SPECIAL REPORT 2018

DISABILITY AND MINE ACTION
SPECIAL REPORT 2018

DISABILITY AND MINE ACTION
The ICRC Special Report: Disability and Mine Action 2018 is designed to satisfy the narrative reporting requirements of donors who have contributed to the ICRC Special Appeal: Disability and Mine Action 2018. It provides details on activities covered by that appeal, and is complemented by the information contained in the ICRC Annual Report 2018. Donors' financial-reporting requirements (specific details on expenditure and contributions at the country level for 2018) will be met by a separate Ernst & Young Ltd auditors’ report.
# TABLE OF CONTENTS

## OVERVIEW
- The Special Report’s scope 7
- Executive summary 7

## CONTEXT AND RESPONSE
- Persons with disabilities 9
- The threat of mines, cluster munitions and explosive remnants of war 10
- The ICRC’s response 10
- The ICRC’s approach to addressing disability 10
- Movement-wide strategic framework on disability inclusion 11
- Mine action 11

## PHYSICAL REHABILITATION AND MINE ACTION ACTIVITIES: WORLD MAP 12

## ASSISTING PERSONS WITH PHYSICAL DISABILITIES 13
- The approach 13
- Activities in 2018 15
- The ICRC MoveAbility Foundation 23

## REDUCING THE IMPACT OF WEAPON CONTAMINATION 25
- The approach 25
- Activities in 2018 27

## PROMOTING LEGAL FRAMEWORKS AND GOVERNMENTAL ACTION 32
- IHL and the UNCRPD 32
- Global developments 33
- Key activities in 2018 34

## FINANCE 36
- Annex 1: Mines and ERW, and the IHL instruments that cover them 39
- Annex 2: Conventions related to landmines and ERW – State of adherence as at 31 December 2018 40
OVERVIEW

THE SPECIAL REPORT’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 the development and implementation of international humanitarian law (IHL) and related legal frameworks. Thus, previous Special Appeals and Special Reports also focused on mine action.

Over the years, the ICRC has expanded the scope of its activities in this domain. It has provided physical rehabilitation services, including assistive devices and physiotherapy, to people with disabilities resulting from mine/ERW injuries or other causes. In light of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), the ICRC has made efforts in recent years to apply a broader approach in addressing the specific needs of persons with physical disabilities, particularly by complementing physical rehabilitation services with economic initiatives and social inclusion projects.

Beginning with the Appeal for 2015, physical rehabilitation activities for all persons with physical disabilities started to be included in the Special Appeals. The Special Report covers these, as well as initiatives related to mine action; in addition, it summarizes the ICRC’s wider approach to addressing the needs of persons with disabilities, including its other efforts to facilitate the social and economic aspects of inclusion.

This document also mentions the activities of the ICRC 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 the ICRC MoveAbility Foundation’s relationship with the ICRC and on its activities can be found on page 23 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, cultural or ethnic 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 programmes.

• The ICRC considers the particular vulnerabilities and capabilities of persons with physical disabilities in the design and implementation of its activities. It also undertakes initiatives that aim to specifically address their needs.

• 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, the ICRC continued to assist all persons with physical disabilities, including victims of clashes, cluster munitions, mines and ERW. In particular, it helped reduce the barriers to obtaining appropriate care by helping develop national capacities and by directly providing people with physical rehabilitation services. The ICRC MoveAbility Foundation, or MoveAbility, also continued to be an integral part of the ICRC’s strategy for physical rehabilitation, particularly in terms of the ICRC’s long-term commitment in this field.

• In 2018, around 457,000 people with physical disabilities benefited from 189 projects, such as physical rehabilitation centres, component factories and training institutions, supported by the ICRC.

• The ICRC’s support took various forms. For example, the ICRC reinforced the capacity of centres that catered to the needs of persons with physical disabilities who lived far from existing facilities, and subsidized patients’ transport, treatment and accommodation expenses. It also provided centres’ staff with technical guidance, training and scholarships, and developed and/or promoted treatment guidelines based on internationally recognized standards, with a view to improving the quality of available services. To ensure that persons with

---

1. See the ICRC MoveAbility Foundation website at: http://moveability.icrc.org/
2. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, which include repeat beneficiaries.
disabilities have sustainable access to these services, the ICRC worked 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 also helped facilitate the social and economic inclusion of persons with disabilities through other means, including sports and livelihood activities.

- The ICRC sought to prevent and mitigate the effects of weapon contamination – both mines/ERW and chemical, biological, radioactive, and nuclear materials (CBRN). Whenever possible, it worked with National Red Cross and Red Crescent Societies (hereafter National Societies), with their extensive local networks and understanding of the contexts in which they operated. For the ICRC, managing risks posed by conventional weapons and CBRN must be viewed in light of institutional imperatives to: guarantee the safety and security of staff; continue operations and ensure institutional integrity; and fulfil 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, implemented initiatives to mitigate the effects of mines/ERW and CBRN in various contexts. The ICRC’s Weapon Contamination Unit continued to help delegations mitigate the risks they faced while conducting their operations in contexts affected by ongoing armed conflicts.

- Initiatives to reduce the impact of weapon contamination included efforts to raise awareness of its risks and promote safer 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 only directly engaged in such technical interventions if certain conditions were met and a specific added value was identified, such as when the ICRC had sole access to an area where weapon contamination had a humanitarian impact on nearby communities. The ICRC also organized courses on blast trauma care for health personnel and others who might encounter casualties during an explosive ordnance assessment or disposal operation, to help them develop their knowledge and skills.

- At the normative and/or societal level, the ICRC urged 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 fulfil their responsibilities under the UNCRPD.

- The ICRC promoted the implementation of the provisions of weapons-related treaties, especially those pertaining to the use of weapons that were of particular concern to humanitarian actors, and those pertaining to assistance for victims. By organizing national and regional events and working closely with States, National Societies and these conventions’ secretariats, it promoted 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 (Convention on Cluster Munitions).
CONTEXT AND ICRC RESPONSE

PERSONS WITH DISABILITIES

According to the 2011 World Report on Disability\(^3\) published by the World Health Organization (WHO) 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.

These difficulties are 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 assistive equipment. A 2015 report\(^4\) 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 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.

Afghanistan. Saudah works as a physiotherapist at the ICRC physical rehabilitation centre in Herat. Nearly all employees of ICRC orthopaedic centres in Afghanistan are former patients.

---

4. Available at: [https://d3n8a8pro7vhmx.cloudfront.net/handicapinternational/pages/1479/attachments/original/1443729529/_Handicap_International__Disability_in_humanitarian_context.pdf?1443729529](https://d3n8a8pro7vhmx.cloudfront.net/handicapinternational/pages/1479/attachments/original/1443729529/_Handicap_International__Disability_in_humanitarian_context.pdf?1443729529)
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 Monitor reported that 7,339 casualties by landmines/ERW were recorded in 49 countries in 2017 – as compared to 9,437 casualties recorded in 2016, which was the highest casualty count since 1999. Civilians continued to make up most of the casualties (87% of the total); 47% of the civilian casualties were children. Landmines – including anti-personnel mines and improvised devices – caused at least 4,795 of the reported casualties. The continuing high number of total casualties is partly because of cases recorded in countries facing armed conflict and/or large-scale violence, particularly Afghanistan and the Syrian Arab Republic (hereafter Syria), as well as Iraq, Libya, Myanmar, Nigeria, Pakistan, Ukraine and Yemen.

According to the Landmine Monitor, 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 2017, reaching USD 673.2 million (a 39% increase from 2016). The Landmine Monitor also reports that 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) have destroyed more than 54 million stockpiled antipersonnel mines, including more than 500,000 destroyed in 2017. However, there were also concerns that some States Parties 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 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.

THE ICRC’S APPROACH TO ADDRESSING 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 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 other 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.

5. [http://www.the-monitor.org/media/2918780/Landmine-Monitor-2018_final.pdf](http://www.the-monitor.org/media/2918780/Landmine-Monitor-2018_final.pdf); note that casualty figures are almost certainly underestimated, owing to a lack of data from some countries.

6. Landmine Monitor 2017 cited a figure of 8,605 mine/ERW casualties for 2016; however, the number of casualties for 2016 and past years was adjusted with newly available data.
“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. 13–24). It also urges States to respect the rights of people with disabilities, as laid out in international humanitarian law (IHL) and the UNCRPD (see IHL and the UNCRPD on pp. 32–33).

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 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 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 (formerly known as the Special Fund for the Disabled, or SFD) 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 undertook 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 Red Cross and Red Crescent Societies (hereafter National Societies). It carried out this work by implementing activities in the field (see Reducing the impact of weapon contamination on pp. 25–31) and by promoting pertinent legal frameworks (see Promoting legal frameworks and governmental action on pp. 32–35). Furthermore, a significant number of people who benefited 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. 13–24) 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, continued 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, Ethiopia, Guinea-Bissau, Iraq, South Sudan, Sudan and Yemen.

The ICRC also encouraged 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. 32–35).

---


Presented in this Special Report:

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(*)

(*) = In the budgets presented in the 2018 ICRC Appeals, numerous preventive activities have been defined as part of other ICRC programmes or sub-programmes (protection, economic security, water and habitat or cooperation with National Societies) and are therefore not included in the present Special Appeal.

The map in this report is for illustrative purposes only and does not express an opinion on the part of the ICRC.
ASSISTING PERSONS WITH PHYSICAL DISABILITIES

Through its Physical Rehabilitation Programme (PRP) and the ICRC MoveAbility Foundation (also known as MoveAbility), 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.

The PRP’s approach is detailed in the section that follows, and information on activities carried out in 2018 can be found on page 15; an overview of MoveAbility, including its relationship with the ICRC and its operational highlights for the year, is on page 23.

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 backing 2 centres in 2 countries in 1979, to supporting 189 projects in 29 contexts, including regional delegations, at the end of 2018. 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 the climate 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 and 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 receive a device can avail themselves of new devices as they grow older or repair services when necessary.

The ICRC’s main objectives 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 (see pp. 13-24).

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

---

9. 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)

---

Gaza Strip. “Employers are usually reluctant to hire someone with a disability”, says Sameh, who lost both legs in 2009. Despite his background in business administration, Saleh could not find work after his legs were amputated. His education and skills became useful again when he applied for an ICRC micro-economic initiative grant, which enabled him to open his own stationery shop. Sameh studied the market to ensure his business was successful.
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 physical disabilities with direct assistance for accessing 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

To facilitate the equitable availability of physical rehabilitation services, the ICRC takes all possible measures to remove barriers and help improve access to such services for all who need them. Measures include identifying groups that may be particularly vulnerable and working to remove barriers hampering their access to services. Such barriers may be experienced because of factors such as mobility, geography, religion, financial standing, ethnicity, gender and age. In addition to subsidizing people’s expenses when needed, the ICRC also supports centres in conducting outreach activities, and in some cases, helps construct facilities in remote areas.

Enhancing the quality of services

To ensure the quality of its services, the ICRC endeavours to apply internationally recognized standards and best practices. It promotes a multidisciplinary approach to physical rehabilitation and other services, and ensures that the professional competencies of its technical and clinical staff and the technology they use to produce mobility devices remain appropriate and up-to-date. Furthermore, ensuring the highest quality of care involves accurately assessing the diverse needs of service users, in close collaboration with the people affected, as well as building and maintaining professional competence through ongoing education.

Promoting the long-term availability of services

In order to promote the long-term sustainability of supported projects, the ICRC runs most of them with local partners: health and social affairs ministries, National Societies, organizations of persons with disabilities and other non-governmental organizations (NGOs), and private entities. The ICRC helps them build their capacities in terms of technical skills, people and service management, and funding mechanisms. Ensuring long-term sustainability also includes advocating policies for physical rehabilitation, social protection, leadership and governance. 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. The long-term approach not only takes into account the principle of residual responsibility towards the ICRC’s target populations, but also reduces the risk of losing investments in human resources, materials and infrastructure.

10. For more on the ICRC’s modes of action, see the ICRC management framework and descriptions of programmes in the ICRC Annual Report 2018.
Facilitating the social and economic aspects of inclusion and participation

It is worth underlining that the provision of physical rehabilitation services should not be perceived as an objective in itself but as an essential part in contributing to the holistic rehabilitation and integration of people with disabilities into society. Enabling a person with a mobility impairment to walk or to move again is, by itself, an important achievement, but only a first step in enabling the person to participate in his or her community, to work and/or access education and to, eventually, reach his or her full potential.

With a view to facilitating the social and economic aspects of inclusion and participation of people with physical disabilities, the ICRC and its partners conduct activities and organize programmes that enable social, educational, and professional growth for them, allowing them to 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, wheelchair basketball 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. 32–35).

ACTIVITIES IN 2018

Overview

In 2018, the ICRC supported 189 projects, including physical rehabilitation centres, component factories and training institutions. Through these projects, 12,412 new patients were fitted with prostheses, while 50,804 new patients were fitted with orthoses. The projects delivered a total of 24,915 prostheses, 101,981 orthoses, 7,240 wheelchairs or tricycles, and 45,904 walking aids for people with physical disabilities. The recorded totals include 5,934 prostheses and 399 orthoses for mine/ERW survivors.

Some of the highlights during the year:

- Afghan students – among them two women – completed an ICRC-supported bachelor’s degree programme in prosthetics and orthotics; all of the students were persons with disabilities. They are Afghanistan’s first group of prosthetists/orthotists with Category I recognition from the International Society for Prosthetics and Orthotics (ISPO).
- In Yemen, despite ongoing hostilities, ten students – including women – completed the first semester of the Diploma in Prosthetics and Orthotics at the High Institute of Health Sciences; the programme was developed in partnership with the ICRC. The students are expected to continue on to the second semester in 2019.
- In the Central African Republic, the ICRC and the authorities continued to work towards the construction of a new physical rehabilitation centre. A buildable area was identified, and the property deed signed and sealed by the authorities was obtained for construction.
- Within the framework of the Programme for Humanitarian Impact Investment – an ICRC initiative being carried out in partnership with the private sector, the construction of two new physical rehabilitation centres, namely in Kinshasa (Democratic Republic of the Congo) and Mopti (Mali), started.
- The Bangladesh Health Professions Institute, with ICRC support, obtained accreditation from the ISPO. In Colombia, the National Training Service – an ICRC partner institution – obtained ISPO accreditation for its Category II Diploma training.

11. More detailed examples and beneficiaries’ stories can be found here: https://app.icrc.org/app/football/index.html

12. 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.
Reporting on the Special Appeal

The following table provides details on activities covered by the Special Appeal 2018.

<table>
<thead>
<tr>
<th>ICRC DELEGATION</th>
<th>ACTIVITIES IN 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>CENTRAL AFRICAN REPUBLIC</td>
<td>Disabled people benefited from the services of an ICRC-supported physical rehabilitation centre in Bangui, and from that centre’s collaboration with an association that provided room and board for patients. At the centre, 353 people benefited from physical rehabilitation, 89 people were fitted with prostheses, 69 with orthoses, and 211 patients received physiotherapy. The ICRC provided the centre with material and technical support, and training; this helped it produce a broader range of prosthetic devices. A technician returned to work at the centre after completing training abroad; other prospective technicians and physiotherapists continued their studies abroad. The centre and the ICRC promoted social inclusion of disabled people through radio broadcasts on activities for them, and other means. The ICRC and the authorities continued to work towards the construction of a new physical rehabilitation centre.</td>
</tr>
<tr>
<td>DAKAR (REGIONAL) Guinea-Bissau</td>
<td>Roughly 3,460 people obtained rehabilitative services at the Centro de Reabilitação Motora (CRM) – Guinea-Bissau’s only physical rehabilitation centre, which received comprehensive ICRC support. ICRC assistance helped 310 of them to cover costs for assistive devices, and 126 children with clubfoot to be treated by ICRC-trained personnel from the CRM and Hospital Simão Mendes. Four of these children underwent surgery; the ICRC covered their treatment and transportation costs. The CRM’s patients included 34 Senegalese victims of mines or ERW, who were referred to the centre to be fitted with prostheses, as per an agreement between the Senegalese mine-action authorities and the ICRC. To help ensure the quality and sustainability of the CRM’s services, the ICRC organized or supported technical and refresher training for doctors, nurses, and other members of the staff. The ICRC sponsored a senior manager at the CRM to attend a project management course held outside Guinea-Bissau. With help from the ICRC, the centre strove for self-sufficiency in the provision of services; it began a partnership with an agency that provided it with orthopaedic equipment and offered internships for its staff. Other efforts by the ICRC to bolster the centre’s services, such as creating a patient-management database, were delayed by technical constraints. People were referred to the CRM through outreach activities coordinated among the Red Cross Society of Guinea-Bissau, the CRM and the ICRC. The ICRC and the CRM organized events – to mark World Clubfoot Day, for example – that helped raise awareness of the CRM and its services. The ICRC worked with a local organization to promote the social inclusion of people with physical disabilities; it enabled 41 wheelchair basketball players to participate in a tournament in Senegal. It also helped construct a ramp at one school, for a disabled student’s benefit.</td>
</tr>
<tr>
<td>DEMOCRATIC REPUBLIC OF THE CONGO</td>
<td>Some 1,400 people obtained good-quality services, free of charge, at four physical rehabilitation centres in Bukavu, Goma and Kinshasa. The ICRC gave the centres and the workshop material and technical support. Patients were fitted with prostheses and orthoses or given wheelchairs and tricycles, which helped them regain some mobility. Some received psychosocial support at physical rehabilitation centres or were referred to ICRC-backed counselling centres. Over 180 disabled people participated in sports activities organized by the national Paralympic committee which received ICRC support, including for the ongoing construction of a sports field for disabled athletes. Twenty-five children received scholarships to pursue their education. These and other activities helped promote social inclusion of disabled people. The ICRC made efforts to strengthen the physical rehabilitation sector in the country. It sponsored staff from the supported centres to attend courses and training sessions. Two physiotherapists learnt more about caring for children with cerebral palsy; they also learnt how to instruct the children’s parents in providing such care. Three people sponsored by the ICRC completed their three-year course in prosthetics and orthotics, in Lomé, Togo, and returned to work at the University Clinic in Kinshasa. Construction of the country’s first reference centre for physical rehabilitation – part of the Programme for Humanitarian Impact Investment, an ICRC initiative being carried out in partnership with the private sector – was in progress. Five people sponsored by the programme continued their study in the field of prosthetics and orthotics.</td>
</tr>
</tbody>
</table>

13. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.
The authorities, the Ethiopian Basketball Federation and the ICRC worked to promote the social inclusion of disabled people.

As part of the Programme for Humanitarian Impact Investment, an ICRC initiative being carried out in partnership with the

Disabled people obtained physical rehabilitation services at a centre in Benghazi and a prosthetics and orthotics workshop

Physical rehabilitation professionals, including some at the facilities mentioned above, attended ICRC refresher courses; the ICRC also provided refresher training to staff from a centre in the SRS.

Findings and recommendations on the physical rehabilitation services – based on patients’ responses and technical assessments – were communicated to the authorities, to help them improve these services, as they increasingly took over responsibility for their provision. Aided by the ICRC, the authorities developed operating procedures, with a view to standardizing the quality of services delivered in the country; the authorities and the ICRC planned to implement the procedures in 2019.

The ICRC continued to encourage efforts by NGOs and government agencies to foster the social inclusion of disabled people.

In all, 298 people from Misrata and 623 people from Benghazi used the services at these facilities; and 269 people underwent physiotherapy. The ICRC also enabled six disabled people from Sabha to use the services of the workshop in Misrata, by covering their transportation costs.

Technical support throughout the year from the ICRC helped 53 personnel from the three facilities mentioned above to develop their capacity to provide rehabilitative care. Two specialists received financial incentives from the ICRC to run the workshop in Misrata. Students from Benghazi, Misrata and Tripoli studied prosthetics and orthotics on ICRC scholarships.

Four students, sponsored by the ICRC, continued their three-year training programme in prosthetics and orthotics in Lomé, to receive physical rehabilitation services; it also covered their transport and accommodation expenses.

Personal organizations with ICRC technical support; the ICRC also provided refresher training to staff from a centre in the SRS.

Medical professionals, including personnel from prison clinics, and health authorities attended ICRC information sessions on rehabilitative services aimed at encouraging referrals to physical rehabilitation centres. Disabled people from the SRS – 134 of whom received financial assistance for their transportation and food costs – and detainees had broadened access to physical rehabilitation services through referral mechanisms established by the ICRC.

The authorities, the Ethiopian Basketball Federation and the ICRC worked to promote the social inclusion of disabled people through wheelchair basketball. On the International Day of Persons with Disabilities, they organized training sessions and a tournament, which were attended by players, coaches and referees from several African countries.

Staff at the centres developed their capacities in prosthetics/orthotics and physiotherapy through training conducted by professional organizations with ICRC technical support; the ICRC also provided refresher training to staff from a centre in the SRS.

ACTIVITIES IN 2018

The ICRC provided material and technical support for the National Orthopaedic Hospital in Kano, which enabled 255 patients to receive physical rehabilitation services; it also covered their transport and accommodation expenses.

As part of the Programme for Humanitarian Impact Investment, an ICRC initiative being carried out in partnership with the private sector, the physical rehabilitation centre at the University of Maiduguri Teaching Hospital was at the final stage of design at year’s end. Nine students sponsored by the same programme pursued studies in prosthetics/orthotics.

The ICRC continued to encourage efforts by NGOs and government agencies to foster the social inclusion of disabled people.

In all, 298 people from Misrata and 623 people from Benghazi used the services at these facilities; and 269 people underwent physiotherapy. The ICRC also enabled six disabled people from Sabha to use the services of the workshop in Misrata, by covering their transportation costs.

Technical support throughout the year from the ICRC helped 53 personnel from the three facilities mentioned above to develop their capacity to provide rehabilitative care. Two specialists received financial incentives from the ICRC to run the workshop in Misrata. Students from Benghazi, Misrata and Tripoli studied prosthetics and orthotics on ICRC scholarships.

Four students, sponsored by the ICRC, continued their three-year training programme in prosthetics and orthotics in Lomé, to receive physical rehabilitation services; it also covered their transport and accommodation expenses.

Personal organizations with ICRC technical support; the ICRC also provided refresher training to staff from a centre in the SRS.

Medical professionals, including personnel from prison clinics, and health authorities attended ICRC information sessions on rehabilitative services aimed at encouraging referrals to physical rehabilitation centres. Disabled people from the SRS – 134 of whom received financial assistance for their transportation and food costs – and detainees had broadened access to physical rehabilitation services through referral mechanisms established by the ICRC.

The authorities, the Ethiopian Basketball Federation and the ICRC worked to promote the social inclusion of disabled people through wheelchair basketball. On the International Day of Persons with Disabilities, they organized training sessions and a tournament, which were attended by players, coaches and referees from several African countries.

Staff at the centres developed their capacities in prosthetics/orthotics and physiotherapy through training conducted by professional organizations with ICRC technical support; the ICRC also provided refresher training to staff from a centre in the SRS.

Findings and recommendations on the physical rehabilitation services – based on patients’ responses and technical assessments – were communicated to the authorities, to help them improve these services, as they increasingly took over responsibility for their provision. Aided by the ICRC, the authorities developed operating procedures, with a view to standardizing the quality of services delivered in the country; the authorities and the ICRC planned to implement the procedures in 2019.

The ICRC continued to encourage efforts by NGOs and government agencies to foster the social inclusion of disabled people.

In all, 298 people from Misrata and 623 people from Benghazi used the services at these facilities; and 269 people underwent physiotherapy. The ICRC also enabled six disabled people from Sabha to use the services of the workshop in Misrata, by covering their transportation costs.

Technical support throughout the year from the ICRC helped 53 personnel from the three facilities mentioned above to develop their capacity to provide rehabilitative care. Two specialists received financial incentives from the ICRC to run the workshop in Misrata. Students from Benghazi, Misrata and Tripoli studied prosthetics and orthotics on ICRC scholarships.

Four students, sponsored by the ICRC, continued their three-year training programme in prosthetics and orthotics in Lomé, to receive physical rehabilitation services; it also covered their transport and accommodation expenses.

Personal organizations with ICRC technical support; the ICRC also provided refresher training to staff from a centre in the SRS.

Medical professionals, including personnel from prison clinics, and health authorities attended ICRC information sessions on rehabilitative services aimed at encouraging referrals to physical rehabilitation centres. Disabled people from the SRS – 134 of whom received financial assistance for their transportation and food costs – and detainees had broadened access to physical rehabilitation services through referral mechanisms established by the ICRC.

The authorities, the Ethiopian Basketball Federation and the ICRC worked to promote the social inclusion of disabled people through wheelchair basketball. On the International Day of Persons with Disabilities, they organized training sessions and a tournament, which were attended by players, coaches and referees from several African countries.

Staff at the centres developed their capacities in prosthetics/orthotics and physiotherapy through training conducted by professional organizations with ICRC technical support; the ICRC also provided refresher training to staff from a centre in the SRS.

Findings and recommendations on the physical rehabilitation services – based on patients’ responses and technical assessments – were communicated to the authorities, to help them improve these services, as they increasingly took over responsibility for their provision. Aided by the ICRC, the authorities developed operating procedures, with a view to standardizing the quality of services delivered in the country; the authorities and the ICRC planned to implement the procedures in 2019.

The ICRC continued to encourage efforts by NGOs and government agencies to foster the social inclusion of disabled people.

In all, 298 people from Misrata and 623 people from Benghazi used the services at these facilities; and 269 people underwent physiotherapy. The ICRC also enabled six disabled people from Sabha to use the services of the workshop in Misrata, by covering their transportation costs.

Technical support throughout the year from the ICRC helped 53 personnel from the three facilities mentioned above to develop their capacity to provide rehabilitative care. Two specialists received financial incentives from the ICRC to run the workshop in Misrata. Students from Benghazi, Misrata and Tripoli studied prosthetics and orthotics on ICRC scholarships.

Four students, sponsored by the ICRC, continued their three-year training programme in prosthetics and orthotics in Lomé, to receive physical rehabilitation services; it also covered their transport and accommodation expenses.

Personal organizations with ICRC technical support; the ICRC also provided refresher training to staff from a centre in the SRS.

Medical professionals, including personnel from prison clinics, and health authorities attended ICRC information sessions on rehabilitative services aimed at encouraging referrals to physical rehabilitation centres. Disabled people from the SRS – 134 of whom received financial assistance for their transportation and food costs – and detainees had broadened access to physical rehabilitation services through referral mechanisms established by the ICRC.
### SPECIAL REPORT 2018: DISABILITY AND MINE ACTION

#### SOUTH SUDAN

- Some 3,200 disabled people received physical rehabilitation services at ICRC-supported centres in Juba, Rumbek and Wau: the ICRC covered transportation costs for about 530 of them, and food and accommodation costs for roughly 860. ICRC aircraft transported around 310 people to the centres.
- The three centres sustained their operations with training, and technical, financial and material support from the ICRC. Following discussions with the ICRC, the authorities hired new staff, with a view to ensuring the sustainability of services at two of the centres. Three staff members on ICRC scholarships studied physical rehabilitation at a local university. During meetings with the ICRC, the authorities were encouraged to establish a national oversight board for physical rehabilitation professionals.
- With ICRC material and financial support, local NGOs fostered the socio-economic inclusion of disabled people: 68 people participated in wheelchair races or weekly basketball training. One person was referred to the ICRC’s livelihood support project, and another was given financial assistance to attend school.

#### SUDAN

- Around 9,270 people received physical rehabilitation services at 11 facilities in all. Materials, equipment and/or technical assistance from the ICRC helped to keep these facilities running: eight centres and one mobile workshop run by National Authority of Prosthetics and Orthotics (NAPO), one workshop in al-Fashir run by a disabled people’s association, and the Khartoum Cheshire Home (KCH). The NAPO-run centre in Nyala provided services for nearly 190 destitute people from Darfur and West Kordofan; the ICRC covered their expenses for transportation, food and/or accommodation. The ICRC-supported KCH provided various services for some 820 children with disabilities such as clubfoot. Parents of these children were shown informational videos – produced with ICRC support – about the services available at the centre, including the treatment for clubfoot.
- A number of organizations worked with the ICRC to facilitate people’s access to these facilities.
- NAPO – with financial support and technical guidance from the ICRC – continued to strengthen its ability to provide good-quality physical rehabilitation services at its centres. Patients interviewed by NAPO and/or ICRC staff reported high levels of satisfaction with the services at NAPO-run centres. NAPO and ICRC staff implemented guidelines for reducing waste and preventing misuse of raw materials for assistive devices, and regularly followed up measures taken to eliminate misconduct, such as sexual harassment, in the centres. Some physiotherapists and their assistants, and technicians, from NAPO and the KCH bolstered or advanced their skills at ICRC training sessions.
- To help ensure the sustainability of services at NAPO, the ICRC covered tuition costs and other expenses for six staff members studying physiotherapy at a local university or taking courses in prosthetics and/or orthotics abroad. Fourteen students completed a diploma course established by NAPO, a local university and the ICRC; two others also completed courses abroad through ICRC sponsorship, and returned to work for NAPO.
- The ICRC worked with various NGOs to promote the social inclusion of disabled people. It supported the KCH and the Disability Challengers Organization in maintaining sports wheelchairs and/or organizing training and other events, which helped 24 people to play wheelchair basketball. The ICRC also referred 100 disabled people in al-Fashir and Nyala to its livelihood-support programme.

#### TUNIS (REGIONAL)

- Disabled people living near Tindouf, Algeria, including mine victims, regained some mobility through treatment, including physiotherapy, and prostheses/orthoses from an ICRC-supported physical rehabilitation centre in the Rabouni hospital. Wheelchairs and walking aids enabled disabled people to participate in social activities. The ICRC manufactured a total of 109 prostheses/orthoses.
- Fewer people benefited from physical rehabilitation services than planned: 496 patients were treated at the centre (target: 1,000), and only two camps (target: five camps) were visited during outreach activities. The ICRC worked with the centre’s administrators and others concerned to seek resolutions to the issues behind this – for instance, inadequate staffing and poor coordination.
- A ministerial decree in August required physical rehabilitation facilities in refugee camps to be integrated with the public health system – which meant making the ICRC-supported centre part of the administrative structure of the Rabouni hospital. The ICRC realigned its priorities to support local health authorities during the transition; it was also guided by a new strategy for transferring – to local administrators – all responsibility for running the centre. The health authorities were given expert assistance in a number of areas: merging data; establishing and/or installing management tools, and training staff in their use; and drafting an operations manual. The centre’s staff continued to maintain or improve the quality of their services, by developing their capacities in prosthetics/orthotics and physiotherapy through on-site supervision and training from ICRC staff. The ICRC also provided financial support for infrastructural improvements.
- The Sahrawi authorities and the ICRC organized promotional campaigns, and sports and other activities, to advance the social inclusion of disabled people, particularly to mark the centre’s tenth anniversary and the International Day of Persons with Disabilities. Other public events and media campaigns helped broaden awareness of the services available at the centre.

<table>
<thead>
<tr>
<th>ICRC DELEGATION</th>
<th>ACTIVITIES IN 2018</th>
</tr>
</thead>
</table>
| SOUTH SUDAN     | • Some 3,200 disabled people received physical rehabilitation services at ICRC-supported centres in Juba, Rumbek and Wau: the ICRC covered transportation costs for about 530 of them, and food and accommodation costs for roughly 860. ICRC aircraft transported around 310 people to the centres.  
• The three centres sustained their operations with training, and technical, financial and material support from the ICRC. Following discussions with the ICRC, the authorities hired new staff, with a view to ensuring the sustainability of services at two of the centres. Three staff members on ICRC scholarships studied physical rehabilitation at a local university. During meetings with the ICRC, the authorities were encouraged to establish a national oversight board for physical rehabilitation professionals.  
• With ICRC material and financial support, local NGOs fostered the socio-economic inclusion of disabled people: 68 people participated in wheelchair races or weekly basketball training. One person was referred to the ICRC’s livelihood support project, and another was given financial assistance to attend school. |
| SUDAN           | • Around 9,270 people received physical rehabilitation services at 11 facilities in all. Materials, equipment and/or technical assistance from the ICRC helped to keep these facilities running: eight centres and one mobile workshop run by National Authority of Prosthetics and Orthotics (NAPO), one workshop in al-Fashir run by a disabled people’s association, and the Khartoum Cheshire Home (KCH). The NAPO-run centre in Nyala provided services for nearly 190 destitute people from Darfur and West Kordofan; the ICRC covered their expenses for transportation, food and/or accommodation. The ICRC-supported KCH provided various services for some 820 children with disabilities such as clubfoot. Parents of these children were shown informational videos – produced with ICRC support – about the services available at the centre, including the treatment for clubfoot.  
• A number of organizations worked with the ICRC to facilitate people’s access to these facilities.  
• NAPO – with financial support and technical guidance from the ICRC – continued to strengthen its ability to provide good-quality physical rehabilitation services at its centres. Patients interviewed by NAPO and/or ICRC staff reported high levels of satisfaction with the services at NAPO-run centres. NAPO and ICRC staff implemented guidelines for reducing waste and preventing misuse of raw materials for assistive devices, and regularly followed up measures taken to eliminate misconduct, such as sexual harassment, in the centres. Some physiotherapists and their assistants, and technicians, from NAPO and the KCH bolstered or advanced their skills at ICRC training sessions.  
• To help ensure the sustainability of services at NAPO, the ICRC covered tuition costs and other expenses for six staff members studying physiotherapy at a local university or taking courses in prosthetics and/or orthotics abroad. Fourteen students completed a diploma course established by NAPO, a local university and the ICRC; two others also completed courses abroad through ICRC sponsorship, and returned to work for NAPO.  
• The ICRC worked with various NGOs to promote the social inclusion of disabled people. It supported the KCH and the Disability Challengers Organization in maintaining sports wheelchairs and/or organizing training and other events, which helped 24 people to play wheelchair basketball. The ICRC also referred 100 disabled people in al-Fashir and Nyala to its livelihood-support programme. |
| TUNIS (REGIONAL) | • Disabled people living near Tindouf, Algeria, including mine victims, regained some mobility through treatment, including physiotherapy, and prostheses/orthoses from an ICRC-supported physical rehabilitation centre in the Rabouni hospital. Wheelchairs and walking aids enabled disabled people to participate in social activities. The ICRC manufactured a total of 109 prostheses/orthoses.  
• Fewer people benefited from physical rehabilitation services than planned: 496 patients were treated at the centre (target: 1,000), and only two camps (target: five camps) were visited during outreach activities. The ICRC worked with the centre’s administrators and others concerned to seek resolutions to the issues behind this – for instance, inadequate staffing and poor coordination.  
• A ministerial decree in August required physical rehabilitation facilities in refugee camps to be integrated with the public health system – which meant making the ICRC-supported centre part of the administrative structure of the Rabouni hospital. The ICRC realigned its priorities to support local health authorities during the transition; it was also guided by a new strategy for transferring – to local administrators – all responsibility for running the centre. The health authorities were given expert assistance in a number of areas: merging data; establishing and/or installing management tools, and training staff in their use; and drafting an operations manual. The centre’s staff continued to maintain or improve the quality of their services, by developing their capacities in prosthetics/orthotics and physiotherapy through on-site supervision and training from ICRC staff. The ICRC also provided financial support for infrastructural improvements.  
• The Sahrawi authorities and the ICRC organized promotional campaigns, and sports and other activities, to advance the social inclusion of disabled people, particularly to mark the centre’s tenth anniversary and the International Day of Persons with Disabilities. Other public events and media campaigns helped broaden awareness of the services available at the centre. |
SPECIAL REPORT 2018: DISABILITY AND MINE ACTION

ACTIVITIES IN 2018

Disabled people – including migrants, detainees and former members of Fuerza Alternativa Revolucionaria del Común (Common Alternative Revolutionary Force, the political successor of the Revolutionary Armed Forces of Colombia – People’s Army, or FARC-EP) – obtained rehabilitative care at ten physical rehabilitation centres receiving raw materials and technical guidance from the ICRC. The ICRC helped 842 patients to obtain physical rehabilitation services; 241 of them received cash to cover transportation and/or accommodation expenses. Prosthetists/orthotists from ICRC-supported centres provided services to 122 disabled detainees at seven places of detention. ICRC training and technical support helped the State authorities, National Training Service (SENA), three medical professional associations, two training institutes and a university to develop their capacities in rehabilitative care and/or in designing their own training courses for physical rehabilitation professionals.

The ICRC sponsored about 100 physical rehabilitation professionals to attend ICRC courses and workshops, for example, on wheelchair prescription and amputation management. ICRC-trained staff of local organizations guided parents in providing suitable care for their children with cerebral palsy.

An ICRC-supported working group – composed of education and health ministry officials, SENA officials and members of an association of prosthetists/orthotists – held a round-table on defining national professional standards for prosthetists/orthotists.

The ICRC promoted the social inclusion of disabled people. Three wheelchair basketball teams (12 people in Cali and 22 detainees at two prisons in Cali and Medellín), received training, equipment, uniforms and sport wheelchairs. In addition, 25 disabled people were referred for ICRC economic-security assistance.

To promote disabled people’s social inclusion, the ICRC helped organize training in adaptive sports worldwide.

People with disabilities improved their mobility thanks to physiotherapy given at seven ICRC-run physical rehabilitation centres, which the ICRC provided with funding, equipment, supplies, and technical guidance and training for staff and managers. A total of 112 people had their transport and/or accommodation expenses covered, and 34 received psychosocial assistance. The ICRC supported disability sports by providing wheelchairs, and in other ways as well, to help advance the societal inclusion of disabled people.

In Guatemala, Honduras and Mexico, 397 disabled people obtained services at five physical rehabilitation centres, which the ICRC provided with funding, equipment, supplies, and technical guidance and training for staff and managers. A total of 112 people had their transport and/or accommodation expenses covered, and 34 received psychosocial assistance. The ICRC supported disability sports by providing wheelchairs, and in other ways as well, to help advance the societal inclusion of disabled people.

To promote disabled people’s social inclusion, the ICRC helped organize training in adaptive sports worldwide.

People with disabilities improved their mobility thanks to physiotherapy given at seven ICRC-run physical rehabilitation centres, which the ICRC provided with funding, equipment, supplies, and technical guidance and training for staff and managers. A total of 112 people had their transport and/or accommodation expenses covered, and 34 received psychosocial assistance. The ICRC supported disability sports by providing wheelchairs, and in other ways as well, to help advance the societal inclusion of disabled people.

In Cambodia, some 12,200 people – including mine/ERW victims – obtained good-quality services, free of charge, at two physical rehabilitation centres or through the centres’ outreach programmes. The two centres received various forms of ICRC support, including donations of materials and equipment, infrastructural upgrades, and training and technical guidance for personnel. Some personnel exchanged best practices with their peers at an ICRC event held abroad.

The ICRC helped several physical rehabilitation centres and hospitals to incorporate national standards for physiotherapy in their services. The health and social affairs ministries adopted these standards – drafted with the ICRC’s help – last year. The ICRC also helped one university develop its physiotherapy course; 13 students, sponsored by the ICRC, took the course.

Disabled people participated in sporting activities such as wheelchair basketball competitions. A total of 72 children received scholarships to pursue their education; access ramps were installed and other infrastructural upgrades were made at two schools, to ease disabled students’ means to get around. These and other activities helped promote the social inclusion of disabled people.

As per the agreement they signed last year, the Lao health ministry and the ICRC endeavoured to strengthen the physical rehabilitation sector in the Lao People’s Democratic Republic. A national strategy for physical rehabilitation was drafted – with the ICRC’s help – and adopted. Health ministry officials attended workshops and seminars – on such subjects as standards for prosthetics and orthotics – in the country and elsewhere. Seven students began their studies on prosthetics and orthotics at schools in Bangkok, Thailand, and Hanoi, Viet Nam; the ICRC covered their tuition.
The Rakrang and Songrim physical rehabilitation centres in the Democratic People’s Republic of Korea continued to receive on-site mentoring, and clinical guidance, for personnel at the two centres. Orthotists and prosthetists from The ICRC continued to help foster the social inclusion of people with physical disabilities. It made six homes disabled accessible, and, in partnership with the Myanmar Paralympic Sport Federation, it enabled 146 people to participate in sporting events, particularly wheelchair basketball. Nineteen people with physical disabilities benefited from vocational training during its outreach activities in northern Bangladesh and Cox’s Bazar. A total of 943 patients were fitted with orthoses; 93 wheelchairs and 265 walking aids were distributed among displaced people and others. The ICRC covered food, transportation and accommodation expenses for 460 patients.

With ICRC support, infrastructure renovations were completed at the Songrim centre, allowing the resumption of patient treatments and the production of orthopaedic devices. General maintenance work — for example, repairs to the roof — was carried out at the Rakrang centre.

A total of 4,818 people with physical disabilities improved their mobility with rehabilitative care at five centres that received comprehensive ICRC assistance: the Hpa-an Orthopaedic Rehabilitation Centre (HORC) run by the National Society, the Kyaiing Tong facility in Shan, the Myitkyina centre in Kachin, the National Rehabilitation Hospital in Yangon, and the Yenanthar Leprosy Hospital. Plans to refer persons with disabilities to a physical rehabilitation centre in Mandalay fell through because of some operational constraints. These centres provided 1,119 prostheses, 133 orthoses and 1,812 walking aids for people with physical disabilities, including mine victims. The ICRC also gave the National Rehabilitation Hospital and the Defense Services Rehabilitation Hospital financial support for making prosthetic feet. It conducted capacity-building training for selected personnel at supported centres, including newly hired prosthetists/orthotists from the two centres were trained together at the Songrim centre.

A few other ICRC-sponsored students continued studying physical rehabilitation abroad. With the ICRC’s assistance, two sports associations organized training sessions for disabled people. In all, 192 people learnt how to play or teach others wheelchair basketball or cricket, and were given the necessary equipment; some were selected for the national teams in those sports. Some disabled athletes competed in international tournaments abroad.

Twenty-five patients at the CRP branch in Savar were referred to ICRC income support programmes.
<table>
<thead>
<tr>
<th>ICRC DELEGATION</th>
<th>ACTIVITIES IN 2018</th>
</tr>
</thead>
</table>
| NEW DELHI (REGIONAL) | • Some 47,000 people improved their mobility through treatment and/or assistive devices provided by physical rehabilitation centres – eight in India, including one managed by the Indian Red Cross Society, and two in Nepal; these centres and clinics received materials, equipment and technical support from the ICRC. The ICRC also supported some local clubfoot clinics. It covered expenses – for assistive devices, treatment, transport, and accommodation – for destitute patients in India; and referred nearly 600 patients from Nepal to economic programmes. The ICRC’s planned support for the Maldivian Red Crescent’s physical rehabilitation services did not push through, as the latter focused on responding to unrest during the elections.  
• The ICRC helped to ensure the sustainability and accessibility of good-quality physical rehabilitation services, by sponsoring staff training, providing expert advice, and fostering innovation. In India, doctors refreshed their skills in treating clubfoot, staff from the supported centres were trained in providing wheelchair services, and wheelchair users trained in instructing other wheelchair users on such topics as health and mobility. In Nepal, two professionals from a supported centre started taking part in advanced courses abroad, with the ICRC’s help. Finalists in the first (2015–2016) and second (2017–2018) editions of the Enable Makeathon in India were given financial, material and/or technical assistance to test and refine their products, with a view to bringing them to market. The ICRC extended such assistance directly, or referred the teams to other organizations who could provide them.  
• Aided by the ICRC, two wheelchair sports associations in India organized tournaments and/or training camps in basketball and cricket for disabled athletes. The ICRC also sponsored some disabled athletes to compete in adaptive sports held locally or abroad; and provided equipment to a sports team in India. |
| PAKISTAN | • Some 57,800 people with physical disabilities were treated at 25 centres that received comprehensive ICRC assistance. Two clubfoot clinics and one limb-fitting workshop were renovated or established at supported centres, and some facilities hired additional personnel; partly because of this, more people received services than planned. The supported centres provided 4,374 prostheses, 17,748 orthoses, 2,297 walking aids for disabled people. The ICRC covered transport, food, and accommodation costs for 5,741 patients, and the costs of follow-up home care for 313 people with spinal-cord injuries. A total of 1,276 children were treated for clubfoot. The ICRC also adapted the homes of 37 people to make them disabled-accessible.  
• The ICRC strove to help strengthen the national physical rehabilitation sector. It provided expert guidance for seven institutions teaching physical rehabilitation and/or sponsored faculty members to attend capacity-building courses. Some students attending these institutions continued their education with the ICRC’s financial assistance. Aided by the ICRC, a government-registered private entity – Rehab Initiative – readied itself to take over the ICRC’s task of distributing prosthetic or orthotic components and raw materials to physical rehabilitation centres. Rehab Initiative began to develop various online tools – such as a distribution order management system to provide potential partners with the latest information on its inventory. It also conducted capacity-building training for prosthetists/orthotists, and lobbied for the possibility of including disabled people in the national health-insurance programme.  
• Disabled people benefited from social-inclusion activities carried out by the ICRC with two local organizations. Financial assistance from the ICRC enabled 137 disabled children to continue their schooling and 205 people to attend vocational training; ICRC referrals to economic programmes benefited 62 people; 463 people participated in sporting events with ICRC support. |
| PHILIPPINES | • Around 480 disabled persons, including weapon-wounded people, improved their mobility with free prostheses or orthoses, and physiotherapy, from the Davao Jubilee Foundation (DJF) – the only physical rehabilitation centre in Mindanao. Financial and technical support was given by the ICRC to the DJF.  
• The ICRC covered the costs of physiotherapy for 47 patients and of treatment for 21 patients. DJF staff participated in a workshop held locally, and at a meeting held abroad, with financial support from the ICRC. DJF officials and health authorities went on an ICRC-sponsored tour to study public physical rehabilitation services in the region. The ICRC also provided clinical mentoring for DJF physiotherapists and orthotists/prosthetists. |
| EUROPE AND CENTRAL ASIA | |
| UKRAINE | • The ICRC’s access to physical rehabilitation centres in areas not controlled by the Ukrainian government remained limited; however, it provided some support for seven projects in Donetsk. For example, the Prosthetic-Orthopaedic Centre in Donetsk received supplies and equipment for producing assistive devices, and a disabled people’s organization repaired 60 wheelchairs after receiving spare parts. The ICRC helped this organization, and a sports centre, to host events to mark the International Day of Persons with Disabilities. The ICRC covered transportation costs for members of the disabled people’s organization, enabling them to travel to the physical rehabilitation centre, medical facilities and sports events. |
ICRC DELEGATION ACTIVITIES IN 2018

NEAR AND MIDDLE EAST

IRAQ
- Around 39,400 disabled people were treated at 16 physical rehabilitation centres for which the ICRC provided expert guidance, staff training and raw materials for providing rehabilitation services. These facilities included 14 State-run centres – one of which the ICRC built and helped get going in Mosul; one centre run by a non-government organization; and one centre in Erbil that the ICRC managed. The newly built centre in Mosul increased the availability of services in northern Iraq, including for refugees; the ICRC also ensured that the centre’s facilities were accessible to disabled people. It completed the design of the new centre in Erbil, and scheduled for construction to start in 2019. A total of 9,305 patients were fitted with orthoses and 1,375 patients were fitted with prostheses; others received over 400 wheelchairs. The ICRC covered transportation and accommodation costs for 747 people – most of them beneficiaries at the Erbil centre. Disabled people in remote areas and prisons were treated or referred to the 16 centres when possible.
- At ICRC workshops, technicians learnt how to train others in prosthetic and orthotic services, and caregivers for children with cerebral palsy developed their skills in managing their child. At the Erbil centre, ICRC-trained counsellors helped beneficiaries who were emotionally distressed. The ICRC sponsored three technicians to attend workshops on physical rehabilitation held abroad.
- The ICRC helped the authorities to improve education in physical rehabilitation, by making recommendations for school curricula and training students. It promoted the social inclusion of disabled people; for instance, it referred some beneficiaries to its income support programmes and sponsored a wheelchair basketball team’s participation in a tournament held in Lebanon.

ISRAEL AND THE OCCUPIED TERRITORIES
- The ICRC-supported Artificial Limb and Polio Centre (ALPC) provided physical rehabilitation services for 2,891 people disabled during protests; 165 people received ICRC-provided transportation allowances.
- ICRC training helped physiotherapists expand their skills, and ALPC staff develop their ability to deal with large numbers of patients; staff were compensated by the ICRC for working overtime. Patients received 1,878 prostheses and orthoses. Over a hundred patients were referred to ICRC livelihood programmes.
- Because of the strain on the ALPC’s capacities, and other obstacles, the ICRC was unable to carry out certain planned activities: treating children with clubfoot, delivering wheelchairs, and organizing events to promote disabled people’s social inclusion.
- In 2018, the ICRC supported two hospitals in northern Israel through the donation of medical items, and it provided assistive devices and mental-health and psychosocial support to wounded Syrian patients, for coping with their disability; it also provided these patients with clothes and hygiene items. However, owing to developments in the security situation, these activities ended mid-year.

JORDAN
- Over 100 disabled people availed themselves of physical rehabilitation services at the Al-Bashir hospital, which received material assistance from the ICRC. The ICRC also supported the development of courses in prosthetics and orthotics at the hospital’s affiliate, the University of Jordan; the ICRC trained and mentored fifteen instructors, who had 80 students, in prosthetics and orthotics.

LEBANON
- Some 1,300 people obtained physical rehabilitation services at four ICRC-supported centres; logistical impediments prevented the ICRC from supporting a fifth centre. Disabled people were able to obtain prostheses and orthoses at these centres; 530 patients benefited from free physiotherapy.
- To foster the social inclusion of disabled people, the ICRC sponsored two wheelchair basketball tournaments: teams from Afghanistan, India, Iraq, Lebanon and Syria participated. Some 50 disabled people were referred to the ICRC’s economic security unit.
- Physical rehabilitation professionals received training in amputee care at an ICRC-supported workshop.

SYRIAN ARAB REPUBLIC
- Around 5,000 disabled people received rehabilitative services at two centres: an ICRC-run facility in Aleppo and another, recently relocated within Damascus and renovated by the ICRC, run by the National Society with ICRC material, technical and financial support. A shuttle service was arranged for people living far from the Damascus centre. About 740 people were fitted with prostheses. The ICRC did an assessment in the north-east but was unable to identify additional centres to support.
- The ICRC strove to foster the social inclusion of disabled people. It provided livelihood support to some 240 patients from the Aleppo centre, and enabled about 70 people to participate in sporting activities, including a wheelchair basketball competition abroad.
- The ICRC provided wheelchairs – and the National Society distributed other assistive devices – to disabled people living beyond the reach of the two centres.
- Three orthotist/prosthetist trainees continued to pursue their studies abroad, on ICRC scholarships.
In line with the ICRC’s efforts to take their specific needs into account in its protection and assistance activities, people with physical disabilities also benefited from projects that were not directly budgeted under physical rehabilitation, but were budgeted under other programmes.

For example, in the Islamic Republic of Iran, an ICRC-supported project run by the Iranian Red Crescent Society and the Society for Recovery Support (SRS) enabled thousands of Afghan migrants and some vulnerable Iranians in Mashhad to obtain health-care services at an SRS clinic and through home visits. Around 4,400 people were referred for specialized diagnosis and care, including at a National Society–run centre where around 200 people received physical rehabilitation services. A total of 56 prostheses and orthoses, and 48 wheelchairs were delivered.

The National Society and the ICRC also signed a new partnership agreement, which included physical rehabilitation among the areas of cooperation. The National Society was given expert advice for developing programmes and policies aimed at fostering the socio-economic inclusion of physically disabled people. Because of various logistical obstacles, a course on physical rehabilitation for National Society staff was postponed to 2019.

Other examples are covered in more detail in the ICRC Annual Report 2018: Operations.

**THE ICRC MOVEABILITY FOUNDATION (FORMERLY THE ICRC SPECIAL FUND FOR THE DISABLED)**

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 from a given context, 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 low- and middle-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 low- and middle-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 obtaining 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

MoveAbility is mentioned in this Special Report 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 low- and middle-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 level.

2018 Highlights

MoveAbility continued its efforts to strengthen the physical rehabilitation sectors of low- and middle-income countries in Africa, Asia and Latin America by working towards the realization of its five general objectives: establishing national plans to improve the structure and sustainability of the physical rehabilitation sector; enhancing the education and training of physical rehabilitation professionals; bettering physically disabled people’s access to services; improving the quality of services of local institutions; and improving the management capacities of staff.

In 2018, it supported a total of 32 projects in 14 countries. These projects included support to government- and privately-run physical rehabilitation centres, and institutions that trained physical rehabilitation professionals. This contributed to the provision of services to 35,421 people with physical disabilities, including 5,394 who were fitted with prosthetic and orthotic devices, and 13,201 with orthotic devices. A total of 20,584 beneficiaries received material support. These were among the highlights for the year:

- MoveAbility’s Executive Director was elected as the first President of the Global Rehabilitation Alliance (GRA). The GRA was founded by different stakeholders in the physical rehabilitation sector and academia in May 2018. The mission of the GRA is to advocate for the availability of quality, coordinated and affordable rehabilitation by strengthening systems according to population needs. The GRA is composed of 18 organizations, among which are users, professional associations, condition-specific organizations, development organizations active in the field of disability and rehabilitation, scientific societies and academic institutions.

- MoveAbility received an award by the Zero Project Conference 2018 in Vienna, Austria on the 22nd of February for its innovative practice of developing national platforms on physical rehabilitation. The national platform is a space for actors in the physical rehabilitation sector to discuss issues, work with the authorities to address the needs of persons with disabilities, and define priorities and implement activities to develop the sector.

- The countries where MoveAbility is present continued to progress in the adoption of national plans. They have shown a growing interest for adopting specific policies for the rehabilitation sector; for example, the tools developed by the WHO as part of a rehabilitation support package were applied in Haiti at the end of 2018 during a needs assessment.

- MoveAbility is aware that in order to improve the quality of education, the academic level of the teachers employed by local schools for prosthetics and orthotics, and physiotherapy, needs to be raised to master’s degree level. This was made possible in Rwanda and Tanzania. MoveAbility worked with external experts and other resources or partnered with other organizations such as Miraclefeet to organize short training sessions which were attended by MoveAbility’s partners throughout Africa. MoveAbility also facilitated dialogue between the Universities of San Salvador and Maastricht who conducted a two-week training session for physiotherapists in Central America.

- The quality of services provided by MoveAbility’s partners in the field is measured by two types of assessment. The interviews of service users are usually conducted by a third party (i.e. disabled people’s organizations, after receiving training from MoveAbility); this type of assessment provides broad information on the impact of rehabilitation services. Another type of assessment focuses on the quality of prosthetic and orthotic services and is conducted by professionals such as trainers from schools or MoveAbility experts; results are shared with partners following the assessment. Notably, for the first time in Tajikistan, MoveAbility conducted a technical assessment and shared the results with the Director of the State Enterprise Orthopaedic Plants (SEOP). The SEOP then took measures to improve the quality of services, for instance by organizing training to address identified technical gaps.

More information can be found in MoveAbility’s Annual Report\textsuperscript{15}, which contains fact sheets on the 14 countries where it is present.

\textsuperscript{15.} Available at: \url{http://moveability.icrc.org/annual-report}
REDUCING THE IMPACT OF WEAPON CONTAMINATION

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

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 also conducts information sessions on risk awareness and safer behaviour, aimed at improving the resilience of communities affected by weapon contamination. Data collection and information management are important parts of these efforts.

The approach to these initiatives is detailed in the following section; specific information on the ICRC’s activities for 2018 is available on page 27.

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.

The ICRC has a mandate to protect and assist victims of conflict and other situations of violence. It 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 recognized principles of risk management, is for the organization to manage this tension and to 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; and
- 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 of weapon contamination, and encourages adapting responses according to the context.

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

Ukraine. The ICRC continues to draw attention to the danger of mines and unexploded ordnance among children in an entertaining way. Pupils learn about safer behaviour through a performance by the Mariupol puppet theatre.
Resilience to the consequences of weapon contamination

In line with the three institutional imperatives identified above, the ICRC undertakes or facilitates a range of activities to mitigate the risk of weapon contamination and to increase resilience amongst civilians and other actors in affected contexts:

- **interventions to raise awareness** of the risk posed by weapon contamination and promote safer behaviour (collectively referred to as risk awareness and safer behaviour) among civilians living in areas where weapon contamination is present, and among ICRC and National Society staff operating in such environments. Risk-awareness and safer-behaviour activities can be undertaken by the ICRC or other partners in accordance with the guidelines. They are an effective way to reduce the vulnerability of Movement staff and operations and of affected populations. By being more aware of the risks from conventional weapons or the CBRN hazards present, and by identifying and accessing the means to be safe and adopting safer behaviour, people can reduce their vulnerability to risks. Risk awareness and safer behaviour is the only way to increase resilience when the removal of the hazard is neither imminent nor possible. Messages must be tailored to the context, the hazard and the target groups identified during the assessment. These may include, but are not restricted to:
  - how to identify signs of weapon contamination or CBRN hazard
  - what the potential hazards are and their impact
  - what to do, and whom to report to, when exposed to a hazard
  - where to get more information and/or assistance
  - how to develop other solutions for reducing risk

The Weapon Contamination Unit has developed a set of guidelines to support Movement components’ implementation of risk-awareness and safer-behaviour activities. These guidelines are based on the aforementioned risk-management approach and are 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.). They aim to provide guidance on risk management as well as assessing, designing, implementing and monitoring risk-awareness and safer-behaviour activities.

- **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

- **blast trauma care training** – the ICRC also organizes courses on blast trauma care for health personnel and others who may encounter casualties during an explosive ordnance assessment or disposal operation, to help them develop their knowledge and skills. The consequences of an accidental explosion can be devastating and life-threatening for the victim. The medical consequences and necessary treatment are also often underestimated by health-care personnel; thus, ICRC training focuses on the proper management, in terms of health care, of casualties of explosions.
These activities may be combined with other activities under the Protection, Assistance, Prevention and Cooperation programmes. Risk-awareness and safer-behaviour activities and technical interventions often support the efforts 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.

**The Movement’s approach**

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. 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.

**ACTIVITIES IN 2018**

**Overview**

During the year, 51 ICRC delegations carried out initiatives to address weapon contamination. These included projects budgeted under its Weapon Contamination sub-programme (see Reporting on the Special Appeal on p. 28), and projects budgeted under other programmes/sub-programmes (see Projects implemented as part of other ICRC programmes/sub-programmes on p. 31). In some contexts, National Societies implemented aspects of this work, with technical and financial support from the ICRC.

The key achievements in 2018 include:

- Through information sessions organized by the ICRC and/or by ICRC-trained personnel from the National Societies concerned, people in contexts such as Colombia, Iraq, the Islamic Republic of Iran, Israel and the occupied territories, Morocco, Myanmar, Pakistan, Syria and Ukraine learnt about ways to reduce the risk of encountering mine or ERW-related hazards.
• The ICRC trained five National Societies in African countries affected by weapon contamination (Ethiopia, Mali, Senegal, South Sudan and Sudan), with a view to helping them develop, plan and implement risk-awareness and safer-behaviour programmes for civilians.

• Repairs to water facilities and schools in Colombia and Iraq helped reduce the need for people to go to unsafe areas, thereby minimizing their exposure to mines or ERW.

• Victims of mines or ERW in several countries received advice on their rights as well as support, including cash grants, to start small businesses.

• The authorities in a number of contexts – those in the Democratic People’s Republic of Korea (hereafter DPRK), Ethiopia, and Israel and the occupied territories, for example – received ICRC training or support for humanitarian mine- and ERW-cleanup activities.

• Technical advice from the Weapon Contamination Unit helped other ICRC departments safely carry out their operations, and contributed to the ICRC’s efforts to engage in dialogue on the conduct of hostilities with the parties concerned.

• The Weapon Contamination Unit conducted training sessions, for ICRC and National Society staff members, on observing safe practices while carrying out activities and on developing contingency plans in case of the eruption of violence.

The Weapon Contamination Unit’s five regional advisers covering Africa, the Americas, Asia and the Pacific, Europe and Central Asia, and the Near and Middle East – based in Abuja (Nigeria), Bogota (Colombia), Bangkok (Thailand), Moscow (Russian Federation) and Amman (Jordan), respectively – continued to provide technical and policy guidance. The unit’s team based at the ICRC headquarters in Geneva, Switzerland supported initiatives in all five regions. Staff members in the field helped manage mine-action initiatives in Abkhazia, Armenia, Azerbaijan, DPRK, Israel and the occupied territories, Morocco, Myanmar, Philippines, Ukraine and Yemen. Many of the unit’s personnel were resident staff members and they supported ongoing activities in most contexts. In working with resident staff and National Societies, the unit benefited from and developed local capacities.

In 2018, the pilot phase took place for a training course that focused on explosive ordnance recognition for the personnel of the Weapon Contamination Unit. The course was designed by the ICRC in 2017, in collaboration with the Swiss Armed Forces International Command, and aims to enhance ICRC staff members’ ability to recognize and classify explosive weapons, with a view to improving their reporting on and management of issues related to weapon contamination. It is expected to be replicated in the following years.

**Reporting on the Special Appeal**

The table below reports on mine-action initiatives budgeted under the Assistance programme’s Weapon Contamination sub-programme; the budgets for these activities were outlined in the 2018 Special Appeal.

<table>
<thead>
<tr>
<th>ICRC DELEGATION</th>
<th>ACTIVITIES IN 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFRICA</td>
<td></td>
</tr>
<tr>
<td>MOROCCO</td>
<td>• At information sessions conducted by Moroccan Red Crescent volunteers, some 14,100 children and 6,400 adults in weapon-contaminated areas of the Moroccan-administered parts of Western Sahara learnt more about protecting themselves against mines/ERW. Six National Society branches were assisted to improve their activities related to mine-risk education; for instance, they received technical support to draft and print guidelines for conducting information sessions.</td>
</tr>
<tr>
<td></td>
<td>• The National Society and the ICRC continued to engage the authorities and pertinent organizations in dialogue on addressing the effects of weapon contamination; they also emphasized the necessity of adopting an integrated approach to mine action. The ICRC’s discussions with the armed forces and regional and provincial authorities – particularly during events marking the International Day for Mine Awareness and Assistance in Mine Action in April – focused on limiting the number of mine-related accidents and on ensuring that victims are given sufficient support, such as free hospital treatment.</td>
</tr>
<tr>
<td>TUNIS (REGIONAL)</td>
<td>• Activities related to mine-risk education in Western Sahara were cancelled, after the ICRC realigned its activities to avoid duplicating the efforts of other mine-action actors. The ICRC focused, instead, on fostering cooperation among these actors in order to improve assistance for victims; it also shared its views on this matter with them, at various forums.</td>
</tr>
<tr>
<td></td>
<td>• The ICRC continued to monitor developments in missing-persons cases related to the 1975–1991 Western Sahara conflict; the authorities concerned took no steps in 2018 to resolve these cases.</td>
</tr>
</tbody>
</table>
### ICRC DELEGATION ACTIVITIES IN 2018

#### AMERICAS

**COLOMBIA**
- In weapon-contaminated areas, 6,253 people – teachers, community leaders and students – learnt how to protect themselves against mines/ERW. Contingency plans, developed with the ICRC’s assistance, were drafted for schools, to protect students during intensified violence.
- The ICRC continued to provide the national authorities with data on victims of mines/ERW. It also provided victims of weapon contamination with economic assistance, including for accessing physical rehabilitation services.
- The Colombian government granted the Colombian Red Cross Society accreditation for mine-risk education standards; the ICRC provided the National Society with technical support throughout the accreditation process. The accreditation process aims to standardize organizations’ procedures in this regard and is mandatory for any organization that plans to engage on risk-awareness activities.

#### ASIA AND THE PACIFIC

**BANGKOK (REGIONAL)**
- Mine-action authorities in the Lao People’s Democratic Republic were given medical kits for treating injuries caused by mines and ERW. Provision of technical support for their staff, including paramedics, was being discussed with them.
- Using a multi-disciplinary approach, the ICRC’s Weapon Contamination Unit worked to create a synergy between clearing mines, raising awareness of their risk and assisting mine victims. It provided support to the National Societies in the region, to help them design suitable mitigation measures, and to the national authorities, for building their mine-clearance capacities.

**BEIJING (REGIONAL)**
- The ICRC and the Democratic People’s Republic of Korea (DPRK) Red Cross trained 40 bomb-disposal personnel from the Ministry of People Security (MoPS) in blast-trauma management. Some of them were doctors and surgeons, mostly from military hospitals. The course aimed to develop the participants’ ability to provide emergency treatment for blast-related injuries. With the knowledge of the UN sanctions committee, six MoPS officials attended training in Cambodia – where they learnt best practices in detecting ERW; the ICRC also provided capacity building training on explosive ordnance disposal of ammunition from the Korean War. These efforts aimed to mitigate the consequences of mine and ERW incidents in the country. ICRC training in ERW and risk awareness for explosive ordnance disposal teams from the police – previously conducted with DPRK Red Cross support – did not take place, as the DPRK Red Cross did not see the need for it.
- The ICRC helped the MoPS distribute posters – on the hazardousness of mines and ERW – in schools.

**MYANMAR**
- At mine-risk education sessions conducted by the Myanmar Red Cross Society and the ICRC, 47,000 people living in areas affected by mines/ERW learnt safe practices. The ICRC provided medical support for 68 mine/ERW victims.
- The Ministry of Social Welfare, Relief and Resettlement and the ICRC organized a workshop on international mine action standards for officials from various ministries, including the defence ministry, the home affairs ministry and the health ministry, and for National Society staff.
- The ICRC organized a visit to the Thailand Mine Action Centre for representatives of the defence and social welfare ministries.

**PAKISTAN**
- Some 89,500 people in areas affected by mines and ERW learnt safe practices at ICRC-supported mine-risk education sessions conducted by the Pakistan Red Crescent and/or community members such as teachers. Informational materials – leaflets and posters, for instance – were handed out at these sessions. Information on safe practices was incorporated in other ICRC activities – during first-aid training, for instance. KP police’s bomb disposal squad personnel learnt about advanced first-aid techniques through ICRC blast trauma care training.
- The National Society and the ICRC attended coordination meetings with the authorities and others, and other events related to mine action. The ICRC helped organize events to mark the International Day for Mine Awareness and Assistance in Mine Action; these events broadened public awareness of mines/ERW.
- The National Society referred 114 victims of mines/ERW to ICRC-supported physical rehabilitation centres.
- Following incidents involving hazardous materials in Pakistan, the ICRC discussed the challenges faced by different rescue services and hospitals with the APPNA Institute of Public Health and the Jinnah Postgraduate Medical Centre, and furthered its coordination with rescue services.
ACTIVITIES IN 2018

The ICRC conducted more than 120 risk-education sessions on ERW, reaching tens of thousands of people. Information
materials were also distributed at such sessions. In schools, 80 boards on mine-risk awareness were installed; leaflets
containing similar information were also distributed. During the International day for Mine Awareness and Assistance in
Mine Action, risk awareness and safer behaviour sessions were organized in all sub-delegations. In Severodonetsk, children
were invited to attend a performance on mine-risk education in the public square. As part of a two-day event organized by
the Ukrainian government, the ICRC gave a presentation on “Mine risk-education best practices and lessons learned” for
school teachers. In Donetsk region, 2,404 children attended a folk theatre performance on risk awareness and safer
behaviour. Additional performances took place in a number of local schools and village cultural centres.

A course on blast trauma care was organized for the State Emergency Service of Ukraine in Sloviansk. The training aimed
to provide health personnel with the necessary knowledge and skills for dealing with emergency situations during an
explosive ordnance clearance operation. Through discussions and hands-on practical exercises, participants gained an
understanding of blast physics and of ways to intervene in case of important facial injuries, catastrophic haemorrhages and
hypothermia.

IRAN, ISLAMIC REPUBLIC OF

The ICRC’s cooperation with the Red Crescent Society of the Islamic Republic of Iran and the Iranian Mine Action Centre
(IRMAC) continued in 2018, with the aim of supporting mine action and risk awareness activities in Iran. Existing capacities
within the National Society for implementing and monitoring mine-risk education activities in six provinces were reinforced.
Some 385,000 residents and migrants learnt to protect themselves against mines and ERW at dissemination sessions
carried out by the National Society with ICRC technical, financial and material support. An ICRC workshop, National Society
personnel finalized the first draft of their guidelines for conducting mine-risk education activities. IRMAC produced a series
of animated educational videos on the hazardousness of mines and ERW; the ICRC provided funding. Senior National Society
officials attended an ICRC workshop to learn how to mount an effective response to emergencies created by the use of
chemical, biological, radiological or nuclear weapons or agents.

IRMAC – which coordinated all activities related to mine action – continued to develop its capacities with the ICRC’s help.
Staff involved in humanitarian demining were given first-aid training and personal protective equipment. IRMAC experts learnt
more about IHL – particularly legal instruments concerning the use of weapons – at an ICRC workshop. The National Society,
IRMAC and the State Welfare Organization (SWO) met jointly with the ICRC twice, after which all three agreed to establish a
national secretariat for mine-risk education.

The SWO and the ICRC signed a memorandum of understanding in March 2017 to carry out activities to prevent mine-
and ERW-related injuries or deaths. They cooperated successfully for a year, after which the authorities suspended the partnership
until further notice.

IRAQ

The ICRC briefed security forces personnel, journalists and other people on protecting themselves from mines/ERW. It
surveyed and helped clear weapon-contaminated areas before implementing, in those areas, its assistance activities. The
authorities were given informational materials for conducting mine-risk education sessions, and mine-clearance gear.

The ICRC conducted more than 120 risk-education sessions on ERW, reaching tens of thousands of people. Information
materials were also distributed at such sessions. In schools, 80 boards on mine-risk awareness were installed; leaflets
containing similar information were also distributed.

Twelve trainees from the body recovery teams of the Mosul Civil Defense attended a risk-education session on ERW, during
which they acquired an understanding of both the legal framework surrounding human remains management and the risks
associated with different explosive hazards.

ISRAEL AND THE OCCUPIED TERRITORIES

Owing to security constraints, the ICRC could not clear farmlands near the Gaza–Israel border of mines/ERW; however, it
provided bomb-disposal technicians with support and training for this, and for warning people about the dangers posed by
mines/ERW. The Palestine Red Crescent Society and the ICRC instructed some 21,000 Gazans, including students, on safe
practices around mines/ERW.
**ICRC DELEGATION ACTIVITIES IN 2018**

**SYRIAN ARAB REPUBLIC**
- Roughly 22,000 people living in areas contaminated with mines and explosive remnants of war (ERW) learnt how to protect themselves at information sessions conducted by the Syrian Arab Red Crescent and the ICRC. The National Society distributed informational materials on safer behaviour to more than 28,000 individuals. The ICRC also provided training for journalists and National Society personnel to disseminate such information.
- The ICRC trained seven Syrian Arab Red Crescent risk-education teams composed of team leaders and volunteers that were operational and were conducting community-based risk-education sessions in seven governorates, including Aleppo, Homs and Idlib.

**YEMEN**
- People from weapon-contaminated areas, including in the South, learnt how to protect themselves against mines and explosive remnants of war, at workshops organized by the ICRC in cooperation with the Yemen Red Crescent Society and the Yemen Executive Mine Action Centre (YEMAC). Other support for YEMAC was postponed to 2019, partly because other activities had to be prioritized.
- In cooperation with the communication and economic security teams, the weapon contamination team designed safety messages and sent them to ICRC beneficiaries; 3,000 people were reached via WhatsApp and 5,677 others were reached through the messaging system for beneficiaries of the Economic Security sub-programme.

**Projects implemented as part of other ICRC programmes/sub-programmes**

Aside from the activities described above, which were budgeted under and implemented through the Weapon Contamination sub-programme and highlighted in the *Special Appeal*, the ICRC carried out other initiatives to help reduce the impact of weapon contamination. In some cases, these were budgeted and/or implemented as part of the ICRC’s Protection and Cooperation programmes and its other Assistance sub-programmes (particularly Economic Security, Health, and Water and Habitat). For example:

- The ICRC assessed and analyzed the requirements for explosive ordnance disposal and medical support to the exhumations in Abkhazia and Georgia. A total of 105 sets of human remains were exhumed from 60 sites in Abkhazia and Georgia proper; leads from information gathered in past years were followed up, and data on more than 30 other sites was collected. Local forensic professionals, guided by ICRC-sponsored experts, participated in the process. DNA samples were sent abroad for analysis, with the ICRC’s financial assistance.
- In Armenia, the ICRC sponsored two personnel from the Armenian Centre for Humanitarian Demining and Expertise (CHDE) to attend a study tour in Tajikistan, where they learnt more about best practices in assisting mine victims. The ICRC continued to encourage the CHDE to develop a national strategy for assisting victims of mine and ERW. At year’s end, the ICRC was reviewing its approach to promoting safer practices among border communities, and the training materials it had been using; because of this, information sessions on mine risks and safe practices were postponed to 2019.
- In Azerbaijan, the ICRC’s Weapon Contamination Unit took part in the annual meeting on weapon contamination organized by the Red Crescent Society of Azerbaijan in Baku. The meeting served as a forum to discuss mine-action achievements in 2017 and plans for activities in 2018. Representatives from the Azerbaijan National Agency for Mine Action and the Azerbaijan Campaign to Ban Landmines were also present.
- Children, migrants, and others in Bosnia–Herzegovina learnt how to protect themselves from mines/ERW – through educational activities organized by the Red Cross Society of Bosnia and Herzegovina and financed by the ICRC. About 5,000 leaflets were also distributed to migrants, in order to raise their awareness of the threat of mines along their routes throughout the country. These leaflets were produced in cooperation with the Bosnia–Herzegovina Mine Action Centre. The ICRC, together with the National Society, built two playgrounds in mine-affected communities.

In addition, some National Societies implemented projects with financial support from other donors, with the ICRC providing technical support as needed. There were also contexts with no specific National Society and ICRC mine-action involvement as such, but where weapon-contamination issues were part of the ICRC’s overall humanitarian response.
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, the prioritization of the protection of persons with disabilities. For instance, in humanitarian relief and assistance efforts, such measures may include ensuring 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 disabilities. IHL may also contribute to the protection of persons with pre-existing impairments 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.\textsuperscript{20} 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.\textsuperscript{21}

Aside from IHL, international human rights law – particularly the UNCRPD\textsuperscript{22} – contains provisions relevant to the ICRC’s work. Article 11 of the UNCRPD recognizes States Parties’ obligations under, \textit{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. Articles 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.

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 Anti-Personnel Mine Ban Convention, the Convention on Cluster Munitions and Protocol V to the Convention on Certain Conventional Weapons. These treaties aim to end the use of these weapons, and to reduce the dangers they pose; they also aim to ensure that victims receive appropriate assistance.

**GLOBAL DEVELOPMENTS**

**Anti-Personnel Mine Ban Convention**

At the 17th Meeting of States party to the Convention, held in November in Geneva, Switzerland, States Parties took stock of the Convention’s success in protecting lives and limbs over the past 21 years, while underscoring the challenges that remain with regard to the universalization and implementation of the Convention. These challenges include: the high number of casualties in recent years, mainly caused by the use of anti-personnel mines by non-State actors in ongoing conflicts; 33 States remaining outside of the Convention – several of which hold large stockpiles of anti-personnel mines; and 30 States – including some of the most mine-affected in the world – still implementing their mine clearance obligations, and many of them not on track. The work of the ICRC in the areas of mine action, victim assistance and national implementation was recognized by many States.

Progress has been made over the last year: Oman completed the destruction of its anti-personnel landmine stockpiles within its treaty deadline, and Mauritania completed its mine clearance obligation. Extension requests under Article 5 (mine clearance) submitted by seven States were granted at the 17th Meeting of the States Parties, including that of Ukraine, which was due since 2016.

Challenges remain in the implementation of the Convention, in particular the large number of extension requests – including the recurring requests by States Parties that cannot complete mine clearance within their treaty deadlines, the continued use of anti-personnel mines of an improvised nature mostly by non-State actors, and the non-compliance of stockpile destruction obligations by two States Parties. States Parties were also encouraged to redouble their efforts in the areas of victim assistance and the national implementation of legislation.

States party to the Convention continued working to address these challenges through the Maputo Action Plan 2014–2019\textsuperscript{23}, in line with their commitment to ensuring that their respective time-bound obligations to the Convention are met by 2025. Under Norway’s Presidency, the Fourth Review Conference of the Anti-Personnel Mine Ban Convention is set to take place from 25 to 29 November 2019 in Oslo. The overarching theme of the conference is “Mine-Free World”, with an emphasis on the Convention as an instrument to safeguard the protection of civilians.

**Convention on Cluster Munitions**

The year 2018 marked the tenth anniversary of the adoption of the Convention. Gambia, Namibia and Sri Lanka ratified the Convention in 2018, bringing the total number of States Parties to 105 at year’s end.

Progress was made on removing cluster munitions from military stockpiles. In the past year, Croatia, Cuba, Slovenia and Spain completed the destruction of their cluster munition stockpiles, all within their treaty deadlines. At the 8th Meeting of States Parties held in September 2018 in Geneva, Botswana and Switzerland announced their intention to

\textsuperscript{20} 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, available at: \url{http://www.icrc.org/customary-ihl/eng/docs/v2_rul_rule138}

\textsuperscript{21} See Article 17 of the Fourth Geneva Convention.

\textsuperscript{22} The full text of the Convention is available at: \url{http://www.un.org/disabilities/documents/convention/conwgpprot-e.pdf}

complete stockpile destruction by the end of 2018. Although States Parties have to date complied with their obligations
to clear cluster-munition-contaminated areas, challenges remain on whether other States Parties were on track to
meet future clearance deadlines. States Parties were also encouraged to redouble their efforts in the areas of victim
assistance and the national implementation of legislation. The work of the ICRC, particularly in the areas of risk
reduction and education, victim assistance and national implementation, was recognized by many States.

All States Parties provided some form of assistance to victims. Some have designated focal points for victim assistance
and used disaggregated data in programme planning. However, access to services remained a problem for many
victims, particularly those living in remote or rural areas, and the challenge of sustained resources had an adverse
effect on victim-assistance programmes. In many States Parties, the lack of adequate resources for organizations that
deliver direct assistance to victims further impeded the availability of services. Continued conflict in some countries
also had an impact on this.

The Dubrovnik Action Plan – adopted at the First Review Conference of the Convention of Cluster Munitions, held
in Dubrovnik, Croatia, in September 2015 – sets out an updated framework for implementing the Convention and
addressing the challenges in the areas of universalization, national implementation, clearance and victim assistance.

**Convention on Certain Conventional Weapons**

The number of States party to the Convention’s Amended Protocol II on mines, booby traps and other devices increased
to 105, as Mauritius acceded to the protocol in November 2018. The number of States Parties to Protocol V on explosive
remnants of war increased to 95, as Mauritius also joined this protocol.

In 2018 – in accordance with the decisions taken at the Eleventh Conference held in 2017 and the Tenth Conference
held in 2016 to further focus on the aspect of clearance – the States party to Protocol V held a panel on clearance of
explosive remnants of war, which was chaired by the ICRC, at their meeting of experts. At the same meeting, a panel on
victim assistance and a workshop on Article 4 of the Protocol (recording, retaining and transmission of information)
were also held. The States party to the Convention on Certain Conventional Weapons decided to convene a consultation
in 2018, to resolve differences on the issue of anti-vehicle mines. States Parties also continued their work in addressing
improved explosive devices.

**KEY ICRC ACTIVITIES IN 2018**

**IHL and the UNCRPD**

In 2018, the ICRC continued to promote the protection afforded to persons with disabilities under IHL and under the
UNCRPD. In particular, the ICRC:

- focused on updating the commentary on Article 30 of the Third Geneva Convention, which specifically relates
to prisoners of war with disabilities, as part of the project to update the 1949 Geneva Conventions and their 1977
Additional Protocols to provide legal and practical guidance on how these provisions are to be applied today.
- shared its legal positions, as set out in relevant tools on the points of correspondence between IHL and the
UNCRPD in the protections applicable to persons with disabilities in situations of armed conflict, and the specific
contributions of IHL in this regard, with States and other relevant stakeholders working towards the inclusion
of persons with disabilities and those involved in the organization of, and participation in, an Arria-formula
meeting convened within the framework of the UN Security Council.
- maintained its customary IHL database by continuing to collect information on national and international
practices related to, inter alia, the special respect and protection to be afforded to persons with disabilities. It also
updated its database on the national implementation of IHL, with domestic laws addressing the protection of
persons with disabilities in situations of armed conflict.
- provided input to the Inter-Agency Standing Committee Working Group’s draft guidelines for the inclusion of
persons with disabilities in humanitarian action.

---

27. Available at: [https://ihl-databases.icrc.org/ihl-nat](https://ihl-databases.icrc.org/ihl-nat).
Weapons-related treaties

During the year, the ICRC made particular efforts to engage National Societies in fostering States’ adherence to, and implementation of, key international treaties in the countries in which they work. This was in accordance with the Movement’s 2009 and 2013 Council of Delegates resolutions and with the Movement-wide Strategic Framework on Disability Inclusion adopted in 2015 (see page 11). In particular, with ICRC support:

- The Australian Red Cross organized a range of events and training courses to promote IHL across Australia, where reference was made to various treaties relating to weapons, including landmines and cluster munitions.

- The Belgian Red Cross carried out a range of activities and events in relation to anti-personnel mines, cluster munitions and ERW. These included an introductory seminar on IHL for government officials and representatives of the European Union and the North Atlantic Treaty Organization, which discussed, amongst others, anti-personnel mines, cluster munitions and ERW. In addition, the Belgian Red Cross participated in a field exercise with members of the Belgian armed forces, which takes place annually and, in 2018, addressed humanitarian issues in relation to anti-personnel mines and ERW. It also maintained regular bilateral dialogue with the government on these issues.

- The Costa Rican Red Cross assisted its government in their efforts to promote IHL applicable to weapons, with a particular focus on landmines, cluster munitions and ERW.

- The Norwegian Red Cross engaged in several activities in relation to anti-personnel mines, including meetings with the Norwegian Presidency to address the 2019 Review Conference of the Anti-Personnel Mine Ban Convention, hosted by Norway.

The ICRC also continued its individual efforts to promote the ratification and implementation of key international conventions. For instance:

- The ICRC organized several events – particularly national and regional IHL seminars – throughout the world, where mines, cluster munitions and ERW were among the topics discussed.

- The ICRC participated, in most instances, through the ICRC president or vice-president, in the annual meetings of States Parties to the Anti-Personnel Mine Ban Convention and the Convention on Cluster Munitions. ICRC experts also attended these events, and the meetings of States party to amended Protocol II and to Protocol V of the Convention on Certain Conventional Weapons, and informal expert meetings and discussions related to these protocols.

- The ICRC provided legal assistance to numerous countries, to help them develop the national laws required by the Anti-Personnel Mine Ban Convention and the Convention on Cluster Munitions; this assistance included model legislation that it had previously developed.
FINANCIAL OVERVIEW

SUMMARY

The ICRC Special Appeal 2018 focused on two Assistance sub-programmes, as shown in the table below.

<table>
<thead>
<tr>
<th>PROGRAMME</th>
<th>INITIAL APPEAL</th>
<th>AMENDMENTS DURING THE YEAR</th>
<th>FINAL FIGURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICAL REHABILITATION</td>
<td>85.00</td>
<td>0.80</td>
<td>85.80</td>
</tr>
<tr>
<td>WEAPON CONTAMINATION</td>
<td>12.60</td>
<td></td>
<td>12.60</td>
</tr>
</tbody>
</table>

OVERALL TOTAL: 97.60 + 0.80 = 98.40

The ICRC’s Special Appeal 2018 also requested for an additional CHF 6.50 million for the activities of the ICRC MoveAbility Foundation (formerly known as the Special Fund for the Disabled), which is independent from the ICRC (see Relationship with the ICRC on p. 24). More detailed reporting on MoveAbility’s work is available on its website.

The financial results showed a relatively low level of direct support from donors, with direct contributions amounting to only CHF 19.96 million out of a total expenditure of CHF 88.89 million. As in previous years, the ICRC used its non-earmarked funds to balance the income and expenditure of the appeal.

As illustrated in the table below, overall contributions (i.e. direct contributions to the Special Appeal plus the non-earmarked contributions allocated from the ICRC Appeals 2018: Operations) received for 2018 amounted to CHF 88.81 million. Given the CHF 0.08 million adjusted balance brought forward from 2018, the balance at the end of 2018 was zero.

<table>
<thead>
<tr>
<th>PROGRAMME</th>
<th>PHYSICAL REHABILITATION</th>
<th>WEAPON CONTAMINATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXPENDITURE IN 2018</td>
<td>78.77</td>
<td>10.13</td>
<td>88.89</td>
</tr>
<tr>
<td>ADJUSTED BALANCE BROUGHT FORWARD FROM 2017</td>
<td>0.08</td>
<td></td>
<td>0.08</td>
</tr>
<tr>
<td>FUNDING IN 2018</td>
<td>78.68</td>
<td>10.13</td>
<td>88.81</td>
</tr>
</tbody>
</table>

4. BALANCE TO BE BROUGHT FORWARD TO 2019 (BY CALCULATING POINTS 4 = 3+2-1)

For more specific details on expenditure and contributions at country level, please refer to a separate auditors’ report issued by Ernst & Young Ltd, entitled: Assistance for mine victims and persons with disabilities: Auditors’ report on supplementary information on the Special Appeal; Statement of contributions and expenditure, December 31, 2018.

Funds were subject to standard ICRC reporting, audit and financial control procedures, which include the ICRC Annual Report, in addition to this document and the auditors’ report.


# SPECIAL APPEAL: DISABILITY AND MINE ACTION 2018

## LIST OF CONTRIBUTIONS PLEDGED AND RECEIVED

<table>
<thead>
<tr>
<th>GOVERNMENTS</th>
<th>AMOUNT (IN CHF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFGHANISTAN</td>
<td>230,256</td>
</tr>
<tr>
<td>ANDORRA</td>
<td>17,433</td>
</tr>
<tr>
<td>AUSTRIA</td>
<td>1,693,832</td>
</tr>
<tr>
<td>BELGIUM</td>
<td>569,950</td>
</tr>
<tr>
<td>FINLAND</td>
<td>227,144</td>
</tr>
<tr>
<td>GERMANY</td>
<td>10,564,140</td>
</tr>
<tr>
<td>IRAQ</td>
<td>70,848</td>
</tr>
<tr>
<td>ITALY</td>
<td>845,700</td>
</tr>
<tr>
<td>JAPAN</td>
<td>85,000</td>
</tr>
<tr>
<td>LIECHTENSTEIN</td>
<td>100,000</td>
</tr>
<tr>
<td>MONACO</td>
<td>23,272</td>
</tr>
<tr>
<td>NORWAY</td>
<td>988,936</td>
</tr>
<tr>
<td>SAUDI ARABIA</td>
<td>456,531</td>
</tr>
<tr>
<td><strong>SUB-TOTAL: GOVERNMENTS</strong></td>
<td><strong>15,868,042</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NATIONAL SOCIETIES</th>
<th>AMOUNT (IN CHF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAPAN</td>
<td>45,120</td>
</tr>
<tr>
<td>LIECHTENSTEIN</td>
<td>15,000</td>
</tr>
<tr>
<td>NORWAY</td>
<td>1,103,145</td>
</tr>
<tr>
<td>SWEDEN</td>
<td>76,133</td>
</tr>
<tr>
<td><strong>SUB-TOTAL: NATIONAL SOCIETIES</strong></td>
<td><strong>1,239,398</strong></td>
</tr>
</tbody>
</table>

---

30. As the figures in this document have been rounded off, adding them up may give a slightly different result from the total presented. Therefore, the figures may also vary slightly from the amounts indicated in other documents.
### PRIVATE SOURCES

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Mail Fundraising Campaigns</td>
<td>380</td>
</tr>
<tr>
<td>Online Donations</td>
<td>9,199</td>
</tr>
<tr>
<td>Spontaneous Donations from private individuals</td>
<td>856,240</td>
</tr>
<tr>
<td>Kantonale St. Gallische Winkelredstiftung</td>
<td>15,000</td>
</tr>
<tr>
<td>Mine-Ex Stiftung</td>
<td>800,000</td>
</tr>
<tr>
<td>The Adecco Foundation</td>
<td>500,000</td>
</tr>
<tr>
<td>Other Foundations and Funds</td>
<td>475,721</td>
</tr>
<tr>
<td>Mine-Ex, Rotary Deutschland</td>
<td>63,437</td>
</tr>
<tr>
<td>UEFA</td>
<td>119,570</td>
</tr>
<tr>
<td>Other Associations and Service Clubs</td>
<td>618</td>
</tr>
<tr>
<td>Various Donors</td>
<td>16,315</td>
</tr>
<tr>
<td><strong>Subtotal: Private Sources</strong></td>
<td><strong>2,850,480</strong></td>
</tr>
</tbody>
</table>

### Contributions to the Special Appeal Disability and Mine Action

<table>
<thead>
<tr>
<th>Funded Out of Contributions to the ICRC Appeals: Operations</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Receipts for 2018 as at 31.12.2018</strong></td>
<td><strong>88,811,941</strong></td>
</tr>
<tr>
<td>Adjusted Balance Brought Forward from 2017</td>
<td>81,853</td>
</tr>
<tr>
<td><strong>Balance of Funds as at 31.12.2018</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>
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). 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 down reconstruction and recovery of communities.

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.
## ANNEX 2: CONVENTIONS RELATED TO LANDMINES AND ERW – STATE OF ADHERENCE AS AT 31 DECEMBER 2018

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>09.08.2017</td>
<td>09.08.2017</td>
<td>11.09.2002</td>
<td>08.09.2011</td>
<td>China</td>
<td>04.11.1998</td>
<td>10.06.2010</td>
</tr>
<tr>
<td>Albania</td>
<td>28.08.2002</td>
<td>12.05.2006</td>
<td>29.02.2000</td>
<td>16.06.2009</td>
<td>Colombia</td>
<td>06.03.2000</td>
<td>08.09.2000</td>
</tr>
<tr>
<td>Algeria</td>
<td>09.10.2001</td>
<td>09.04.2013</td>
<td>Congo</td>
<td>04.05.2001</td>
<td>02.09.2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Andorra</td>
<td>29.06.1998</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angola</td>
<td>05.07.2002</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antigua and Barbuda</td>
<td>03.05.1999</td>
<td>23.08.2010</td>
<td>Cook Islands</td>
<td>15.03.2006</td>
<td>23.08.2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Austria</td>
<td>19.09.2002</td>
<td>09.04.2013</td>
<td>Congo, Democratic Republic of the</td>
<td>02.05.2002</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Azerbaijan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bahrain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bhutan</td>
<td></td>
<td>08.10.2005</td>
<td>Equatorial Guinea</td>
<td>16.09.1998</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Botswana</td>
<td>01.03.2000</td>
<td>01.03.2000</td>
<td>27.06.2011</td>
<td>eSwatini (formerly Swaziland)</td>
<td>22.12.1998</td>
<td>13.09.2011</td>
<td></td>
</tr>
<tr>
<td>Canada</td>
<td>05.01.1998</td>
<td>19.05.2009</td>
<td>03.12.1997</td>
<td>16.03.2015</td>
<td>Ghana</td>
<td>30.06.2000</td>
<td>03.02.2011</td>
</tr>
</tbody>
</table>

31. CCW = Convention on Certain Conventional Weapons
32. APMBCCMC = Anti-Personnel Mine Ban Convention = Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction
33. CCM = Convention on Cluster Munitions
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Guinea-Bissau</td>
<td>06.08.2008</td>
<td>06.08.2008</td>
<td>22.05.2001</td>
<td>29.11.2010</td>
<td>Marshall Islands</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guyana</td>
<td>05.08.2003</td>
<td>31.10.2014</td>
<td></td>
<td></td>
<td>Mauritania</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haiti</td>
<td>15.02.2006</td>
<td></td>
<td></td>
<td></td>
<td>Mauritius</td>
<td>02.11.2016</td>
<td>02.11.2018</td>
<td>03.12.1997</td>
<td>01.10.2015</td>
</tr>
<tr>
<td>Iceland</td>
<td>22.08.2008</td>
<td>22.08.2008</td>
<td>05.05.1999</td>
<td>31.08.2015</td>
<td>Monaco</td>
<td>12.08.1997</td>
<td>17.11.1998</td>
<td>21.09.2010</td>
<td></td>
</tr>
<tr>
<td>India</td>
<td>02.09.1999</td>
<td>18.05.2015</td>
<td></td>
<td></td>
<td>Mongolia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iraq</td>
<td>27.03.1997</td>
<td>08.11.2006</td>
<td>03.12.1997</td>
<td>03.12.2008</td>
<td>Myanmar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>23.01.2001</td>
<td></td>
<td></td>
<td></td>
<td>Niger</td>
<td>18.09.2007</td>
<td>23.03.1999</td>
<td>02.06.2009</td>
<td></td>
</tr>
<tr>
<td>Korea</td>
<td>07.09.2000</td>
<td></td>
<td></td>
<td></td>
<td>Nigeria</td>
<td>27.09.2001</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Korea, Democratic People’s Republic of</td>
<td>08.05.2001</td>
<td>23.07.2008</td>
<td></td>
<td></td>
<td>Niue</td>
<td>15.04.1998</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kuwait</td>
<td>24.05.2013</td>
<td>24.05.2013</td>
<td>30.07.2007</td>
<td></td>
<td>Oman</td>
<td>20.08.2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latvia</td>
<td>22.08.2002</td>
<td>16.09.2009</td>
<td>01.07.2005</td>
<td></td>
<td>Panama</td>
<td>03.11.1999</td>
<td>29.11.2010</td>
<td>07.10.1998</td>
<td>29.11.2010</td>
</tr>
<tr>
<td>Libya</td>
<td>12.05.2006</td>
<td>05.10.1999</td>
<td>04.03.2013</td>
<td></td>
<td>Peru</td>
<td>03.07.1997</td>
<td>29.05.2009</td>
<td>17.06.1998</td>
<td>26.09.2012</td>
</tr>
<tr>
<td>Liechtenstein</td>
<td>03.06.1998</td>
<td>29.09.2004</td>
<td>12.05.2003</td>
<td>24.03.2011</td>
<td>Philippines</td>
<td>12.06.1997</td>
<td>15.02.2000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mali</td>
<td>24.10.2001</td>
<td>24.04.2019</td>
<td>02.06.1998</td>
<td>30.06.2010</td>
<td>Rwanda</td>
<td>08.06.2000</td>
<td>25.08.2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------</td>
<td>-----------------------</td>
<td>------------------</td>
<td>------------</td>
<td>----------</td>
<td>------------------------------</td>
<td>-----------------------</td>
<td>------------------</td>
<td>------------</td>
<td>----------</td>
</tr>
<tr>
<td>Saint Lucia</td>
<td>13.04.1999</td>
<td></td>
<td></td>
<td></td>
<td>Tanzania, United Republic of</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saint Vincent and the Grenadines</td>
<td>06.12.2010</td>
<td>06.12.2010</td>
<td>01.08.2011</td>
<td>29.10.2010</td>
<td>Thailand</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>San Marino</td>
<td>18.03.1998</td>
<td>10.07.2009</td>
<td></td>
<td></td>
<td>Togo</td>
<td>09.03.2003</td>
<td>22.06.2012</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sao Tome and Principe</td>
<td>31.03.2003</td>
<td></td>
<td></td>
<td></td>
<td>Tonga</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>08.01.2010</td>
<td></td>
<td></td>
<td></td>
<td>Trinidad and Tobago</td>
<td>27.04.1998</td>
<td>21.09.2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senegal</td>
<td>29.11.1999</td>
<td>06.11.2008</td>
<td>24.09.1998</td>
<td>03.08.2011</td>
<td>Tunisia</td>
<td>23.03.2006</td>
<td>07.03.2008</td>
<td>09.07.1999</td>
<td>28.09.2010</td>
</tr>
<tr>
<td>Seychelles</td>
<td>08.06.2000</td>
<td>02.06.2010</td>
<td>20.05.2010</td>
<td></td>
<td>Turkmenistan</td>
<td>19.03.2004</td>
<td>23.07.2012</td>
<td>19.01.1998</td>
<td></td>
</tr>
<tr>
<td>Singapore</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Uganda</td>
<td></td>
<td></td>
<td></td>
<td>25.02.1999</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>26.01.1999</td>
<td></td>
<td></td>
<td></td>
<td>United Kingdom of Great Britain and Northern Ireland</td>
<td>11.02.1999</td>
<td>31.07.1998</td>
<td>04.05.2010</td>
<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td>11.11.2011</td>
<td></td>
<td></td>
<td></td>
<td>Uzbekistan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spain</td>
<td>27.01.1998</td>
<td>09.02.2007</td>
<td>19.01.1999</td>
<td>17.06.2009</td>
<td>Vanuatu</td>
<td></td>
<td></td>
<td></td>
<td>16.09.2005</td>
</tr>
<tr>
<td>Sudan</td>
<td>13.10.2003</td>
<td></td>
<td></td>
<td></td>
<td>Viet Nam</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suriname</td>
<td>23.05.2002</td>
<td></td>
<td></td>
<td></td>
<td>Yemen</td>
<td></td>
<td></td>
<td></td>
<td>01.09.1998</td>
</tr>
<tr>
<td>Switzerland</td>
<td>24.03.1998</td>
<td>12.05.2006</td>
<td>24.03.1998</td>
<td>17.07.2012</td>
<td>Zimbabwe</td>
<td></td>
<td></td>
<td>18.06.1998</td>
<td></td>
</tr>
<tr>
<td>Syrian Arab Republic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>TOTAL</td>
<td>105</td>
<td>95</td>
<td>164</td>
<td>105</td>
</tr>
</tbody>
</table>