ICRC

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SPECIAL APPEAL 2016: DISABILITY AND MINE ACTION

GENEVA, DECEMBER 2015

Dear friends,

We would like to take this opportunity to share this *Special Appeal*, which sums up the ICRC's approach to addressing the needs of persons with disabilities, including the social and economic aspects of inclusion and participation, and its funding requirements for related activities in 2016.

Previously, related *Special Appeals* focused on mine action, particularly activities to prevent and mitigate the effects of mines, cluster munitions and explosive remnants of war (ERW). Over the past few years, however, **disability inclusion** has received increased international attention – notably, in light of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which seeks to ensure that persons with disabilities can enjoy all human rights and fundamental freedoms fully and equally. Thus, the ICRC has begun to work towards addressing the specific needs of persons with disabilities in a more inclusive and comprehensive manner at the operational and institutional levels. In 2014, the ICRC Directorate approved the main orientations of the organization's framework in this regard. Specifically, the ICRC:

- assists all persons with disabilities by providing physical rehabilitation services (see *The ICRC Physical Rehabilitation Programme* on p. 10 of the accompanying document) directly when support to service providers is not feasible, and by addressing some of their specific needs in other ways (see *Facilitating the social and economic aspects of inclusion and participation* on p. 13);
- supports services along the rehabilitation chain (see *Improving accessibility*, *Improving quality* and *Promoting the long-term availability of services* on pp. 12-13) – from emergency and continuing medical care to physical rehabilitation and psychological support – and mitigates the effects of mines/ERW (see *Reducing the impact of weapon contamination* on p. 17); and
- urges States to meet their obligations under international humanitarian law and under the UNCRPD and other pertinent conventions, with a focus on encouraging States to accede to/implement the provisions of weapons-related treaties – particularly those related to the use of such weapons and to assistance for victims (see *Promoting legal frameworks and governmental action*, p. 21).

Additionally, the ICRC is reinforcing its efforts to: account for the specific needs of persons with disabilities in its **protection and assistance activities** and to pay more systematic attention to the social and economic aspects of inclusion as a continuation of physical rehabilitation; promote the special protection afforded to them by the **legal frameworks** mentioned above; improve **accessibility** to ICRC-supported facilities and ICRC offices for people with mobility impairments; and integrate persons with disabilities into its **workforce**, within the limits imposed by the institutional "duty of care" policy that aims to strike a balance between the protection of its personnel and needs in the field, as well as constraints linked to particular staff positions and the operational context.

Best regards,

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OVERVIEW

THE SPECIAL APPEAL'S SCOPE

Traditionally, the ICRC has concentrated on mine-action initiatives (see *Mine action* on p. 9) and on assisting survivors of mines, cluster munitions and explosive remnants of war (ERW) because of, among others, its extensive operational presence in conflict/violence-affected areas and its role in developing and implementing IHL and related legal frameworks. As such, previous *Special Appeals* in this regard focused on these activities.

Over the years – particularly, in light of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) – the ICRC has begun to work towards addressing the specific needs of persons with disabilities in a more inclusive and comprehensive manner. **Notably, the ICRC views the social and economic aspects of inclusion as a continuation of physical rehabilitation, and, at the operational and institutional levels, has begun to further take into account the specific needs of persons with disabilities**.

Thus, as begun in 2015, this Special Appeal covers the funding requirements for physical rehabilitation activities for **all** persons with disabilities – among them, victims of armed conflict, other situations of violence and mines/ERW – as well as for initiatives related to mine action. It also summarizes the ICRC's wider approach to addressing the needs of persons with disabilities, including its other efforts to facilitate the social and economic aspects of inclusion.

This document also mentions the activities of the ICRC's Special Fund for the Disabled (see The *ICRC Special Fund for the Disabled* on p. 14), which are not part of the ICRC's budget. A more in-depth summary of these is available in the *Special Fund for the Disabled: Operational Appeal 2016*.[1]

EXECUTIVE SUMMARY

Access to physical rehabilitation services is key to helping persons with disabilities – who face additional challenges during armed conflicts and other situations of violence – enjoy their rights fully and participate in society. Through its Physical Rehabilitation Programme (PRP), the ICRC assists all persons with disabilities, including victims of conflict, violence and mines, cluster munitions and explosive remnants of war (ERW). In particular, it reduces the barriers to obtaining appropriate care by developing national capacities, and in some cases, by directly providing people with physical rehabilitation services. Depending on the prevailing needs and political context, the ICRC may also engage the Special Fund for the Disabled (SFD), which uses the same types of assistance and treatment standards/techniques, but focuses on strengthening the sustainability of partner organizations

1. Available at: http://sfd.icrc.org

that have already reached a certain level of operational autonomy. **In 2014, the PRP supported/carried out 113 projects (including service providers, component factories and training institutions) in 29 contexts, enabling over 318,000 people to have access to services, while the SFD supported 45 service providers in 20 countries, with over 20,000 people benefiting from various services.**

The ICRC's support takes various forms. For example, the ICRC supports/helps construct centres that cater to the needs of persons with disabilities who live far from existing facilities, and subsidizes their transport, treatment and accommodation expenses. It also provides centres' staff with technical support, training and scholarships, and develops/promotes treatment guidelines based on internationally recognized standards, with a view to improving the quality of available services. Lastly, to ensure that persons with disabilities have sustainable access to these services, the ICRC works closely with the authorities and other local partners, providing them with advice on, *inter alia*, the development and management of national strategies regarding physical rehabilitation. Where appropriate, the ICRC – taking its residual responsibilities into account – engages the SFD in order to ensure continuity and reduce the risk of losing investments in infrastructure and personnel. In addition, the PRP and the SFD are both strengthening their efforts to go beyond physical rehabilitation services by facilitating the inclusion of persons with disabilities through other means, including sports and livelihood activities.

Aside from contributing to inclusion at a general level through direct assistance and structural support, the ICRC endeavours to prevent and mitigate the effects of mines/ERW; where possible, it works with National Red Cross and Red Crescent Societies (hereafter National Societies) because of their extensive local networks and their understanding of the context they operate in. Specifically, the ICRC helps communities prevent mine/ERW incidents through initiatives to collect and manage information on these, and activities to raise people's awareness of risks related to mines/ERW. To lessen these weapons' impact on people's lives until they are cleared, the ICRC carries out risk-reduction initiatives; for example, as part of its other programmes, it provides alternative fuel/water sources, minimizing the need for people to go to weapon-contaminated areas.

In terms of clearing mines/explosive remnants of war, the ICRC prioritizes mobilizing other actors that are capable of doing so in line with internationally recognized standards; it also helps national authorities strengthen their ability to independently survey and clear mines/ERW. In exceptional circumstances, such as during emergency situations when data are insufficient and the risks are imminent, the ICRC can conduct stand-alone dissemination sessions on mines/ERW and deploy specialized teams to survey and clear contaminated areas in cooperation and in coordination with stakeholders.

At the normative/societal level, the ICRC contributes to the inclusion of persons with disabilities and to the prevention of disabilities by urging States to meet their obligations under international humanitarian law (IHL), and under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and other international conventions. In particular, the ICRC focuses on the provisions of weapons-related treaties, especially those related to the use of such weapons and to assistance for victims. By organizing national/regional events and working closely with States and these conventions' secretariats, it promotes ratification of/accession to, and the implementation of the provisions of: the 1997 Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction (Anti-Personnel Mine Ban Convention); the 2003 Protocol on Explosive Remnants of War (Protocol V to the 1980 Convention on Certain Conventional Weapons); and the 2008 Convention on Cluster Munitions.

FUNDING PHYSICAL REHABILITATION AND MINE-ACTION ACTIVITIES

Donors are called upon to renew their commitment to addressing the needs of all persons with disabilities (including the social and economic aspects of inclusion) and to mitigating the effects of mines/ERW by supporting this appeal – specifically, using their budgets for disability and for mine action, and according to the obligations set out in relevant international treaties.

For instance, in adopting the Maputo Action Plan 2014–2019 (see *Challenges to implementation, and the international response* on p. 24), which follows the Cartagena Action Plan 2010–2014, States reaffirmed their commitment to preventing and addressing the effects of mines/ERW. This entails, inter alia, providing the financial resources necessary to implement the Anti-Personnel Mine Ban Convention's provisions, as progress in this regard depends largely on international contributions.

The level of funding earmarked for mine-action initiatives was stable between 2006 and 2012[2], but a significant drop was observed in 2013[3], including for the ICRC; this prompted the ICRC to use a significant amount of resources from other budget lines to meet the needs of victims of mines/ERW, as well as other persons with disabilities.

Moreover, most contributions to last year's *Special Appeal* were earmarked for mine action; while acknowledging the continued importance of these initiatives, the ICRC urges donors to also support its activities for all persons with disabilities.

TO MAINTAIN ITS PHYSICAL REHABILITATION AND MINE-ACTION/WEAPON-CONTAMINATION ACTIVITIES AS PLANNED FOR 2016, THE ICRC WILL REQUIRE:
CHF 90.0 MILLION

TO COVER ITS ACTIVITIES IN 2016, THE SPECIAL FUND FOR THE DISABLED WILL REQUIRE:
CHF 5.4 MILLION

2. http://www.the-monitor.org/media/1641630/Landmine-Monitor-2013.pdf
3. http://www.the-monitor.org/media/1716915/Landmine-Monitor-2014-Web.pdf

CONTEXT AND ICRC RESPONSE

PERSONS WITH DISABILITIES

According to the 2011 World Report on Disability[4] published by the World Health Organization and the World Bank, persons with disabilities often have difficulty accessing basic services, including health care, education and transportation; they also have fewer economic opportunities, which forces many of them into poverty and excludes them from day-to-day activities. Furthermore, people seeking physical rehabilitation services face several barriers, including the lack of national plans or strategies to meet their needs; non-existent or inadequate services; the lack of trained professionals; and insufficient funds for various expenses, such as treatment and transportation fees.

The situation is exacerbated during armed conflicts and other situations of violence. Some persons with disabilities have difficulty fleeing to safety, and some of those who are able to do so struggle with the change in terrain and/or lose their mobility aids or equipment.

A 2015[5] report by Handicap International – produced after consulting with stakeholders – confirmed that persons with disabilities have even more difficulty meeting their basic and specific needs because of crises, particularly conflicts and natural disasters. Among the respondents, 75% of persons with disabilities reported that they did not have adequate access to assistance, especially food, water, shelter or health care, and 50% did not have access to services that they needed in relation to their disabilities, which further hindered their ability to obtain aid. Persons with disabilities also face increased risks during and/or while fleeing crises. Such situations had a direct physical impact on 54% of respondents, and sometimes caused new impairments. Furthermore, 27% were psychologically, physically or sexually abused and 38% suffered increased psychological stress and/or disorientation. Lastly, the report found that crises can increase the number of persons with disabilities owing to new injuries, a lack of quality medical care or the collapse of key services.

Detainees with disabilities face numerous challenges in accessing appropriate care while they are in temporary/permanent places of detention.

THE THREAT OF MINES, CLUSTER MUNITIONS AND EXPLOSIVE REMNANTS OF WAR

Armed conflicts, regardless of their duration, leave behind an array of lethal explosives. Even when the fighting has stopped and peace agreements have been signed, unexploded landmines, cluster munitions and ERW remain where they were laid, delivered or abandoned. In many conflict-ridden countries, such weapons continue to inflict suffering, senselessly killing and injuring thousands of

4. Available at: www.who.int/disabilities/world_report/2011/report.pdf
5. Available at: https://d3n8a8pro7vhmx.cloudfront.net/handicapinternational/pages/1479/attachments/original/1443729529/_Handicap_International__Disability_in_humanitarian_context.pdf?1443729529

After losing his right leg because of a landmine, a man receives care at the ICRC physical rehabilitation center in Erbil, Iraq.

© Marco Di Lauro/ICRC

people yearly and destroying the livelihoods of many more. Until they are cleared or destroyed, they continue to affect people's lives, and are a major cause of disabilities.

Steady progress is being made in reducing the human cost of mines, cluster munitions and ERW thanks to the commitment of many States, organizations and other actors (see *Weapons-related treaties*, p. 22). The Landmine Monitor[6] reports that, in 2013, 3,308 casualties were recorded in 55 States and other areas, a decrease of some 24% from 2012. Civilians continued to comprise most of the casualties (79% of the total); nearly 49% of these civilians were children. In cases where the cause of the casualty was known (some 91%), anti-personnel mines, including improvised landmines, caused 49% of casualties, reflecting a 56% decrease from 2012. ERW, among them remnants of cluster munitions, brought about 34% of the casualties; anti-vehicle mines and mines of an unknown type were responsible for 16%. Overall, the annual rate of new casualties has decreased over the past decade, but the total number of survivors in need of assistance continues to grow.

THE ICRC'S RESPONSE

Since the mid-2000s, disability inclusion has received increased international attention, particularly in light of the UNCRPD, which seeks to ensure that persons with disabilities enjoy all human rights and fundamental freedoms fully and equally (see *The United Nations Convention on the Rights of Persons with Disabilities*, p. 21). Thus, in 2012, a working group was tasked with creating and implementing a framework for ICRC action in favour of persons with disabilities, which would set out orientations and priorities at the operational and institutional levels. Led by the Operations Department, the working group meets biannually, and reports to the ICRC Directorate annually. In July 2014, the Directorate approved the framework's main orientations and a plan to further support persons with disabilities at all levels of the organization.

6. http://www.the-monitor.org/media/1716915/Landmine-Monitor-2014-Web.pdf; note that casualty figures are almost certainly underestimated owing to a lack of data from some countries.

THE ICRC'S POSITION ON DISABILITY

The ICRC contributes to efforts to assist persons with disabilities, to disability inclusion and to the prevention of disabilities, at the individual, structural and normative/societal levels. Specifically, it:

- assists all persons with disabilities by providing physical rehabilitation services (see *The ICRC Physical Rehabilitation Programme* on p. 10) directly when support to service providers is not feasible, and by addressing some of their specific needs in other ways (see *Facilitating the social and economic aspects of inclusion and participation* on p. 13);
- supports services along the rehabilitation chain (see *Improving accessibility, Improving quality and Promoting the long-term availability of services* on pp. 12-13) – from emergency and continuing medical care to physical rehabilitation and psychological support – and mitigates the effects of mines/ERW (see *Reducing the impact of weapon-contamination* on p. 17); and
- urges States to meet their obligations under IHL and under the UNCRPD and other pertinent conventions, with a focus on encouraging States to accede to/implement the provisions of weapons-related treaties – particularly those related to the use of such weapons and to assistance for victims (see *Promoting legal frameworks and governmental action*, p. 21).

Additionally, the ICRC is reinforcing its efforts to:

- account for the specific needs of persons with disabilities in its protection and assistance activities and to pay more systematic attention to the social aspect of inclusion as a continuation of physical rehabilitation;
- promote the special protection afforded to persons with disabilities by the legal frameworks mentioned above;
- ensure accessibility to ICRC-supported health facilities and ICRC offices for people with mobility impairments; and
- integrate persons with disabilities into its workforce, within the limits imposed by the institutional "duty of care" policy that aims to strike a balance between the protection of its personnel and needs in the field, as well as constraints linked to particular staff positions and the operational context.

In parallel, in June 2014, the ICRC Assembly adopted the ICRC's 2014–2018 Health Strategy, which reaffirms the ICRC's commitment to meeting the needs of persons with disabilities and to sharing its expertise thereon.

MINE ACTION

In addition to contributing to disability inclusion at a general level, the ICRC works to prevent and address the effects of mines, cluster munitions and ERW, including the disabilities they may cause. The ICRC is uniquely positioned to do so, thanks to its extensive operational presence in areas affected by ongoing or previous armed conflicts and other situations of violence, its specific role in the development and implementation of IHL and its global partnerships with National Societies. For example, a significant number of people that benefit from ICRC physical rehabilitation services are survivors of mines/ERW (see *Rehabilitation for mine/ERW survivors* on p. 14). Furthermore, activities in the field (see *Reducing weapon contamination* on p. 16) and efforts to promote pertinent legal frameworks (see *Weapons-related treaties* on p. 21) also aim to mitigate the consequences of the use of such weapons.

ASSISTING PERSONS WITH DISABILITIES

Access to physical rehabilitation, which aims to remove or reduce restrictions on the activities of persons with disabilities, is important from both human rights and human development perspectives (see *The United Nations Convention on the Rights of Persons with Disabilities* on p. 21). Furthermore, persons with disabilities face additional challenges during armed conflicts and other situations of violence (see p. 7).

Personal mobility and the availability of assistive devices – such as prostheses, orthoses, walking aids and wheelchairs – are preconditions for equal and productive participation in society. The use of these devices is a means of gaining mobility and opportunities for education and work. They may also prevent falls, injuries and further impairments. Consequently, investment in the provision of assistive devices can minimize the health-care costs and economic vulnerability of persons with disabilities, and can increase their productivity and quality of life. Physiotherapy, meanwhile, enables them to make the fullest use of said devices. Maintaining, adjusting, repairing and renewing devices are also services included in physical rehabilitation.

Through its Physical Rehabilitation Programme (PRP) and the Special Fund for the Disabled (SFD), the ICRC works to address the needs of all persons with disabilities – including victims of armed conflict, other situations of violence and mines/ERW – by providing/supporting physical rehabilitation services and by carrying out other activities to facilitate the social and economic aspects of inclusion, such as sports and livelihood-support programmes. Both the PRP and the SFD focus on the former, with the aim of improving the accessibility, quality and sustainability of these services; they also provide the same type of assistance, using the same treatment standards and techniques. However, their priorities differ; depending on the prevailing needs and political context, either of them may be engaged. The PRP concentrates on ensuring people's access to appropriate and quality services, while also building national capacities. On the other hand, the SFD – which partners with centres that already have a certain level of financial, managerial and technical autonomy – focuses on the sustainability of its partners' services. The resources of the PRP and the SFD are separate, but the SFD receives some support from the ICRC (see *Relationship with the ICRC* on p. 15).

THE ICRC PHYSICAL REHABILITATION PROGRAMME

OVERVIEW

Although the ICRC undertook some physical rehabilitation activities before 1979, the establishment of the PRP that year marked the beginning of a serious commitment in this field. Since then, the PRP has diversified and expanded its activities worldwide. Its operations have grown from 2 centres in 2 countries in 1979 to a total of 113 supported projects in 29 contexts in 2014. In those 35 years, the programme has supported more than 190 projects in 51 contexts. Over half of the centres it supported were newly built, most of them with substantial ICRC funding.

At the ICRC-supported Battambang Regional Physical Rehabilitation Centre in Cambodia, a young girl waits to be treated for the consequences of polio.

© Samuel Paul Spicer/ICRC

As a result of this growth, more people have access to the services they require. In 2014, more than 318,000 people (a 13% increase from the previous year) with physical disabilities benefited from various services at ICRC-supported projects – including service providers, component factories and training institutions – that provided 20,145 prostheses, 74,104 orthoses, 4,495 wheelchairs and 19,118 pairs of crutches, and physiotherapy for nearly 154,000 people. Several of them also benefited from follow-up care and device maintenance/repairs. In all, 28% of the beneficiaries were children, and 20% were women.

Moreover, the true number of beneficiaries is higher than the statistics indicate, as people continue to benefit from the infrastructure and expertise developed by the PRP even after it has concluded its support.

Due to the worldwide scope of its activities, its recognized expertise, its long-term commitment to supported projects and its in-house development of assistive technology, the ICRC has acquired a leadership position in physical rehabilitation. In most countries where the PRP has provided support to the sector, such services were previously minimal or non-existent, and its support has frequently served as a basis for establishing them. **A list of countries where the PRP carries out projects can be found in Annex 1** (p. 28).

APPROACH

PRP projects aim to strengthen the overall physical rehabilitation sector in a given country, to help persons with disabilities overcome barriers to accessing services. Various modes of action are combined to optimize impact: persuasion, support, substitution and mobilization. The mode of action and the level and type of assistance depend on the programme's overall analysis of the situation, including the specific barriers present. PRP projects are run in proximity to affected populations, taking into account local value systems, people's vulnerabilities and their assessment of their own needs. Moreover, the projects are planned, implemented and monitored in a manner that takes people's life-long needs into account; for example, those who have been provided with a device have the right to expect repairs/new devices when necessary.

To achieve these objectives, the ICRC takes a twin-track approach. First, it supports the national system to ensure that it has the ability to provide and manage services. This includes constructing/renovating facilities; donating components/raw materials, equipment, machines and tools; developing local human resources; and guiding the development of a national strategy for physical rehabilitation. In parallel, it directly assists persons with physical disabilities to ensure that they have access to these services. For example, it subsidizes people's expenses, such as transport to the centres, treatment fees and accommodation/food during their stay.

Improving accessibility

The ICRC takes all possible measures to ensure that everyone in need of physical rehabilitation services has access to them on an equal-opportunity basis, regardless of social, religious, ethnic or other considerations. The specific needs of women, children and particularly vulnerable people are carefully taken into account.

For example, in 2015, the ICRC directly undertook/provided financial, material and technical support for:

- outreach programmes for/visits by mobile clinics to persons with disabilities living in remote areas of Cambodia, Guinea-Bissau, Mali, Myanmar, Nepal, the Philippines and Sudan;
- the construction of small repair workshops and/or referral facilities in China, South Sudan and Sudan; and
- efforts to increase women's access to services in Yemen via the establishment/operation of separate clinic areas for them, and the provision of scholarships to increase the number of female professionals.

To cater to the needs of persons with disabilities who live far from existing facilities, the ICRC builds new physical rehabilitation centres. In the past year, it began to construct a new centre in Myitkyina, Myanmar. Two more centres – in Kyaing Tong, Myanmar, and in Sa'ada, Yemen – are planned for 2016.

Improving quality

The ICRC prioritizes the quality rather than the quantity of services provided in the centres it supports. As such, it promotes the application of internally developed guidelines based on internationally recognized standards; these include quality standards for physiotherapy treatments developed in partnership with Teesside University, and ICRC-developed standards for the management of specific conditions, including diabetes and cerebral palsy. It also encourages the use of a multidisciplinary patient-management approach that includes physiotherapy, and ensures that the technology used to produce mobility devices for persons with disabilities remains appropriate and up-to-date. The ICRC, furthermore, conducts various activities to improve the quality of services and sharpen the skills of local technical and clinical staff; for example, it:

- helps develop/implement services at centres it supports, and ensures that all services can be provided, through the construction/renovation of facilities ;
- supports personnel development by sharing its expertise, conducting short courses and sponsoring their education/training; in 2014, some 109 people were able to complete, continue or begin formal training in prostheses, orthoses and/or physiotherapy with ICRC financial support;
- supports professional associations, such as the African Federation of Orthopaedic Technologists, often in close coordination with international organizations; in 2015, it supported training institutions in Bangladesh, Colombia, Ethiopia, Iraq, Sudan and Yemen;
- monitors the quality of services and interviews beneficiaries of the programme, adjusting its services based on its assessments and the feedback it receives; and
- continues to develop and improve assistive technology to reduce health-care costs and the economic vulnerability of persons with disabilities, while increasing their productivity and quality of life; for instance, ICRC-developed polypropylene technology is now used in the production of prostheses/orthoses in many low-income countries and is used by several organizations involved in physical rehabilitation.

Promoting the long-term availability of services

Through various means, the ICRC endeavours to ensure the sustainability of the services provided in the centres it supports. For example, it cooperates closely with local partners in most countries; out of a total of 123 projects in 2015, the ICRC supported 113, working with 60 Health or Social Affairs Ministries, 42 local non-governmental organizations (NGOs), 6 private entities and 5 National Societies. The remaining 10 projects – in Afghanistan, Erbil (Iraq) and Aleppo (Syrian Arab Republic) – were directly managed by the ICRC.

The PRP also supports centres' staff in managing their budgets, stocks and human resources; maintaining equipment; and managing data on users of their services, via an ICRC-developed computer system. Furthermore, in cooperation with Management Sciences for Health, it developed:

- the Senior Leadership Training Programme to help decision-makers add to their knowledge and skills; teams from Burundi, Cambodia, Chad, the Democratic Republic of the Congo (hereafter the DRC), Ethiopia, Lao People's Democratic Republic (hereafter Lao PDR), Myanmar, Niger, the Philippines and Sudan are currently enrolled.
- It also developed the Leadership Development Programme, which equips centres' managers with the knowledge to deal with operational challenges and achieve measurable results.

Lastly, the ICRC supports the work of local bodies coordinating physical rehabilitation, and works closely with the authorities to develop and manage national strategies regarding physical rehabilitation.

Where necessary, continuity is ensured through the SFD (see p. 14); this takes into account the ICRC's residual responsibilities, and reduces the risk of losing investments in infrastructure and human resources.

Facilitating the social and economic aspects of inclusion and participation

Although it focuses on physical rehabilitation, the ICRC recognizes the need go beyond this in order to give persons with disabilities access to equal opportunities, allow them to enjoy human rights and enable them to live in dignity. Thus, viewing the social and economic aspects of inclusion and participation as a continuation of physical rehabilitation, the ICRC also carries out projects in this regard, such as support for education, micro-economic initiatives and vocational training. These and other activities are sometimes conducted with or in support of organizations specializing in the pertinent fields.

Furthermore, the ICRC provides support for awareness and advocacy campaigns, and encourages governments to deepen their commitment to assisting persons with disabilities by urging States to implement the provisions of treaties that they are party to (see *Promoting legal frameworks and governmental action* on p. 21), notably, the UNCRPD.

In 2014:

- over 3,000 persons with disabilities were offered social-inclusion opportunities in Afghanistan
- 15 Pakistani children received psychosocial support via the Children Amputees Rehabilitation Programme
- in Honduras, 20 migrants eased their return to their communities thanks to vocational training and funds for microeconomic initiatives
- some 50 vulnerable households with persons with disabilities in Iraq and 90 households headed by persons with disabilities in Yemen received cash grants for small businesses

Sports are another way of fostering the social inclusion of persons with disabilities. They have the potential to change how communities perceive persons with disabilities – drawing attention to a person's ability rather than their disability – and how persons with disabilities perceive themselves. For instance, in 2014, the ICRC:

- organized a five-nation (Afghanistan, Bangladesh, India, Pakistan and the United Kingdom

of Great Britain and Northern Ireland) cricket tournament in Bangladesh for persons with disabilities
- established and supported the national wheelchair basketball league in Afghanistan
- worked with the pertinent Paralympic committees to promote sports in Ethiopia, India, Iraq and Niger, and in the occupied Palestinian territory

The ICRC also encourages persons with disabilities to participate in grassroots/amateur sports.

REHABILITATION FOR MINE/ERW SURVIVORS

In 2014, mine survivors in Afghanistan, Burundi, Cambodia, Chad, China, Colombia, the DRC, Ethiopia, Guatemala, Guinea-Bissau, India, Iraq, Myanmar, Nepal, Niger, Pakistan, South Sudan, Sri Lanka, Sudan and Yemen benefited from ICRC support, as did members of the Sahrawi population living in refugee camps in southwestern Algeria.

The ICRC's network of supported centres delivered 6,543 prostheses (out of 20,145 in all; see Overview on p. 10) and 279 orthoses (out of 74,104) and ensured access to physiotherapy treatment for 11,563 survivors (out of nearly 154,000); many of them also received wheelchairs and walking aids. Children accounted for 3% and women 8% of the total number of survivors who received prostheses and orthoses. In 11 of the 20 above-mentioned countries – Afghanistan, Cambodia, Chad, Colombia, the DRC, Ethiopia, Iraq, Myanmar, South Sudan, Sudan and Yemen – the ICRC continued to be the main international organization providing or supporting physical rehabilitation services.

Between 1997 and 2014, the ICRC-assisted network of centres provided mine survivors with 154,385 prostheses and 7,336 orthoses, as well as wheelchairs, walking aids and physiotherapy.

THE ICRC SPECIAL FUND FOR THE DISABLED

The SFD was created by the ICRC in 1983 as a separate organization that aims to ensure the continuity of former ICRC projects and to support other physical rehabilitation centres in low-income countries. Since its inception, it has assisted 115 centres in 50 countries, contributing to the rehabilitation of more than 200,000 people via the provision of prostheses, orthoses and physiotherapy. The SFD operates primarily out of three regional bases: the United Republic of Tanzania in Africa, Viet Nam in Asia, and Nicaragua in Latin America. The project in Tajikistan is supervised by the Asia regional base. In 2015, the SFD supported 37 partners in 17 countries, including professional schools for prostheses/orthoses. In 2013, Société Générale de Surveillance awarded the SFD with its NGO benchmarking certification[7], which demonstrates the SFD's compliance with best practices for management.

Like other development organizations that set out to strengthen national capacities, the SFD implements projects that last several years. Its support is geared towards ensuring the quality and sustainability of rehabilitation services, as well as maintaining and/or increasing patients' access to services. These are achieved through staff capacity-building and training, and technical, material and financial support to its partner centres, who carry out the actual physical rehabilitation services and maintain ownership of the project throughout. The duration of the SFD's support is directly linked to the local partners' commitment to developing their capacity to provide rehabilitation services and their ability to become self-sufficient, in line with the recommendations and assessments provided during the SFD's regular monitoring visits conducted over several years.

The SFD provides advice and coaching on technical matters and on the management, development and innovation of services. Through various advocacy efforts, it seeks to mobilize the pertinent au-

7. http://www.sgs.com/en/Public-Sector/Monitoring-Services/NGO-Benchmarking.aspx

thorities and other stakeholders, and to foster networking and cooperation among them.

To help maintain the high standards of formal education, which remains fundamental to the training of professional staff, the SFD offers scholarships and supports a number of prosthetic/orthotic schools worldwide. This includes promoting the use of ICRC-developed polypropylene technology and conducting appropriate clinical training together with local schools. Professionals in several SFD-supported centres making use of the polypropylene technology are able to boost their technical skills. The SFD also encourages and supports training in other fields, such as service management and quality control.

In 2014, over 49,000 people consulted with staff at SFD-supported centres; 53% of them were children, and 25% were women. Furthermore, over 20,000 people benefited from various services, including the fitting of 5,196 prostheses, 18,141 orthoses and the provision of 2,426 pairs of crutches and 276 wheelchairs; 1,872 people had their treatment fees directly reimbursed.

In 2015, as in the previous year, the SFD sought to further promote/facilitate the inclusion of persons with disabilities. It launched networking and cooperation activities with civil society partners, notably organizations for persons with disabilities, with a view to facilitating the implementation of projects in this regard. For instance, in Viet Nam, the SFD, in partnership with the Swiss Embassy, raises awareness of the needs of persons with disabilities and promotes their employment through training sessions aimed at private companies. The SFD also helps persons with disabilities participate in sports; for example, in Togo, it donated sports-adapted equipment to the Paralympic Federation.

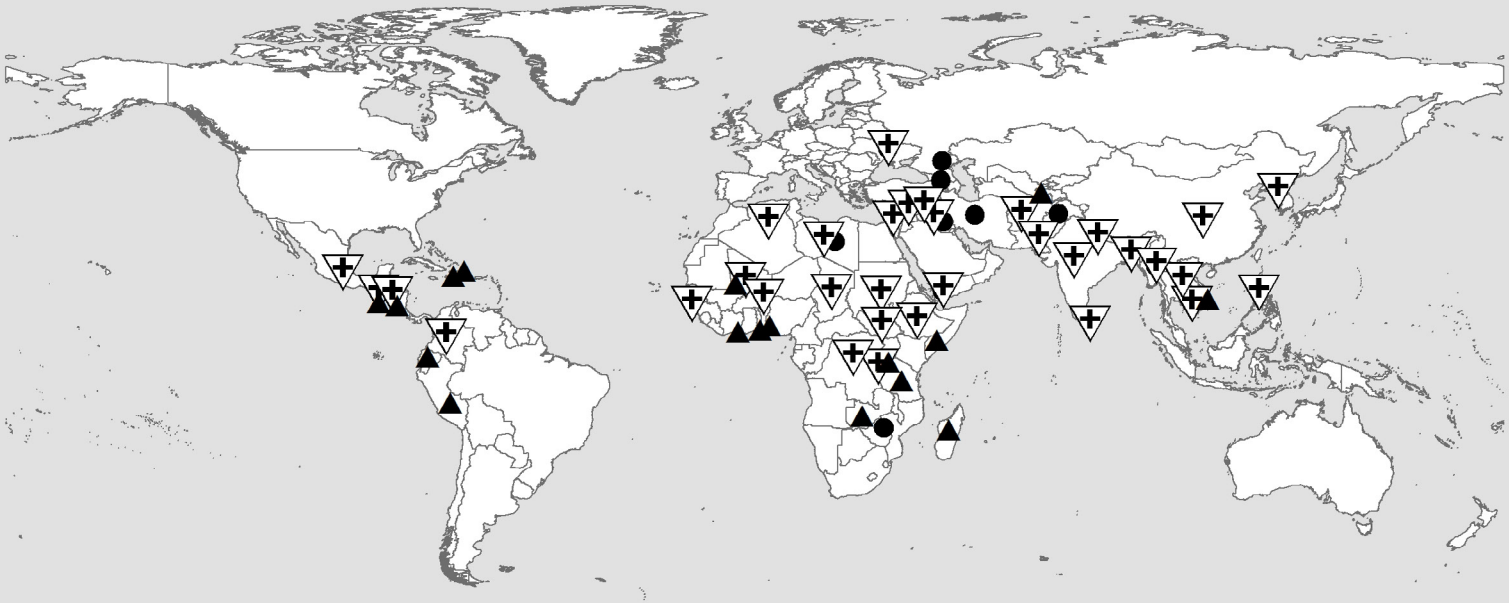
RELATIONSHIP WITH THE ICRC

The SFD is an integral part of the ICRC's strategy for physical rehabilitation, hence its inclusion in this *Special Appeal*; however, the SFD's activities are not included in the ICRC budget. **The list of countries in which the SFD is active, and the budget for each, is in Annex 4** (p. 31). Additional information on the SFD's activities can be found in its 2016 *Appeal*.[8]

The ICRC provides the SFD with logistical/administrative support at the headquarters and field levels, including office space at ICRC headquarters for the SFD director, his assistant and the fund-raising manager.

8. Available at http://sfd.icrc.org

Special Appeal: ICRC physical rehabilitation and preventive mine-action programmes 2016



Presented in this Special Appeal:

- ICRC Physical Rehabilitation Programme
- Service providers supported by the ICRC Special Fund for the Disabled
- ICRC/National Society Preventive Mine-Action Programme (*)

(*) = In the budgets presented in the *ICRC Appeals 2016: Operations*, numerous preventive activities have been defined as part of other ICRC programmes (protection, economic security, water and habitat or cooperation with National Societies) and are not therefore included in the present Special Appeals.

REDUCING THE IMPACT OF WEAPON CONTAMINATION

In Ukraine, an ICRC delegate installs warning signs near a checkpoint.

© Sergiy Ishynov/ICRC

In addition to assisting persons with disabilities, the ICRC – working with partners within the International Red Cross and Red Crescent Movement (hereafter the Movement), where possible – endeavours to mitigate the impact of mines, ERW and other sources of weapon contamination (including chemical, biological, radiological and nuclear materials) through a flexible, multidisciplinary approach.

For instance, it does so through information-management, risk-awareness and risk-reduction initiatives. In terms of clearing mines/explosive remnants of war, the ICRC prioritizes mobilizing other actors capable of doing so in line with internationally recognized standards; it also helps national authorities strengthen their ability to independently survey and clear mines/ERW. In exceptional circumstances, the ICRC is able to deploy specialized teams to survey and clear contaminated areas in cooperation and in coordination with stakeholders; it can also conduct stand-alone dissemination sessions on mines/ERW.

The Movement Strategy on Landmines, Cluster Munitions and other ERW[9] recognizes the

9. https://www.icrc.org/eng/resources/documents/resolution/council-delegates-resolution-6-2009.htm

ICRC's role in implementing such activities – both directly and/or with the national authorities, National Societies and other relevant partners – during conflicts and other situations of violence, and in providing guidance/support to National Societies that wish to do so themselves. Most ICRC activities focus on developing National Societies' ability to work alongside national authorities carrying out mine-action work domestically.

Activities conducted by the ICRC within the field of mine action are listed in Annex 2 (p. 28); the funding requirements for these are covered by this document. Such activities are also carried out in some countries not in the list, such as Colombia and Jordan, but the budgets for these have been included in other ICRC programmes[10] that are covered by the I*CRC Appeals 2016: Operations*.[11] In addition, budgets for some activities that aim to reduce risks related to weapon contamination via protection and assistance programmes (see *Risk reduction* on p. 18) are not covered by this document, nor does it include limited or ad hoc technical support to the National Societies. Information on these is available in the *ICRC Appeals 2016: Operations*.

INFORMATION MANAGEMENT

Information management, the foundation of mine-action planning, encompasses collecting, analyzing, mapping and distributing information related to weapon contamination. Data on the type/location of the contamination and the date/time of incidents help stakeholders identify dangerous areas and plan/prioritize clearance, risk-reduction and risk-awareness activities to minimize the possibility of future incidents.

Where possible, such activities are carried out with national authorities, NGOs or National Societies.

Given their presence in almost all countries and their wide local networks, National Societies are often best placed to gather information in both the short and the long term. In the short term, they often work with the ICRC as operational partners; in the long term, many work within a national mine-action strategy normally led by the government of the affected territory.

The ICRC helps build the capacities of National Societies or national mine-action authorities to ensure that information-management activities are implemented in conformity with internationally recognized standards. To this end, the ICRC remains involved in developing tools for data collection, storage and analysis, such as the Information Management System for Mine Action, and the International Mine Action Standards (IMAS).

EXAMPLES

- The National Societies in Afghanistan and Cambodia play key roles in gathering information on incidents, collecting 100% of the data in their respective countries; these data are shared with the Mine Action Programme of Afghanistan and the Cambodian Mine Action Authority, respectively. Support is also given to the Cambodian authorities to improve their data-collection and surveillance system.
- In 2015, the ICRC supported the collection and management of data on mine/ERW incidents and victims' needs in the Russian Federation, particularly in Chechnya. In Zimbabwe, it will continue supporting the national authorities in setting up an information-management system. Similar activities will be performed with the National Societies of Bosnia and Herzegovina, the Islamic Republic of Iran, and Ukraine, and in the Gaza Strip (occupied Palestinian territory).
- The Iraqi Red Crescent Society, with ICRC support, conducts mine-risk education activities using impact data from communities in southern and central Iraq.

10. Protection, assistance (in particular, the economic security, medical care and water and habitat sub-programmes) cooperation and prevention
11. Available at: http://extranet.icrc.org/extranet/rexdonors/content.nsf/html/Library!OpenDocument&Start=1&Count=3000&Category=Appeals&Expand=1#1

RISK AWARENESS

Risk-awareness activities include conducting dissemination sessions on mines/ERW, liaising between at-risk communities and clearance operators, and promoting IHL provisions related to weapon use. Dissemination sessions as a stand-alone activity are carried out only during emergency situations when data are insufficient and the risks imminent. They are usually most effective in immediate post-conflict situations when the displaced tend to return to their homes rapidly, and casualty figures are at their highest.

In all other situations, awareness-raising activities are community-based and linked to risk reduction and to decontamination. Finding the best ways to enhance awareness depends on cultural and social factors, on the nature of the threat and on the identification of those most at risk among the population. An interactive, community-led approach has been found to be the most effective means of sharing information.

Owing to their existing local networks and their understanding of the contexts they operate in, National Societies are uniquely positioned to help people affected by weapon contamination and to do so in a timely and appropriate manner. Given this, and the ICRC's designated role within the Movement (see pp. 17-18), the ICRC seeks to cooperate closely with the local National Society wherever possible.

EXAMPLES

- Since early 2015, in Yemen, the ICRC has been helping the National Society conduct risk-awareness sessions for National Society personnel, and will continue to do so in 2016.
- In Ukraine, the ICRC implements risk awareness both in cooperation with the National Society and the State Emergency Service of Ukraine in government-controlled areas and with other actors in opposition-held territories. It has provided all parties to the conflict with signs for marking contaminated areas. The ICRC has also shared information with people that live or pass near these areas.
- In the Gaza Strip, the ICRC strengthened its ability to raise awareness of risks related to mines/ERW, and that of the Palestine Red Crescent Society.
- In Myanmar, the ICRC aided the National Society in creating a risk-awareness department, which provides guidance, equipment and training to help the State authorities implement risk-awareness initiatives in areas under their control. With ICRC support, the National Society is also developing its own such capabilities.

RISK REDUCTION

In countries disrupted by conflict, people often have no choice but to farm, collect water and firewood, graze livestock or travel through areas contaminated by mines/ERW. Until these hazards are cleared, incidents can be reduced by providing safer alternatives that are implemented as part of the ICRC's Economic security and Water and habitat sub-programmes. For example, the ICRC establishes/marks safe areas provides alternative fuel/water sources and extends micro-loans to minimize the need for people to go to contaminated areas to carry out their day-to-day activities or earn their livelihoods.

EXAMPLES

- In certain areas of Ukraine, the ICRC contributes to reducing people's exposure to mines/ERW by providing them with coal and firewood and by installing latrines at checkpoints in buffer zones between government-held and opposition-held areas.
- In Armenia and Tajikistan, the ICRC helps the National Societies collect data on mine/ERW victims to assess their needs, with a view to providing them with assistance such as cash grants for businesses.

SURVEYS AND CLEARANCE

In principle, the ICRC will not directly engage in mine/ERW surveys or clearance and will seek to mobilize others who are capable of doing so in line with the IMAS. However, it has the capacity to directly conduct such activities if strict criteria are met, for example, if the ICRC has sole access to a contaminated area. In case these situations arise, the ICRC can deploy explosive ordnance disposal (EOD) specialists as part of its response teams to protect people – including ICRC staff – in contaminated areas. In addition, the ICRC has an agreement with the Swedish Civil Contingencies Agency that enables the latter's personnel and equipment to be seconded to the ICRC for short EOD missions. While the ICRC will not engage in long-term clearance projects, it may provide States with support in this regard, such as technical expertise and training.

EXAMPLES

- In 2015, the ICRC continued to reinforce the abilities of the Zimbabwe Mine Action Centre and of the Zimbabwe National Army to conduct humanitarian demining according to internationally recognized standards.
- In government-controlled and opposition-controlled areas of Ukraine, the ICRC has provided the pertinent authorities with equipment for clearance operations. Such support, along with training if necessary, will continue in 2016.
- In the Lao People's Democratic Republic, the ICRC supports the Lao Mine Action Centre by supporting the medical services that accompany their clearance teams.

PROMOTING LEGAL FRAMEWORKS AND GOVERNMENTAL ACTION

At the normative/societal level, the ICRC contributes to the inclusion of persons with disabilities and to the prevention of disabilities by urging States to meet their obligations under international treaties.

THE UNITED NATIONS CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

The UNCRPD, the first human rights convention of the 21st century, was adopted by the UN General Assembly in December 2006 and opened for signature March 2007; in May 2008, it entered into force. It has been signed by 160 States and ratified by 159 as at September 2015[12].

A human rights instrument with an explicit element of social development, the UNCRPD builds on decades of international efforts to change attitudes and approaches to persons with disabilities. It reaffirms that they must be able to enjoy all human rights and fundamental freedoms; to this end, it clarifies and qualifies how all categories of rights apply to persons with disabilities, and where adaptations have to be made for them to be able to exercise their rights. It also identifies areas where their rights have been violated, and where protection of their rights must be enforced. By encouraging States Parties to reduce the barriers faced by persons with disabilities and to promote their inclusion, it aims to foster a **disability inclusive** society.

Among the articles of particular relevance to the ICRC's work:[13]

- Article 11 recognizes States Parties' obligations under, *inter alia*, IHL and international human rights law. It requires them to take all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including armed conflicts and natural disasters.
- States Parties are required to take measures to ensure that persons with disabilities have access to mobility devices (Article 20) and rehabilitation services (Article 26), and that they enjoy full inclusion and participation in the community (Articles 19 and 26).
- Article 32 mentions that international cooperation should be inclusive of and accessible to persons with disabilities. This is in line with increases in calls for and the promotion of "inclusive humanitarian assistance" by stakeholders.
- Articles 33 and 34 of the Convention and an Optional Protocol[14] aim to ensure the Convention's full implementation, including through the creation of national monitoring mechanisms. At the international level, the Committee on the Rights of Persons with Disabilities[15] is tasked with reviewing States' implementation of the UNCRPD's provisions, and with conducting inquiries on alleged violations.

12. http://www.un.org/disabilities/latest.asp?id=169
13. http://www.un.org/disabilities/default.asp?id=259
14. Available at: http://www.un.org/disabilities/default.asp?id=311.
15. Available at: http://www.un.org/disabilities/default.asp?id=157#committee.

INTERNATIONAL HUMANITARIAN LAW

During international and non-international armed conflicts, persons with disabilities (both civilians and combatants rendered *hors de combat*) benefit from States' obligations under international humanitarian law (IHL) to treat every person not taking part in hostilities humanely, without any adverse distinction founded on race, colour, religion or faith, sex, birth or wealth, or any other similar criteria.

Furthermore, they benefit from special protections for the "wounded and sick" under Article 12 of the First Geneva Convention.[16] The general principle is that the wounded and sick of any party to the conflict must be treated humanely and given – to the extent possible and with the least possible delay – the medical care required by their condition, with no distinction among them on any grounds other than medical ones.

Though the First Geneva Convention does not define the phrase "wounded and sick" – its meaning is a matter of common sense and good faith – Article 8a of the First Additional Protocol to the Geneva Conventions[17] provides that the terms "wounded" and "sick" cover "persons, whether military or civilian, who, because of trauma, disease or other physical or mental disorder or disability, are in need of medical assistance or care and who refrain from any act of hostility." This means that persons with disabilities fall within this category even if they are neither wounded nor sick, or do not require immediate medical care. The Third Geneva Convention[18] also requires that special facilities be established in prisoner of war camps for the care and rehabilitation of persons with disabilities. Lastly, under customary IHL – rules that come from general practice accepted as law, which exist independently of treaty law – the "disabled" and "infirm" are entitled to special respect and protection during conflicts.[19]

THE UPDATED COMMENTARIES ON THE 1949 GENEVA CONVENTIONS AND THEIR 1977 ADDITIONAL PROTOCOLS

In 2011, the ICRC launched a major project to update the Commentaries on the 1949 Geneva Conventions and their Additional Protocols of 1977. The original Commentaries on the Conventions and on the Protocols date back to the 1950s and 1980s, respectively; since then, the Conventions and Protocols have been put to the test. The updated Commentaries seek to capture developments related to the application of the Conventions and Protocols, reflect contemporary reality, and provide an up-to-date legal interpretation. In doing so, it aims to provide legal and practical guidance on how provisions under IHL, including those related to persons with disabilities, are to be applied today and also, in light of the UNCRPD.

THE UNCRPD AND IHL

International human rights law, in particular the UNCRPD, supplements and complements IHL provisions applicable to persons with disabilities. The ICRC will release a factsheet on the topic in 2016, with a view to facilitating States' adoption of domestic legislation protecting persons with disabilities during armed conflicts. Additionally, the ICRC is strengthening its relationship with the Committee on the Rights of Persons with Disabilities and the UN Special Rapporteur on the rights of persons with disabilities.

16. https://www.icrc.org/applic/ihl/ihl.nsf/Treaty.xsp?documentId=4825657B0C7E6BF0C12563CD002D6B0B&action=openDocument
17. https://www.icrc.org/applic/ihl/ihl.nsf/Treaty.xsp?documentId=D9E6B6264D7723C3C12563CD002D6CE4&action=openDocument
18. https://www.icrc.org/applic/ihl/ihl.nsf/Treaty.xsp?documentId=77CB9983BE01D004C12563CD002D6B3E&action=openDocument
19. https://www.icrc.org/customary-ihl/eng/docs/v1_cha_chapter39_rule138

WEAPONS-RELATED TREATIES

Aside from the UNCRPD, which seeks to ensure that persons with disabilities enjoy all human rights and fundamental freedoms fully and equally, and IHL, which offers general and special protection to persons with disabilities during armed conflicts, there is a set of international conventions that focuses on preventing and addressing the effects of mines, cluster munitions and ERW. In particular, these treaties aim to end the use of such weapons and to reduce the dangers posed by unexploded/abandoned munitions; they also aim to ensure that victims receive appropriate assistance.

CONVENTION ON CLUSTER MUNITIONS

Since 2014, 14 States – Belize, Canada, Colombia, Congo, Iceland, Guinea, Guyana, Mauritius, Palestine, Paraguay, Rwanda, Slovakia, Somalia and South Africa – have ratified/acceded to the 2008 Convention on Cluster Munitions, bringing the total number of States Parties to 98, as at 1 October 2015. Moreover, as reported in the *Cluster Munition Monitor*:[20]

- A total of 27 States Parties have destroyed 1.3 million cluster munitions (88% of the total stockpiles declared by States Parties) containing more than 160 million explosive submunitions, as at August 2015.
- 23 States Parties have completed the destruction of their cluster munition stockpiles since the Convention of Cluster Munitions entered into force in 2010.
- At least 69,000 unexploded submunitions were destroyed during clearance operations in 2014.

In addition, all States Parties with cluster munition survivors are providing some form of victim assistance; many of them have taken steps to enhance casualty data-collection activities and/or needs assessments.

ANTI-PERSONNEL MINE-BAN CONVENTION

Although no State has joined the 1997 Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction (Anti-Personnel Mine Ban Convention) since the accession of Oman in 2014 – keeping the number of States Parties to the Convention at 162 – the norm against the use of anti-personnel mines, even among States not yet party to the Convention, remains strong and continues to be reinforced. For example, the United States' 2014 decision to work towards joining the Convention and adopt new policies banning the production and acquisition of anti-personnel landmines has led it to destroy its stockpiles of these weapons and prohibit their use outside of the Korean peninsula.

Today, fewer casualties occur, and their number continues to decrease. According to *Landmine Monitor*:[21]

- 3,308 casualties from anti-personnel mines were recorded globally in 2013 – a 24% decline from 4,325 in 2012. This reflects an incidence rate of 9 casualties per day, or around a third of the rate in 1999 (25 per day).
- More than 1.48 million anti-personnel mines have been removed from the ground over the past 5 years, and approximately 973 square kilometers of mined area has been cleared.
- 27 States Parties have now completed their clearance obligations, freeing land for communities' use.

20. http://www.the-monitor.org/media/2135498/2015_ClusterMunitionMonitor.pdf
21. http://www.the-monitor.org/media/1716915/Landmine-Monitor-2014-Web.pdf

- Most States Parties have completed the destruction of their stockpiles, collectively destroying more than 48 million stockpiled anti-personnel mines, including more than one million destroyed in 2013.

Efforts to assist victims continue, including those that are part of broader development programmes/initiatives under the UNCRPD.

CONVENTION ON CERTAIN CONVENTIONAL WEAPONS

The 2003 Protocol on Explosive Remnants of War (Protocol V to the 1980 Convention on Certain Conventional Weapons) seeks to reduce the impact of unexploded/abandoned ordnance on people by clearly defining the responsibilities of parties to a conflict in this regard – particularly, to remove such ordnance and to protect civilians, pending clearance. As at November 2015, 87 countries adhere to this Protocol.

Although not included as part of the Protocol when it was negotiated, a Plan of Action on Victim Assistance has also been adopted by States Parties to help ensure that those affected by these weapons receive the care they require. Full national implementation of the Protocol is key to achieving its goals, and work must now focus on the steps necessary to fulfil its provisions. These steps include: the creation of national systems to record, retain and release information on all munitions used during hostilities; the establishment of the necessary mechanisms to facilitate the issuance of adequate warning to civilians; and the rapid clearance of ERW.

CHALLENGES TO IMPLEMENTATION, AND THE INTERNATIONAL RESPONSE

Despite the progress made in connection with these treaties, some major challenges remain:

- There are reports of anti-personnel mines and cluster munitions being used in several recent conflicts, which demonstrates the need to boost the promotion of these treaties and further strengthen the norm against their use in all circumstances.
- Many survivors of mines, cluster munitions and ERW and their families, particularly those who live in remote or rural areas, still lack access to rehabilitation services.
- Although the deadline for destroying stockpiles has passed, three States Parties to the Anti-Personnel Mine Ban Convention still possess over 9 million anti-personnel mines.
- National and international efforts need to be strengthened to ensure the clearance of contaminated land and reduce the need for extending clearance deadlines.
- The provisions of each convention must be fully implemented at the national level and integrated into military doctrine and training. This includes the adoption of national legislation to prevent and suppress violations of the Anti-Personnel Mine Ban Convention and the Convention on Cluster Munitions.

Since the effectiveness of such treaties depends on increasing the number of States that adhere to them and implement their provisions, the ICRC works closely with States and the secretariats of these treaties to support ratification of/adherence to them, and the implementation of their provisions. It also promotes these conventions through national/regional events. In addition, the ICRC, together with National Societies worldwide, maintains mine action among its priorities and does its utmost to ensure that States provide assistance for the weapon-wounded (including victims of mines, cluster munitions and ERW) as well as for risk-reduction, risk-awareness and clearance activities.

In addition, States themselves have taken action in an effort to address these challenges:

- The Dubrovnik Action Plan, which outlines specific measures to guide the implementation and universalization of the Convention over the next five years, was adopted by the States Parties at the First Review Conference of the Convention on Cluster Munitions held in Croatia, in September 2015. States Parties also issued a strong political declaration reaffirming their commitment to the goals of the Convention and condemned any use of cluster munitions by any actor.
- At the Third Review Conference of the Anti-Personnel Mine Ban Convention – held in Maputo, Mozambique last June 2014 – the States Parties affirmed their ambition to ensure that the time-bound obligations to the Convention are met by 2025; that there are no new anti-personnel mine victims; and that mine survivors benefit from full and equal participation in their societies. They also adopted the Maputo Action Plan 2014–2019[22] , aimed at guiding their efforts to end the suffering caused by anti-personnel mines and to address challenges related to the Convention's implementation.
- Steps to further the implementation of Protocol V's provisions will be discussed by States Parties at the Review Conference of the Convention on Certain Conventional Weapons in late-2016.

22. Available at: http://www.maputoreviewconference.org/fileadmin/APMBC-RC3/3RC-Maputo-action-plan-adopted-27Jun2014.pdf

FINANCE

ICRC SPECIAL APPEAL: DISABILITY AND MINE ACTION 2016

PROGRAMME	BUDGET IN KCHF
PHYSICAL REHABILITATION (ICRC)	82,081
MINE ACTION/WEAPON CONTAMINATION	7,926
TOTAL ICRC SPECIAL APPEAL	**90,007**
TOTAL SFD APPEAL	**5,370**

COMMENTS

The **ICRC**'s physical rehabilitation and mine-action/weapon-contamination activities account for a total of **CHF 90 million**. **Annex 3 (on p. 30)** provides the budget by country. The **SFD**'s activities are not part of ICRC-budgeted field activities and have a separate budget. These account for an additional **CHF 5.4 million**. **Annex 4** (**on p. 31**) provides the budget by country.

Donations to the *Special Appeal* can be earmarked to the ICRC or to the SFD; contributions without further earmarking are encouraged. Subject to donors' consent, contributions to the *Special Appeal* as a whole (non-earmarked) will be allocated to both the ICRC and the SFD pro-rata, based on their budgets; for 2016, the allocation will be 94% to the ICRC and 6% to the SFD.

Funds will be subject to standard ICRC operational reporting, auditing and financial control procedures. Narrative reporting on ICRC activities will be available via:

- the website (www.icrc.org), which publishes articles, press releases and other content;
- the *Midterm Report*[23] on operations by context;
- the *Annual Report*[24], which details operations/achievements by context and work at headquarters; and
- the *Special Report* that will follow this *Special Appeal*[25].

Financial reporting on ICRC activities will be available in:

- the *Annual Report*, which includes the yearly consolidated financial statement, the independent auditor's report, and financial and statistical tables; and

23. Available at: http://extranet.icrc.org/extranet/rexdonors/content.nsf/html/Library?OpenDocument&Category=Mid-term%20Report
24. Available at: https://www.icrc.org/en/annual-report
25. Available at: http://extranet.icrc.org/extranet/rexdonors/content.nsf/html/Library?OpenDocument&Category=Special%20Appeals%20And%20Reports

- the annual Special Auditor's Report on the Special Appeal.

Narrative and financial reporting on the SFD's activities will be available on its website (http://sfd.icrc.org/).

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ANNEXES

ANNEX 1: ICRC PHYSICAL REHABILITATION PROGRAMME (ACTIVITIES INCLUDED IN THE 2016 SPECIAL APPEAL)

DELEGATION	COUNTRY/TERRITORY
AFRICA	
Burundi	Burundi (1)
Central African Republic	Central African Republic (1)
Chad	Chad (2)
Congo, Democratic Republic of the	Congo, Democratic Republic of the (4)
Dakar (regional)	Guinea-Bissau (1)
Ethiopia	Ethiopia (10)
Mali	Mali (4)
Niger	Niger (2)
South Sudan	South Sudan (3)
Tunis (regional)	Algeria/Western Sahara (1)
AMERICAS	
Colombia[26]	Colombia (8)
Mexico (regional)	Guatemala (3)
	Honduras (2)
	Mexico (2)
ASIA AND THE PACIFIC	
Afghanistan	Afghanistan (8)
Bangkok (regional)	Cambodia (5)
	Lao People's Democratic Republic (3)
Bangladesh	Bangladesh (2)
Beijing (regional)	China (1)
	Democratic People's Republic of Korea (1)
Myanmar	Myanmar (5)
Nepal	Nepal (2)
New Delhi (regional)	India (6)
Pakistan	Pakistan (8)
Philippines	Philippines (1)
EUROPE AND CENTRAL ASIA	
Ukraine	**Ukraine (2)**
NEAR AND MIDDLE EAST	
Iraq	Iraq (9)
Israel and the Occupied Territories	occupied Palestinian territory (1)
Lebanon	Lebanon (2)
Syrian Arab Republic	Syrian Arab Republic (2)
Yemen	Yemen (5)

26. Activities conducted in part within the framework of an integrated project with the Norwegian Red Cross.

ANNEX 2: ICRC/NATIONAL SOCIETY MINE ACTION (ACTIVITIES INCLUDED IN THE 2016 SPECIAL APPEAL)

DELEGATION	ICRC ACTIVITIES	IMPLEMENTATION IN COOPERATION WITH THE NATIONAL SOCIETY
AFRICA		
Harare (regional): Zimbabwe	Risk awareness Survey and clearance[27]	X
Morocco	Risk awareness	X
ASIA AND THE PACIFIC		
Bangkok (regional): Lao People's Democratic Republic	Survey and clearance	X
Myanmar	Risk awareness Risk reduction	X X
New Delhi (regional): India	Risk awareness Risk reduction	
Pakistan	Risk awareness Risk reduction	
EUROPE AND CENTRAL ASIA		
Georgia	Information management	X
Moscow (regional): Russian Federation (Chechnya)	Information management Risk awareness	X X
Tashkent (regional): Tajikistan	Information management Risk awareness Risk reduction	X X
Ukraine	Information management Risk awareness Risk reduction Survey and clearance	X X X
NEAR AND MIDDLE EAST		
Iran, Islamic Republic of	Information management Risk awareness Survey and clearance	X
Israel and the Occupied Territories	Risk awareness Survey and clearance	
Iraq	Risk awareness Survey and clearance	X
Yemen	Risk awareness Survey and clearance	

27. In most cases, survey and clearance activities take the form of training and technical support for other actors. For more information, see *Surveys and clearance* on p. 19.

ANNEX 3: ICRC FINANCIAL DETAILS[28]

DELEGATION	ICRC FINANCIAL DETAILS		
	PHYSICAL REHABILITATION	MINE ACTION/WEAPON CONTAMINATION	TOTAL
AFRICA			
Burundi	377,759		377,759
Central African Republic	440,609		440,609
Chad	577,810		577,810
Congo, Democratic Republic of the	1,860,115		1,860,115
Ethiopia	3,950,343		3,950,343
Mali	1,452,905		1,452,905
Morocco		300,276	300,276
Niger	830,961		830,961
South Sudan	5,056,854		5,056,854
Sudan	3,103,340		3,103,340
Dakar (regional)[29]	832,441		832,441
Harare (regional)[30]	1,025,289	346,598	346,598
Tunis (regional) [31]		51,333	1,076,622
TOTAL	**19,508,425**	**698,207**	**20,206,632**
AMERICAS			
Colombia[32]	1,690,245		1,690,245
Mexico City (regional)	694,557		694,557
TOTAL	**2,384,802**		**2,384,802**
ASIA AND THE PACIFIC			
Afghanistan	24,002,631		24,002,631
Bangladesh	1,304,423		1,304.423
Myanmar	2,739,946	957,767	3,697,714
Nepal	237,480		237,480
Pakistan	6,002,356	1,084,610	7,086,966
Bangkok (regional) [33]	2,260,045	118,000	2,378,045
Beijing (regional)	1,455,050	149,754	1,604,803
New Delhi (regional) [34]	1,790,357	35,453	1,825,811
TOTAL	**39,792,289**	**2,345,584**	**42,137,873**
EUROPE AND CENTRAL ASIA			
Ukraine	1,040,349	1,255,021	2,295,370
Moscow (regional)[35]		200,591	200,591
Tashkent (regional) [36]		284,991	284,991
TOTAL	**1,040,349**	**1,740,603**	**2,780,951**
NEAR AND MIDDLE EAST			
Iran, Islamic Republic of		395,223	395,223
Iraq	7,482,729	1,677,567	9,160,296
Israel and the Occupied Territories	1,104,540	731,983	1,836,523
Lebanon	834,593		834,593
Syrian Arab Republic	4,424,640		4,424,640
Yemen	5,508,699	337,130	5,845,829
TOTAL	**19,355,201**	**3,141,903**	**22,497,105**
Grand total	**82,081,066**	**7,926,297**	**90,007,363**

28. The figures in this document are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.
29. In Guinea-Bissau only
30. In Zimbabwe only
31. In Rabouni, Algeria/Western Sahara
32. Activities conducted in part within the framework of an integrated project with the Norwegian Red Cross
33. In Cambodia and in the Lao People's Democratic Republic only
34. In India and in the Jammu and Kashmir region only
35. In the Russian Federation (Chechnya) only
36. In Tajikistan only
37. Gaza Strip only

ANNEX 4: SPECIAL FUND FOR THE DISABLED (SERVICE PROVIDERS SUPPORTED IN 2016 AND FINANCIAL DETAILS)

COUNTRY	SERVICE PROVIDERS SUPPORTED	BUDGETS (CHF)
	AFRICA	
Benin	2	184,874
Côte d'Ivoire	1	77,306
Madagascar	3	385,501
Rwanda	1	223,091
Somalia	3	107,076
Tanzania, United Republic of	2	738,552
Togo	2	903,789
Zambia	1	107,231
Subtotal: 8	Subtotal: 15	2,727,419
	AMERICAS	
Ecuador	1	160,786
El Salvador	3	244,051
Haiti	1	164,302
Nicaragua	5	509,030
Subtotal: 4	Subtotal: 10	1,078,168
	ASIA AND THE PACIFIC	
Vietnam	5	976,548
	EUROPE AND CENTRAL ASIA	
Tajikistan	2	587,822
	Grand Total	
14 countries	32 service providers	5,369,958

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