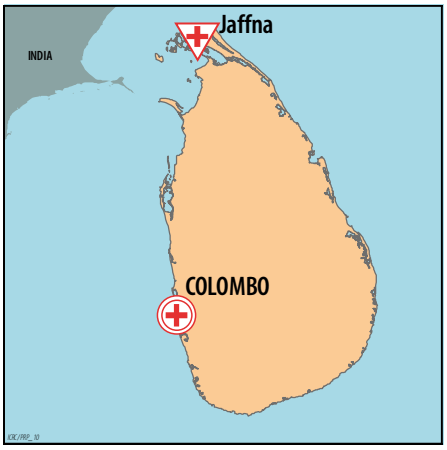
The Davao centre provided services for 47 persons with ICRC support in 2010. This included provision of 43 prostheses, four wheelchairs and 43 pairs of crutches. The ICRC also met transportation, lodging and food costs. Children represented 4% and women 11% of the 47 beneficiaries. The Davao centre does not rely on direct financial support from the ICRC. It does, however, depend on donors or sponsors to meet the expenses, in most cases, of fitting clients with devices. The ICRC contributes by reimbursing physical rehabilitation services for its target population, which amounts to about half of the centre's income from treatment.

The ICRC took several steps to improve the quality of the centre's services. It sponsored a two-month placement in Cambodia for a physiotherapist, allowing him to gain experience in patient management, pre/post fitting therapy, prescribing orthopaedic appliances and analysing socket fits and gait deviations. The ICRC continued its scholarship for one person for formal training at the Cambodian School of Prosthetics and Orthotics; this person graduated in September 2010.

In 2011, the ICRC intends to:

- facilitate access to services for victims of the internal conflict by continuing to subsidize the cost of services (first fittings, replacements, repairs, etc.), by covering transportation, lodging and food expenses, by supporting development of a follow-up programme at the centre and by supporting the re-organization of the centre through donations of tools and equipment;
- consolidate quality through the support of an ICRC ortho-prosthetist, and by sponsoring one additional trainee at the Cambodian School of Prosthetics and Orthotics; and
- promote the long-term functioning of the Davao centre by supporting the development of the managerial skills of its board of directors.

SRI LANKA



National partner	
Jaffna Jaipur Centre for Disability Rehabilitation	
Location of project	
Jaffna	
Patient services in 2010	
Patients attending the centres	1,280
New patients fitted with prostheses	309
New patients fitted with orthoses	104
Prostheses	416
Orthoses	154
Wheelchairs	53
Crutches (pairs)	116
Beginning of assistance: August 2007	

In 2010, the ICRC continued supporting the Jaffna Jaipur Centre for Disability Rehabilitation, which offered a broad range of services, including the provision of prosthetics, orthotics, various mobility aids (wheelchairs, tricycles, crutches, etc.), physiotherapy, micro-credit and financial support for disabled students. It was the only centre providing physical rehabilitation on the Jaffna peninsula. The ICRC's access to former conflict zones remained limited, which adversely affected the implementation of most of its planned assistance activities. Nevertheless, technical and material support to the Jaffna centre continued throughout the year.

The opening of additional physical rehabilitation centres by various organizations in Vavuniya and Mannar, the introduction of regular mobile services for Kilinochi and Mulaitivu, and the imminent opening of the Trincomalee centre gave access to physical rehabilitation services in the north an enormous boost in 2010. After trying, in vain, for more than a year to secure a framework agreement with the government, and given the evolution of the physical rehabilitation sector in the north, the ICRC decided to cancel the Anuradhapura project.

The Ministry of Healthcare and Nutrition (Directorate of Rehabilitation for Youth, Elderly, Disabled and Displaced) and the Ministry of Social Services and Social Welfare shared responsibility for disability issues, the former in the medical realm (including rehabilitation), and the latter in the social realm. Physical rehabilitation services were provided through a network of approximately 20 centres around the country. They were managed by the government, by local NGOs or by private entities. In addition to this network, there was a school to train P&O professionals: the Sri Lankan School for Prosthetics and Orthotics.

Throughout the year, the ICRC continued to donate the materials and components needed for the Jaffna centre to operate. It also continued reimbursing some patients for the cost of treatment. More than 1,200 people benefited from various services provided with ICRC assistance. This represented an increase of 10% over 2009. Services included the provision of 416 prostheses (34% for mine survivors), 154 orthoses (6% for mine survivors), 53 wheelchairs and 116 pairs of crutches. Children represented 5% and women 25% of the 1,280 beneficiaries.

The quality of the services provided at the centres was improved by the continued mentoring and on-the job training provided by an ortho-prosthetist and a physiotherapist, both from the ICRC.

In 2011, the ICRC intends to:

- enhance the quality of services through ongoing support provided by an expatriate ortho-prosthetist and a physiotherapist, by conducting short training courses in several areas of P&O and physiotherapy, and by donating equipment to update the physiotherapy department;
- facilitate access to services by continuing to reimburse patients for their transportation expenses as needed, by supporting the organization of outreach visits, and by donating raw materials and components; and
- promote the long-term functioning of services by encouraging its partner organization to widen its funding base.

4.3 – EUROPE AND THE AMERICAS

Christoph Von Toggenburg/ICRC

ICRC SUPPORT IN EUROPE AND THE AMERICAS AT A GLANCE

In 2010, the ICRC supported 12 projects in four countries: Colombia (6), Georgia (2), Guatemala (3) and Mexico (1)

- In Colombia, the ICRC began to work with the Hospital Universitario de Santander in Bucaramanga.

Services provided	
Patients attending the centres	30,285
New patients fitted with prostheses	249
New patients fitted with orthoses	413
Prostheses delivered	1,159
Orthoses delivered	7,615
Wheelchairs distributed	48
Walking aids distributed (pairs)	215

Children represented 47% and women 22% of the beneficiaries.

The ICRC directly helped 286 new patients and 562 others with the cost of transportation, housing and food to enable them to benefit from rehabilitation at ICRC-assisted centres in Colombia.

Also in Colombia, the ICRC offered 25 ERW victims micro-economic enterprise training and/or economic aid to help them earn a living and reintegrate into society.

In Georgia, seven persons from South Ossetia were treated with ICRC support at the Vladikavkaz Orthopaedic Centre in the Russian Federation.

Developing national capacities

Seven people sponsored for P&O training

Promoting long-term functioning of services

In Colombia, ongoing support was provided to the Ministry of Social Protection for regulating the provision of physical rehabilitation services and to national institutions to implement training in P&O (the Servicio Nacional de Aprendizaje and the Centro Don Bosco).

In Georgia (Georgia proper and Abkhazia), after 16 years of involvement in the physical rehabilitation sector, the gradual transfer of responsibilities (managerial, technical and financial) to local partners (the Georgian Foundation for Prosthetic Orthopaedic Rehabilitation in Tbilisi and the *de facto* Ministry of Health in Abkhazia) was successfully completed.

In Colombia, the ICRC resumed its physical rehabilitation support in 2006 under the umbrella of the comprehensive mine-action programme implemented in conjunction with the Norwegian Red Cross. In order to strengthen the national rehabilitation sector, the ICRC's emphasis was on cooperation with public institutions. However, owing to the limited availability of services, the ICRC also decided to work with a wide range of service providers: private firms, local NGOs, and public and private hospitals. Each of these was approached and supported in an individual manner. The ICRC continued to work with eight institutions spread over the country: the Centro Integral de Rehabilitación de Colombia (CIREC) in Bogotá, the Centro de Rehabilitación Cardioneuromuscular in Cúcuta, the Fundación REI para la Rehabilitación Integral in Cartagena, Orthopraxis Ltda and the San Vicente de Paúl University Hospital in Medellín and Ortopédica Americana and the University Hospital del Valle in Cali. In 2010, the ICRC began to work with the Hospital Universitario de Santander in Bucaramanga: it provided financial support for the expansion of the hospital's P&O department. The ICRC also contributed to improving access to physical rehabilitation for 29,161 persons with disabilities, who received various services from the network of assisted centres. These services included provision of 963 prostheses (22% for victims of explosive devices), 6,813 orthoses (0.3% for such victims), 48 wheelchairs and 102 pairs of crutches. Children represented 47% and women 23% of all beneficiaries. Among the disabled population, a significant number – 1,052 people – were survivors of accidents related to weapon contamination who were unable to provide the authorities with the documents necessary for their inclusion in various national programmes. These persons received comprehensive assistance from the ICRC (the cost of services, transportation, accommodation and food) that ensured their access to services.

The ICRC's physical rehabilitation project in Georgia had three major components: support for the Georgian Foundation for Prosthetic Orthopaedic Rehabilitation (GEFPOR) in Tbilisi, support for the Gagra centre in Abkhazia, and a referral service for patients from South Ossetia (for whom the ICRC covered the cost of devices). In both Tbilisi and Gagra, various steps were taken towards transferring all responsibilities (managerial, technical and financial) to local partners. GEFPOR provided patients with 151 prostheses (5% for mine survivors), 775 orthoses and 43 pairs of crutches. A total of 755 people benefited from its services. Children represented 56% and women 10% of all beneficiaries. The ICRC, through its patient-support system, covered the cost of treatment for more than 100 persons (68 prostheses and 38 orthoses). In Abkhazia, physical rehabilitation services were provided through the Department of Technical Orthopaedics of the Gagra rehabilitation centre, which was under the authority of the Ministry of Health. The department also managed a branch centre in Gali. The Gagra centre in Abkhazia, with support from the ICRC, provided 45 prostheses (56% for mine survivors), 27 orthoses and 70 pairs of crutches. A total of 333 people benefited from its services. Children represented 2% and women 13% of all beneficiaries. Two persons from South Ossetia also received ICRC-supported care at the Vladikavkaz Orthopaedic Centre in the Russian Federation.

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

In Guatemala, in order to ensure access to physical rehabilitation services for migrants, the ICRC worked with four institutions in 2010: the Asociación Guatemalteca de Rehabilitación de Lisiados (AGREL), the Centro de Atención a Discapacitados del Ejercito de Guatemala (CADEG), the Hospital Infantil de Infectologia y Rehabilitación (HIIR) for children under 18 and Transitions Foundation of Guatemala. In 2010, 41 prostheses and 25 orthoses were provided by these centres (except HIIR) with direct support from the ICRC; 15 prostheses were provided to migrants at AGREL with the support of the ICRC (cost of treatment, transportation and accommodation). In addition, 49 landmine/ERW survivors had access to services with ICRC support. Promoting access to services for landmine/ERW survivors was done in conjunction with the Guatemalan Commission for the Implementation of International Humanitarian Law, who covered the cost of transportation and accommodation.

In Mexico, the ICRC continued to work with the Orthimex Prosthetics and Orthotics Centre in Tapachula, in the state of Chiapas, primarily to ensure access to adequate physical rehabilitation for migrants injured when falling off trains on the way to the United States. In 2010, with financial support from the ICRC, 13 beneficiaries received services (14 prostheses) at the Orthimex Prosthetics and Orthotics Centre. The ICRC also established contact with the Mexican National Rehabilitation Institute over the course of the year.

In addition to ensuring access to physical rehabilitation services for 13 persons in Mexico and close to 60 in Guatemala, the ICRC covered the cost of treatment for 26 Honduran migrants who received services (29 prostheses) at centres (3) assisted by the ICRC's Special Fund for the Disabled.

COLOMBIA

National partners	
Ministry of Social Protection, Local NGOs (CIREC in Bogota and Foundation REI in Cartagena), private providers (Orthopraxis in Medellín and Ortopédica Americana in Cali)	
Location of projects	
Bogotá, Cartagena, Cúcuta, Medellín, Bucaramanga, and Cali	
Patient services in 2010	
Patients attending the centres	29,161
New patients fitted with prostheses	135
New patients fitted with orthoses	9
Prostheses	963
Orthoses	6,813
Wheelchairs	48
Crutches (pairs)	102
Beginning of assistance: 2006	

In Colombia, the ICRC resumed its physical rehabilitation support in 2006 under the umbrella of the comprehensive mine-action programme implemented in conjunction with the Norwegian Red Cross. In order to strengthen the national rehabilitation sector, the ICRC's emphasis was on cooperation with public institution. However, owing to the limited availability of services, the ICRC also decided to work with a wide range of service providers: private firms, local NGOs, and public and private hospitals. Each of these, was approached and supported in an individual manner. The ICRC continued to work with eight institutions spread over the country: the Centro Integral de Rehabilitación de Colombia (CIREC) in Bogotá, the Centro de Rehabilitación Cardioneuromuscular in Cúcuta, the Fundación REI para la Rehabilitación Integral in Cartagena, Orthopraxis Ltda and the San Vicente de Paúl University Hospital in Medellín and Ortopédica Americana and the University Hospital del Valle in Cali. In 2010, the ICRC began to work with the Hospital Universitario de Santander in Bucaramanga: it provided financial support for the expansion of the hospital's P&O department.

In addition to cooperating with various institutions providing services, the ICRC continued to work closely with the Ministry of Social Protection, which dealt with physical rehabilitation services. With the support of the ICRC, the ministry drafted a decree, the "buenas prácticas de manufactura para la fabricación y adaptación de prótesis y ortésis," which aims to establish standards for the provision of prosthetic and orthotic services in Colombia; it entered into force in April 2010.

The physical rehabilitation sector falls under the responsibilities of the Directorate of Social Welfare at the Ministry of Social Protection, specifically its "group for disability and older adults." The ministry's main responsibilities were to define standards and guidelines regulating the sector; its disability unit was responsible for developing and coordinating disability strategies, paying disability pensions and funding activities. Physical rehabilitation services in Colombia were provided through a network of countrywide facilities managed by the government, local NGOs or private enterprises. The quality of the services varied. To obtain overall national statistics about service provision was difficult, as various insurance companies and governmental programmes were financing services provided by a number of different physical rehabilitation structures/service providers.

To ensure access to adequate rehabilitation and regular and continuous access to follow-up care and maintenance of devices, the project implemented a decentralization strategy in conjunction with several partners. During 2010, through donations of machinery, tools, equipment and materials, as well as technical and managerial assistance, on-the-job mentoring and scholarships, the ICRC in Colombia contributed to improving access to physical rehabilitation for 29,161 persons with disabilities, who received various services from the network of assisted centres. These services included provision of 963 prostheses (22% for victims of explosive devices), 6,813 orthoses (0.3% for such victims), 48 wheelchairs and 102 pairs of crutches. Children represented 47% and women 23% of all beneficiaries. Among the disabled population, a significant number – 1,052 people – were survivors of accidents related to weapon contamination who were unable to provide the authorities with the documents necessary for their inclusion in various national programmes. These persons received comprehensive assistance from the ICRC (the cost of services, transportation, accommodation and food) that ensured their access to services.

Throughout the year, the quality of services was enhanced through various activities supported by the ICRC. ICRC specialists (ortho-prosthetists and a physiotherapist) provided continuous mentoring and technical support to the assisted centres and conducted a two-week course in Lower-Limb-Amputee Management for physiotherapists. Five ICRC-sponsored students enrolled in a P&O course at Don Bosco University in El Salvador completed their training and two others are still at the university. In addition, with the strong support and advocacy of the ICRC, the Servicio Nacional de Aprendizaje started the first ISPO Cat.II-level course of its kind in Colombia in April 2010 and the Centro Don Bosco started an ISPO Cat.III-level course, also in April 2010.

The ICRC continued working closely with national institutions and with the management of the assisted centres to promote long-term functioning of services. Several activities were implemented at national and centre levels throughout the year. At national level, they included mobilization and cooperation with other interested parties, ongoing support to the Ministry of Social Protection for regulating the provision of physical rehabilitation services and ongoing support to national institutions to implement training in P&O (the Servicio Nacional de Aprendizaje and the Centro Don Bosco). At centre level, activities included managerial assistance, translation, introduction of management tools and the establishment of price lists for services.

In 2011, the ICRC intends to:

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

GEORGIA

National partners	
Georgian Foundation for Prosthetic Orthopaedic Rehabilitation and the Ministry of Health of Abkhazia	
Location of projects	
Tbilisi and Gagra	
Patient services in 2010	
Patients attending the centres	1,088
New patients fitted with prostheses	78
New patients fitted with orthoses	404
Prostheses	196
Orthoses	802
Crutches (pairs)	113
Beginning of assistance: 1994	

The ICRC's physical rehabilitation project in Georgia had three major components: support for the Georgian Foundation for Prosthetic 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, various steps were taken towards the transfer of all responsibilities (managerial, technical and financial) to local partners.

In Georgia proper, the Ministry of Labour, Health and Social Affairs was the regulatory body for disability issues. On 3 December, the International Day of Persons with Disabilities, the ministry presented information about existing policies and programmes implemented in line with Georgia's disability action plan. The action plan, for the period 2010-2012, was the result of efforts made by the Coalition of Independent Living, a group of NGOs whose mission is to create equal opportunities for disabled people. Services for people in need of physical rehabilitation were covered through the Social Protection Department of the Ministry of Labour, Health and Social Affairs. Potential beneficiaries or their relatives had to submit a request to the Department; they were then placed on a waiting list before eventually being referred to a specific service provider, identified annually through a tender. Services were provided through a network of four P&O service providers, all based in Tbilisi, including GEFPOR, which worked in cooperation with the ICRC.

GEFPOR provided 151 prostheses (5% for mine survivors), 775 orthoses and 43 pairs of crutches. A total of 755 people benefited from its services. Children represented 56% and women 10% of all beneficiaries. Through its patient-support system, the ICRC covered the cost of treatment for more than 100 persons (68 prostheses and 38 orthoses).

In Abkhazia, physical rehabilitation services were provided through the Department of Technical Orthopaedics of the Gagra rehabilitation centre, which was under the authority of the Ministry of Health. The Department also managed a branch centre in Gali. With ICRC support, the Gagra centre provided 45 prostheses (56% for mine survivors), 27 orthoses and 70 pairs of crutches. A total of 333 people benefited from its services. Children represented 2% and women 13% of all beneficiaries.

Two persons from South Ossetia also received ICRC-supported care at the Vladikavkaz Orthopaedic Centre in the Russian Federation.

As in most contexts, the ICRC's physical rehabilitation activities were implemented together with those of other ICRC units: the Weapon Contamination unit, which runs programmes and activities that aim to protect the population from injury and death caused by mines and ERW, and the Economic Security unit, which carries out micro-economic initiative projects that contribute to the self-sufficiency of mines/ERW victims.

After 16 years of involvement in the physical rehabilitation sector in Georgia (Georgia proper and Abkhazia), the gradual transfer of responsibilities (managerial, technical and financial) to the local partners (GEFPOR in Tbilisi and the *de facto* Ministry of Health in Abkhazia) was successfully completed. As they demonstrated last year, GEFPOR and the Department of Technical Orthopaedics can provide adequate physical rehabilitation services without direct ICRC assistance. In 2011, the ICRC will halt its support to both. However, the ICRC's Special Fund for the Disabled may provide support during the transitional period.

GUATEMALA

National partner	
Asociación Guatemalteca de Rehabilitación de Lisiados, Centro de Atención a Discapacitados del Ejercito de Guatemala, Hospital Infantil de Infectologia y Rehabilitación, Transitions Foundation of Guatemala	
Location of projects	
Guatemala City and Antigua	
Patient services in 2010	
Prostheses	41
Orthoses	25
Beginning of assistance: 2009	

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

In Guatemala, in order to ensure access to physical rehabilitation services for migrants, the ICRC worked with four institutions in 2010:

- The Asociación Guatemalteca de Rehabilitación de Lisiados
- The Centro de Atención a Discapacitados del Ejercito de Guatemala
- The Hospital Infantil de Infectologia y Rehabilitación, for children under 18
- Transitions Foundation of Guatemala

Through donations by the ICRC, all these centres were equipped, when needed, with specific tools to provide prostheses and orthoses manufactured with the ICRC's polypropylene technology. In addition, the ICRC sponsored five P&O technicians for three-week courses (in lower-limb prosthetics and in upper-limb prosthetics) at Don Bosco University in El Salvador in the use of the ICRC's polypropylene technology. In 2010, 41 prostheses and 25 orthoses were provided by these centres (except the Hospital Infantil de Infectologia y Rehabilitación) with direct support from the ICRC; 15 prostheses were provided to migrants at the Asociación Guatemalteca de Rehabilitación de Lisiados, with the support of the ICRC (cost of treatment, transportation and accommodation). In addition, 49 landmine/ERW survivors had access to services with ICRC support. Promoting access to services for landmine/ERW survivors was done in conjunction with the Guatemalan Commission for the Implementation of International Humanitarian Law, who covered the cost of transportation and accommodation.

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

In 2011, the ICRC intends to:

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

MEXICO

National partner	
Orthimex	
Location of project	
Tapachula	
Patient services in 2010	
Patients referred by the ICRC	13
Prostheses	14
Beginning of assistance: 2009	

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

The ICRC continued to work with the Orthimex Prosthetics and Orthotics Centre in Tapachula, in the state of Chiapas, primarily to ensure access to adequate physical rehabilitation for migrants injured when falling off trains on the way to the United States. In 2010, with financial support from the ICRC, 13 beneficiaries received services (14 prostheses) at the Orthimex Prosthetics and Orthotics Centre. The ICRC also established contact with the Mexican National Rehabilitation Institute over the course of the year.

In addition to ensuring access to physical rehabilitation services for 13 persons in Mexico and close to 60 in Guatemala, the ICRC covered the cost of treatment for 26 Honduran migrants who received services (29 prostheses) at centres (3) assisted by the ICRC's Special Fund for the Disabled.

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

In 2011, the ICRC intends to:

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

4.4 – MIDDLE EAST AND NORTH AFRICA

Michael Greub/ICRC

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

The ICRC supported 19 projects in three countries and one territory: Algeria (1), Iraq (12), Gaza (1) and Yemen (5).

- In Yemen, the ICRC began to provide support for the Orthopaedic Workshop and Rehabilitation Centre in Taiz.
- In Gaza, the ICRC began to work in cooperation with the Nasser Hospital.
- In Iraq, the ICRC continued to finance the construction of a new centre in Nassirya, which should start providing services by mid-2011.

Services provided	
Patients	43,777
New patients fitted with prostheses	2,376
New patients fitted with orthoses	10,724
Prostheses delivered	4,433
Orthoses delivered	17,354
Wheelchairs distributed	111
Walking aids distributed (pairs)	1,834

Children represented 35% and women 15% of the beneficiaries.

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

Developing national capacities

A total of 25 candidates sponsored for P&O courses

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

Promoting long-term functioning of services

In Gaza, the ICRC supported the work of the Physical Rehabilitation Unit of the Ministry of Health to develop and implement physiotherapy protocols.

In Iraq, the ICRC continued to work with ministries involved in rehabilitation and actively participated in meetings of the Higher Committee for Physical Rehabilitation. In addition, the ICRC was able to disseminate information about the services available for persons with physical disabilities by targeting local actors such as NGOs, disabled people's organizations, women's organizations, the Iraqi Red Crescent Society, health-care facilities, etc.

In Yemen, the ICRC organized two national coordination meetings, one in Sana'a and the other in Aden. The purpose of these meetings was to address challenges and to improve communication between interested parties.

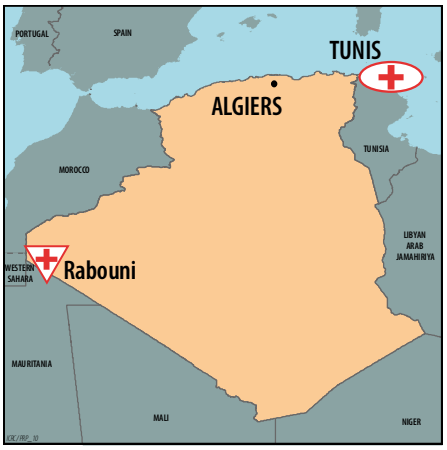
In Algeria, the ICRC continued to provide support for the activities of the Centre Martyr Chereïf, managed by the Polisario Front's Public Health Authority. The centre was in the desert, about five km from Rabouni, where the Front had set up its administrative headquarters. It offered physical rehabilitation for the Sahrawi population living in refugee camps. The armed conflict between Morocco and the Polisario Front lasted from 1975 to 1991, when a ceasefire went into effect. As a consequence of the conflict, thousands of Sahrawis became refugees. A large number of them were living in five camps in the Tindouf region of south-western Algeria. A total of 272 disabled persons received various services at the ICRC-assisted centre. These services included production of 21 prostheses (86% for mine survivors) and 45 orthoses, and provision of two wheelchairs and 50 pairs of crutches. Children represented 11% and women 25% of all beneficiaries.

In Gaza, the ICRC continued to provide aid for the Artificial Limb and Polio Centre (ALPC) in Gaza City, managed by the city authorities. The ICRC also continued to work with Al-Shifa Hospital and the European Gaza Hospital, and began to work with the Nasser Hospital. The programme's general objective was to ensure access to physical rehabilitation in the Gaza Strip (support for the ALPC) and to post-surgical rehabilitation focused on physiotherapy (support for hospitals). In 2010, 2,833 people received various services at the ICRC-assisted centre. These services included production of 68 prostheses and 416 orthoses, and provision of 16 wheelchairs and 46 pairs of crutches. No statistics were compiled on the number of persons who received physiotherapy; however, such treatment was available and provided for those requiring it. Children represented 68% and women 8% of all beneficiaries.

In Iraq, the ICRC continued to support 12 facilities around the country, nine of them managed by the Ministry of Health: four in Baghdad (Al-Wasity, the Medical Rehabilitation Centre, Baghdad Centre and Al-Salam Crutch Production Unit) and one each in Falluja, Basra, Najaf, Hilla, and Tikrit. One was managed by the Ministry of Higher Education (the Baghdad P&O School); the ICRC continued to manage the Erbil Physical Rehabilitation Centre and finance the construction of a new centre in Nasiriya, which should start functioning in mid-2011. In 2010, 31,622 people received various services at ICRC-assisted centres. These services included production of 3,451 prostheses (11% for mine survivors) and 12,748 orthoses (0.2% for mine survivors), and provision of 86 wheelchairs and 1,044 pairs of crutches. Children represented 29% and women 13% of all beneficiaries. Meanwhile, the ICRC's micro-economic initiative programme enabled several beneficiaries at the Erbil centre to set up an income-generating scheme. The same activities have also been implemented in Najaf.

In Yemen, the ICRC continued supporting the National Artificial Limbs and Physiotherapy Centre in Sana'a, the Artificial Limbs and Physiotherapy Centre in Mukalla and the Limb-Fitting Workshop and Rehabilitation Centre in Aden. It also supported the activities of the Sa'ada Physical Rehabilitation Clinic, based at the Al Jumhuri Hospital. This clinic was a joint venture between the Ministry of Public Health and Population, the Rehabilitation Fund and Care for Handicapped Persons, the Yemen Red Crescent Society and the ICRC. Furthermore, the ICRC began to provide support for the Orthopaedic Workshop and Rehabilitation Centre in Taiz. In 2010, more than 9,000 people benefited from various services at ICRC-assisted centres. These services included production of 893 prostheses (30% of them for mine survivors) and 4,145 orthoses (1% of them for mine survivors), and provision of seven wheelchairs and 695 pairs of crutches. Children and women represented 47% and 12%, respectively, of the 9,050 persons benefiting from services.

ALGERIA



National partner	
Public Health Authority of the Polisario	
Location of projects	
Rabouni	
Patient services in 2010	
Patients attending the centres	272
New patients fitted with prostheses	18
New patients fitted with orthoses	36
Prostheses	21
Orthoses	45
Wheelchairs	2
Crutches (pairs)	50
Beginning of assistance: 2007	

In 2010, the ICRC continued to provide support for the activities of the Centre Martyr Chereïf, managed by the Polisario Front's Public Health Authority. The centre was in the desert, about five km from Rabouni, where the Front had set up its administrative headquarters. It offered physical rehabilitation for the Sahrawi population living in refugee camps. The armed conflict between Morocco and the Polisario Front lasted from 1975 to 1991, when a ceasefire went into effect. As a consequence of the conflict, thousands of Sahrawis became refugees. A large number of them were living in five camps in the Tindouf region of south-western Algeria.

It was unclear how many people were living in the camps and how many persons with disabilities needed access to physical rehabilitation. Before ICRC assistance became available, obtaining access to physical rehabilitation was virtually impossible, as no services were available apart from those provided by NGOs during their sporadic visits. The ICRC has sought to ensure access to physical rehabilitation for the Sahrawi population since 2000. An expatriate ortho-prosthetic technician was assigned in February 2007 to set up a centre that would provide services to the Sahrawis living in the various camps. Construction of the Centre Martyr Chereïf was completed in early 2008 and it started providing services in May 2008.

In November 2005, the Polisario Front, through the Geneva Call Deed of Commitment, pledged to unilaterally ban anti-personnel mines. The Deed commits the Polisario Front to banning the use, production, transfer, and stockpiling of anti-personnel mines, and to cooperating in mine action. According to estimates published in *Landmine Monitor Report 2010*, there are 450 mine/ERW survivors living in the Rabouni refugee camps in south-western Algeria.

In 2010, the ICRC implemented several activities aimed at increasing the accessibility of services: donating needed materials and components to enable the centre to provide services, making improvements to the dormitory, establishing referral network with the hospitals, and visiting different camps in order to identify potential beneficiaries and disseminate information on the services provided by the centre. In 2010, 144 disabled persons were assessed during camp visits. These visits were organized in coordination with the Public Health Authority of the Polisario Front. Some of those assessed during the visits were given appointments at the centre; others were referred to surgeons for evaluation; the rest received advice or suggestions, crutches, wheelchairs, etc. A total of 272 other persons with disabilities received various services at the ICRC-assisted centre. These services included production of 21 prostheses (86% for mine survivors) and 45 orthoses, and provision of two wheelchairs and 50 pairs of crutches. Children represented 11% and women 25% of all beneficiaries.

An ortho-prosthetist and a physiotherapist, both from the ICRC, provided ongoing mentoring and on-the-job training throughout the year to three assistant P&O technicians and three assistant physiotherapists. Most of the work was done by local personnel under ICRC supervision. ICRC specialists also provided ongoing mentoring and advice to the director of the centre.

In 2011, the ICRC intends to:

- support the Centre Martyr Chereïf by donating materials and components, broadening the types of services provided, and visiting the different camps to identify those in need;
- enhance quality by continuing to provide ICRC ortho-prosthetists and physiotherapists, and furnishing on-the-job training for technicians and physiotherapist assistants working at the centre; and
- promote the long-term functioning of services by continuing to support the director of the centre in managing physical rehabilitation.

GAZA

National partner	
Municipality of Gaza	
Location of project	
Gaza	
Patient services in 2010	
Patients attending the centres	2,833
New patients fitted with prostheses	67
New patients fitted with orthoses	400
Prostheses	68
Orthoses	416
Wheelchairs	16
Crutches (pairs)	46
Beginning of assistance: 2007	

In 2010, the ICRC continued to provide aid for the Artificial Limb and Polio Centre (ALPC) in Gaza City, managed by the city authorities. The ICRC also continued to work with Al-Shifa Hospital and the European Gaza Hospital, and began to work with the Nasser Hospital. The programme's general objective was to ensure access to physical rehabilitation in the Gaza Strip (support for the ALPC) and to post-surgical rehabilitation focused on physiotherapy (support for hospitals).

The Ministry of Health continued to be responsible for the rehabilitation sector in the Gaza Strip: a department, the Physical Rehabilitation Unit, was established within the ministry to coordinate the activities of the various organizations active in the field of physical rehabilitation in the Gaza Strip. Over the course of the year, the Unit began to establish physiotherapy protocols to be applied in all hospitals. A committee was established to address two areas: policies for physiotherapy departments and protocols of physiotherapy management in specific circumstances. In response to a request made by the Ministry of Health in this regard, the ICRC lent its expertise to the Unit. The total number of persons with disabilities in the Gaza Strip is not known; however, the National Society for Rehabilitation (a local NGO) estimated in September 2009 that there were 11,400 people with physical disorders living in the Gaza Strip. Moreover, people with disabilities were among the most vulnerable groups and usually over-represented in any count of those living in poverty. They were therefore severely affected by the ongoing crisis.

The ICRC implemented several activities to ensure access to rehabilitation. In addition to donating materials, components and wheelchairs, it covered the costs of major renovation work at the ALPC. This included the construction of an extension to the facility; the ICRC also donated a generator to the ALPC. To ease access for persons with disabilities, repairs were made to the road in front of the centre at the same time as the construction of a ramp for wheelchair users. In 2010, 2,833 people received various services at the ICRC-assisted centre. These services included production of 68 prostheses and 416 orthoses, and provision of 16 wheelchairs and 46 pairs of crutches. No statistics were compiled on the number of persons who received physiotherapy; however, such treatment was available and provided for those requiring it. Children represented 68% and women 8% of all beneficiaries.

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

The ICRC continued to work with the Al Shifa Hospital and the European Gaza Hospital, and began to work with the Nasser Hospital, to ensure the availability of post-surgical rehabilitation in these hospitals. It continued to provide on-the-job training and mentoring while also promoting the reorganization of the physiotherapy department in all three hospitals. A referral system was developed in each hospital and communication between the various departments improved. The project implemented with the Ministry of Health in all three hospitals has been successful in developing and establishing an in-patient physiotherapy department that is recognized within the hospital structure and accepted by the multidisciplinary team, provides input for patient rehabilitation before and after surgery, and to which patients are referred by different departments. This has been undeniably effective in reducing the possibility of persons becoming disabled during hospitalization.

In 2011, the ICRC intends to:

- ensure access to physical rehabilitation for those in need by continuing to support the ALPC through donations of materials, components and wheelchairs;
- ensure the availability of post-surgical rehabilitation by continuing to support the Al Shifa Hospital (Gaza City), the Nasser hospital and the European Gaza Hospital (central Gaza). The post-surgical physiotherapy project will also be implemented at the Kamel Odwan hospital. The ICRC will continue to work with the Ministry of Health in developing policies and protocols for physiotherapy services, as well as a referral network for patients discharged;
- improve quality by continuing mentoring provided by ICRC specialists, sponsoring people for P&O courses, and conducting refresher courses in P&O and physiotherapy;
- promote the long-term functioning of services by providing managerial support for the board of directors of the ALPC, and by lobbying for professional recognition for P&O professionals; and
- promote social reintegration of those who have benefited from services at the ALPC, by implementing, jointly with the ICRC's Economic Security unit, a micro-economic initiative.

IRAQ

National partners	
Ministry of Health, Ministry of Higher Education and Ministry of Health of the Kurdistan Regional Government	
Location of projects	
Baghdad (5), Najaf, Hilla, Tikrit, Basrah, Falluja, Nassirya, Erbil	
Patient services in 2010	
Patients attending the centres	31,622
New patients fitted with prostheses	1,505
New patients fitted with orthoses	7,677
Prostheses	3,451
Orthoses	12,748
Wheelchairs	86
Crutches (pairs)	1,044
Beginning of assistance: 1993	

In 2010, the ICRC continued to support 12 facilities around the country, nine of them managed by the Ministry of Health: four in Baghdad (Al-Wasity, the Medical Rehabilitation Centre, Baghdad Centre and Al-Salam Crutch Production Unit) and one each in Falluja, Basra, Najaf, Hilla, and Tikrit. One was managed by the Ministry of Higher Education (the Baghdad P&O School); the ICRC continued to manage the Erbil Physical Rehabilitation Centre and finance the construction of a new centre in Nasiriya, which should start functioning in mid-2011.

The physical rehabilitation sector remained mainly under the Ministry of Health, even though the Ministry of Environment also had a victim-assistance component, in line with its formal responsibility for all matters related to ERW. The Higher Committee for Physical Rehabilitation, a Ministry of Health body, dealt with all issues related to the provision of mobility aids nationwide, except for northern Iraq, which was under the jurisdiction of the Kurdistan Regional Government. Apart from the northern section of the country, physical rehabilitation services were available through a network of centres run by the Ministry of Health (14 plus two under construction, including Nassirya), one centre managed by the Ministry of Defence, one managed by the Iraqi Red Crescent Society and some private service providers. According to the Ministry of Health, the services provided met less than 40% of the estimated needs. In Kurdistan, eight rehabilitation centres were functioning: five were government-managed facilities, two were managed by a local NGO (the Kurdistan Organization for Rehabilitation of the Disabled) and one was managed by the ICRC.

The series of conflicts that took place in Iraq and the ongoing turmoil there, together with the still weak public health-care system, resulted in an ever growing number of persons with disabilities. Unfortunately, there was still no way to pinpoint that number with certainty. The Republic of Iraq acceded to the Mine-Ban Treaty in 2007, becoming a State Party in 2008. Iraq is heavily contaminated by landmines and ERW, the result of several years of conflict. The total number of mine/ERW survivors is unknown but *Landmine Monitor Report 2010* states that it must be in the thousands.

The ICRC continued donating raw materials and components to all assisted centres. To improve access to services in south-eastern Iraq, it continued to finance the construction of a centre in Nassiriya, which should start operating by mid-2011. The cost of transportation and accommodation was also covered to enable beneficiaries (approximately 800 persons) to receive services at the centres in Erbil, Falluja, Najaf, and Tikrit. In addition, the ICRC endeavoured to expand its links to NGOs and other public actors in order to make the services known to them and through them to others, and if possible to obtain their help in identifying potential beneficiaries who had no access to services. Meanwhile, the ICRC's micro-economic initiative programme enabled several beneficiaries at the Erbil centre to set up an income-generating scheme. The same activities have also been implemented in Najaf. In 2010, 31,622 people received various services at ICRC-assisted centres. These services included production of 3,451 prostheses (11% for mine survivors) and 12,748 orthoses (0.2% for mine survivors), and provision of 86 wheelchairs and 1,044 pairs of crutches. Children represented 29% and women 13% of all beneficiaries.

Apart from ongoing mentoring and support from ICRC specialists (ortho-prosthetists and a physiotherapist), several activities were undertaken to enhance the quality of services. At the ICRC-managed centre in Erbil, eleven refresher courses were conducted for P&O technicians and physiotherapists from all assisted centres. In addition, the ICRC continued to provide ten scholarships – three of the recipients completed their training in 2010 – in order to increase the number of qualified P&O technicians working in the different centres. To strengthen the capacity of the P&O school in Baghdad, the ICRC sponsored four candidates for training in P&O at ISPO Cat. I level, one at the Tanzania Training Centre for Orthopaedic Technologists, and three at the Strathclyde University National Centre for Prosthetics and Orthotics in Scotland.

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

In 2011, the ICRC intends to:

- facilitate access to services by donating raw materials, components, tools and physiotherapy equipment, by persuading the Ministry of Health and local authorities (governorate, Department of Health, centre managers) to establish permanent accommodation in the various centres; by continuing to cover the cost of transport and accommodation for destitute beneficiaries living in remote areas; by improving dissemination to local entities and authorities of information on services available for disabled people; and by mobilizing those entities to facilitate the transfer of potential beneficiaries (in coordination with the respective centres and the ICRC, if necessary);
- enhance quality by monitoring rehabilitation at assisted centres with the aid of ICRC specialists, organizing refresher courses in prosthetic, orthotic, physiotherapy, wheelchair and patient management, by continuing to provide scholarships for P&O courses, by persuading the relevant authorities to implement a multidisciplinary team approach in all centres, and by working with the Higher Committee for Physical Rehabilitation to continue developing and implementing meaningful treatment protocols;
- promote the long-term functioning of services by helping improve professional education through enhanced cooperation with the Ministry of Health in upgrading the curriculum; and
- improve the teaching environment by helping the Higher Committee for Physical Rehabilitation develop a comprehensive national rehabilitation strategy, by continuing to provide scholarships for future P&O teachers, and by lobbying the Kurdistan Regional Government to create a body within the Ministry of Health, equivalent to the Higher Committee for Physical Rehabilitation, that will coordinate all physical rehabilitation activities in the regions under its control.

YEMEN

National partners	
Ministry of Public Health and Population, Ministry of Labour and Social Affairs, Yemen Red Crescent Society, Rehabilitation Fund and Care for Handicapped Persons	
Location of projects	
Sana'a, Mukalla, Sa'ada, Aden and Taiz	
Patient services in 2010	
Patients attending the centres	9,050
New patients fitted with prostheses	786
New patients fitted with orthoses	2,611
Prostheses	893
Orthoses	4,145
Wheelchairs	7
Crutches (pairs)	695
Beginning of assistance: 2002	

In 2010, the ICRC continued supporting the National Artificial Limbs and Physiotherapy Centre in Sana'a, the Artificial Limbs and Physiotherapy Centre in Mukalla and the Limb-Fitting Workshop and Rehabilitation Centre in Aden. It also supported the activities of the Sa'ada Physical Rehabilitation Clinic, based at the Al Jumhuri Hospital. This clinic was a joint venture between the Ministry of Public Health and Population, the Rehabilitation Fund and Care for Handicapped Persons, the Yemen Red Crescent Society and the ICRC. The ICRC also began to provide support for the Orthopaedic Workshop and Rehabilitation Centre in Taiz.

The Ministry of Public Health and Population continued to be the main institution in charge of rehabilitation. The physical rehabilitation sector consisted of five physical rehabilitation centres (all assisted by the ICRC), two training institutions for physiotherapists, a network of government and private physiotherapy clinics and three funds created to alleviate the living conditions of persons with disabilities. The Social Fund for Development, an independent body set up in 1997 as a major component of the Social Safety Net Programme funded by the World Bank, operated under the prime minister's authority. It assisted persons with disabilities through government agencies, NGOs and disabled people's organizations in the realms of health, social protection, education, capacity building and strategy development. The Rehabilitation Fund and Care for Handicapped Persons, a fund under the authority of the Ministry of Labour and Social Affairs, provided funding and other assistance to individuals and to the centres. Persons with disabilities received an identity card that gave them free access to medical services and to walking and hearing aids provided by the Fund. The Social Welfare Fund is under the authority of the Ministry of Labour and Social Affairs and provides welfare payments (6000 Yemeni rials) to persons with disabilities.

In 2006, the Republic of Yemen signed the Convention on the Rights of Persons with Disabilities and ratified it in 2009. The exact number of persons with disabilities in Yemen is unknown. The WHO estimates that in developing countries people with physical disabilities who need physical rehabilitation services constitute 0.5% of the population: in Yemen, which has a population of about 23 million, about 115,000 persons should be in need of physical rehabilitation services. Estimates made by the United Nations Social Development Division indicate that impaired mobility is the most common form of disability in Yemen (42.1% of the total), followed by impaired vision (18.4%) and hearing (14%), mental (8.1%) and non-specified (6.8%) forms of disability, multiple disabilities (6.7%) and speech impediment (3.9%). Persons with disabilities faced various difficulties in gaining access to services: poor security conditions, lack of service providers, poverty, etc. In addition, the absence of female professionals meant that many women in need of services had no access to them.

In 2010, the ICRC promoted the accessibility of services by donating raw materials and components to all assisted centres, enabling them to provide services, and by beginning to provide support for a centre in Taiz. In addition, the ICRC provided financial support for the activities of the Sa'ada Physical Rehabilitation Clinic in Sa'ada, with a view to improving the accessibility of services in the governorate. Displaced persons living in the north could get treatment in the Sa'ada clinic between April and June, thanks to bi-weekly ICRC visits to Sa'ada. The rest of the year, owing to security constraints, services remained irregular or were suspended. In 2010, more than 9,000 people benefited from various services at ICRC-assisted centres. These services included production of 893 prostheses (30% of them for mine survivors) and 4,145 orthoses (1% of them for mine survivors), and provision of seven wheelchairs and 695 pairs of crutches. Children and women represented 47% and 12%, respectively, of the 9,050 persons benefiting from services.

The quality of the services provided at the Sana'a, Mukalla and Aden centres was maintained through continued support from an ICRC ortho-prosthetist and physiotherapist, who provided on-the-job training and monitoring. Physiotherapy refresher courses in gait training were given at all assisted centres. In 2010, the ICRC provided scholarships to seven persons for formal P&O training at Mobility India in Bangalore; three of them should

graduate in 2011and the other four should complete their studies in 2013.

To promote the long-tem functioning of services, the ICRC organized two national coordination meetings, one in Sana'a and the other in Aden. The purpose of these meetings was to address challenges and to improve communication among interested parties.

In 2011, the ICRC intends to:

- facilitate access to services by continuing to donate raw materials and components so that the Sana'a, Mukalla, Taiz and Aden centres can provide services, by supporting the activities of the crutches manufacturing unit at the Sana'a centre, by supporting the activities of the Sa'ada mobile clinic, and if possible by providing support to open a full-time centre, and by trying to provide scholarships to five women for formal training in P&O;
- enhance the quality of services through regular support to all centres by ICRC ortho-prosthetists and physiotherapists, and by continuing to sponsor trainees at Mobility India (potentially five more persons in 2011); and
- promote better coordination between interested parties through periodic meetings and networking.

ANNEX – ICRC PUBLICATIONS

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

ICRC INFORMATION

ICRC 2010 Annual Report

The 2010 Annual Report of the International Committee of the Red Cross is an account of field activities conducted out of 80 delegations worldwide. The activities are part of the organization's mandate to protect the lives and dignity of victims of war and to promote respect for international humanitarian law. The ICRC's *Annual Report 2010* describes the harm that armed conflicts inflict on populations around the world, and what the organization is doing to protect and assist them.

Discover the ICRC

The ICRC in a nutshell. This is a detailed introduction to the ICRC's work and explains in everyday language what the ICRC is, how it came into being and what it does. The ICRC was founded nearly a century and a half ago to preserve a measure of humanity in the midst of war. *Discover the ICRC* explains this history and the values of the ICRC, and gives a broad overview of the organization's major activities throughout the world in the fields of protection, assistance and prevention.

ICRC Assistance Division

The ICRC's assistance work – aims, basis for action, main activities and professions involved.

PHYSICAL REHABILITATION

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.

ICRC Polypropylene Technology

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

Physiotherapy

This leaflet is a concise introduction to the work of the ICRC's physiotherapists. It explains the role these professionals play in physical rehabilitation and hospital projects, together with the ICRC's approach in this field.

Exercises for Lower-Limb Amputees

This booklet/CD-ROM provides examples of basic post-prosthetic exercises for use by physiotherapists, physiotherapy assistants, ortho-prosthetists and others involved in 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.

HEALTH-RELATED PUBLICATIONS

War Surgery

ICRC surgical programmes for war victims have been developed over many years, based on appropriate responses to given situations. This often involves making the best of limited resources in an austere environment. Volume 1 of this new publication covers the basics of managing war injuries, as well as general topics.

First Aid

A practical manual presenting the specific knowledge, skills and practices that first-aiders should have to act safely and effectively when caring for people caught up in armed conflicts and other situations of violence, such as internal disturbances and tensions.

MICRO-ECONOMIC INITIATIVES

ICRC micro-economic initiatives are tailored to individual beneficiaries and designed in close consultation with them. This handbook features lessons learned from previous micro-economic initiatives, describes best practices and proposes ways to meet inherent challenges. Since 2001, the ICRC has launched micro-economic initiatives in over a dozen countries worldwide, from the Balkans to Afghanistan to the Democratic Republic of the Congo.

WEAPON CONTAMINATION

Caring for Landmine Victims

Every year, tens of thousands of people are killed or injured by landmines and explosive remnants of war. Those who survive are often disabled for life and need long-term care, not only physical rehabilitation but also social and economic support. This leaflet examines the challenges involved in providing assistance to victims.

Explosive Remnants of War

The guns may stop firing and the soldiers return to base, but for many civilians the legacy of war will haunt them long after the conflict has ended. Millions of unexploded munitions in all shapes and sizes are left behind and all too often these explosive remnants of war claim the lives or the limbs of innocent civilians. This film highlights the recent developments that have been made by the international community to reduce this suffering. It provides a detailed explanation of the issue and of the new Protocol on Explosive Remnants of War adopted by States party to the Convention on Certain Conventional Weapons.

Cluster Munitions

Cluster munitions have been a persistent problem for decades. They have killed or injured tens of thousands of civilians in war-affected countries. In May 2008, more than 100 States adopted the Convention on Cluster Munitions, which prohibits the use, development, production, stockpiling and transfer of such munitions. It also requires States Parties to destroy their stockpiles, clear remnants, and assist victims. This DVD provides an overview of the cluster munitions problem, the main provisions of the Convention and the steps required to meet its commitments.

MISSION

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

ICRC

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