SPECIAL APPEAL 2018

DISABILITY AND MINE ACTION
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DISABILITY AND MINE ACTION

S. Mansikkanäkä/ICRC
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OVERVIEW

THE SPECIAL APPEAL’S SCOPE

Traditionally, the ICRC has concentrated on mine-action initiatives (see Mine action on p. 11) and on assisting survivors of mines, cluster munitions and explosive remnants of war (ERW) because of its extensive operational presence in areas affected by armed conflict and other situations of violence, and its role in developing and implementing international humanitarian law (IHL) and related legal frameworks. As such, previous Special Appeals and Special Reports focused on mine action.

Over the years, the ICRC focused on helping persons with physical disabilities by providing them with physical rehabilitation services, including assistive devices and physiotherapy. In light of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), adopted in 2006, the ICRC has begun to work towards addressing the specific needs of persons with physical disabilities through a broader approach that includes economic initiatives and social inclusion projects.

This Special Appeal covers the funding requirements for physical rehabilitation activities for all persons with physical disabilities – including people injured by clashes, mines or ERW, other victims of violence and people with physical disabilities even before the conflict/other violence – as well as for initiatives related to mine action.

This document also covers the budget of the ICRC MoveAbility Foundation (formerly known as the ICRC Special Fund for the Disabled or SFD), an organization that is supported by the ICRC as part of its strategy for physical rehabilitation; information on MoveAbility’s relationship with the ICRC and on its activities can be found on p. 29 and on its website.

EXECUTIVE SUMMARY

In line with its mandate, the ICRC implements a holistic, multidisciplinary and needs-based approach to helping protect the life and dignity of people affected by armed conflicts or other situations of violence and providing them with assistance. At the same time, it recognizes that such situations affect different groups of people in different ways. Factors related to age, disability, diversity and gender can influence people’s vulnerability – the degree to which they are exposed to a risk or shock, and how they are able to cope – and affect their access to protection and assistance.

The ICRC’s work for the benefit of persons with disabilities can be integrated or targeted. When it is integrated, the ICRC considers the particular vulnerabilities and capabilities of persons with disabilities in the design and implementation of its activities; when it is targeted, the ICRC develops initiatives that aim to specifically address their needs; currently, the ICRC focuses on helping people with physical disabilities.

Access to rehabilitation services is key to helping persons with physical disabilities fully enjoy their rights and participate in society; during armed conflicts and other situations of violence, they face additional challenges in availing themselves of these services. Through its Physical Rehabilitation Programme (PRP), the ICRC assists all persons with physical disabilities, including victims of clashes, cluster munitions, mines and ERW. In particular, it helps reduce the barriers to obtaining appropriate care by helping develop national capacities and by directly providing people with physical rehabilitation services. Depending on the prevailing needs and political context, the MoveAbility Foundation may be engaged.

In 2018, some 401,700 persons with physical disabilities will benefit from 208 projects (such as physical rehabilitation centres, component factories and training institutions) supported by the ICRC. The ICRC will also construct new physical rehabilitation centres in the Democratic Republic of the Congo, Mali and Nigeria.

1. MoveAbility Foundation website; all web addresses accessed February 2018.
The ICRC’s support will take various forms. For example, the ICRC will support centres that cater to the needs of persons with physical disabilities who live far from existing facilities, and subsidize patients’ transport, treatment and accommodation expenses. It will also provide centres’ staff with technical guidance, training and scholarships, and develop and/or promote treatment guidelines based on internationally recognized standards, with a view to improving the quality of available services.

To ensure that persons with disabilities have sustainable access to these services, the ICRC will work 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. The ICRC will also help facilitate the social and economic inclusion of persons with disabilities through other means, including sports and livelihood activities.

The ICRC will endeavour to prevent and mitigate the effects of weapon contamination – both mines/ERW and chemical, biological, radioactive, and nuclear materials (CBRN). Whenever possible, it will work with National Red Cross and Red Crescent Societies (hereafter National Societies), with their extensive local networks and understanding of the contexts in which they operate. For the ICRC, managing risks posed by conventional weapons and CBRN must be viewed in light of institutional imperatives to: ensure the safety and security of staff; continue operations and ensure institutional integrity; and fulfill the mandate to protect and assist victims of conflict and other situations of violence.

In 2018, the ICRC, with the help of the pertinent National Societies, will implement initiatives to mitigate the effects of mines/ERW and CBRN in 33 contexts. In the Syrian Arab Republic (hereafter Syria), the ICRC will continue to expand its activities in this field, building on the progress it made in 2017. The ICRC’s Weapon Contamination Unit will also continue to help delegations mitigate the risks they face while conducting their operations in contexts affected by ongoing armed conflicts, including Iraq, Myanmar, Syria, Ukraine and Yemen.

Initiatives to reduce the impact of weapon contamination include interventions to raise awareness of its risks and promote safe behaviour among affected communities (with key messages tailored to the context, the hazard and the target groups identified during assessments) and technical interventions to remove or reduce the hazard. The ICRC will directly engage in the latter activities if certain conditions are met and a specific added value is identified, such as when the ICRC has sole access to an area where weapon contamination has a humanitarian impact on nearby communities.

At the normative and/or societal level, the ICRC will urge parties to armed conflicts to meet their obligations under IHL (both the general protection afforded to civilians and the specific protection afforded to people with disabilities) and States to meet their obligations under the UNCRPD.

The ICRC will also promote the implementation of the provisions of weapons-related treaties, especially those related to the use of weapons that are of particular concern to humanitarian actors, and those related to assistance for victims. By organizing national and regional events and working closely with States, National Societies and these conventions’ secretariats, it will promote ratification of and/or 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.

To carry out its physical rehabilitation and mine-action/weapon-contamination activities (listed in pp. 16-28 and pp. 34-35) in 2018, the ICRC seeks:

**CHF 97.6 million**

To cover its activities in 2018, the MoveAbility Foundation seeks:

**CHF 6.5 million**
CONTEXT AND ICRC RESPONSE

PERSONS WITH DISABILITIES

According to the 2011 World Report on Disability published by the World Health Organization and the World Bank, persons with disabilities often have difficulty availing themselves of basic services, including health care, education and transportation; they also have fewer economic opportunities, forcing many of them into poverty and excluding 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 treatment, transportation and other expenses.

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 report by Handicap International 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, 27% were psychologically, physically or sexually abused, and 38% suffered increased


3. Available at: https://d3n8a8pro7vhmx.cloudfront.net/handicapinternational/pages/1479/attachments/original/1443729529/_Handicap_International_Disability_in_humanitarian_context.pdf?1443729529
psychological stress and/or disorientation. Lastly, the report found that crises can increase the number of persons with disabilities, owing to new injuries from clashes and to the collapse of essential services, which leads to a lack of quality medical care.

Detainees with disabilities face numerous challenges in obtaining appropriate care while they are in places of detention.

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

Armed conflicts, regardless of their duration, often leave behind an array of lethal explosives. Even after the fighting stops and peace agreements are signed, unexploded landmines, cluster munitions and explosive remnants of war (ERW) remain where they were laid, delivered or abandoned. Until they are cleared or destroyed, they continue to have the potential to kill and injure thousands of people yearly, and disrupt the livelihoods of many more.

The Landmine and Cluster Munition Monitor reported that 8,605 casualties were recorded in 56 States and other areas in 2016 – as compared to 6,967 casualties recorded in 2015. Civilians continued to make up most of the casualties (78% of the total); 42% of the civilian casualties were children. Landmines – including anti-personnel mines and improvised devices – caused at least 3,570 casualties.

A couple of factors contributed to this increase in the number of recorded casualties: for instance, more mine/ERW casualties were recorded in certain conflict-affected countries, such as in Libya, Ukraine and Yemen. The number of global casualties recorded by the Landmine and Cluster Munition Monitor in 2016 amounts to the highest annual total in recent years. The year also saw the highest annual number of casualties caused by improvised mines ever recorded by the Monitor since it started recording casualties in 1999.

Many States sustained their efforts to reduce the human cost of mines, cluster munitions and ERW, and continued to accept the norms governing the use of such weapons. International financial support for mine action increased in 2016, reaching USD 479.5 million (a 22% increase from 2015). However, there were also concerns that some States party to 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) did not seem to be on track to meet their mine-clearance deadlines.

THE ICRC’S RESPONSE

Since the mid-2000s, disability inclusion has received increased international attention – particularly 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.

In 2012, the ICRC formed a working group that was tasked with creating and implementing a framework for its action in favour of persons with disabilities, in order to establish orientations and priorities at the operational and institutional levels. In July 2014, the Directorate approved the main orientations of this framework, and a plan to further support persons with disabilities at all levels of the organization. The working group, led by the Department of Operations, continues to meet regularly. 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.


5. Landmine Monitor 2016 cited a figure of 6,461 mine/ERW casualties for 2015, however the number of casualties for 2015 and past years has been adjusted with newly available data.
THE ICRC’S APPROACH TO DISABILITY

Building on the above-mentioned initiatives, in 2015, the ICRC set out to develop a more comprehensive approach that takes into account different and intersecting vulnerabilities and capabilities related to age, disability, diversity and gender. This approach recognizes the need to understand who is vulnerable to which particular risk at a particular time, rather than considering specific groups as inherently vulnerable.

In terms of its integrated response, the ICRC strives to ensure that activities within its wider humanitarian response are adapted to the specific needs and capabilities of people with disabilities. Its efforts to do so are structured around four concepts:

- **Dignity**: safeguarding the dignity of people affected by conflict and other situations of violence lies at the heart of the ICRC’s mission. Since these situations affect different groups of people in different ways – for instance, depending on factors related to age, disability, diversity and gender – the ICRC’s activities must protect their dignity in a way that takes their different experiences of conflict or violence into account.

- **Access**: all individuals and sub-groups within an affected community should have access to ICRC programmes. Four dimensions must be considered: non-discrimination, physical accessibility, economic affordability and the accessibility of information.

- **Participation**: activities should be designed, implemented and monitored with the full, equal and meaningful participation and involvement of the people affected. Addressing the needs of those with specific needs or particular vulnerabilities related to gender, age, disability and other similar diversity-related factors therefore demands dialogue with them and their inclusion in all participatory processes.

- **“Do no harm”**: underpinning all ICRC activities is the commitment to do no harm. This means ensuring that ICRC programmes and activities do not further expose individuals, households and communities to physical hazards, violence, discrimination or other abuses, or exacerbate pre-existing vulnerabilities.

In terms of its targeted response to the needs of persons with disabilities, the ICRC undertakes initiatives that aim to specifically address their needs. Currently, it focuses on helping people with physical disabilities (see Assisting persons with physical disabilities on pp. 13-29). It also urges States to respect the rights of people with disabilities, as laid out in IHL and the UNCRPD (see IHL and the UNCRPD on pp. 37-38).

Additionally, the ICRC is reinforcing its efforts to:

- ensure that ICRC-supported health facilities and ICRC offices are accessible to 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.

MOVEMENT-WIDE STRATEGIC FRAMEWORK ON DISABILITY INCLUSION

The ICRC has committed to working with other components of the International Red Cross and Red Crescent Movement (hereafter the Movement) to support all aspects of the inclusion of persons with disabilities. Its activities in this regard are aligned with the resolution on “Promoting Disability Inclusion in the International Red Cross and Red Crescent Movement”, which was adopted at the Movement’s Council of Delegates in 2013, and the Movement-wide Strategic Framework on Disability Inclusion, which was adopted at the Council of Delegates in 2015. The Strategic Framework articulates three strategic objectives:

- all components of the Movement adopt a disability-inclusive approach;

- persons with disabilities have equal access to the services and programmes the Movement provides, thereby enabling their inclusion and full participation; and

all components of the Movement endeavor to change mindsets and behaviour in order to promote respect for diversity, including disability inclusion.

The ICRC’s Physical Rehabilitation Programme and the ICRC MoveAbility Foundation contribute to the implementation of this Movement-wide Strategic Framework by providing a disability-specific service that supports the inclusion of persons with physical disabilities in their communities.

MINE ACTION

The ICRC undertakes specific initiatives to prevent and address the effects of mines, cluster munitions and ERW, including the physical disabilities they may cause. It is uniquely positioned to help mitigate the consequences of using such weapons, thanks to its extensive operational presence in areas affected by ongoing or past conflicts and other violence, its specific role in developing and implementing IHL, and its global partnerships with National Societies. It carries out this work by implementing activities in the field (see Reducing the impact of weapon contamination on pp. 30–36) and by promoting pertinent legal frameworks (see Promoting legal frameworks and governmental action on pp. 37–39). Furthermore, a significant number of people who benefit from the ICRC’s support for physical rehabilitation services and its initiatives to facilitate the social and economic inclusion of persons with physical disabilities (see Assisting persons with physical disabilities on pp. 13–29) are survivors of mines, cluster munitions and ERW. States party to the Anti-Personnel Mine Ban Convention, which have acknowledged their responsibility towards a significant number of landmine survivors, will continue to receive support for facilitating people’s access to physical rehabilitation services. These States include Afghanistan, Burundi, Cambodia, Colombia, the Democratic Republic of the Congo (hereafter DRC), Ethiopia, Guinea-Bissau, Iraq, South Sudan, Sudan and Yemen.

The ICRC also encourages States to accede to weapons-related treaties and implement their provisions, particularly those related to the use of such weapons and to assistance for victims (see Promoting legal frameworks and governmental action on pp. 37–39).
SPECIAL APPEAL: ICRC PHYSICAL REHABILITATION AND PREVENTIVE MINE-ACTION PROGRAMMES 2018

(*) = In the budgets presented in the ICRC Appeals 2018: Operations, numerous preventive activities have been defined as part of other ICRC programmes or sub-programmes. Economic security, water and habitation of communities, economic security, water and habitation of communities, economic security, water and habitation of communities.

The maps in this report are for illustrative purposes only and do not express an opinion on the part of the ICRC.

Presented in this Special Appeal:
- ICRC physical rehabilitation programme
- Service providers supported by the ICRC
- MoveAbility Foundation (formerly known as the Special Fund for the Disabled)
- ICRC/National Society Preventive Mine-Action Programme (*)
ASSISTING PERSONS WITH DISABILITIES

Through its Physical Rehabilitation Programme (PRP) and the MoveAbility Foundation (formerly known as the Special Fund for the Disabled, or SFD), the ICRC works to address the needs of all persons with physical disabilities, especially those caused by clashes, cluster munitions, mines and ERW, as well as those arising from certain medical conditions. To this end, it develops national capacities in physical rehabilitation and directly provides services, including physiotherapy and the fitting of prostheses and orthoses.

Both the PRP and MoveAbility are also strengthening their efforts to facilitate the inclusion of persons with disabilities in their communities through other means – for example, by helping them gain or regain access to education, undertake livelihood activities and participate in sports.

The PRP’s approach to addressing the needs of persons with disabilities is detailed in the following section, and information on its plans for 2018 can be found on pp. 16–28; an overview of the MoveAbility Foundation, including its relationship with the ICRC and its main activities for 2018, can be found on p. 29 and on its website.  

THE APPROACH

Although the ICRC had engaged in some physical rehabilitation activities before 1979, the establishment of the PRP that year marked the beginning of the organization’s long-term commitment in this field. Over time, the ICRC has acquired a leadership position in physical rehabilitation, mainly because of the worldwide scope of its activities, its technical expertise, and its long-term commitment to the projects it supports.

The ICRC has continued to diversify and expand its operations, from 2 centres in 2 countries in 1979, to 150 supported projects in 33 contexts at the time of writing. In several of these contexts, physical rehabilitation services were minimal or non-existent until the ICRC helped establish them; more than half of the centres that the ICRC supports were built with substantial ICRC funding.

Polypropylene technology developed by the ICRC is used by several organizations involved in physical rehabilitation, particularly in lower-income countries. This technology has several advantages: it is simple, inexpensive, adaptable to individuals’ specific needs and aligned with internationally recognized standards; moreover, the devices and components produced using this technology are durable, comfortable, easy to use and maintain, and compatible with climates in different regions. It has also been endorsed for use in lower-income countries in several reports published by the International Society for Prosthetics and Orthotics.

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. These projects are also planned, implemented and monitored in a way that takes people’s life-long needs into account; this helps ensure, for instance, that those who have received a device can avail themselves of repair services or new devices when necessary.

The ICRC’s main aims with regard to assisting persons with disabilities are to improve the accessibility, quality and long-term sustainability of physical rehabilitation services for them and to facilitate their social and economic inclusion through other means.

To achieve these objectives, the ICRC takes an approach that accounts for both national systems and the people that they serve. It supports the national physical rehabilitation sector, with a view to ensuring that the sector can provide and manage services and can help people in accessing them. For instance, the ICRC helps construct or renovate facilities; donates components, raw materials, equipment, machines and tools; trains local personnel; and guides the development of national strategies for physical rehabilitation, in collaboration with national and/or local authorities such as ministries of health, education, or social affairs. In parallel, the ICRC provides people with direct assistance for accessing physical rehabilitation services. For example, it subsidizes the transport, accommodation and treatment expenses of economically vulnerable patients when necessary.

The ICRC combines various modes of action to optimize its impact: persuasion, support, substitution and mobilization. The mode of action used, and the level and type of assistance, both depend on the situation – in particular, the specific barriers that are present and the possibility of working with a local partner.

**IMPROVING ACCESS TO SERVICES**

The ICRC takes all possible measures to help 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, and that the specific needs of women, children and particularly vulnerable people are also taken into account. In addition to subsidizing people’s expenses when needed, the ICRC also helps centres conduct outreach activities, and in some cases, helps construct facilities in remote areas.

**ENHANCING THE QUALITY OF SERVICES**

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. It 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. Furthermore, the ICRC conducts various activities to improve the quality of services and sharpen the skills of physiotherapists, orthotists, prosthetists and other technical or clinical staff.

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8. More information on this technology can be found in this document: [https://www.icrc.org/eng/assets/files/other/icrc-002-0913.pdf](https://www.icrc.org/eng/assets/files/other/icrc-002-0913.pdf)

9. For more on the ICRC’s modes of action, see the [ICRC management framework and descriptions of programmes](https://www.icrc.org/eng/assets/files/other/icrc-002-0913.pdf) in the ICRC Appeals: Operations 2018
PROMOTING THE LONG-TERM AVAILABILITY OF SERVICES

In most contexts, the ICRC works with and helps strengthen the capacities of local institutions: health and social affairs ministries, National Societies, organizations of persons with disabilities and other non-governmental organizations (NGOs), and private entities. Senior staff, for instance, are advised on the management of their budget, inventory and personnel. Local bodies or platforms tasked with coordinating the national physical rehabilitation sector receive technical guidance as they develop and implement plans for strengthening the sector’s sustainability.

Where necessary, the continuity of a project is ensured through the MoveAbility Foundation (see page 29); this takes into account the ICRC’s residual responsibilities and reduces the risk of losing investments in human resources and infrastructure.

FACILITATING THE SOCIAL AND ECONOMIC ASPECTS OF INCLUSION AND PARTICIPATION

Enabling persons with physical disabilities to gain or regain mobility is an important step toward fostering inclusion; for instance, after receiving corrective surgery and/or assistive devices, children are able to attend school and adults are able to undertake livelihood activities.

But physical rehabilitation alone is often insufficient. Thus, the ICRC also strives to facilitate the economic and social aspects of inclusion through other means, so that persons with disabilities can fully enjoy their rights and live in dignity. For instance, children are given financial support for transportation, tuition and other education-related expenses, while adults are provided with vocational training, job placement assistance, and cash grants for micro-economic initiatives. In addition, the ICRC provides support for football and other sporting activities for persons with disabilities; these activities contribute to their psychological well-being and highlight their abilities rather than their disabilities, contributing to a positive perception of them.

Furthermore, the ICRC supports 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 pp. 37–39).

PLANS FOR 2018

GLOBAL HIGHLIGHTS

► In 2018, some 401,700 persons with physical disabilities will benefit from 208 projects – such as physical rehabilitation centres, component factories and training institutions – supported by the ICRC. The ICRC will also help construct new physical rehabilitation centres in the DRC, Mali and Nigeria.

► The ICRC will help strengthen the capacity of physical rehabilitation sectors in various contexts by supporting prosthetics and orthotics educational institutes and/or providing scholarships to students (for example, in Pakistan, Sudan and Yemen).

► Operations in Afghanistan, Iraq, Myanmar, Pakistan, South Sudan, Syria and Yemen are the PRP’s largest worldwide; in most of these contexts, the ICRC will continue to be the main international organization supporting the national physical rehabilitation sector. It will continue to run seven physical rehabilitation centres in Afghanistan, one centre in Iraq, and one centre in Syria.

► The ICRC will continue to help governments develop and/or implement national plans of action or policies for the provision of physical rehabilitation services – for example, in Colombia, Ethiopia, Iraq, Mali and Niger. In Pakistan, a private body that was established by local actors with the ICRC’s support will receive funding for its operating costs, as it undertakes measures to support the national physical rehabilitation sector, including obtaining and delivering prosthetic/orthotic components and raw materials to physical rehabilitation centres and training technicians.

► ICRC support will enable persons with physical disabilities to launch or sustain micro-economic initiatives (for example, in Afghanistan, Cambodia and South Sudan), receive vocational training (for example, in Afghanistan and South Sudan), have access to education (for example, in Afghanistan, South

10. More detailed examples and beneficiaries’ stories can be found here: https://app.icrc.org/app/football/index.html/
Cambodia and the DRC), and participate in sporting events (for example, in Bangladesh, Ethiopia, Israel and the occupied territories, Lebanon, Mali, Niger and Pakistan).

- Advocacy and communication initiatives carried out with local partners – for instance, in Bangladesh, Guinea-Bissau, Iraq, Israel and the occupied territories, Myanmar, Pakistan, Syria and Ukraine – will aim to help persons with physical disabilities learn more about the services available to them, raise awareness of their rights and the challenges that they face, and/or mobilize other actors to support the sector.

DETAILS PER CONTEXT

The following table provides details on activities that are budgeted specifically under the physical rehabilitation sub-programme of the ICRC’s Assistance programme.

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<td><strong>AFRICA</strong></td>
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<td><strong>CENTRAL AFRICAN REPUBLIC</strong></td>
<td>To improve the quality and accessibility of physical rehabilitation services, the ICRC will maintain its support for a centre producing prostheses and orthoses, and continue to make preparations for the construction of a new rehabilitation centre. It will take steps to raise awareness of the services available for persons with physical disabilities, and help further the public’s understanding of issues related to the social integration of persons with disabilities.</td>
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| **Plan of action and indicators** | - continue to provide supplies, equipment and technical guidance for a centre producing prostheses and orthoses  
- support specialized training for technicians and physiotherapists  
- conduct awareness-raising campaigns about physical rehabilitation services, and about the social integration of persons with disabilities  
- maintain efforts to set up a new physical rehabilitation centre |
| **CONGO, DEMOCRATIC REPUBLIC OF THE** | The ICRC will maintain its support for three physical rehabilitation centres and a components factory in Kinshasa and the Kivu provinces, to help them improve their services and to become self-sufficient, financially and operationally. It will also pursue initiatives to foster the socio-economic inclusion of people with physical disabilities, while encouraging the authorities and other stakeholders to prioritize the sustainability of the physical rehabilitation sector.  
Construction of the country’s first centre of reference for physiotherapy and orthopaedic services, on the grounds of the general hospital in Kinshasa, will begin. This project, carried out under the ICRC’s Programme for Humanitarian Impact Investment\(^{11}\), in partnership with the private sector, will help make physical rehabilitation services accessible to more people in the DRC. |
| **Plan of action and indicators** | - give material and technical support to three physical rehabilitation centres and a components factory, to the benefit of some 1,000 patients; offer psychosocial support to patients and/or refer them to ICRC-supported counselling centres  
- facilitate the participation of selected personnel from the centres in training courses and/or events, in the DRC and elsewhere; cover the tuition of personnel taking courses in prosthetics and orthotics in Lomé, Togo  
- with the national Paralympic committee, organize sports events and build a sports field for athletes with physical disabilities  
- give children with physical disabilities financial support for continuing their schooling |

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\(^{11}\) The Programme for Humanitarian Impact Investment is a payment-by-results funding mechanism created to encourage social investment from the private sector, focusing on the ICRC’s physical rehabilitation programme. The initial payments by “social investors” will enable the ICRC to build and run three new physical rehabilitation centres in Africa over a five-year period, beginning in 2017. After five years, “outcome funders” will pay the ICRC according to the results achieved. These funds will in turn be used to pay back the social investors partially, in full or with an additional return, depending on how well the ICRC performs in terms of the efficiency of the new centres, according to pre-defined indicators. Independent auditors will verify the ICRC’s reported efficiency in comparison to existing centres.
### ICRC DELEGATION

#### ETIOPIA

The ICRC will continue to help make physical rehabilitation centres more accessible to persons with physical disabilities and to help the centres ensure that their services meet internationally recognized standards. It will focus its efforts on strengthening the provision of physical rehabilitation services in areas most affected by violence. To further broaden access, the ICRC will also assist impoverished patients in remote areas to travel to the centres, making special considerations for women and children. The ICRC will raise awareness among medical professionals of the services available for people with disabilities, to encourage the referral of patients to physical rehabilitation centres for appropriate care.

The ICRC will support the authorities in their efforts to facilitate the sustainability of physical rehabilitation services by, for example, establishing a national strategy to this end. It will give professional associations of prosthetists and orthotists, and of physical therapists – which also train personnel at physical rehabilitation centres – support for developing the pool of qualified workers.

To promote the social reintegration of persons with disabilities through sports, the ICRC will organize training camps and tournaments in cooperation with local associations.

**Plan of action and indicators**

- continue to provide technical and material assistance to nine ICRC-supported physical rehabilitation centres that serve up to 5,100 people with disabilities; cover transportation, food and accommodation costs for up to 500 patients from rural areas
- monitor the quality of the services provided at ICRC-supported centres, through patients’ evaluations and technical assessments
- conduct dissemination sessions for medical professionals, such as doctors at regional hospitals and nurses, on the availability of physical rehabilitation services
- back government agencies and professional organizations providing training in prosthetics/orthotics; give the authorities technical assistance for developing and implementing a national plan of action for persons with disabilities
- support government organizations promoting the social inclusion of people with disabilities, by funding events such as training camps, and by conducting a wheelchair basketball tournament

#### LIBYA

The ICRC will continue to support two physical rehabilitation centres, in Benghazi and Misrata, so that they can make appropriate services available to people with physical disabilities; such support will be extended to an additional centre, in Tripoli, in 2018. The ICRC will work with the staff at these centres to assess the need for mental-health care and psychosocial support among people using the centres’ services. Support for these staff members to develop their capacities, especially by acquiring professional certification, will continue. The ICRC will also seek to promote the social inclusion of persons with disabilities.

Material and other forms of support will be made available to authorities in charge of selected hospitals and physical rehabilitation centres, with a view to ensuring that key facilities in these structures are well-maintained.

**Plan of action and indicators**

- give raw materials, equipment, guidance and financial support to three physical rehabilitation centres, so that they can provide assistive devices and physiotherapy to some 900 people; cover transportation costs for up to 150 people with physical disabilities and their caretakers, so that they can reach ICRC-supported centres
- provide technical advice and financial incentives for up to two specialists at one of the centres; facilitate attendance at courses abroad for up to nine staff members from the three centres
- donate wheelchairs to sports clubs for people with disabilities
### ICRC DELEGATION PLANS FOR 2018

<table>
<thead>
<tr>
<th>Country</th>
<th>Plans and Activities</th>
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<tbody>
<tr>
<td><strong>MALI</strong></td>
<td>The ICRC will provide four centres with support for improving their service quality, for broadening access to care for persons with physical disabilities, including those with disabilities sustained from conflict, and for creating opportunities for their social integration. The ICRC will work with the ministry of solidarity to establish a new physical rehabilitation centre in Mopti; as there are currently no such centres in the region, people need to travel all the way to Bamako to obtain physiotherapy or mobility devices. The new centre will be built and run under the ICRC’s Programme for Humanitarian Impact Investment, with support from the private sector. Psychosocial support for victims of conflict will be made available at ICRC-supported health facilities.</td>
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<tr>
<td><strong>NIGER</strong></td>
<td>To make physical rehabilitation services more readily available to people with disabilities, the ICRC will assist two local providers to strengthen their capacities: the orthopaedic centre at the Niamey hospital, which takes in patients from remote areas; and that in Zinder hospital for patients from southern Niger, including Diffa. The ICRC will provide training and technical advice to help the authorities ensure the sustainability of these centres’ services. Together with the relevant agencies or local organizations, the ICRC will continue to promote the social reintegration of people with disabilities.</td>
</tr>
<tr>
<td><strong>NIGERIA</strong></td>
<td>In response to the lack of physical rehabilitation services in the north-east, the ICRC will work with the University of Maiduguri Teaching Hospital (UMTH) to build a rehabilitation centre; this project will be carried out within the framework of the Programme for Humanitarian Impact Investment, which involves governments and members of the private sector from around the world. The ICRC will also continue to help people with physical disabilities obtain services at the National Orthopaedic Hospital (NOH) in Kano and at the UMTH’s physiotherapy department.</td>
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**Plan of action and indicators**

- support four physical rehabilitation centres – two in Bamako, one each in Gao and Tombouctou – in delivering quality services for up to 12,000 people with physical disabilities, by:
  - supplying the centres with prosthetic/orthotic components, including some to be redistributed to three satellite facilities
  - subsidizing the costs of treatment and devices and, for patients travelling from far-away or remote areas, covering expenses for transport, accommodation and food
  - providing support for maintaining equipment, and technical support for supply-chain management, service protocols and administrative and organizational procedures, including the testing and development of efficiency measures
  - training staff and sponsoring advanced training for prosthetist-orthotists
  - support local associations in organizing sports activities or other initiatives promoting the rights and social inclusion of people with disabilities
  - offer the authorities support for drafting a national strategy to develop the physical rehabilitation sector |

- provide two physical rehabilitation centres – serving up to 1,000 patients – with raw materials, and train their technicians in delivering services
- cover transportation and treatment costs for up to 200 vulnerable patients at these centres
- give the authorities guidance for incorporating physical rehabilitation services in the national health plan to facilitate adequate allocation of resources; sponsor two students to attend courses in prosthetics and orthotics abroad
- provide material or financial assistance to the stakeholders concerned, for instance, to attend seminars on the social inclusion of people with disabilities, or to organize sporting events

- provide the NOH in Kano with training for staff, and equipment and materials for making assistive devices
- cover accommodation costs and travel expenses of patients referred to the NOH, and pay for the devices of children referred to the UMTH for club-foot treatment
The ICRC will help provide access for persons with disabilities to physical rehabilitation services, including physiotherapy and mobility devices, at three physical rehabilitation centres in Juba, Rumbek and Wau. It will work with the authorities to strengthen the sector’s sustainability, and with local NGOs to foster the socio-economic inclusion of people with disabilities.

**Plan of action and indicators**

- provide funds, technical advice, training, supplies and equipment to back the authorities’ efforts to improve the management of three rehabilitation centres
- conduct outreach activities in remote areas, and make referrals, to help up to 3,400 persons with disabilities receive services at the three ICRC-supported centres; cover transportation, food and/or accommodation costs for destitute patients
- cover tuition costs for students attending professional prosthetic/orthotic courses in the country and abroad; organize a workshop to persuade the authorities and other stakeholders to establish a national oversight board for physical rehabilitation professionals
- provide funding and material assistance to local NGOs that offer vocational training, income-generating opportunities or sports programmes for people with disabilities

The National Authority for Prosthetics and Orthotics (NAPO) runs one referral centre in Khartoum, seven physical rehabilitation centres in Damazine, Dongola, El-Obeid, Gadaref, Kadugli, Kassala and Nyala, and one mobile workshop in rural areas. The Cheshire Home, an NGO based in Khartoum, provides physiotherapy and mobility devices to physically disabled children.

In 2018, the ICRC will seek to assist more persons with disabilities than in the past years. It will strengthen NAPO’s capacity to meet the demand for good-quality, affordable rehabilitative care; it will also support NAPO in improving coordination among its centres and sustaining the quality of its services. In cooperation with the authorities, NGOs and other organizations or institutions, the ICRC will support efforts to promote the social inclusion of people with disabilities.

**Plan of action and indicators**

- provide materials, equipment, technical advice, staff incentives and training for NAPO to treat up to 6,000 people with disabilities, and for Cheshire Home to help up to 600 children
- enable up to 200 people from Darfur and West Kordofan to obtain services from the NAPO-run centre in Nyala, by covering their expenses for transportation and food
- give NAPO technical and financial assistance for expanding its managerial capabilities; offer technical advice to NAPO and a local university for developing a course in prosthetics/orthotics
- sponsor NAPO technical staff to attend short training courses; cover tuition and other expenses for NAPO staff studying physiotherapy or prosthetics/orthotics at local universities or abroad
- encourage the actors concerned to conduct vocational training programmes for people with disabilities; donate supplies and equipment to local organizations for sporting activities such as wheelchair basketball
- distribute informational materials on the rights of people with disabilities and the services available to them
The Centro de Reabilitação Motora (CRM) is the only physical rehabilitation centre in Guinea-Bissau. It provides services to people with physical disabilities, including children with clubfoot; based on an agreement that the ICRC signed with the Senegalese mine-action authorities in 2015, it also treats mine/ERW victims referred from Senegal.

The ICRC will continue to support the CRM, with a view to helping it become completely self-sufficient in the provision of services. To reach more people, the ICRC will help the CRM promote its services in remote areas, and facilitate access to it for destitute patients. It will also aid the CRM in strengthening its personnel’s technical and managerial capacities, and in improving the quality of its services.

The ICRC will also work with local organizations to foster the social inclusion of people with physical disabilities.

### Plan of action and indicators

**Guinea-Bissau**

- donate raw materials and components for producing assistive devices, and equipment necessary for providing services, for up to 2,200 people; cover treatment costs for 350 of them, and help 50 mine victims from Casamance cover their expenses for transportation and accommodation
- provide financial and technical support for treating 180 children with clubfoot, and for surgery for 10 of them
- continue to assign two ICRC technicians to the CRM, in order to supervise and train its staff; sponsor CRM personnel to attend technical and management courses abroad
- give the CRM technical advice for implementing surveys and other quality evaluation tools, and for creating a patient-management database
- hold planning workshops for the CRM’s management; urge the authorities and others to provide more funding for the CRM and its patients
- organize awareness-raising campaigns, including events to mark World Physical Therapy Day and the International Day of Persons with Disabilities
- sponsor vocational training for 20 people with disabilities and donate ten sports wheelchairs to a local organization

### Plan of action and indicators

**Western Sahara**

- through an ICRC-supported physical rehabilitation centre, provide some 1,000 disabled Sahrawis with free physiotherapy and assistive devices – including shoes adapted to prostheses; finance travel to the centre for up to 40 vulnerable people with disabilities from remote areas and their companions; conduct outreach activities to provide treatment for people with disabilities in five camps
- provide material, financial and technical assistance to support the functioning of the physical rehabilitation centre; facilitate on-the-job training and mentoring for staff from the centre and the local health administration; sponsor them to attend formal training in physical rehabilitation and in management
- carry out information campaigns to broaden awareness of the services available
- with the local authorities, organize activities to advance the social inclusion of people with disabilities – for instance, training for 130 social workers and 300 mothers and other relatives caring for people with disabilities, and events to mark the International Day of Persons with Disabilities; provide wheelchairs to help patients reintegrate into their communities
<table>
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<tr>
<th>ICRC DELEGATION</th>
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<tr>
<td><strong>AMERICAS</strong></td>
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<td><strong>COLOMBIA</strong></td>
<td>The ICRC will help people with physical disabilities – including children with cerebral palsy, victims of mines/ERW, and detainees – obtain physical rehabilitation services. It will help local providers to deliver their services, and support training institutions. It will also assist government authorities in promoting recognition for physical rehabilitation professionals, and in setting up standards for the provision of wheelchair services. It will promote the social and/or economic inclusion of people with disabilities, particularly people in violence-affected urban areas and detainees. The ICRC will broaden awareness among people with physical disabilities of their rights and the State services available to them. Where such services are inaccessible to them, it will refer them to its partner centres or directly aid the most vulnerable among them.</td>
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<tr>
<td><strong>Plan of action and indicators</strong></td>
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<tr>
<td>💣 inform people with disabilities of the State services available to them; cover the transportation and accommodation expenses incurred by up to 120 particularly vulnerable people in obtaining these services</td>
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<tr>
<td>💣 provide technical and material assistance, and training, regularly to seven physical rehabilitation centres, two providers of assistive devices, and one school for prosthetics and orthotics; refer up to 150 patients to these providers and cover their treatment expenses; with some of these partners, visit and provide services to up to 80 detainees at their places of detention</td>
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<tr>
<td>💣 lend technical support to institutions involved in training prosthetic-orthotic technicians and child care providers</td>
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<td>💣 help government authorities and other relevant actors to form multi-sectoral working groups</td>
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<tr>
<td>💣 assist initiatives promoting the socio-economic inclusion of over 40 people with disabilities, such as the sports projects of the National Paralympic Committee; cover the transportation expenses of some 40 people with disabilities pursuing vocational training or employment opportunities</td>
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| **MEXICO CITY (REGIONAL)** | The ICRC will begin to gradually phase out its direct support for physical rehabilitation centres in Guatemala, Honduras and Mexico. It will therefore focus on helping these centres to become more self-sufficient, operationally and financially. In parallel, the ICRC will continue to help people with disabilities, including returning migrants, receive physical rehabilitation services and cope with their situation. |
| **Plan of action and indicators** | |
| 💣 donate assistive and mobility devices to up to five physical rehabilitation centres: two each in Guatemala and Mexico and one in Honduras; cover treatment, transportation and accommodation costs for up to 120 people, including migrants, receiving treatment at these centres |
| 💣 provide technical guidance for staff and managers at these centres – for instance, through workshops on new techniques in physical rehabilitation; sponsor these personnel and people studying physical rehabilitation to attend courses abroad |
| 💣 in Honduras, offer psychological and psychosocial care to some 130 patients, including returning migrants; train volunteer psychologists to provide such care |

| **WASHINGTON (REGIONAL)** | To promote their social inclusion, the ICRC will support sports activities for people with physical disabilities. |
AFGHANISTAN

People with disabilities will continue to have access to good-quality treatment and/or devices at ICRC-run physical rehabilitation centres or, for those in remote areas, through outreach activities. Housebound patients will receive assistance to ease their living conditions. The ICRC will facilitate disabled patients’ social reintegration through sports and by supporting their pursuit of livelihoods and education. It will help make physical rehabilitation services throughout the country more sustainable – by helping service providers and national health agencies improve their ability to deliver such services, and by gradually handing over the management of facilities to local staff.

Physical rehabilitation centres will be able to improve their services after ICRC-supported maintenance work or repairs at their facilities or after the construction of new facilities.

Plan of action and indicators

- provide some 136,000 people with physiotherapy at seven ICRC-run centres and/or prosthetic/orthotic devices manufactured at an ICRC-supported components factory; conduct outreach activities or support similar initiatives by other organizations
- deliver home-care assistance and specialized medical equipment to paraplegics and other people with disabilities; provide food, household essentials and/or house adaptation services for some 400 people with spinal-cord injuries and their families (around 2,800 people), and kits for 470 people with disabilities and their households (3,290 people) to get their homes ready for winter
- help patients at ICRC-run centres pursue livelihoods or education; more specifically, offer:
  - employment opportunities for 25 people
  - vocational training for 180 people
  - microcredits and training for 400 individuals starting small businesses
  - coverage of school expenses for some 2,000 students, university scholarships for 80 people and transportation allowances for 140
  - home tuition for some 230 housebound youths
- train disabled athletes and organize wheelchair basketball tournaments and other sporting activities
- support providers of physical rehabilitation services via material assistance, technical expertise and professional training offered at an ICRC-supported school; guide Afghan personnel as they gradually take over the management of facilities

BANGLADESH

To help more people with disabilities, particularly those in remote regions, obtain physical rehabilitation services and regain some mobility, the ICRC will increase material and technical support for three physical rehabilitation centres: one in Poyash and the two Centre for the Rehabilitation of the Paralyzed (CRP) branches in Chittagong and Savar. With the National Society, it will broaden awareness of these centres’ services among potential patients; the ICRC will cover transportation costs for destitute people seeking services at the two CRP branches. The ICRC will give technical and material support to sports associations, and provide livelihood projects for people with disabilities, to help them reintegrate into society.

With a view to ensuring the sustainability of local physical rehabilitation services, the ICRC will give staff at the three centres advice for managing their operations and sourcing raw materials. To increase the number of certified physical rehabilitation professionals and teachers in the country, the ICRC will continue to support the prosthetics and orthotics school at the Bangladesh Health Professions Institute (BHPI), and to sponsor students for advanced training abroad.

Plan of action and indicators

- at three centres that serve some 1,600 patients:
  - supply raw materials, equipment and technical support; of these patients, cover transport, food and accommodation costs for up to 700 destitute people
  - give managers advice for streamlining operations; organize advanced training for surgeons and technicians
- at the BHPI, sponsor a course coordinator’s participation in training; cover the educational expenses of 38 BHPI students and four others studying abroad
- with two associations, help organize sporting events and donate equipment to the benefit of 180 people with disabilities; provide income support for destitute patients
- assign six mobile teams to remote areas to refer people with disabilities there to the Chittagong and Savar CRP branches
ICRC DELEGATION

MYANMAR

The ICRC will assist several physical rehabilitation centres to offer good-quality treatment and other services for people with disabilities, including physiotherapy and the fitting of assistive devices. The ICRC-supported network of roving technicians and mobile workshops will repair assistive devices for people with disabilities in remote areas. With the Myanmar Red Cross Society and other stakeholders, the ICRC will pursue efforts to strengthen the national physical rehabilitation sector and the referral system for service providers, and foster the social inclusion of people with disabilities.

Plan of action and indicators

- benefit up to 5,000 people with physical disabilities by:
  - providing these six centres with financial, material and technical assistance: the Hpa-an Orthopaedic Rehabilitation Centre (HORC), run by the National Society; and the Kyaing Tong facility in Shan, the Mandalay physical rehabilitation centre, the Myitkyina centre in Kachin, the National Rehabilitation Hospital in Yangon and the Yenanlar Leprosy Hospital, all run by the health ministry
  - offering management advice, training courses and scholarships for staff at ICRC-supported facilities
- provide technical and material support for the production of prosthetic feet at the HORC and the National Rehabilitation Hospital
- work with the health ministry to recruit prosthetists/orthotists, physiotherapists and other staff for ICRC-supported facilities
- train health professionals and volunteers to refer people with disabilities to service providers
- expand the network of roving technicians and extend the reach of mobile repair workshops
- collaborate with stakeholders to set up a national steering committee to regulate the physical rehabilitation sector’s strategies and policies
- train disabled athletes, coaches and referees in wheelchair basketball; fit paraplegic athletes with ‘blade runner’ prostheses
- launch a project to adapt houses and make them disabled-accessible for up to ten patients of the Kyaing Tong and Myitkyina physical rehabilitation centres
SPECIAL APPEAL 2018: DISABILITY AND MINE ACTION

ICRC DELEGATION

PAKISTAN

The ICRC will enable people with physical disabilities to receive free, good-quality physical rehabilitation services, including physiotherapy and the fitting of assistive devices. It will seek, through partnerships with local organizations, to bolster the national physical rehabilitation sector. Various components of the sector – such as prosthetics and orthotics training institutions and a government-registered private entity set to take over, from the ICRC, the task of distributing raw materials to partner organizations – will be given different forms of assistance to help ensure the self-sufficiency of the sector and its sustainability. The ICRC, along with other pertinent actors, will continue to foster the social reintegration of people with disabilities.

Plan of action and indicators

- to benefit up to 42,940 people with physical disabilities:
  - give up to 34 physical rehabilitation centres technical, material and/or financial support, including for producing assistive devices and providing physiotherapy (see below)
  - cover costs for transportation, accommodation and food for up to 4,000 people from remote areas receiving treatment at the centres
  - pay for follow-up home care for around 300 patients
  - adapt houses to make them disabled-accessible for up to 30 people
- cover treatment and other costs for up to 1,300 people with clubfoot; renovate clinics offering clubfoot treatment; and conduct awareness sessions on the importance of early referral for children with this condition
- provide financial support for projects producing prostheses, to benefit some 1,400 people
- provide technicians and other staff members at ICRC-supported centres with expert assistance; organize training for them; and sponsor their attendance at local and international courses
- guide prosthetics and orthotics training institutions’ efforts to get accreditation from the International Society for Prosthetics and Orthotics; conduct capacity-building courses for faculty members; offer scholarships and donate books and other materials to students; and give the parties concerned advice for developing a national curriculum for physical rehabilitation
- cover some of the operating costs of a government-registered private entity established by local partners with the ICRC’s support, so that it can:
  - obtain and deliver prosthetic/orthotic components and raw materials to physical rehabilitation centres at competitive prices
  - conduct training for technicians and representatives of local partners that has been designed specifically for them
  - create online tools such as a knowledge hub and a product review board
  - lobby for the inclusion of people with disabilities in the national health-insurance programme
  - produce informational materials on physical rehabilitation services
- together with local partners, organize activities – such as skills-development programmes and sporting events – for up to 800 people with disabilities

PHILIPPINES

The ICRC will aid people with disabilities affected by armed conflict or other violence in Mindanao to obtain physical rehabilitation services. In particular, it will support the activities of the Davao Jubilee Foundation (DJF), the only centre providing physical rehabilitation services for amputees in Mindanao.

Plan of action and indicators

- provide financial support and training for professionals in prosthetics and orthotics; sponsor their participation in a forum abroad
- cover the treatment, transportation and lodging expenses of up to 120 patients with physical disabilities
- in preparation for the eventual end of ICRC support, provide the DJF with technical guidance for improving its management and administrative procedures, and for expanding its accommodation capacity
- sponsor a tour for DJF and government representatives to study public physical rehabilitation services in the region
Past conflicts continue to affect people’s lives, especially in Cambodia, the Lao People’s Democratic Republic (hereafter Lao PDR) and Viet Nam. Despite demining efforts – some spanning decades – landmines and ERW continue to maim and kill people. Many survivors of mine accidents require physical rehabilitation services, but have no access to them, which hinders their reintegration into society.

In Cambodia and the Lao PDR, the ICRC will pursue its efforts to help people with disabilities get access to physical rehabilitation services, and improve their mobility. To ensure that the services available to them are of good quality, the ICRC will continue to support physical rehabilitation service providers in both countries. The Cambodian centres and hospitals have outreach programmes for people in remote areas of the country – through which they provide services such as repairs to assistive devices.

The ICRC will undertake various initiatives to facilitate the socio-economic reintegration of people with disabilities, and support national authorities, institutions and other pertinent actors in taking steps to ensure the sustainability of the physical rehabilitation sector.

Plan of action and indicators

- provide financial, material and technical support for improving the quality of services at 6 centres in the Lao PDR and at 15 centres, hospitals and outreach programmes in Cambodia; enable staff to attend training sessions and courses in their countries or abroad
- in Cambodia:
  - cover accommodation, transport and/or treatment costs for vulnerable patients
  - foster the socio-economic reintegration of people with disabilities, by facilitating their access to education (see below), vocational training and employment opportunities; provide some of them with cash grants for starting or resuming income-generating activities; help them participate in sports and other recreational activities
  - give national authorities technical support to enable them to assume financial responsibility for running the centres; help develop the curriculum of a physiotherapy course at one school in Phnom Penh

In China, the ICRC will continue to aid the Yunnan branch of the Red Cross Society of China to: provide physical rehabilitation services to people with disabilities through its centre in Kunming; and improve the quality of services and strengthen managerial capacities at the centre so that it can be run without the ICRC’s assistance. In line with a partnership agreement signed in 2016, the ICRC will begin to support the physical rehabilitation department of a hospital in Sichuan, focusing on the production of assistive devices.

In the Democratic People’s Republic of Korea (hereafter DPRK), the ICRC, in cooperation with the Red Cross Society of the DPRK and local authorities, will continue to support the physical rehabilitation centres in Rakrang and Songrim, to ensure access for people with disabilities to services of good quality.

Plan of action and indicators

- donate enough materials to produce around 2,600 assistive devices and provide services to around 2,000 people with disabilities
- offer on-the-job training and ad hoc refresher courses to staff at the centres in Rakrang and Songrim
- offer technical support for revising and updating standard operating procedures
- provide supplies and other support for providing services for up to 1,250 people with disabilities, including components and materials for 1,000 assistive devices
- conduct on-the-job training for staff from the hospital in Sichuan and the rehabilitation centre in Kunming
- give the management team of the Kunming centre advice on running the facility
- assist the hospital in Sichuan to develop and implement treatment and device-production protocols
- urge the Chinese Red Cross to make physical rehabilitation one of the Yunnan branch’s core activities
NEW DELHI (REGIONAL)

In India and Nepal, the ICRC will seek to ensure that people with disabilities receive good-quality physical rehabilitation services. Particular attention will be given to children, people affected by the past conflict in Nepal, and those living in remote areas and/or who are financially vulnerable. To that end, in cooperation with manufacturers, technical institutes and others, the ICRC will help staff and managers at its supported centres and/or organizations in India, including a facility run by the Indian Red Cross Society, to raise the quality of their services and assistive devices, and improve their long-term planning. It will also provide support for the physical rehabilitation centre run by the Nepalese army, especially for it to realize its objective of becoming a national referral centre, and for a hospital providing physical rehabilitation services in Nepal. The ICRC will promote available services among potential beneficiaries.

The ICRC will contribute to the sustainability of the physical rehabilitation sectors in India and Nepal through its partnership with, and support for, national and local institutions. It will also encourage the authorities and/or others concerned to take steps to ensure that people with disabilities have access to affordable and good-quality services. For instance, through the Enable Makeathon contest that it launched with partner organizations in 2015, the ICRC will continue to encourage innovation and collaboration in the production of affordable assistive devices for people with disabilities – particularly those living in rural areas – in India and beyond. It will help the winners of the Enable Makeathon 2.0 contest, which began in November 2017 and will be concluded in January 2018, to incubate and further develop their products.

The ICRC will continue to promote the social inclusion of people with disabilities in India and, for the first time, in the Maldives, mainly through sports and economic initiatives. It will also contribute to building local capacities in implementing such activities.

Plan of action and indicators

- in India, provide training and/or technical support for staff and managers at up to 10 centres and/or organizations, to the benefit of approximately 42,000 people with disabilities, including children; supply some of these centres with materials for manufacturing assistive devices
- in India, distribute informational materials on services available to people with disabilities; cover treatment, food, travel and/or accommodation costs for financially vulnerable people among those mentioned above
- in Nepal, provide technical and/or other support for the physical rehabilitation centre run by the Nepalese army, and for a hospital providing physical rehabilitation services; enable up to 100 destitute patients to obtain free or subsidized services from either of these centres
- in India, provide material and/or technical support, and training, for sports officials, teams, and/or coaching staff – including those from up to three sports associations for people with disabilities; provide similar support for a sports team in the Maldives
- provide the Indian Red Cross and the Maldivian Red Crescent with training and/or other support for their physical rehabilitation or other related services
- in India, provide financial assistance for people to further their education in prosthetics and orthotics and to attend conferences and other events on the subject
- in India, organize and support projects promoting innovative responses to needs of people with disabilities; provide technical and other support for the winning teams of the Enable Makeathon 2.0 contest

EUROPE AND CENTRAL ASIA

UKRAINE

To help persons with physical disabilities regain their mobility, the ICRC will continue to support the production of assistive devices and the provision of rehabilitative care at two centres in non-government-controlled areas of the Donetsk and Luhansk regions. To promote the social integration of people with disabilities, the ICRC will support local organizations in non-government-controlled areas of the Donetsk region.

Plan of action and indicators

- provide two physical rehabilitation centres in non-government-controlled areas of the Donetsk and Luhansk regions with supplies and equipment for producing assistive devices, and donate walking aids and wheelchairs to relevant actors there, including the local Red Cross branches
- give the centre in Donetsk technical advice for establishing standards and protocols for care
- provide funds and technical guidance for two organizations of people with disabilities and one sports centre for organizing social-integration activities for up to 480 people with disabilities
### NEAR AND MIDDLE EAST

#### IRAQ

The ICRC will support more physical rehabilitation centres and aim to make physical rehabilitation services accessible to more people, including Syrian refugees. In Erbil, it will begin constructing a centre with a bigger capacity than the existing centre, and in a different location. Patients, in the existing Erbil centre, who are suffering emotional trauma in relation to the conflict will be offered psychosocial care. The ICRC will assist the pertinent authorities’ efforts to ensure the quality and long-term sustainability of physical rehabilitation services, for example, by strengthening professional training. The ICRC will also work to promote the social inclusion of people with disabilities, for instance through livelihood-support activities and by renovating infrastructure to make it more accessible to them.

**Plan of action and indicators**

- Give on-site supervision and training, raw materials and equipment to up to 14 State-run centres, including a training institute, so that 31,500 people with disabilities can receive the services they need
- To benefit about 4,500 people with physical disabilities, including IDPs and refugees, in Erbil and nearby governorates:
  - Continue to manage an existing physical rehabilitation centre in Erbil
  - Offer psychosocial care
- Of the 36,000 patients receiving services at the above ICRC-supported or -managed centres, cover transportation, accommodation and meal costs for 800 people with disabilities: 200 patients at the 14 State-run centres, and 600 at the Erbil centre
- Conduct outreach visits to potential patients in Baghdad governorate
- Promote social inclusion of people with disabilities by making the centres – inside and outside – physically more accessible to them, organizing sporting and other public events and providing livelihood support
- Give the authorities technical guidance for improving physical rehabilitation training and management countrywide and for developing technical and clinical guidelines.

#### ISRAEL AND THE OCCUPIED TERRITORIES

To help people with disabilities regain some mobility, the ICRC will continue to support the Artificial Limb and Polio Centre (ALPC) in the Gaza Strip, while also helping to ensure the centre’s long-term sustainability. The ICRC will promote the social inclusion of people with disabilities through various events and through livelihood support for them. Palestinian policy-makers and service providers will be urged to improve the quality and availability of care for people with disabilities throughout the occupied Palestinian territories.

**Plan of action and indicators**

- In the Gaza Strip, provide support – supplies, staff training, infrastructural upgrades and technical advice – for the ALPC to:
  - Offer free physical rehabilitation services to up to 4,000 people with disabilities, including diabetics and people with clubfoot
  - Distribute assistive devices, such as wheelchairs for patients with spinal-cord injuries and children with cerebral palsy
  - Cover transport costs for up to 600 particularly vulnerable patients
  - Organize public events, such as sporting contests
- In the West Bank, hold events to raise awareness of the needs of people with disabilities

#### JORDAN

The University of Jordan will receive ICRC support for developing its prosthetics and orthotics programme, with a view to gaining accreditation from the International Society of Prosthetics and Orthotics, and making formal training in this field more accessible to people in Jordan and to the wider region.

**Plan of action and indicators**

- Give the University of Jordan technical guidance for developing its prosthetics and orthotics curriculum
- Back the provision of quality physical rehabilitation services for some 100 patients at Al-Bashir Hospital through material assistance and staff training

#### LEBANON

The ICRC will help people with disabilities obtain rehabilitative care and mobility devices. It will also promote their social inclusion and contribute to bolstering the capacity of the physical rehabilitation sector.

**Plan of action and indicators**

- Cover the cost of physical rehabilitation for up to 600 people – including those referred by hospitals backed by the ICRC – and at five ICRC-supported facilities: two in Beirut and one each in Saida, Tripoli and Zahle; provide them with assistive devices and psychological support, and enable some of them to participate in sporting events or refer them for cash assistance
- Provide training to professionals in the physical rehabilitation sector, and encourage them to form a referral and support network.
### SYRIAN ARAB REPUBLIC

The ICRC will step up its efforts to improve the quality of physical rehabilitation services for people with disabilities. It will expand the physiotherapy area of the rehabilitation centre in Aleppo, which it runs; the expansion will also facilitate the separation of male and female patients. The ICRC will increase its support for the National Society-run centre in Damascus, when it moves to a new location in the area and hires additional staff to provide more services.

The National Society and the ICRC will strive to broaden awareness among people with disabilities of the services available at the two centres. The ICRC will also offer support to help people who have difficulty reaching the centre in Damascus to complete their treatment.

To help more people with disabilities have access to rehabilitative care, the ICRC will explore the possibility of establishing or supporting more centres beyond the areas covered by the two facilities mentioned above. The ICRC will also seek to address the socio-economic issues affecting people with disabilities.

**Plan of action and indicators**

- to benefit up to 3,600 people with physical disabilities:
  - continue to run and staff a physical rehabilitation centre in Aleppo
  - provide a National Society-run centre in Damascus with equipment and components for devices, financial assistance for covering operating costs, and staff training; organize a shuttle service for patients staying far from the centre and cover their accommodation costs
  - with the National Society, conduct information sessions on the services available at these two centres for people with disabilities living in the centres’ catchment area
  - organize workshops and on-the-job training for the centres’ staff; sponsor students of prosthetics and orthotics to attend courses abroad
  - donate sports wheelchairs to some 160 patients of the two supported centres; provide material and financial support for wheelchair basketball teams and for national organizations promoting the social inclusion of people with disabilities
  - with the health ministry or other local partners, provide comprehensive support for another centre and/or explore the possibility of opening satellite centres elsewhere in the country

### YEMEN

The ICRC will step up its efforts to help people with disabilities gain access to physical rehabilitation services. A total of five centres, including a new ICRC-built facility in Sa’ada, will be supported in delivering good-quality services to people with disabilities. The ICRC will also seek to help destitute patients in remote areas to obtain such services.

In addition, with a view to strengthening the sector’s sustainability, the ICRC will help develop local capacities and strategies. It will work with local organizations and ministries to foster the social inclusion and reintegration of people with disabilities.

**Plan of action and indicators**

- donate equipment, raw materials and assistive devices – prostheses, orthoses and wheelchairs – to up to five physical rehabilitation centres in Aden, Mukalla, Sa’ada, Sana’a and Taiz, to benefit around 75,000 people with disabilities; provide ad hoc support – staff incentives, fuel and generators – for some of the centres
- in cooperation with the centres, organize outreach activities for people with disabilities in remote areas; cover food, accommodation and transport costs for up to 400 destitute patients among them
- offer refresher courses and scholarships for overseas training to local staff, especially women
- extend technical support to the national training institute, for establishing a prosthetics and orthotics department; provide similar support to the authorities and other actors concerned for developing a national strategy for physical rehabilitation
- sponsor the participation of up to 16 people – from a sports union for people with disabilities or the National Paralympic Committee – in a tournament abroad, and enrol up to 40 patients, including women, in vocational courses or sports activities; support awareness campaigns and other activities by local organizations
In line with the ICRC’s efforts to take their specific needs into account in its protection and assistance activities, persons with physical disabilities will also benefit from projects that are not directly budgeted under physical rehabilitation (and as such, are not included in the CHF 97.6 million appealed for in this document). These projects, which are budgeted under other sub-programmes, are covered by ICRC Appeals 2018: Operations. Below are some examples:

- As part of its water and habitat initiatives in India, the ICRC will work with the pertinent institutes and ministries to adapt facilities, such as toilets, for people with disabilities.
- In Israel and the occupied territories, the ICRC will seek to create sustainable sources of income for vulnerable Gazans, including people disabled by past fighting.

THE ICRC MOVEABILITY FOUNDATION

The Special Fund for the Disabled, or SFD, was created by the ICRC in 1983 as a separate organization, which aims to ensure that, even after the withdrawal of the PRP, institutions that had been supported by the ICRC continue to receive assistance until they can provide physical rehabilitation services in a self-sufficient manner. In January 2017, the SFD changed its name to the ICRC MoveAbility Foundation, or MoveAbility, to better reflect its identity, mission and vision.

MoveAbility is a Swiss organization with over 30 years of experience in developing and providing physical rehabilitation services to persons with physical disabilities in lower-income countries. It operates primarily out of four regional offices in Nicaragua (covering Latin America), the United Republic of Tanzania, Togo (covering East and West Africa respectively) and Viet Nam (covering Asia); activities in Tajikistan are supervised by a sub-regional office under the Asia office. Taking a system-centered approach, MoveAbility focuses on strengthening the national physical rehabilitation sectors of lower-income countries, so that the needs of persons with disabilities can be addressed in a sustainable way. This entails long-term collaboration with partners, including government ministries, training institutions, physical rehabilitation service providers, associations of persons with disabilities, and National Societies.

These national and regional stakeholders are the main beneficiaries of MoveAbility’s support, which aims to help them develop their capacity to serve the end beneficiaries: persons with disabilities and physical rehabilitation professionals. MoveAbility provides its partners with technical advice, coaching and training through its field teams, which include programme managers, physiotherapists, and prosthetic and orthotic practitioners, as well as disability advisers and public health experts. It provides financial and material assistance – in particular, for improving access to services and for reimbursing the cost of providing or availing of them – until local institutions can achieve self-sufficiency or until the cost of rehabilitation is covered by national health insurance policies. MoveAbility also supports physical rehabilitation professionals’ technical training by offering scholarships and covering other education-related costs.

RELATIONSHIP WITH THE ICRC

The MoveAbility Foundation is mentioned in this Special Appeal because it is an integral part of the ICRC’s strategy for physical rehabilitation, particularly in terms of the ICRC’s long-term commitment in this field. Its main goals are to ensure the continuity of the ICRC’s work after the PRP has been withdrawn, and to support the development of the physical rehabilitation sector in lower-income countries. Either PRP or MoveAbility may be engaged depending on the needs, the political context, the ICRC’s operational presence, and the level of financial, managerial and technical autonomy in a country’s physical rehabilitation sector.

Though the resources and budgets of the ICRC and MoveAbility are separate, the ICRC provides MoveAbility with administrative, logistical and technical support at the headquarters and field levels.

Additional information on the MoveAbility Foundation and its work can be found in its Appeal, which is available on its website.

The ICRC – which works with Movement partners, whenever possible – endeavours to mitigate the impact of conventional explosives and non-conventional sources of weapon contamination (chemical, biological, radiological and nuclear materials, also known as CBRN) through a flexible, multidisciplinary approach. In particular, it carries out initiatives to reduce the exposure of civilians to conventional and non-conventional hazards by raising awareness of risks, promoting safe behaviour, and conducting other risk-reduction activities.

In terms of surveying and clearing mines/ERW, the ICRC prioritizes mobilizing national authorities and helping them strengthen their ability to do so. When necessary, the ICRC deploys specialized teams to survey and clear weapon-contaminated areas in cooperation and in coordination with stakeholders. It can also conduct stand-alone information sessions on risk awareness and safe behaviour, aimed at improving the resilience of communities affected by weapon contamination. The approach to these initiatives is detailed in the following section; information on plans for 2018 is available on pp. 34–35.

THE APPROACH

The Movement Strategy on Landmines, Cluster Munitions and other ERW recognizes the ICRC’s role in implementing activities to mitigate the effects of weapon contamination – both directly and/or with the national authorities, National Societies and other relevant partners – during and after armed conflict and other situations of violence, and in providing guidance and other support to National Societies that wish to conduct such activities independently.

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The ICRC has a mandate to protect and assist victims of conflict and other situations of violence. The ICRC also has a duty of care to its staff and, in certain circumstances, to others such as volunteers working with National Societies. Responding to risks resulting from weapon contamination can put the mandate in tension with this duty of care. The strategy of the ICRC’s Weapon Contamination Unit, based on the principles of risk management, is for the organization to manage this tension and define its response framework. As such, managing risks posed by conventional weapons and CBRN hazards must be viewed in light of three institutional imperatives:

- ensuring the safety and security of staff
- continuing operations and ensuring institutional integrity
- fulfilling the mandate to protect and assist victims of conflict and other situations of violence, particularly those who are or who might be victims of the above-mentioned hazards

The Weapon Contamination Unit recognizes that there is no ‘one model fits all’ solution to the problem and encourages adapting responses according to the context. To do so, it adopts a risk management approach. Risk is the product of the likelihood of a certain event and the consequence or impact of that event. Risk management involves the cycle of:

- identifying the risk
- assessing the risk
- mitigating the risk
- addressing the impact
- prevention measures to decrease hazards and threats and/or decrease vulnerability (reducing impact and/or reducing likelihood)
- an audit of the mitigation measures and re-evaluation of risk
- adapting risk mitigation

Distinct but related components to guide interventions to mitigate the effects of weapon contamination are described below.

**RESILIENCE TO THE CONSEQUENCES OF WEAPON CONTAMINATION**

In line with its objectives to assist the ICRC to better manage the risks from weapon contamination and prevent casualties among staff and affected populations and to facilitate the continuity of ICRC operations, the Weapon Contamination Unit has developed a set of guidelines to support the implementation of risk-awareness and safer-behaviour activities in areas affected by conventional and non-conventional weapons.

The guidelines are based on the aforementioned risk management approach and written in accordance with a variety of existing frameworks implemented by the ICRC (such as the Safer Access Framework, the Movement Strategy on Landmines, Cluster Munitions and other ERW, etc.).

One objective of the guidelines is to provide further details and guidance on the risk management approach, and thus outlines the types of interventions possible, namely:

- interventions to raise awareness of the risk and promote safer behaviour, combined with other protection, assistance, prevention and cooperation interventions to reduce the impact of weapon contamination and facilitate the adoption of safer behaviour – this is collectively known as risk awareness and safe behaviour and can be done by the ICRC or other partners in accordance with the guidelines. Risk awareness and safe-behaviour activities are an effective way to reduce the vulnerability of Movement staff and operations and affected populations to the impact of hazards. By being more aware of the risks from conventional weapons or the CBRN hazards present, adopting safer behaviour, and identifying and accessing the means to be safe, the people affected can reduce their vulnerability to risks. Risk awareness and safe behaviour is the only way to increase resilience when the removal of the hazard is not possible. Messages need to be tailored to the context, the hazard and the target groups identified during the assessment. They may include, but are not restricted to:
how to identify signs of weapon contamination or a CBRN hazard
what the potential hazards are and their impact
what to do, and who to report to, when exposed to a hazard
where to get more information and/or assistance
how to develop other solutions for reducing risk

technical interventions to remove or reduce the hazard – the ICRC will engage in such activities if certain conditions are met and a specific added value for its involvement is identified, such as when the ICRC has sole access to an area where weapon contamination has a humanitarian impact on nearby communities. The ICRC has the capacity to:

conduct explosive ordnance disposal, which includes the survey, marking, detection, identification, evaluation, safe removal and/or disposal of explosive ordnance
conduct CBRN reconnaissance and assessment and implement a risk-mitigation response

MOVEMENT APPROACH
In addition to technical interventions and activities to raise risk awareness and promote safer behaviour, many other protection and assistance activities can be carried out to facilitate the adoption of safer behaviour and reduce the risk from weapon contamination. The goal is to maintain or provide safe access to essential services and commodities such as water, sanitation, health, electricity, shelter, food, and means of communication. Ideally, integrated interventions should be based on integrated assessments and consultations carried out between ICRC departments and where appropriate, other actors.

National Societies play an important role in the ICRC’s operational efforts to reduce the humanitarian impact of weapon contamination, owing to their grassroots networks and long-term presence in their respective countries. Most of the ICRC’s activities focus on developing the ability of National Societies to work alongside national authorities that carry out mine-action work domestically. Depending on the situation, the ICRC works with National Societies in any of the following ways, often moving from one approach to another as the situation evolves:

In emergency situations, or in the immediate post–conflict phase, the ICRC and the National Societies usually work in partnership to respond to humanitarian needs.

In more complex situations, such as an ongoing conflict where weapon contamination is an issue, the ICRC may choose to act directly and, at the same time, provide capacity–building support to the National Societies. The choice may depend on the ICRC’s access and its implementation capacity.

In situations where the emergency phase or the conflict is over, the ICRC will normally lend capacity–building support to the National Societies, in order to enable them to play a key role in incident–data gathering and community liaison. The approach in such situations is to work in coordination with the government, donors, United Nations agencies or other key actors, to help ensure the integration of the National Societies into the long-term national mine–action capacity.

INFORMATION MANAGEMENT
Information management encompasses the collection, assessment, analysis, mapping and dissemination of data related to weapon contamination. This information – on the type and location of the contamination, the date and time of incidents, victims’ profiles and the types of behaviours at risk – helps stakeholders identify dangerous areas and plan or prioritize clearance, risk-awareness and risk-reduction 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 usually led by the government of the affected context.

The ICRC helps National Societies or national mine–action authorities build their capacities, to ensure that information-management activities are implemented in conformity with international 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). It may also partner with National Societies in gathering data and in providing vital information to others in the wider mine-action community, so that they can prioritize, design and/or adapt their activities.

PLANS FOR 2018

GLOBAL HIGHLIGHTS

In 2018, the ICRC will carry out mine-action initiatives in 33 contexts. These include projects budgeted under its Assistance programme’s Weapon Contamination sub-programme and projects budgeted under other programmes and sub-programmes. In most contexts, the pertinent National Societies will implement aspects of this work with technical and financial support from the ICRC.

Among the priorities in 2018:

- The ICRC’s Weapon Contamination Unit will continue to help delegations mitigate the risks they face while conducting their operations in contexts affected by armed conflicts – Colombia, Iraq, Myanmar, Syria, Ukraine and Yemen, to name some of the most prominent ongoing activities.

- In Syria, the ICRC will continue to strengthen its efforts to address weapon contamination, building on the progress it made in 2017. The ICRC recently received the foreign affairs ministry’s approval to help develop the Syrian Arab Red Crescent’s capacities in conducting risk-education activities for communities.

- In coordination with local authorities and the Red Crescent Society of Azerbaijan, the ICRC will implement activities to raise awareness of risks and promote safe behaviour among conflict-affected communities in Azerbaijan.

- In cooperation with the Red Cross Society of the Democratic People’s Republic of Korea, the ICRC will help the national authorities boost their capacity to safely dispose of unexploded ordnance (UXO) from the Korean War. It will help them implement risk-awareness activities for the communities affected by weapon contamination.

- The ICRC will maintain its support to local teams in both government- and opposition-controlled areas of Ukraine in their efforts to clear mines/ERW; it will continue to help them promote safe behaviour and raise awareness of mine/ERW-related risks in conflict-affected communities and schools located near the front line.

- The ICRC, alongside the pertinent National Societies, will continue to implement risk-awareness activities in, *inter alia*, Colombia, Iraq, Israel and the occupied territories (notably the Gaza Strip), Myanmar and Pakistan.

- The ICRC will roll out guidelines on risk awareness and safer behaviour and support a number of selected National Societies in adapting them.

Five regional managers will provide technical and policy guidance in their respective regions, as follows:

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<td>THAILAND</td>
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Resident and mobile staff will help manage mine-action initiatives in Armenia, Azerbaijan, the Democratic People’s Republic of Korea (hereafter DPRK), Iraq, Islamic Republic of Iran, Israel and the occupied territories, Morocco, Myanmar, Nigeria, Pakistan, Ukraine, Uzbekistan and Yemen.
The ICRC will continue to develop its expertise in the field of medical support for conventional and CBRN clearance operations. It will do so, especially, in Armenia, Azerbaijan, Egypt, Islamic Republic of Iran, Myanmar, Pakistan and Ukraine.

**DETAILS PER CONTEXT**

The following table provides details on activities that are budgeted specifically under the weapon contamination sub-programme.

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<th>ICRC DELEGATION</th>
<th>PLANS FOR 2018</th>
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<td><strong>AFRICA</strong></td>
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| **MOROCCO**      | The ICRC, together with the National Society, will help people in Moroccan-administered parts of Western Sahara protect themselves more effectively against mines/ERW by adding to their knowledge of safe practices. The National Society – particularly six branches in weapon-contaminated areas – will receive ICRC support for improving their planning and implementation of risk-education activities. The ICRC will urge the authorities, the National Society and others concerned to adopt an integrated approach to mine action; in particular, it will seek to foster dialogue on addressing the effects of weapon contamination by organizing meetings with and among national authorities, the armed forces and the gendarmerie, technical experts and other organizations concerned.
| **TUNIS (REGIONAL)** | The ICRC will encourage the pertinent parties in Western Sahara to adopt a coordinated response to the issue of weapon contamination. It will help mine-action authorities, a victims’ association and others to strengthen their ability to carry out mine-risk education activities, so that people living in areas of Western Sahara with mines/ERW can be instructed in safe practices and protect themselves more effectively. Specifically, it will organize briefings and forums among the pertinent authorities and others in Western Sahara, and provide training, materials and technical advice for conducting mine-risk education activities. |
| **ASIA AND THE PACIFIC** |                |
| **MYANMAR**       | The ICRC, in cooperation with the Myanmar Red Cross Society, will promote safe practices in mine-affected communities in Kachin, Kayin, Rakhine and Shan by organizing mine-risk education sessions for communities affected by mines/ERW. It will also conduct dissemination sessions for the army, armed groups and other weapon bearers in order to raise awareness of the consequences of weapon contamination and the necessity of humanitarian demining. The ICRC will continue to support humanitarian demining activities in Myanmar by providing technical assistance to military engineers and other relevant actors. |
| **PAKISTAN**      | In Balochistan, the Federally Administered Tribal Areas, Khyber Pakhtunkhwa (KP) and Pakistan-administered Kashmir, the ICRC will work with the National Society to organize mine-risk education sessions – to be conducted by ICRC-trained volunteers – for communities affected by mines/ERW. It will produce informational materials to supplement these sessions, and incorporate information on safe practices into other ICRC activities and National Society programmes, such as first-aid training sessions. The KP police will be trained on the proper handling of explosives.
| **BANGKOK (REGIONAL)** | The ICRC will use various means to help people strengthen their resilience to the effects of past conflict, other violence and natural/man-made disasters. The ICRC will provide material support and training for medics from the Lao national mine-clearance authorities, to the benefit of communities living in weapon-contaminated areas. It will also help National Societies in the region, particularly the Viet Nam Red Cross Society, develop their ability to conduct mine-risk education sessions. |
| **BEIJING (REGIONAL)** | The ICRC will conduct training sessions for the DPRK Red Cross and the authorities on the safe disposal of explosive ordnance, the treatment of victims of mines and ERW, and the organization of awareness-raising campaigns. It will also offer technical advice to the DPRK Red Cross and the authorities for developing a national plan for minimizing risks related to mines and ERW. |
| **EUROPE AND CENTRAL ASIA** |                |
| **UKRAINE**       | The ICRC will maintain its multidisciplinary approach to addressing the threat of weapon contamination. It will involve all parties to the conflict in risk-reduction efforts; in particular, it will urge them to keep track of their use of mines – to make it easier to mark the areas affected and help prevent injury to civilians – and offer to act as a neutral intermediary to help them take steps to reduce the risk arising from the storage of hazardous chemicals near the front line. The ICRC will continue to assist in marking areas littered with mines and ERW, and to provide support to weapon-clearance teams – for example, training on treating blast injuries – and to Ukrainian Red Cross volunteers conducting risk-awareness sessions. Structural improvements to front-line crossing points will help reduce civilians’ exposure to mines and ERW; initiatives to enable them to produce food or earn more income will help mitigate the economic consequences of weapon contamination. |
In Moldova, the possibility of unplanned explosions at ammunition storage facilities represents a risk to civilians living or working nearby. The ICRC will urge the civilian and military authorities to take steps to address this issue — in particular, by ensuring that civilians and civilian structures are always at a safe distance from explosives being stored or handled — and encourage other parties, such as NGOs and representatives of the international community, to help fund these efforts. The ICRC will also train up to 20 members of the Moldovan armed forces in the international technical guidelines for storing ammunition, in order to reduce the likelihood of such unplanned explosions.

TASHKENT (REGIONAL)
The ICRC will work with the Tajik National Society to conduct mine-risk education sessions for communities at risk from mines/ERW in areas bordering Afghanistan and Uzbekistan, and elsewhere in Tajikistan. It will also organize a round-table to mark the International Day for Mine Awareness and Assistance in Mine Action, and participate in coordination meetings and other events on mine action organized by the authorities and other relevant actors.

AMERICAS
COLOMBIA
People in violence-affected communities — including those in weapon-contaminated areas — will be assisted in broadening their awareness of and resilience to safety risks. In particular, the ICRC will conduct mine-risk awareness sessions for up to 3,000 community members, and provide the National Society with technical, financial and material support that will help it apply safe practices while working in weapon-contaminated areas.

NEAR AND MIDDLE EAST
IRAN, ISLAMIC REPUBLIC OF
The ICRC will continue to support local actors working to broaden awareness of risks associated with mines/ERW and of practices to avoid these dangers. It will provide the National Society with technical, financial and/or material support for carrying out mine-risk education sessions for some 200,000 people — Iranians living in contaminated provinces and Afghans returning to their country — and for enhancing their response capacity to other threats. It will also assist the National Society in developing a framework for responding to threats posed by possible CBRN incidents.

The ICRC will provide similar support to the State Welfare Organization and to the Iranian Mine Action Centre, which is the central coordinator of mine-clearance and other related activities in the country; among others, it will help them produce educational materials on the risks associated with mines/ERW.

IRAQ
In areas contaminated by mines/ERW, where about a million people are living, the ICRC will pursue activities to increase risk awareness and help reduce exposure to harm. Specifically, in coordination with the authorities, it will: survey and clear contaminated areas or facilities prior to implementing activities there; provide training and materials on risk education for the National Society and the authorities, and for personnel conducting mine-clearance activities; and conduct information sessions on safe behaviour, for civilians, journalists and emergency responders.

ISRAEL AND THE OCCUPIED TERRITORIES
Vulnerable Palestinian communities will be supported in strengthening measures to reduce their exposure to violence and to the threat from ERW. In particular, the ICRC will provide equipment and advice to help explosive-ordnance disposal staff remove ERW from border areas, including agricultural lands. It will also spread knowledge of safe practices around mines and ERW through public information sessions and train-the-trainer courses for civil defence officers and schoolteachers. It will train the authorities and first responders to mitigate the threat from mines/ERW and other hazards more effectively.

SYRIAN ARAB REPUBLIC
The ICRC will offer technical advice to the authorities on dealing with mines and ERW, and hold workshops for journalists on broadening the general public’s awareness of the hazardousness of mines and ERW. Together with the National Society, it will conduct mine-risk education sessions for some 30,000 people.

YEMEN
On the basis of assessments, the ICRC will liaise with the authorities on clearing weapon-contaminated areas, and train local actors, including the Yemen Executive Mine Action Centre, in identifying potentially contaminated sites and marking hazardous items for disposal. With the Yemen Red Crescent Society, the ICRC will also conduct sessions on safe practices for residents of communities affected by weapon contamination.
The ICRC also has related activities budgeted under other sub-programmes. These are covered in more detail in the text for each context in the ICRC Appeals 2018: Operations. For example:

- The ICRC’s delegation in Armenia will continue to work in cooperation with the Armenian Centre for Humanitarian Demining and Expertise (CHDE) to develop a national strategy to address weapon contamination and its humanitarian consequences. Specifically, it will provide technical guidance to the CHDE and organize a workshop for its staff, facilitate the participation of a CHDE representative in a training course abroad, and provide assistance to selected families of mine/ERW victims.

- The ICRC’s delegation in Azerbaijan will work with the de facto authorities to develop a comprehensive response to the needs of mine/ERW victims and their families in Nagorno-Karabakh. In particular, it will analyse the information collected in the Information Management System for Mine Action database in Nagorno-Karabakh, and provide the de facto authorities with recommendations.

- Explosive remnants of war in violence-prone areas along the border between Bangladesh and Myanmar pose a danger to people living there. The ICRC delegation in Bangladesh will monitor the situation and help draw attention to the hazards present, particularly in communities most at risk. Specifically, the ICRC will work with the National Society to conduct risk-education sessions in communities affected by ERW.

- In Nigeria and Senegal, the ICRC will conduct train-the-trainer sessions on risk education for National Society personnel.

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IHL AND THE UNCRPD

During international and non-international armed conflict, core provisions of IHL – notably, the general protections afforded to civilians and persons rendered hors de combat – apply to persons with disabilities, without adverse distinction. The prohibition of adverse distinction allows for and may even require specific measures for and/or the prioritization of the protection of persons with disabilities. For instance, in humanitarian relief and assistance efforts, such measures may include ensuring physical accessibility of water and sanitation facilities, providing support to transport food and other relief items, or designing and adapting shelter to be accessible to persons with physical disabilities. IHL may also contribute to the protection of persons with disabilities in preventing or minimizing harm to them arising from the conduct of hostilities. Furthermore, IHL requires parties to armed conflicts to afford specific respect and protection to persons with disabilities. One manifestation of such specific protection includes the prioritization of persons with disabilities in evacuations for their own safety from areas of risk of attack.

Aside from IHL, international human rights law – particularly the UNCRPD – contains provisions relevant to the ICRC’s work. Article 11 of the UNCRPD 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 (Article 19 and 26). Article 32 mentions that international cooperation should be inclusive of and accessible to persons with disabilities. Article 33 and 34 of the Convention, and its Optional Protocol, aim to ensure the Convention’s full implementation, including through the creation of national monitoring mechanisms.

In 2018, the ICRC will strive to promote – among States, organizations of persons with disabilities, disability rights advocates, people with disabilities themselves and other stakeholders – the common points between IHL and the UNCRPD and that IHL affords additional protections to persons with disabilities during armed conflict. To this end, the ICRC will use existing tools and produce new ones. Specifically, it will:

- pursue its research on the protection of prisoners of war and civilian internees with disabilities, as part of its ongoing project to update the Commentaries on the 1949 Geneva Conventions and their 1977 Additional Protocols. Launched in 2011, this project aims to provide legal and practical guidance on how provisions under IHL, including those related to persons with disabilities, are to be applied today, thereby advancing the complementarity between IHL and the UNCRPD for the protection of persons with disabilities.

16. See common Article 3 of the 1949 Geneva Conventions, Article 75, Additional Protocol I; Article 4, Additional Protocol II; and Rule 87, ICRC study on customary IHL.
17. See Article 70 of Additional Protocol I and Article 18(2) of Additional Protocol II.
18. See the general rules on the conduct of hostilities, including Articles 51(2), 51(4), 51(5)(b), 57(2)(c) of Additional Protocol I and Rules 1, 11-14 of the ICRC study on customary IHL.
19. See Article 16 of the Fourth Geneva Convention, Article 30 of the Third Geneva Convention and Rule 138 of the study on customary IHL, with an overview also of further IHL provisions.
20. See Article 17 of the Fourth Geneva Convention.
help facilitate States' adoption of domestic legislation protecting persons with disabilities during armed conflict, by promoting a fact sheet entitled “IHL and disability”, which presents States' obligations under IHL to assist and protect persons with disabilities. The fact sheet, which was published in October 2017, also takes into consideration how international human rights law – particularly the UNCRPD – complements provisions under IHL that are applicable to persons with disabilities.22

- maintain its customary IHL database by continuing to collect information on national and international practices related to, inter alia, the specific respect and protection afforded to persons with disabilities. It will also update its database on the national implementation of IHL with domestic laws that address the protection of persons with disabilities in situations of armed conflict.

- seek to strengthen its relationship with the United Nations Special Rapporteur on the rights of persons with disabilities and with the Committee on the Rights of Persons with Disabilities, which is tasked with reviewing States' implementation of the UNCRPD's provisions and conducting inquiries on alleged violations, as well as provide input, where necessary, to the Inter-Agency Standing Committee Working Group's ongoing process to draft guidelines for the inclusion of persons with disabilities in humanitarian action.

- continue its activities to promote, through its humanitarian diplomacy efforts, the protection afforded under IHL to persons with disabilities. A tool that could complement these activities is a paper published by the Thematic Legal Advice Unit of the Legal Division in December 2017, which looks at the points of correspondence between IHL and the UNCRPD, as well as how IHL specifically contributes to the protection of persons with disabilities in armed conflict.26 The ICRC will also work on a detailed article, for the International Review of the Red Cross, on these issues.

**TREATIES CONCERNING WEAPONS, AND RELATED ISSUES**

The ICRC also promotes adherence to weapons-related IHL treaties, and urges States Parties to comply with their obligations under them. In particular, it focuses on the 1997 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. These treaties aim to address the dangers these weapons pose; they also aim to ensure that victims receive appropriate assistance.

In 2018, the ICRC will continue to engage and work with National Societies in fostering States' adherence to and implementation of key weapons-related treaties. This is in accordance with a resolution adopted by the Movement at the 2013 Council of Delegates, which urges all Movement components to, among others, strengthen their efforts to promote IHL norms applicable to landmines, cluster munitions and ERW.

Notably, the ICRC will:

- use the occasion of the 10th anniversary of the Convention on Cluster Munitions to promote adherence among States not yet party to the treaty. It will do so by organizing events in coordination with the pertinent National Societies, and by producing corresponding communication materials.

- build upon earlier events by organizing one or more workshops on the Convention on Cluster Munitions and the Anti-Personnel Mine Ban Convention to promote adherence to these.

- where appropriate, continue to include mines, cluster munitions and ERW on the agenda of the national and regional IHL seminars it organizes.

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24. Available at: [https://www.icrc.org/customary-ihl/eng/docs/home](https://www.icrc.org/customary-ihl/eng/docs/home)

25. Available at: [https://www.icrc.org/ihl-nat](https://www.icrc.org/ihl-nat)


provide national authorities with legal assistance, to help them develop the domestic laws required by the Anti-Personnel Mine Ban Convention and the Convention on Cluster Munitions; this includes providing model legislation and other relevant materials developed by the ICRC.

participate in all relevant meetings of States Parties, intersessional meetings of experts, and regional and national events, in order to advance the universalization and implementation of the Anti-Personnel Mine Ban Convention, the Convention on Cluster Munitions and Protocol V. It will also work with States to advance discussions on addressing the humanitarian impact of anti-vehicle mines.

continue to foster dialogue with States and/or parties to armed conflicts, to help clarify how the relevant rules of IHL are interpreted and applied to the use of explosive weapons in populated areas, and to help identify existing military policies and practices. The use of such weapons in populated areas is one of the major causes of physical disability during and after armed conflicts. Injuries leading to long-term disabilities are often caused by the blast and fragmentation effects of explosive weapons at the time of the attack or later, when an unexploded ordnance detonates. The ICRC will continue to call on all parties to armed conflict to avoid the use of explosive weapons that have a wide impact in densely populated areas.

28. This position was first published in October 2011 and reiterated in 2015 in “International Humanitarian Law and the challenges of contemporary armed conflicts: Report”, October 2015, p. 48. It was endorsed by the Red Cross and Red Crescent Movement in Resolution 7 of the 2013 Council of Delegates, “Weapons and international humanitarian law” (CD/13/R7), para. 4. All ICRC reports on the issue are available at: www.icrc.org/ews
FINANCE

SUMMARY

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<tr>
<th>PROGRAMME</th>
<th>BUDGET IN KCHF</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICAL REHABILITATION (ICRC)</td>
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</tr>
<tr>
<td>MINE ACTION/WEAPON CONTAMINATION</td>
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</tr>
<tr>
<td><strong>TOTAL FOR THE ICRC’S SPECIAL APPEAL</strong></td>
<td><strong>97,603</strong></td>
</tr>
<tr>
<td><strong>TOTAL FOR THE MOVEABILITY FOUNDATION’S APPEAL</strong></td>
<td><strong>6,502</strong></td>
</tr>
</tbody>
</table>

COMMENTS

The ICRC’s main physical rehabilitation and mine-action and weapon-contamination activities (listed in pp. 16–28 and pp. 34–35 respectively) account for a total of CHF 97.6 million. **Annex 1** (on page 41) provides the budget by delegation. The MoveAbility Foundation’s activities are not part of ICRC-budgeted field activities and have a separate budget (amounting to CHF 6.5 million in 2018); **annex 2** (on page 43) provides the MoveAbility Foundation’s budget by country.

Donations to the Special Appeal can be earmarked to the ICRC or to the MoveAbility Foundation, and 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 MoveAbility Foundation pro-rata, based on their budgets; for 2018, the allocation will be 94% to the ICRC and 6% to the MoveAbility Foundation.

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

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

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
- the annual Special Auditor’s Report on the **Special Appeal**.

Narrative and financial reporting on the MoveAbility Foundation’s activities will be available on its website.

For further information, please contact:

International Committee of the Red Cross Resource Mobilization Division
19 Avenue de la Paix
1202 Geneva, Switzerland
T: +41 22 734 60 01
F: +41 22 733 20 57
E-mail: gva_rem_chf@icrc.org

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32. [http://moveability.icrc.org](http://moveability.icrc.org)
## ANNEX 1: ICRC FINANCIAL DETAILS

<table>
<thead>
<tr>
<th>DELEGATION</th>
<th>PHYSICAL REHABILITATION</th>
<th>MINE ACTION/WEAPON CONTAMINATION</th>
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<tr>
<td><strong>AFRICA</strong></td>
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<td>2,057,445</td>
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<td>BANGLADESH</td>
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<td>NEW DELHI (REGIONAL) 38</td>
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<td>3,385,194</td>
<td>43,686,288</td>
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</table>

33. The figures in this document are rounded off, may vary slightly from the amounts presented in other documents and may result in some addition differences.

34. In Guinea-Bissau only

35. In Rabouni, Algeria/Western Sahara

36. In Cambodia and in the Lao People’s Democratic Republic only

37. In China and the Democratic People’s Republic of Korea only

38. In India and Nepal only
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<th>Delegation</th>
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<td>Tashkent (regional)</td>
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<td>Iraq</td>
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<td>Israel and the Occupied Territories</td>
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<td><strong>Grand Total</strong></td>
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39. In Tajikistan only
40. Activities conducted in part within the framework of an integrated project with the Norwegian Red Cross
41. El Salvador, Guatemala, Honduras and Mexico only
42. In the Gaza Strip only
ANNEX 2: THE MOVEABILITY FOUNDATION (FORMERLY THE SPECIAL FUND FOR THE DISABLED) – FINANCIAL DETAILS

<table>
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<tr>
<th>COUNTRY</th>
<th>SERVICE PROVIDERS SUPPORTED</th>
<th>BUDGETS (CHF)</th>
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<td>IVORY COAST</td>
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<td><strong>EUROPE AND CENTRAL ASIA</strong></td>
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<td><strong>AMERICAS</strong></td>
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<td>NICARAGUA</td>
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<td><strong>SUBTOTAL: 4</strong></td>
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<td><strong>GRAND TOTAL</strong></td>
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<td><strong>36 SERVICE PROVIDERS</strong></td>
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</table>
ANNEX 3: MINES AND ERW, AND THE IHL INSTRUMENTS THAT COVER THEM

**Anti-personnel landmines.** Anti-personnel mines are small explosive devices placed under, on or near the ground. They are designed to be detonated by the presence, proximity or contact of a person. Because they are victim-activated, they do not distinguish between soldiers and civilians.

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) prohibits the use, stockpiling, production and transfer of anti-personnel mines. It also requires States Parties to destroy existing stocks of these weapons, to clear mined areas and to reduce the interim risk to civilians through preventive actions such as the marking of dangerous areas and the provision of warnings and risk awareness. States also commit to provide for the care and rehabilitation, as well as the socio-economic reintegration, of mine victims. States Parties who are in a position to do so must provide assistance to other States Parties that request help in meeting their treaty obligations.

**Anti-vehicle landmines.** Anti-vehicle mines are designed to be detonated by the presence, proximity or contact of a vehicle as opposed to a person, and as such are not covered by the Anti-Personnel Mine Ban Convention.

Amended Protocol II to the 1980 Convention on Certain Conventional Weapons restricts the use of landmines (both anti-personnel and anti-vehicle), booby traps and other devices, with a view to preventing civilian casualties and facilitating post-conflict removal of such weapons.

**Explosive remnants of war.** ERW are the unexploded or abandoned munitions that remain behind once an armed conflict has ended. These include artillery and mortar shells, grenades, cluster munitions, rockets, missiles and similar weapons. In most cases, they have been fired, but have failed to explode as intended or are part of stockpiles abandoned near battlefield positions. Like mines, ERW may take years to clear, and they kill and injure civilians and slow reconstruction and recovery.

Protocol V to the Convention on Certain Conventional Weapons is the first multilateral agreement to systematically address the problem of ERW. Concluded in November 2003, it requires each party to an armed conflict to: mark and clear ERW in territory it controls after a conflict; provide technical, material and financial assistance to facilitate the removal of ERW that result from its operations in areas it does not control; take all feasible precautions to protect civilians from the effects of ERW; and record information on the explosive ordnance employed by its armed forces during a conflict. After the end of active hostilities, Protocol V requires parties to the conflict to share that information with the other parties and the organizations engaged in clearance or other types of mine action.

**Cluster munitions.** A cluster munition is a weapon designed to disperse or release large numbers of explosive submunitions. Generally, these submunitions fall unguided to the ground and are designed to explode on, during or after impact. These weapons are a grave danger to civilians because they disperse submunitions over very wide areas, potentially causing high civilian casualties at the time of use. Because large numbers of submunitions fail to explode as intended, they also leave a long-term legacy of explosive contamination.

The Convention on Cluster Munitions, adopted in May 2008, prohibits the use, development, production, acquisition, stockpiling, retention and transfer of cluster munitions. It also requires States to destroy existing stocks of these weapons as well as to clear areas contaminated with unexploded or abandoned submunitions. States also agree to provide assistance to cluster munition victims on their territory, including medical care, rehabilitation and psychological support. In addition, the Convention requires States Parties that are in a position to do so to provide assistance to other States Parties that request help in implementing the treaty’s obligations. The Convention on Cluster Munitions entered into force on 1 August 2010.
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.