SPECIAL APPEAL 2019

DISABILITY AND MINE ACTION
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OVERVIEW

THE SPECIAL APPEAL’S SCOPE

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

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

This appeal also covers the budget of the ICRC MoveAbility Foundation (formerly known as the ICRC Special Fund for the Disabled, or SFD), an organization that is supported by the ICRC as part of its strategy for physical rehabilitation; information on MoveAbility’s relationship with the ICRC and on its activities can be found on p. 27 and on its website.

EXECUTIVE SUMMARY

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

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

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

- In 2019, persons with physical disabilities will benefit from 220 projects (such as physical rehabilitation centres, component factories and training institutions) supported by the ICRC. The ICRC will also help construct new physical rehabilitation centres in contexts such as the Central African Republic, the Democratic Republic of the Congo, Iraq, Mali and Nigeria.

- The ICRC’s support will take various forms. For example, the ICRC will reinforce the capacities of centres that cater to the needs of persons with physical disabilities who live far from existing facilities, and subsidize patients’ transport, treatment and accommodation expenses. It will also provide centres’ staff with technical guidance, training and scholarships, and develop and/or promote treatment guidelines based on internationally recognized standards, with a view to improving the quality of available services. To ensure that persons with disabilities have sustainable access to these services, the ICRC will work closely with the authorities and other local partners, providing them with advice on, inter alia, the development and management of national strategies regarding physical rehabilitation. The ICRC will also help facilitate the social and economic inclusion of persons with disabilities through other means, including sports and livelihood activities.

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

- In 2019, the ICRC, with the help of the pertinent National Societies, will implement initiatives to mitigate the effects of mines/ERW and CBRN. The ICRC’s Weapon Contamination Unit will also continue to help delegations mitigate the risks they face while conducting their operations in contexts affected by ongoing armed conflicts, including Iraq, Myanmar, the Syrian Arab Republic, Ukraine and Yemen.

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

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

- The ICRC will also promote the implementation of the provisions of weapons-related treaties, especially those related to the use of weapons that are of particular concern to humanitarian actors, and those related to assistance for victims. By organizing national and regional events and working closely with States, National Societies and these conventions’ secretariats, it will promote ratification of and/or accession to and the implementation of the provisions of: the 1997 Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction (Anti-Personnel Mine Ban Convention); the 2003 Protocol on Explosive Remnants of War (Protocol V to the 1980 Convention on Certain Conventional Weapons); and the 2008 Convention on Cluster Munitions.

To carry out its activities to assist people with disabilities and reduce the impact of weapon contamination (listed in pp. 15-26 and pp. 30-33) in 2019, the ICRC seeks:  
**CHF 101.7 million**

To cover its activities in 2019, the MoveAbility Foundation seeks:  
**CHF 6.4 million**
CONTEXT AND ICRC RESPONSE

PERSONS WITH DISABILITIES

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

The situation is exacerbated during armed conflicts and other situations of violence. Some persons with disabilities have difficulty fleeing to safety, and some of those who are able to do so struggle with the change in terrain and/or lose their mobility aids or equipment. A 2015 report by Handicap International confirmed that persons with disabilities have even more difficulty meeting their basic and specific needs because of crises, particularly conflicts and natural disasters. Among the respondents, 75% of persons with disabilities reported that they did not have adequate access to assistance, especially food, water, shelter or health care, and 50% did not have access to services that they needed in relation to their disabilities, which further hindered their ability to obtain aid. Persons with disabilities also face increased risks during and/or while fleeing crises. Such situations had a direct physical impact on 54% of respondents, 27% were psychologically, physically or sexually abused, and 38% suffered increased 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 also face numerous challenges in obtaining appropriate care while they are in places of detention.

1. Available at: World report on disability. All web addresses were accessed in February 2019.
2. Available at: Disability in humanitarian contexts.
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 7,239 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 that was tasked with creating and implementing a framework for its action in favour of persons with disabilities, in order to establish orientations and priorities at the operational and institutional levels. In July 2014, the Directorate approved the main orientations of this framework, and a plan to further support persons with disabilities at all levels of the organization. The working group, led by the Department of Operations, continues to meet regularly.

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.

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3. See: [Landmine Monitor 2018](#). Note that casualty figures are almost certainly underestimated, owing to a lack of data from some countries.

4. 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. 13–27). It also urges States to respect the rights of people with disabilities, as laid out in IHL and the UNCRPD (see IHL and the UNCRPD on pp. 34–35).

Additionally, the ICRC is reinforcing its efforts to:

- ensure that ICRC–supported health facilities and ICRC offices are accessible to people with mobility impairments;
- 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”5, which was adopted at the Movement’s Council of Delegates in 2013, and the Movement–wide Strategic Framework on Disability Inclusion6, 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 endeavour 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 undertakes specific initiatives to prevent and address the effects of mines, cluster munitions and ERW, including the physical disabilities they may cause. The ICRC 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 carries out this work by implementing activities in the field (see Reducing the impact of weapon contamination on pp. 28–33) and by promoting pertinent legal frameworks (see Promoting legal frameworks and governmental action on pp. 34–36). Furthermore, a significant number of people who benefit from the ICRC’s support for physical rehabilitation services and its initiatives to facilitate the social and economic inclusion of persons with physical disabilities are survivors of mines, cluster munitions and ERW. States party to the Anti–Personnel Mine Ban Convention, which have acknowledged their responsibility towards a significant number of landmine survivors, will continue to receive support for facilitating people’s access to physical rehabilitation services. These States include Afghanistan, Cambodia, Colombia, the Democratic Republic of the Congo (hereafter DRC), Ethiopia, Guinea–Bissau, Iraq, South Sudan, Sudan and Yemen.

The ICRC also encourages States to accede to weapons–related treaties and implement their provisions, particularly those related to the use of such weapons and to assistance for victims (see Promoting legal frameworks and governmental action on pp. 34–35).

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5. Available at: Promoting disability inclusion in the International Red Cross and Red Crescent Movement, Resolution
6. Available at: Adoption of the Strategic Framework on Disability Inclusion by the International Red Cross and Red Crescent Movement, Resolution
Presented in this Special Appeal:
- ICRC physical rehabilitation programme
- Service providers supported by the ICRC MoveAbility Foundation (formerly known as the Special Fund for the Disabled)
- ICRC/National Society Preventive Mine-Action Programme(*)

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

(*) = In the budgets presented in the ICRC Appeals 2019, 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.
ASSISTING PERSONS WITH PHYSICAL DISABILITIES

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

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

The PRP’s approach to addressing the needs of persons with disabilities is detailed in the following section, and information on its plans for 2019 can be found on pp. 16–26; an overview of the MoveAbility Foundation, including its relationship with the ICRC and its main activities for 2019, can be found on page 27 and on its website.

THE APPROACH

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

- The ICRC has continued to diversify and expand its operations, from backing 2 centres in 2 countries in 1979, to aiming to support 220 projects in 30 contexts in 2019. In several of these contexts, physical rehabilitation services were minimal or non-existent until the ICRC helped establish them; more than half of the centres that the ICRC supports were built with substantial ICRC funding.

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

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7. See the website at: [http://moveability.icrc.org](http://moveability.icrc.org)

8. More information on this technology can be found in this document: [Polypropylene technology](http://polypropylene.icrc.org)
PRP projects are run in proximity to affected populations, taking into account local value systems, people's vulnerabilities and their assessment of their own needs. These projects are also planned, implemented and monitored in a way that takes people's life-long needs into account; this helps ensure, for instance, that those who receive a device can avail themselves of new devices as they grow older or repair services when necessary.

The ICRC’s main aims with regard to assisting persons with disabilities are to improve the accessibility, quality and long-term sustainability of physical rehabilitation services for them and to facilitate their social and economic inclusion through other means (these objectives are described on pp. 15–26).

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

The ICRC combines various modes of action to optimize its impact: persuasion, support, substitution and mobilization. The mode of action used, and the level and type of assistance, 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 helps centres conduct 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. Where necessary, the continuity of a project is ensured through the MoveAbility Foundation (see page 27).

### 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 into society of people with disabilities. 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

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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. 34–36).

PLANS FOR 2019

Global highlights

- In 2019, persons with physical disabilities will benefit from 220 projects supported by the ICRC; these include physical rehabilitation centres, component factories and training institutions. The ICRC will also help construct new physical rehabilitation centres in contexts such as the Central African Republic, the DRC, Iraq, Mali and Nigeria.

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

- In several contexts, the ICRC will continue to be the main international organization supporting the national physical rehabilitation sector. For instance, it will continue to run seven physical rehabilitation centres in Afghanistan.

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

- ICRC support will enable persons with physical disabilities to launch or sustain micro-economic initiatives (for example, in Cambodia and South Sudan), receive vocational training (for example, in Afghanistan and South Sudan), have access to education (for example, in Cambodia, the DRC and Yemen), and participate in sporting events (for example, in Bangladesh, Ethiopia, Guinea-Bissau, India, Israel and the occupied territories, Mali, Niger and Pakistan).

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

- The ICRC’s PRP and the Adecco Group Foundation – a member of the ICRC’s Corporate Support Group – will expand their partnership, which began in 2017, to promote the social inclusion of people with physical disabilities. While most partnership efforts to date have focused on sport-specific projects, in 2019, they will work together to help people with physical disabilities boost their chances of employment by developing training on job acquisition skills (e.g. résumé development and interview techniques) for them.

- The ICRC’s PRP and its mental health and psychosocial support programme will closely work together, particularly in Africa, Latin America and the Near and Middle East, to help people with physical disabilities better cope with their injuries and other disability-related issues. This multidisciplinary approach aims to help accelerate the rehabilitation process and facilitate the social reintegration of people with disabilities.

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

11. The ICRC Corporate Support Group is a membership-based circle of companies that financially supports the humanitarian work of the ICRC and engages with the ICRC on key institutional issues through their expertise, knowledge and assets.
Details per context

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

<table>
<thead>
<tr>
<th>ICRC DELEGATION</th>
<th>PLANS FOR 2019</th>
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<tbody>
<tr>
<td><strong>AFRICA</strong></td>
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<tr>
<td><strong>Central African Republic</strong></td>
<td>To improve the quality and accessibility of physical rehabilitation services, the ICRC will maintain its support for a centre in Bangui that provides physiotherapy and produces prostheses and orthoses; this support includes capacity-building training for physiotherapists and other staff members, and help in integrating newly graduated orthotists, prosthetists and physiotherapists who had completed courses abroad with ICRC financial assistance. The ICRC will also give some assistance to an association which will provide room and board for patients at the centre; it will work with this association to promote the social inclusion of people with physical disabilities through wheelchair sport activities. It will make efforts to broaden awareness of the services available to people with disabilities, and help further the general public’s understanding of issues related to their social inclusion. Following a completed feasibility study, the ICRC – in cooperation with the authorities – will begin to construct a new rehabilitation centre in Bangui.</td>
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<tr>
<td><strong>Congo, Democratic Republic of the</strong></td>
<td>To maintain its support for four physical rehabilitation centres and a component factory in Kinshasa and the Kivu provinces; the aim is to help them improve their services and become self-sufficient, financially and operationally. It will also pursue initiatives to foster the socio-economic inclusion of people with physical disabilities, while encouraging the authorities and other stakeholders to make the sustainability of the physical rehabilitation sector a matter of priority. Construction of the country’s first centre of reference for physiotherapy and orthopaedic services – on the grounds of the general hospital in Kinshasa – is ongoing. This project is part of the Programme for Humanitarian Impact Investment, an ICRC initiative being carried out in partnership with the private sector.</td>
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</tbody>
</table>
| **Plans of action and indicators** | - continue to provide a centre providing comprehensive physical rehabilitation services, including the production of prostheses and orthoses, with expert guidance, and equipment and other forms of material support; in addition:  
  - give patients financial assistance for transportation, accommodation and other costs  
  - provide assistance to an association that provides room and board for patients at the centre; work with this association on activities to promote the social inclusion of people with disabilities (wheelchair basketball, for instance)  
  - enable physiotherapists to take specialized training courses, and others to continue their studies in physiotherapy abroad; enable the director of the abovementioned centre to attend capacity-building training in the management of physical rehabilitation centres  
  - organize an event to promote the services available to people with physical disabilities at ICRC-supported facilities  
  - begin construction of a new physical rehabilitation centre  
| **Plans of action and indicators** | - provide material and technical support for four physical rehabilitation centres and a components factory, to benefit some 1,200 patients; offer psychosocial support to patients and/or refer them to ICRC-supported counselling centres  
  - facilitate the participation of selected personnel from the centres in training courses and/or seminars; help local professional associations to organize such events  
  - with the national Paralympic committee, organize sports events for the benefit of nearly 230 athletes with physical disabilities  
  - provide over 20 children with disabilities financial support for continuing their education  
| **Notes** | 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.  
13. Beneficiary figures of physical rehabilitation projects are based on aggregated monthly data, including repeat beneficiaries. |
### Dakar (regional)

The Centro de Reabilitação Motora (CRM) is the only physical rehabilitation centre in Guinea-Bissau. It provides treatment for people with disabilities, including children with clubfoot; per a 2015 agreement between the ICRC and the Senegalese mine-action authorities, it also treats mine/ERW victims referred from Senegal.

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

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

#### Plan of action and indicators

- help the CRM to treat up to 2,500 people; to that end:
  - donate raw materials and components for producing assistive devices, and equipment for providing services
  - cover accommodation, transportation and/or treatment costs for destitute patients – including mine victims from Casamance – and children with clubfoot
  - conduct outreach activities with CRM staff for people in remote areas; organize awareness-raising campaigns on the services available at the CRM
- assign ICRC technicians to the CRM to provide on-the-job training and technical courses for its staff; sponsor CRM personnel to attend technical and managerial courses outside Guinea-Bissau
- encourage the CRM to build a conference room or library for staff training and development; hold planning workshops for the CRM’s management; urge the authorities and others to provide more funding for the CRM and its patients
- sponsor vocational training, and donate sports wheelchairs to local organizations, for up to 50 people

### Ethiopia

The ICRC will continue to help physical rehabilitation centres provide sustainable services that meet internationally recognized standards. It will focus its support on centres in areas most affected by violence, and seek to assist the provision of these services in the Somali Regional State. The ICRC will strive to make services more accessible to people with physical disabilities: impoverished people living in remote areas will be given help to travel to the centres, and women and children will receive special consideration. The ICRC will make medical professionals – especially those working in violence-affected areas and in primary-health-care centres – more aware of the services available for people with disabilities, to encourage the referral of patients to physical rehabilitation centres.

The ICRC will continue to support physical rehabilitation centres, professional organizations and the authorities as they gradually take over the management and provision of services in the country. It will support the authorities in implementing a recently drafted national plan of action that defines standard operating procedures for centres, which aims to help improve the quality of services they deliver. Together with the authorities, the ICRC will help professional associations of prosthetists and orthotists, and of physical therapists, strengthen the capacities of local personnel. It will also continue to monitor the quality of physical rehabilitation services at ICRC-supported centres, and use its findings to design more effective training sessions for the staff.

The ICRC will continue to foster the social inclusion of people with physical disabilities, particularly through events involving wheelchair basketball.

#### Plan of action and indicators

- provide technical and material assistance to up to nine physical rehabilitation centres serving up to 6,000 people; provide physical rehabilitation services at places of detention; cover transportation, food and accommodation costs for up to 500 patients from rural areas
- monitor the quality of services at ICRC-supported centres and evaluate the effectiveness of previous information sessions (see below)
- conduct information sessions for medical professionals, such as doctors and nurses, on the availability of physical rehabilitation services
- provide technical support for professional organizations to conduct training sessions on prosthetics and/or orthotics
- hold meetings with the authorities to discuss implementation of a national plan of action for people with disabilities; support piloting the implementation of this plan at three physical rehabilitation centres
- give the pertinent government ministries financial support for conducting training camps for coaches and referees involved in wheelchair basketball; donate basketball wheelchairs and spare parts for them
- organize a wheelchair basketball tournament, and support national associations in organizing other events to mark the International Day of Persons with Disabilities
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<th>Country</th>
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<td><strong>ICRC DELEGATION</strong></td>
<td><strong>PLANS FOR 2019</strong></td>
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<tr>
<td><strong>Libya</strong></td>
<td>The ICRC will continue to support three physical rehabilitation centres – in Benghazi, Misrata and Tripoli – with a view to making suitable services available to people with physical disabilities. In particular, it will seek to ensure that the centres are staffed by qualified professionals and adhere to internationally recognized standards. It will work with managers and other staff to assess the needs of people seeking mental and psychosocial care at the centres. Together with local partners, the ICRC will raise awareness of the services offered by the centres. It will cover transportation and accommodation costs for people with physical disabilities in rural areas, and for the destitute, to enable them to obtain these services. It will also help facilitate the social and economic reintegration of people with disabilities, through sports and livelihood-support initiatives.</td>
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<tr>
<td><strong>Plan of action and indicators</strong></td>
<td>• give three physical rehabilitation centres raw materials, equipment, technical and other guidance, and financial support to enable them to provide assistive devices and physiotherapy for up to 1,350 people • cover transportation and accommodation costs for up to 120 people • enable up to nine staff members from the three centres, including those sponsored in 2018, to attend courses abroad • sponsor a wheelchair basketball team to compete in a tournament abroad • give people with physical disabilities or their families assistance to undertake microeconomic initiatives, in line with ICRC economic security projects</td>
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<td><strong>Mali</strong></td>
<td>The ICRC will provide support for physical rehabilitation centres, to raise the quality of services and make them more accessible to people with physical disabilities, including those with conflict-related disabilities, and to facilitate their social inclusion. The ICRC will continue to work with the ministry of solidarity to establish a new physical rehabilitation centre in Mopti; as there are currently no such centres in the region, people have to travel all the way to Bamako for physiotherapy or mobility devices. The new centre is still being built, and will be run under the ICRC’s Programme for Humanitarian Impact Investment, which is carried out in partnership with the private sector.</td>
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<td><strong>Plan of action and indicators</strong></td>
<td>• support four physical rehabilitation centres – two in Bamako and one each in Gao and Tombouctou – in delivering good-quality services for up to 12,000 people by: – supplying the centres with components for prostheses and orthoses – subsidizing treatment and the provision of assistive devices and, for patients from remote areas, covering expenses for transport, accommodation and food – providing support for maintaining equipment, and expert assistance and training in administration, supply-chain management, and follow-up of patients • support local associations in organizing sports activities or other events and initiatives promoting the rights and social inclusion of people with disabilities • help the authorities draft and implement a national strategy for developing the physical rehabilitation sector, which should include expanding the pool of qualified personnel</td>
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<tr>
<td><strong>Niger</strong></td>
<td>People with physical disabilities in southern Niger, including Diffa, and certain remote areas, will be able to receive free physical rehabilitation services from the orthopaedic centres at Niamey National Hospital and Zinder National Hospital; these two hospitals will be given material and technical support. The ICRC will seek to make these services more sustainable, by helping more people to become certified physical rehabilitation professionals. People with disabilities will be given financial assistance to undertake livelihood activities; besides helping them earn an income, these activities will help facilitate their social inclusion.</td>
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<tr>
<td><strong>Plan of action and indicators</strong></td>
<td>• through material, financial and technical support, enable two centres in Niamey and Zinder to provide free physical rehabilitation services for up to 300 people • organize vocational training and, with the Paralympic committee, sporting events for people with physical disabilities</td>
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<td><strong>Nigeria</strong></td>
<td>The physical rehabilitation centre at the National Orthopaedic Hospital (NOH) in Kano will continue to receive support for providing physiotherapy and other rehabilitative services, and producing assistive devices that meet ICRC standards. To broaden access to good-quality physical rehabilitation services for people with disabilities in the north-east, the ICRC will work with the authorities and the University of Maiduguri Teaching Hospital (UMTH) to establish a new physical rehabilitation centre over the next few years. This project will be carried out within the framework of the ICRC’s Programme for Humanitarian Impact Investment, with support from the private sector.</td>
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<td><strong>Plan of action and indicators</strong></td>
<td>• provide the NOH with equipment and raw materials for making assistive devices, and in-house training for staff • cover transport, food and accommodation costs for up to 250 patients and their caregivers; provide access to income-earning opportunities for up to 50 patients • provide scholarships for diploma courses for two staff members at the NOH, and for staff who will eventually be assigned to the new physical rehabilitation centre at the UMTH, after it becomes operational</td>
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<td>ICRC DELEGATION</td>
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<td><strong>South Sudan</strong></td>
<td>The ICRC will help facilitate access for people with disabilities to services, including physiotherapy, and mobility devices at three physical rehabilitation centres in Juba, Rumbek and Wau. It will work with the authorities to strengthen the sector’s sustainability by, for example, supporting training for professionals. It will help local actors to foster the socio-economic inclusion of people with disabilities.</td>
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<td><strong>Sudan</strong></td>
<td>The National Authority for Prosthetics and Orthotics (NAPO) runs one referral centre in Khartoum and seven physical rehabilitation centres in Damazin, Dongola, El-Obeid, Gadaref, Kadugli, Kassala and Nyala. Some NAPO-run centres also support workshops, which conduct outreach activities in rural areas or provide basic maintenance services. The Khartoum Cheshire Home (KCH) is a NGO that provides physiotherapy and mobility devices for children with disabilities.</td>
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<tr>
<td><strong>Tunis (regional)</strong></td>
<td>An ICRC-supported physical rehabilitation centre at the Rabouni hospital in a refugee camp near Tindouf, Algeria, will continue to provide physiotherapy and assistive devices to Sahrawi amputees and other people with physical disabilities, to help them regain a measure of mobility. The ICRC will arrange for people with disabilities in remote areas to obtain treatment at the above-mentioned centre or through outreach services at other camps. The local health administration will be given comprehensive support to run the centre and maintain the quality of its services. Health administration staff will be given guidance for drafting and implementing new standard operating procedures, and training, to enable better and more regular supervision of the centre’s activities. The ICRC’s support to the local health administration will be guided by a new strategy – developed by both organizations – for fully handing over management and technical oversight of the centre to local administrators in five years.</td>
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**Plan of action and indicators**

- **South Sudan**
  - support three physical rehabilitation centres in delivering services for up to 3,700 people with disabilities, by:
    - providing staff incentives, supplies and equipment, expert advice and training to back the authorities’ efforts to strengthen managerial capacities at the centres
    - conducting outreach activities in remote areas to refer patients for treatment at the centres, and covering transportation, food and/or accommodation costs for destitute patients
  - cover tuition costs for students attending courses in physiotherapy or prosthetics and orthotics in South Sudan and elsewhere; advocate the creation of a national oversight board for physical rehabilitation professionals
  - provide funding and material assistance for one local organization offering wheelchair basketball and other sports activities, and give similar support for vocational training and income-generating opportunities, to benefit up to 120 people with disabilities

- **Sudan**
  - provide equipment, materials, staff incentives, technical advice and/or training for the NAPO and the KCH (nine facilities in all) to serve up to 8,500 people with physical disabilities; cover accommodation, food and/or transportation costs for people from Darfur and West Kordofan, so that they can obtain services from the centre in Nyala
  - conduct skills training for NAPO and KCH staff, or sponsor their attendance at related courses; cover tuition and other expenses for NAPO staff studying physiotherapy or prosthetics/orthotics at local universities or abroad
  - give the NAPO financial and/or technical assistance for expanding its managerial capacities; provide materials and advice to the NAPO and a local university for running a course in prosthetics/orthotics
  - encourage the actors concerned to organize or participate in awareness campaigns and other activities to benefit people with disabilities; provide financial and technical support to local organizations for wheelchair basketball or other sports activities, and to people with disabilities for launching microeconomic initiatives

- **Tunis (regional)**
  - through an ICRC-supported physical rehabilitation centre, provide some 700 Sahrawis with free physiotherapy and assistive devices; finance travel to the centre for up to 100 vulnerable people with disabilities from remote areas and their companions; conduct outreach activities to treat people with disabilities at five camps
  - provide material, financial and technical assistance to ensure the functioning of the physical rehabilitation centre; facilitate on-the-job training and mentoring for staff from the centre and the local health administration; sponsor these personnel to attend formal training in physical rehabilitation and management
  - carry out information campaigns to broaden public awareness of the physical rehabilitation services available
  - with the local authorities, take steps to advance the social inclusion of people with physical disabilities; for instance, create a patients’ association, train social workers and people taking care of housebound patients, and organize sporting events
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<th>ICRC DELEGATION</th>
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<td><strong>AMERICAS</strong></td>
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| **Colombia**    | People with physical disabilities – including children with cerebral palsy, victims of mines/ERW, and detainees – will receive ICRC assistance for obtaining physical rehabilitation services. The ICRC will work with providers of rehabilitative care and training institutions to raise the quality of services. It will also assist government authorities in broadening access to wheelchairs and ensuring the sustainability of the physical rehabilitation sector. It will promote the socio-economic inclusion of people with disabilities, particularly in violence-affected urban areas and places of detention. The ICRC will broaden awareness among those with disabilities of their rights and the State services available to them. Where such services are inaccessible, it will refer them to its partner centres or directly aid the most vulnerable among them. **Plan of action and indicators**  
- inform people with physical disabilities of the State services available to them; cover transportation and accommodation costs for up to 240 particularly vulnerable people using these services  
- provide technical and material assistance, and training – regularly – for eight physical rehabilitation centres, two wheelchair providers, and two prosthetic/orthotic schools; cover treatment costs for 300 people with disabilities  
- provide training and technical or material support to: two professional associations of prosthethists/orthotists and physiotherapists; two universities that offer courses in physical rehabilitation; and two sports associations for people with disabilities  
- with staff members of partner physical rehabilitation centres, visit and provide services, including wheelchair repairs, for up to 100 detainees at their places of detention  
- cover transportation costs for up to 40 people with disabilities pursuing vocational training or employment opportunities; give up to ten students with disabilities financial support; and make home or workplace facilities more accessible for 30 people with disabilities  
- support social inclusion projects for people with disabilities, including in prisons, by donating basketball wheelchairs, for example  
- lend technical support to institutions that train providers of rehabilitative care; sponsor one physical rehabilitation professional to attend a conference abroad; provide training in amputee care and accessibility engineering for physiotherapists and engineers working in prisons, respectively  
- help government authorities and others to set up multi-sectoral working groups for regulating professional recognition for prosthethists/orthotists and for advocating the inclusion of wheelchairs in the national health plan |
| **Mexico City (regional)** | The ICRC will continue helping migrants with physical disabilities, and people disabled during situations of violence, to obtain rehabilitative care, cope with their situation and/or reintegrate into society. It will provide financial and technical support for physical rehabilitation centres in Guatemala, Honduras and Mexico and a prosthetic/orthotic educational institution in El Salvador. Such support also aims to help these facilities manufacture assistive and mobility devices, provide other kinds of physical rehabilitation services to patients, and work towards operational and financial self-sufficiency. The ICRC will begin to mobilize local actors, and will provide support for them, to ensure that people with disabilities have unhindered access to timely and appropriate treatment. **Plan of action and indicators**  
- financially support up to six physical rehabilitation centres – two each in Guatemala, Honduras and Mexico – and a prosthetic/orthotic training institute in El Salvador that in total serve around 250 people with disabilities; provide technical guidance for staff and managers at these facilities, and sponsor them and people studying physical rehabilitation to attend courses abroad  
- cover treatment, transportation and accommodation costs for patients living in remote areas and receiving treatment at these facilities  
- at the Guatemalan and Honduran centres:  
  - offer psychological and psychosocial care to patients; train psychologists and other health staff in Honduras to provide such care  
  - donate sports wheelchairs and help organize sporting events for patients; in Guatemala, provide financial support to enable patients to take part in these activities  
- advise the Guatemalan, Honduran and Mexican health ministries and local organizations on developing policies and strategies for people with physical disabilities |
<p>| <strong>Washington</strong> | To promote the social inclusion of people with physical disabilities, the ICRC will send consultants to support various ICRC delegations abroad in organizing training and/or competitions in adaptive sports. |</p>
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<th>ICRC DELEGATION</th>
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<td><strong>PLANS FOR 2019</strong></td>
<td><strong>People with disabilities will continue to have access to good-quality treatment and/or assistive devices at ICRC-run physical rehabilitation centres or, for people in remote areas, through outreach activities. Housebound patients will receive assistance to ease their living conditions. The ICRC will facilitate patients’ social reintegration through sports and by supporting their pursuit of livelihoods and education. It will help make physical rehabilitation services throughout the country more sustainable — by helping service providers and national health agencies build their capacity to deliver such services, and by gradually handing over the management of facilities to local staff. Physical rehabilitation centres will be able to improve their services after ICRC-supported maintenance work or repairs at their facilities or after the construction of new facilities.</strong></td>
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<td><strong>Plan of action and indicators</strong></td>
<td><strong>ICRC will continue to support providers of physical rehabilitation in Cambodia and the Lao People's Democratic Republic (hereafter Lao PDR), to ensure that good-quality services are available to people with physical disabilities. The ICRC-supported centres and hospitals in Cambodia have outreach programmes for people in remote areas, through which they provide services such as repairs to assistive devices. The ICRC will help national authorities and other pertinent actors to take steps to ensure the sustainability of the physical rehabilitation sector. It will pursue initiatives to facilitate the socio-economic reintegration of people with disabilities.</strong></td>
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<tr>
<td><strong>Bangladesh</strong></td>
<td><strong>To help more people with disabilities obtain good-quality physical rehabilitation services and regain some mobility, the ICRC will increase its material and technical support for three physical rehabilitation centres: one in Proyash; and two branches, in Chattogram and Savar, of the Centre for the Rehabilitation of the Paralyzed (CRP). With the Bangladesh Red Crescent Society, it will broaden awareness among potential patients of these centres’ services. The ICRC will cover transportation costs for destitute people, including displaced people from Myanmar, seeking services at the two CRP branches. A sports association will be given support for promoting disability cricket. The ICRC will also launch income-support projects for destitute people with disabilities, to help them reintegrate into society. The ICRC will seek to ensure the sustainability of local physical rehabilitation services, for instance by providing staff at the three centres with expert managerial guidance and exploring the possibility of supporting services elsewhere. It will contribute to the sustainability of the centres in Chattogram and Savar by helping the CRP to source raw materials and equipment. It will maintain its support for the prosthetics and orthotics school at the Bangladesh Health Professions Institute (BHP). To increase the number of certified physical rehabilitation professionals and teachers in Bangladesh, the ICRC will support the BHP’s staff and students in their training and its efforts to expand its educational programmes.</strong></td>
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<td><strong>Afghanistan</strong></td>
<td><strong>To guide Afghan personnel as they gradually take over the management of facilities; support providers of physical rehabilitation in Afghanistan, as they pursue livelihoods or education; for instance, offer: home tuition, school materials, and financial assistance for taking courses or transportation allowances to attend classes for patients still at school; vocational training or cash grants to people starting small businesses; or counselling for those seeking employment in the physical rehabilitation sector. It will pursue initiatives to facilitate the socio-economic reintegration of people with disabilities.</strong></td>
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<tr>
<td><strong>Bangkok (regional)</strong></td>
<td><strong>The ICRC will pursue initiatives to facilitate the socio-economic reintegration of people with disabilities.</strong></td>
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<tr>
<td><strong>Cambodia and Lao PDR</strong></td>
<td><strong>The ICRC will continue to support providers of physical rehabilitation in Cambodia and the Lao People’s Democratic Republic (hereafter Lao PDR), to ensure that good-quality services are available to people with physical disabilities. The ICRC-supported centres and hospitals in Cambodia have outreach programmes for people in remote areas, through which they provide services such as repairs to assistive devices. The ICRC will help national authorities and other pertinent actors to take steps to ensure the sustainability of the physical rehabilitation sector. It will pursue initiatives to facilitate the socio-economic reintegration of people with disabilities.</strong></td>
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<tr>
<td><strong>Plan of action and indicators</strong></td>
<td><strong>provide staff at six centres in the Lao PDR with scholarships for professional training abroad; provide financial, material and technical support for 15 projects – including two centres – in Cambodia, to benefit roughly 12,200 patients; enable staff to attend training sessions and courses in their own countries and elsewhere; cover accommodation, transport and/or treatment costs for vulnerable patients in Cambodia; through technical support, enable the pertinent Cambodian authorities to assume financial responsibility for running the centres; help develop a course in physiotherapy at one school in Phnom Penh, and offer scholarships to students taking the course; in Cambodia, foster the socio-economic reintegration of people with disabilities, for example, by:</strong></td>
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<td><strong>— facilitating access to education, vocational training and employment opportunities</strong></td>
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<td><strong>— giving them cash to start or resume income-generating activities</strong></td>
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<td><strong>— helping them to participate in sports and other recreational activities</strong></td>
<td><strong>provide some 202,000 people with physiotherapy at seven ICRC-run centres and/or prosthetic/orthotic devices manufactured at an ICRC-supported components factory; conduct outreach activities or support similar initiatives by other organizations; give paraplegics and other people with disabilities home care and specialized medical equipment; provide food and household essentials, and/or home adaptation services, for some 300 people with spinal-cord injuries and their families (around 2,100 people), and kits for 530 people and their households (3,710 people) to get their homes ready for winter; help patients at ICRC-run centres pursue livelihoods or education; for instance, offer: home tuition, school materials, and financial assistance for taking courses or transportation allowances to attend classes for patients still at school; vocational training or cash grants to people starting small businesses; or counselling for those seeking employment; provide sports training for people with disabilities and organize wheelchair basketball tournaments and other events; guide Afghan personnel as they gradually take over the management of facilities; support providers of physical rehabilitation services via material assistance, technical expertise and professional training at an ICRC-supported school.</strong></td>
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<tr>
<td><strong>Bangladesh</strong></td>
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|                 | • to benefit up to 4,330 people with physical disabilities, support the Proyash centre and the CRP centres in Chattogram and Savar; more specifically:  
|                 |   - supply equipment and technical support, and materials for producing assistive devices; cover transport, food and accommodation costs for destitute people  
|                 |   - give managers guidance to streamline operations and ensure the quality of services (for example, by surveying beneficiaries); provide training for clinical and technical staff  
|                 |   - sponsor a CRP staff member to attend an event abroad on importation of materials for assistive devices  
|                 |   - for up to 170 people with disabilities: organize activities with the Bangladesh Cricket Board, donate sports equipment and sponsor a team to compete in an international tournament; provide some of them with income support  
|                 | • provide technical and material support for the BHI’s efforts to offer a degree programme in conjunction with a university; cover the education expenses of 32 students at the BHI or staff studying abroad |
| **Beijing (regional)** | The ICRC will continue to support the Red Cross Society of China, and its Yunnan branch through its centre in Kunming, in providing physical rehabilitation services for people with disabilities. It will help improve the quality of services and strengthen managerial capacities at the Kunming centre so that it can operate without the ICRC’s assistance. As per a three-year agreement signed in 2017, the ICRC will continue to support the physical rehabilitation department of a hospital in Sichuan, focusing on the production of orthopaedic and prosthetic devices. It will explore providing technical support to the China Disabled Person’s Federation (CDPF), with a view to developing a multidisciplinary approach to treating patients in another hospital in Sichuan.  
|                 | In the Democratic People’s Republic of Korea (hereafter DPRK), the ICRC, in cooperation with the Red Cross Society of the DPRK and local authorities, will continue to support the physical rehabilitation centres in Songrim and Rakrang, to ensure that people with disabilities have access to good-quality services. The ICRC will also explore providing support, through training of staff, to the physical rehabilitation centre in Sunchon.  
|                 | Plan of action and indicators |
|                 | • donate enough materials to produce 1,000 assistive devices, and provide services for 1,250 people with disabilities  
|                 | • test Chinese prosthetic technology for making assistive devices or use it in combination with the ICRC’s polypropylene technology  
|                 | • offer on-the-job training for staff from the hospital in Sichuan, the rehabilitation centre in Kunming, and the Yunnan branch of the China Red Cross; provide ad hoc training for staff of the hospital supported by the CDPF  
|                 | • assist the hospital in Sichuan to implement protocols for treatment and production of assistive devices  
|                 | • urge the China Red Cross and its Yunnan branch to make physical rehabilitation one of the organizations’ core activities  
| **DPRK** | With the National Society: |
|                 | • donate enough materials to produce 2,650 assistive devices, and provide services for 2,000 people with disabilities  
|                 | • offer on-the-job training and ad hoc refresher courses to the staff at the Rakrang and Songrim centres  
|                 | • lend technical support for revising and updating standard operating procedures  
|                 | • provide training or scholarships to physical rehabilitation professionals at ICRC-supported centres, including Sunchon |
| **Myanmar** | People with physical disabilities will have access to good-quality treatment and other services, including physiotherapy and limb fitting, at ICRC-supported physical rehabilitation centres. Comprehensive ICRC assistance, including capacity-building support for staff, will help these physical rehabilitation centres improve the quality and develop the long-term sustainability of their services. The ICRC and the Myanmar Red Cross Society will reinforce the referral system for people with disabilities so that they know which centre or service provider is closest to them.  
|                 | In cooperation with the National Society and the health ministry, the ICRC will seek to increase the outreach capacity of mobile repair workshops, and that of the network of roving technicians, so that more people in remote areas can benefit from their services. Along with local partners, the ICRC will continue to pursue various efforts to help strengthen the national physical rehabilitation sector and foster the social inclusion of people with physical disabilities.  
|                 | Plan of action and indicators |
|                 | • assist up to 6,235 people with physical disabilities by:  
|                 |   - providing six centres with financial, material and technical assistance: the Hpa-an Orthopaedic Rehabilitation Centre (HORC), run by the National Society; and the Kyaing Tong facility in Shan, the Mandalay physical rehabilitation centre, the Myitkyina centre in Kachin, the National Rehabilitation Hospital in Yangon and the Yenan Leprosy Hospital  
|                 |   - offering managerial advice, capacity-building training, and scholarships for staff at ICRC-supported facilities  
|                 |   - implementing measures to make services at the HORC more efficient  
|                 |   - covering transportation, food and accommodation costs for some patients |
**Myanmar**

**Plan of action and indicators**

- Provide technical and material support for producing prosthetic feet at the HORC, the National Rehabilitation Hospital and the Mingladon Military Physical Rehabilitation Centre.
- Work with the health ministry to recruit prosthetists/orthotists, physiotherapists and other staff for ICRC-supported facilities.
- Train health workers and volunteers to refer people with physical disabilities to service providers.
- Provide material, technical and/or financial support for mobile repair workshops and the network of roving technicians.
- Work with stakeholders to set up a steering committee for strengthening the national physical rehabilitation sector and refining its strategies and policies.
- Encourage patients at physical rehabilitation centres to participate in sporting activities and other programmes; train athletes with disabilities, coaches and referees in wheelchair basketball, and fit paraplegic athletes with ‘blade runner’ prostheses.

**New Delhi (regional)**

In India and Nepal, the ICRC will help improve people’s access to good-quality physical rehabilitation services. Particular attention will be given to children, people affected by the past conflict in Nepal, and those living in remote areas, and/or destitute people. In cooperation with manufacturers, technical institutes and other physical rehabilitation actors, the ICRC will help staff at selected centres, including those run by the Indian Red Cross Society, and other physical rehabilitation organizations in India, to raise the quality of the services and assistive devices they provide. It will also continue to support the physical rehabilitation centre run by the Nepalese army, with the particular aim of helping it realize its objective of becoming a national referral centre.

The ICRC will contribute to the sustainability of the physical rehabilitation sector in India and Nepal through its partnerships with and support for national and local institutions. It will continue to help the winners of the Enable Makeathon 2.0 contest – which ran from November 2017 to January 2018 and aimed to promote innovation and collaboration in developing solutions to the needs of people with disabilities – to develop their products or services. The ICRC will continue to promote the social inclusion of people with disabilities in India and the Maldives, mainly through sports and economic initiatives. It will also help to build local capacities in carrying out such initiatives.

**Plan of action and indicators**

- In India, provide training and/or technical support for staff at up to nine centres and organizations, to benefit about 16,000 people with disabilities, including children with clubfoot; supply some of these centres with materials for manufacturing assistive devices.
- With these centres and organizations, organize outreach activities for people in remote areas; cover treatment, food, travel and/or accommodation costs for destitute people among those mentioned above.
- Provide technical and/or other support for the physical rehabilitation centre run by the Nepalese army; enable destitute patients to obtain free or subsidized treatment at the centre.
- Give material and technical support, and training, for members of two sports associations for people with disabilities in India and enable them to take part in local or international tournaments.
- Provide the Maldivian Red Crescent with training and/or other support for their social inclusion activities.
- Extend financial assistance for people in Nepal to further their education in prosthetics and orthotics and to attend conferences and other events on the subject.
- In India, design and support projects promoting innovative solutions to the needs of people with disabilities; provide technical and other support for the winning teams in the Enable Makeathon 2.0 contest.

**Pakistan**

The ICRC will continue to help increase the accessibility of physical rehabilitation services, including physiotherapy and the fitting of assistive devices. ICRC support will help physical rehabilitation centres, including clinics offering clubfoot treatment, in such areas as Khyber Pakhtunkhwa (KP), Pakistan-administered Kashmir and Sindh, to raise the quality of their services and bring them up to internationally recognized standards.

By working with various components of the sector – such as Rehab Initiative, a government-registered private entity seeking to take over from the ICRC the task of distributing raw materials to partner organizations – the ICRC will help to make the national physical rehabilitation sector sustainable and more self-sufficient. To these same ends, the ICRC will pursue partnerships with the health departments of KP and Pakistan-administered Kashmir. The ICRC will seek to enable the health department in KP to gradually take over responsibility for managing selected physical rehabilitation centres, as it did with the health department in Pakistan-administered Kashmir for the Muzaffarabad Physical Rehabilitation Centre (MPRC) in 2013.

The ICRC, along with others, will continue to foster the social reintegration of people with physical disabilities.
### Plans for 2019

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| **Pakistan**    |  - give up to 30 physical rehabilitation centres material and financial support, particularly for producing assistive devices and providing physiotherapy, for the benefit of up to 23,000 people with disabilities  
  - help make suitable care more accessible to people with physical disabilities; in particular:  
    - cover costs for transportation, accommodation and food for people from remote areas receiving treatment at ICRC-supported centres  
    - pay for follow-up home care for patients  
    - adapt houses to make them disabled-accessible  
  - through on-site visits and by implementing quality-control mechanisms, help managers, physiotherapists, prosthetists, orthotists and other staff members at ICRC-supported centres meet or maintain good-quality standards for their services; implement measures to increase the efficiency of services at the MPRC  
  - conduct capacity-building training for all those mentioned above, and sponsor some of them to attend courses held locally and elsewhere  
  - offer scholarships to students attending three institutions that provide training in prosthetics and orthotics  
  - cover some of the operating costs of Rehab Initiative, a government-registered private entity established by local partners with the ICRC’s support, so that it can:  
    - obtain prosthetic/orthotic components and raw materials and supply them to physical rehabilitation centres at competitive prices  
    - conduct capacity-building training for prosthetists, orthotists and technicians  
    - advocate the rights of people with physical disabilities and raise awareness of their plight  
  - pursue partnerships with the health departments of KP and Pakistan-administered Kashmir to strengthen health services for people with physical disabilities; urge the authorities in Pakistan-administered Kashmir to pay a larger share of staff-related expenses at the MPRC  
  - together with two local partners, organize sporting activities for people with disabilities and provide children with disabilities with financial aid for their education |
| **Philippines** | The ICRC will aid people with disabilities affected by armed conflict or other violence in Mindanao to obtain physical rehabilitation services. It will support the activities of the Davao Jubilee Foundation (DJF), the only centre providing physical rehabilitation services for amputees in Mindanao.  
  **Plan of action and indicators**  
  - cover treatment, transportation and accommodation costs for people with physical disabilities getting treatment at the DJF  
  - provide financial support and training for professionals in prosthetics and orthotics; sponsor their participation in seminars or other regional events  
  - continue to provide the DJF with technical guidance for expanding its capacity and for bringing its managerial and administrative procedures in line with internationally recognized standards |
| **Europe and Central Asia** |  
  **Azerbaijan**  
  The ICRC will provide financial support for the home-visit programme of a physical rehabilitation centre in Nagorno-Karabakh. It will also help patients with physical disabilities travel to this centre for physiotherapy and other services.  
  **Plan of action and indicators**  
  - cover the cost of medicines for up to 150 people with disabilities, and transport and accommodation costs for 20 patients of the physical rehabilitation centre in Nagorno-Karabakh  
  **Ukraine**  
  The ICRC will continue to help people with physical disabilities regain their mobility, through material and other support for producing assistive devices and providing rehabilitative care at two centres in non-government-controlled areas of Donetsk and Luhansk/Lugansk. The ICRC will maintain its support for local organizations involved in the social integration of people with disabilities in non-government-controlled areas of Donetsk.  
  **Plan of action and indicators**  
  - provide two physical rehabilitation centres, in non-government-controlled areas of Donetsk and Luhansk/Lugansk, with supplies and equipment for producing assistive devices; help the centre in Donetsk establish standards and protocols for care  
  - in non-government-controlled areas of Donetsk, donate walking aids and wheelchairs to two organizations for people with disabilities, the local authorities and the local branch of the Ukrainian Red Cross Society  
  - provide the two organizations for people with physical disabilities (see above), and one sports centre, with funds and expert advice for organizing social-integration activities for people with disabilities |
<table>
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<tr>
<th>ICRC DELEGATION</th>
<th>PLANS FOR 2019</th>
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<tbody>
<tr>
<td><strong>NEAR AND MIDDLE EAST</strong></td>
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<tr>
<td>Israel and the Occupied Territories</td>
<td>The ICRC will support 15 physical rehabilitation centres – 14 run by the State and one by an NGO – and manage one centre to make physical rehabilitation services accessible to more people, including Syrian refugees. The ICRC-managed centre in Erbil is a source of reference for best practices in physical rehabilitation services in Iraq; even so, it will continue to strengthen its ability to serve people with physical disabilities in the Iraqi Kurdistan Region (IKR) and surrounding regions. The ICRC will help improve the management of these 16 centres – by developing and implementing clinical and technical guidelines and quality-control measures. It will launch pilot projects in two areas, with a view to replicating them elsewhere, to set up: a referral system for people with physical disabilities seeking treatment at ICRC-supported centres; and a network of technicians for repairing assistive devices. At the Erbil centre and at a State-run centre in Ninewa, psychosocial care will be made available to patients who are suffering conflict-related emotional trauma. The ICRC will assist the authorities’ efforts, including in the field of education and training, to ensure the long-term sustainability of physical rehabilitation services and will work with them to promote the social inclusion of people with disabilities.</td>
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<tr>
<td>Jordan</td>
<td>The University of Jordan will receive ICRC support for developing its prosthetics and orthotics programme, with a view to making formal training in this field more accessible to people in Jordan and in the wider region. Students will benefit from on-the-job training at Al-Bashir Hospital’s physical rehabilitation unit, which serves both Jordanians and refugees. The facility will also be given materials for making assistive devices, in order to cover shortages of these supplies.</td>
</tr>
<tr>
<td>Lebanon</td>
<td>The ICRC will assist people with physical disabilities to obtain rehabilitative care, and will promote their social inclusion. It will also strive to strengthen local capacities in physical rehabilitation.</td>
</tr>
<tr>
<td>Iraq</td>
<td>The ICRC will support 15 physical rehabilitation centres – 14 run by the State and one by an NGO – and manage one centre to make physical rehabilitation services accessible to more people, including Syrian refugees. The ICRC-managed centre in Erbil is a source of reference for best practices in physical rehabilitation services in Iraq; even so, it will continue to strengthen its ability to serve people with physical disabilities in the Iraqi Kurdistan Region (IKR) and surrounding regions. The ICRC will help improve the management of these 16 centres – by developing and implementing clinical and technical guidelines and quality-control measures. It will launch pilot projects in two areas, with a view to replicating them elsewhere, to set up: a referral system for people with physical disabilities seeking treatment at ICRC-supported centres; and a network of technicians for repairing assistive devices. At the Erbil centre and at a State-run centre in Ninewa, psychosocial care will be made available to patients who are suffering conflict-related emotional trauma. The ICRC will assist the authorities’ efforts, including in the field of education and training, to ensure the long-term sustainability of physical rehabilitation services and will work with them to promote the social inclusion of people with disabilities.</td>
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<td><strong>Plan of action and indicators</strong></td>
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<td></td>
<td>• provide raw materials, equipment and on-site supervision and training to 15 State- or NGO-run centres, including a training institute, that serve up to 32,000 people with disabilities</td>
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<td>• continue to manage the Erbil centre, and pay for patients’ meals, to benefit up to 5,000 people with disabilities; conduct training in orthotics for IKR-based physical rehabilitation professionals</td>
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<td>• cover transportation and/or accommodation costs for some patients receiving services at the centres mentioned above; train staff at selected centres to provide psychosocial care or refer those needing it to other facilities</td>
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<td>• conduct outreach visits to provide services to potential patients in detention facilities and remote areas; implement pilot projects in two governorates to refer people for treatment and repair assistive devices</td>
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<td>• promote the social inclusion of people with disabilities by: giving them income support; training parents to provide comprehensive care for children with cerebral palsy; and making recreational areas more accessible to people with disabilities</td>
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<td>• give two government committees and eight schools expert advice for improving instruction and training in physical rehabilitation throughout Iraq, and staffing and material support for establishing a prosthetics and orthotics school at a university in Erbil</td>
</tr>
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<td><strong>Plan of action and indicators</strong></td>
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<tr>
<td>Israel and the Occupied Territories</td>
<td>Free physical rehabilitation services and assistive devices will continue to be made available at the ICRC-supported Artificial Limb and Polio Centre (ALPC). The ICRC will also continue to back efforts to promote the social inclusion of people with disabilities in Gaza and on the West Bank.</td>
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<td>• in the Gaza Strip, give the ALPC and a local physiotherapy organization material, technical and infrastructural support to:</td>
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<td>– offer free physical rehabilitation services to up to 3,000 people with disabilities, including those with diabetes and clubfoot, and cover transportation costs for up to 120 of them</td>
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<td>– provide assistive devices – prostheses, orthoses, wheelchairs and walking aids – to persons with spinal-cord injuries and children with cerebral palsy</td>
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<td>– organize training in physiotherapy and wheelchair assembly, and workshops for improving management practices and fundraising techniques</td>
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<td>– organize sports tournaments and other events for people with disabilities</td>
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<tr>
<td><strong>Plan of action and indicators</strong></td>
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<tr>
<td>Jordan</td>
<td>The University of Jordan will receive ICRC support for developing its prosthetics and orthotics programme, with a view to making formal training in this field more accessible to people in Jordan and in the wider region. Students will benefit from on-the-job training at Al-Bashir Hospital’s physical rehabilitation unit, which serves both Jordanians and refugees. The facility will also be given materials for making assistive devices, in order to cover shortages of these supplies.</td>
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<td></td>
<td>• support the efforts of University of Jordan to have its prosthetics and orthotics programme accredited by the International Society for Prosthetics and Orthotics, in particular by providing technical input for the design of formal courses for instructors</td>
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<td>• back the provision of physical rehabilitation at Al-Bashir Hospital for up to 100 people with disabilities through material assistance and on-site technical support</td>
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<tr>
<td><strong>Plan of action and indicators</strong></td>
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<tr>
<td>Lebanon</td>
<td>The ICRC will assist people with physical disabilities to obtain rehabilitative care, and will promote their social inclusion. It will also strive to strengthen local capacities in physical rehabilitation.</td>
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<td>• subsidize physical rehabilitation, including provision of mobility devices, for up to 1,000 people at four ICRC-supported centres; together with the Lebanese Red Cross, enable people with disabilities from the Bekaa valley to travel to one of these centres for physiotherapy; refer some of these people for cash or livelihood assistance</td>
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<td><strong>ICRC DELEGATION</strong></td>
<td><strong>PLANS FOR 2019</strong></td>
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| **Lebanon**         | **Plan of action and indicators**  
  • provide training and material/technical support to: one university offering a physiotherapy course; one association of physical rehabilitation professionals; and one sports association for people with disabilities  
  • support the social inclusion projects of local organizations, for instance, by donating sports wheelchairs  
  • provide training and technical support for authorities and professionals in the physical rehabilitation sector for establishing a referral/support system and for drafting standards and guidelines for prosthetic/orthotic and physiotherapy services for people with disabilities |
|                     | **Syrian Arab Republic**  
  In view of the recently expanded capacities of two physical rehabilitation centres – one run by the ICRC and the other by the Syrian Arab Red Crescent with ICRC support – the ICRC will step up its efforts to make good-quality physical rehabilitation services available to more people with disabilities. These efforts will include: broadening awareness among people with disabilities of the services available at the two centres; and helping some of them to travel to the National Society-run facility. The ICRC will also seek to address the socio-economic and mental-health needs of people with disabilities. Through the two centres, the ICRC will pursue efforts to promote the re-establishment of rehabilitation services throughout the country.  
  To help make rehabilitative care more accessible, the ICRC will explore the possibility of establishing or supporting centres in areas beyond those covered by the two facilities mentioned above. |
|                     | **Plan of action and indicators**  
  • to benefit up to 6,100 people with physical disabilities:  
    – manage and staff a physical rehabilitation centre in Aleppo  
    – provide a National Society-run centre in Damascus with equipment and components for devices, financial assistance for covering operating costs, and staff training; organize a shuttle service for patients staying far from the centre and cover their accommodation costs  
    – with the National Society, conduct information sessions on the services available at these two centres for people with disabilities living in the centres’ catchment area  
    – organize training for the centres’ staff; continue to sponsor physical rehabilitation students attending courses abroad  
    – donate sports wheelchairs to selected patients at the two centres; provide material and financial support for wheelchair basketball teams and for national organizations promoting the social inclusion of people with disabilities  
    – continue to explore with the health ministry the possibility of supporting another centre and/or opening satellite centres elsewhere in the country |
|                     | **Yemen**  
  The ICRC will help physical rehabilitation centres in Aden, Mukalla, Sa’ada, Sana’a and Taiz to deliver good-quality services to people with physical disabilities; it will also help destitute people in remote areas to obtain such services. The ICRC will seek to strengthen the sustainability of the physical rehabilitation sector; it will therefore help develop local capacities and strategies to that end. It will work with local organizations to foster the social inclusion of people with disabilities. |
|                     | **Plan of action and indicators**  
  • at up to five physical rehabilitation centres, to benefit about 20,000 people:  
    – provide technical support and/or donate equipment – and raw materials and/or assistive devices; give them ad hoc support during emergencies  
    – organize outreach activities for people with disabilities in remote areas; cover food, accommodation and transportation costs for destitute patients  
    – give a national training institute technical support for continuing to offer courses in prosthetics and orthotics; offer physical rehabilitation professionals training in Yemen or scholarships for courses abroad  
    – support two organizations – a sports union for people with disabilities and the National Paralympic Committee – in enabling some of their members to participate in a sports tournament abroad; provide other people with disabilities with opportunities for participating in other sports activities or for education and vocational training  
    – where possible, help a government agency draft a national strategy for physical rehabilitation |
In line with the ICRC’s efforts to take their specific needs into account in its protection and assistance activities, persons with physical disabilities will also benefit from projects that are not directly budgeted under physical rehabilitation (and as such, are not included in the CHF 101.7 million appealed for in this document). These projects, which are budgeted under other sub-programmes, are detailed in the ICRC Appeals 2019. Below are some examples:

- In Israel and the occupied territories, people disabled by past fighting will receive ICRC financial assistance for pursuing livelihood opportunities.
- In Libya, the ICRC will help people with physical disabilities undertake microeconomic initiatives or augment their incomes.

THE ICRC MOVEABILITY FOUNDATION

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

MoveAbility is a Swiss organization with over 30 years of experience in developing and providing physical rehabilitation services to persons with physical disabilities in 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 part of this Special Appeal because it is an integral component 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 assistance provided to people with disabilities after the ICRC concludes its PRP activities in a given context, 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.

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

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

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15. See at the [MoveAbility website](https://www.moveability.org).
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 (chemical, biological, radiological and nuclear materials, also known as CBRN) through a flexible, multidisciplinary approach. In particular, it carries out initiatives to reduce the exposure of civilians to these hazards by raising awareness of risks, promoting safe 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 safe behaviour, aimed at improving the resilience of communities affected by weapon contamination. Data collection and information management is an important part of these efforts.

The approach to these initiatives is detailed in the following section; specific information on the ICRC’s plans for 2019 is available on pp. 31–33.

THE APPROACH

The Movement Strategy on Landmines, Cluster Munitions and other ERW16 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. The ICRC also has a duty of care to its staff and, in certain circumstances, to others such as volunteers working with National Societies. Responding to risks resulting from weapon contamination can put the mandate in tension with this duty of care. The strategy of the ICRC’s Weapon Contamination Unit, based on the principles of risk management, is for the organization to manage this tension and define its response framework. As such, managing risks posed by conventional weapons and CBRN hazards must be viewed in light of three institutional imperatives:

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

The Weapon Contamination Unit recognizes that there is no “one-model-fits-all” solution to the problem 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.

**Resilience to the consequences of weapon contamination**

In line with the three institutional imperatives identified above, the Weapon Contamination Unit has developed a set of guidelines to support Movement components’ implementation of risk-awareness and safer-behaviour activities in areas affected by conventional and non-conventional weapons.

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

One objective of the guidelines is to provide guidance on risk management, and thus it identifies the types of interventions possible, namely:

- **Interventions to raise awareness** of the risk posed by weapon contamination and promote safer behaviour (collectively referred to as risk awareness and safe 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 affected populations. By being more aware of the risks from conventional weapons or the CBRN hazards present, identifying and accessing the means to be safe and adopting safer behaviour, people can reduce their vulnerability to risks. Risk awareness and safe behaviour is the only way to increase resilience when the removal of the hazard is neither imminent nor possible. Messages must be tailored to the context, the hazard and the target groups identified during the assessment. They may include, but are not restricted to:
  - how to identify signs of weapon contamination or 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

- **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

Risk-awareness and safer-behaviour activities and technical interventions may be also combined with other protection, assistance, prevention and cooperation activities. They often support the efforts to maintain or provide a safe access to essential services and commodities such as water, sanitation, health, electricity, shelter, food, and means of communication. Ideally, 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 liaising with communities. 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.

**PLANS FOR 2019**

**Global highlights**

In 2019, 32 ICRC delegations will carry out initiatives addressing weapon contamination. In many of these contexts, the pertinent National Societies will implement aspects of this work with technical and financial support from the ICRC. This *Special Appeal* covers projects budgeted under the ICRC’s Weapon Contamination sub-programme (under the Assistance programme); these projects will be implemented by 16 of the aforementioned delegations.

Among the priorities in 2019:

- The ICRC’s Weapon Contamination Unit will continue to help delegations mitigate the risks they face while conducting their operations in contexts affected by armed conflicts – Colombia, Iraq, Myanmar, Syria, Ukraine and Yemen, to name some of the most prominent ongoing operations.
- In Syria, the ICRC will continue to strengthen its efforts to address weapon contamination, building on the progress it made in 2018. A particular focus will be on risk education at the community level, especially those living in or returning to areas affected by weapon contamination.
- In cooperation with the Red Cross Society of the Democratic People’s Republic of Korea, the ICRC will continue its activities to help the national authorities increase their capacity to safely dispose of unexploded ordnance from the 1950–1953 Korean War. This will allow the authorities to adequately and safely react when such weapons are found by the civilian population, thereby reducing the risk of accidents. It will also allow the authorities to implement risk-awareness activities for the communities affected by weapon contamination.
In eastern Ukraine, the ICRC will maintain its support to local teams in both government-controlled and non-government-controlled areas of Ukraine in their efforts to clear mines/ERW; it will continue to help them promote safe behaviour and raise awareness of mine/ERW-related risks in conflict-affected communities and schools located near the line of contact.

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

- The ICRC will continue to roll out guidelines on risk awareness and safer behaviour and support a number of selected National Societies in adapting them. A particular effort will be made to engage National Societies in the Middle East and Africa.

- The ICRC will continue to develop its capacity to collect data systematically from communities, with a view to supporting a more robust evidence-based response to weapon contamination, particularly in Iraq and Syria.

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

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<th>BASE</th>
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<tr>
<td>Moscow, Russian Federation</td>
<td>Europe and Central Asia</td>
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<tr>
<td>Bogota, Colombia</td>
<td>Americas</td>
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<tr>
<td>Amman, Jordan</td>
<td>Near and Middle East</td>
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<td>Abuja, Nigeria</td>
<td>Africa</td>
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<tr>
<td>Bangkok, Thailand</td>
<td>Asia and the Pacific</td>
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Resident and mobile staff will help manage mine-action initiatives in such contexts as Armenia, Azerbaijan, Colombia, the Democratic People's Republic of Korea (hereafter DPRK), Iraq, Islamic Republic of Iran, Israel and the occupied territories, Morocco, Myanmar, Nigeria, Pakistan, Senegal, Syria, Ukraine and Yemen.

The ICRC will continue to develop its expertise in the field of medical support for conventional and CBRN clearance operations. It will do so particularly in Armenia, Azerbaijan, Egypt, Islamic Republic of Iran, Myanmar, Pakistan and Ukraine.

**Details per context**

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

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<tr>
<th>ICRC DELEGATION</th>
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<td><strong>AFRICA</strong></td>
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<tr>
<td>Morocco</td>
<td>The ICRC, together with the Moroccan Red Crescent, will instruct people in Moroccan-administered parts of Western Sahara in safe practices around mines/ERW, so that they can protect themselves more effectively. The National Society will receive ICRC support to review its strategy for mine-risk education and to improve its implementation of related activities. The ICRC will also continue to stress to the authorities, the National Society and others concerned the value of an integrated approach to mine action and the importance of providing victims with medical care and/or compensation.</td>
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<tr>
<td>Tunis (regional)</td>
<td>Having, in 2018, realigned its activities with actors involved in mine action in Western Sahara, the ICRC will help to create a framework for those actors to better respond to the needs of populations affected by weapon contamination. It will organize training for the pertinent authorities and others in Western Sahara to develop a coordinated mine-action plan.</td>
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<td><strong>ASIA AND THE PACIFIC</strong></td>
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<tr>
<td>Bangkok (regional)</td>
<td>In the Lao PDR, the ICRC will help the national mine-clearance authorities to improve their services for communities in weapon-contaminated areas. It will also continue to help the National Societies in the region – especially the Viet Nam Red Cross Society – develop their ability to conduct educational sessions on mine risks.</td>
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### ICRC DELEGATION

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<td><strong>Beijing (regional)</strong></td>
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<td><strong>Myanmar</strong></td>
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### ASIA AND THE PACIFIC

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<td><strong>Moscow (regional)</strong></td>
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<td><strong>Tashkent (regional)</strong></td>
</tr>
<tr>
<td><strong>Ukraine</strong></td>
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### AMERICAS

<table>
<thead>
<tr>
<th>Plans for 2019</th>
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<td><strong>Colombia</strong></td>
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### NEAR AND MIDDLE EAST

<table>
<thead>
<tr>
<th>Plans for 2019</th>
</tr>
</thead>
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<tr>
<td><strong>Iran, Islamic Republic of</strong></td>
</tr>
<tr>
<td><strong>Iraq</strong></td>
</tr>
</tbody>
</table>
Syrian Arab Republic

The ICRC will maintain its efforts to mitigate risks to communities endangered by mines and ERW. With the National Society, it will conduct mine-risk education sessions for residents and returnees in communities endangered by mines and/or ERW. It will also identify an organization that is conducting mine-clearance operations, and give it material and technical support. The ICRC will also help the National Society to improve its capacity to collect and manage data related to weapon contamination.

Yemen

The ICRC will help people in areas that might be strewn with mines and ERW to reduce the risk to their safety, and local actors to build their capacities in mitigating the threat of weapon contamination. It will also organize capacity-building activities for the Yemen Executive Mine Action Centre, particularly its medical team, and other local actors, to help strengthen their response. The ICRC will provide technical, material and/or financial support and training to the Yemen Red Crescent Society for expanding its capacities in providing mine-risk education.

The ICRC also has related activities budgeted under other sub-programmes. These are covered in more detail in the ICRC Appeals 2019. Here are some examples:

- The ICRC’s delegation in Armenia will continue to cooperate with the Armenian Centre for Humanitarian Demining and Expertise (CHDE) to help develop and implement the necessary strategies, programmes and coordination mechanisms to address the needs of populations affected by weapon contamination. This will include mobilizing the CHDE to ensure that the economic, psychosocial, health and legal needs of victims are understood by the relevant national authorities. The ICRC will also help the Armenian Red Cross Society improve its capacity to conduct training on risk awareness and safe behaviour for mine-affected communities.

- In Georgia and Iraq, ICRC Weapon Contamination delegates will directly support ICRC forensics operations with the mitigation of risks associated with explosive remnants of war at sites where human remains are being recovered.

- In Senegal, the ICRC will conduct train-the-trainer sessions on risk education for Senegalese Red Cross Society personnel.
PROMOTING LEGAL FRAMEWORKS AND GOVERNMENTAL ACTION

IHL AND THE UNCRPD

During international and non-international armed conflict, core provisions of IHL – notably, the general protections afforded to civilians and persons rendered hors de combat – apply to persons with disabilities, without adverse distinction. The prohibition of adverse distinction allows for and may even require specific measures for and/or the prioritization of the protection of persons with disabilities.\(^{18}\) For instance, in humanitarian relief and assistance efforts, such measures may include ensuring physical accessibility of water and sanitation facilities, providing support to transport food and other relief items, or designing and adapting shelter to be accessible to persons with physical disabilities.\(^{19}\) IHL may also contribute to the protection of persons with disabilities in preventing or minimizing harm to them arising from the conduct of hostilities.\(^{20}\) Furthermore, IHL requires parties to armed conflicts to afford specific respect and protection to persons with disabilities.\(^{21}\) One manifestation of such specific protection includes the prioritization of persons with disabilities in evacuations for their own safety from areas at risk of attack.\(^{22}\)

Aside from IHL, international human rights law – particularly the UNCRPD\(^{23}\) – contains provisions relevant to the ICRC’s work. Article 11 of the UNCRPD recognizes States Parties’ obligations under, inter alia, IHL and international human rights law; it requires them to take all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including armed conflicts and natural disasters. States Parties are required to take measures to ensure that persons with disabilities have access to mobility devices (Article 20) and rehabilitation services (Article 26), and that they enjoy full inclusion and participation in the community (Article 19 and 26). Article 32 mentions that international cooperation should be inclusive of and accessible to persons with disabilities. Article 33 and 34 of the Convention, and its Optional Protocol, aim to ensure the Convention’s full implementation, including through the creation of national monitoring mechanisms.

In 2019, the ICRC will strive to promote – among States, organizations of persons with disabilities, disability rights advocates, people with disabilities themselves and other stakeholders – the common points between IHL and the UNCRPD and that IHL affords additional protections to persons with disabilities during armed conflict. To this end, the ICRC will use existing tools and produce new ones. Specifically, it will:

- publish a new updated Commentary on the Third Geneva Convention, which contains important provisions related to prisoners of war with disabilities and pursue its research on the protection of civilian internees with disabilities under the Fourth Geneva Convention, as part of its ongoing project to update the Commentaries on the 1949 Geneva Conventions and their 1977 Additional Protocols. Launched in 2011, this project aims to provide legal and practical guidance on how provisions under IHL, including those related to persons with disabilities, are to be applied today, thereby advancing the complementarity between IHL and the UNCRPD for the protection of persons with disabilities.
- help facilitate States’ adoption of domestic legislation protecting persons with disabilities during armed conflict, by promoting a fact sheet entitled “IHL and disability”\(^{24}\), which presents States’ obligations under IHL to assist and protect persons with disabilities. The fact sheet, which was published in October 2017, also takes into consideration how international human rights law – particularly the UNCRPD – complements provisions under IHL that are applicable to persons with disabilities.

18. See common Article 3 of the 1949 Geneva Conventions, Article 75, Additional Protocol I; Article 4, Additional Protocol II; and Rule 87, ICRC study on customary IHL.
19. See Article 70 of Additional Protocol I and Article 18(2) of Additional Protocol II.
20. See the general rules on the conduct of hostilities, including Articles 51(2), 51(4), 51(5)(b), 57(2)(c) of Additional Protocol I and Rules 1, 11–14 of the ICRC study on customary IHL.
21. 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.
22. See Article 17 of the Fourth Geneva Convention.
23. See the full text of the Convention.
24. See IHL and Persons with Disabilities.
• maintain its customary IHL database by continuing to collect information on national and international practices related to, *inter alia*, the specific respect and protection afforded to persons with disabilities. It will also update its database on the national implementation of IHL with domestic laws that address the protection of persons with disabilities in situations of armed conflict.

• seek to strengthen its relationship with the United Nations Special Rapporteur on the rights of persons with disabilities and with the Committee on the Rights of Persons with Disabilities, which is tasked with reviewing States’ implementation of the UNCRPD’s provisions and conducting inquiries on alleged violations, as well as provide input, where necessary, to the Inter-Agency Standing Committee Working Group’s ongoing process to draft guidelines for the inclusion of persons with disabilities in humanitarian action and efforts to draft a General Comment on Article 11 of the UNCRPD.

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

**TREATIES CONCERNING WEAPONS, AND RELATED ISSUES**

The ICRC also promotes adherence to and implementation of IHL treaties applying to landmines, cluster munitions, explosive remnants of war and other explosive devices that pose a threat to civilians. In particular, the ICRC urges all States to join and implement the 1997 Anti-Personnel Mine Ban Convention, the 2003 Protocol on Explosive Remnants of War (Protocol V) to the 1980 Convention on Certain Conventional Weapons, and the 2008 Convention on Cluster Munitions. In addition to requiring a range of measures to reduce the risks posed by these weapons to civilians, including clearance of contaminated areas, these treaties also aim to ensure that victims receive appropriate assistance.

In 2019, the ICRC will continue to work with National Societies to foster States’ adherence to and implementation of the above-mentioned treaties, and report on the progress made to the Movement’s Council of Delegates in December 2019. This is in accordance with a resolution adopted by the Movement at the 2013 Council of Delegates, which urges all Movement components to, among others, strengthen their efforts to promote IHL norms applicable to landmines, cluster munitions and ERW.

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25. See the [Customary IHL Database](#).

26. See the [National Implementation of IHL](#).

27. See [How law protects persons with disabilities in armed conflict](#).

28. See [Weapons and international humanitarian law, Resolution](#).
Notably, the ICRC will:

- capitalize on the 4th Review Conference of the Anti-Personnel Mine Ban Convention to promote adherence among States not yet party to the treaty, and effective implementation by States Parties. It will do so by organizing events in coordination with the pertinent National Societies, and by producing corresponding communication materials.

- organize one or more regional and/or national workshops on the Anti-Personnel Mine Ban Convention, the Convention on Cluster Munitions and Protocol V to promote adherence to these treaties and facilitate their national implementation.

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

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

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

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

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

SUMMARY

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<tr>
<th>PROGRAMME</th>
<th>BUDGET IN KCHF</th>
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<tr>
<td>Physical rehabilitation (ICRC)</td>
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<tr>
<td>Weapon contamination</td>
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<td><strong>TOTAL FOR THE ICRC’S SPECIAL APPEAL</strong></td>
<td><strong>101,670</strong></td>
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<tr>
<td><strong>TOTAL FOR THE MOVEABILITY FOUNDATION’S APPEAL</strong></td>
<td><strong>6,405</strong></td>
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</table>

COMMENTS

The ICRC’s main activities related to physical rehabilitation and weapon contamination (listed in pp. 15–26 and pp. 30–33 respectively) account for a total of **CHF 101.7 million**.

Annex 1 (on page 38) provides the budget by delegation. The MoveAbility Foundation’s activities are not part of ICRC-budgeted field activities and have a separate budget (amounting to **CHF 6.4 million** in 2019); annex 2 (on page 40) provides the MoveAbility Foundation’s budget by country.

Donations to the Special Appeal can be earmarked to the ICRC or to the MoveAbility Foundation, and contributions without further earmarking are encouraged. Subject to donors’ consent, contributions to the Special Appeal as a whole (non–earmarked) will be allocated to both the ICRC and the MoveAbility Foundation pro-rata, based on their budgets; for 2019, the allocation will be 94% to the ICRC and 6% to the MoveAbility Foundation.

Funds will be subject to standard ICRC operational reporting, auditing and financial control procedures.

Narrative reporting on ICRC activities in this Special Appeal will be available in:

- the Midterm Report30, which features operations in key contexts;
- the Annual Report31, which details activities and achievements in field delegations and at headquarters;
- the Special Report, which outlines the implementation and outcomes of plans presented in the Special Appeal32; and
- the website (www.icrc.org), which publishes articles, press releases and other content.

Financial reporting will be available in:

- the Annual Report, which includes the yearly consolidated financial statement, the independent auditor’s report, and financial and statistical tables; and
- the annual Special Auditor’s Report on the Special Appeal.

Narrative and financial reporting on the MoveAbility Foundation’s activities will be available on its website33.

For further information, please contact:

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

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32. See ICRC Special Appeals and Special Reports.
33. See the MoveAbility website.
### ANNEX 1: ICRC FINANCIAL DETAILS

<table>
<thead>
<tr>
<th>DELEGATION</th>
<th>Physical rehabilitation</th>
<th>Weapon contamination</th>
<th>TOTAL</th>
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<td>Mali</td>
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<td>Morocco</td>
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<td>Nigeria</td>
<td>944,065</td>
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<td>South Sudan</td>
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<td>Sudan</td>
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<td>Tunis (regional)</td>
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<td><strong>21,935,149</strong></td>
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<td>Colombia</td>
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<td>Mexico City (regional)</td>
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<td>465,890</td>
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<tr>
<td>Washington (regional)</td>
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<tr>
<td><strong>TOTAL</strong></td>
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<td><strong>3,732,851</strong></td>
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<td><strong>ASIA AND THE PACIFIC</strong></td>
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<td>Afghanistan</td>
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<td>Bangladesh</td>
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<td><strong>TOTAL</strong></td>
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<td><strong>3,350,262</strong></td>
<td><strong>42,008,179</strong></td>
</tr>
</tbody>
</table>

34. The figures in this document are rounded off and may vary slightly from the amounts presented in other documents.
35. In Guinea-Bissau only
36. In Rabouni, Algeria/Western Sahara only
37. In El Salvador, Guatemala, Honduras and Mexico only
38. In Cambodia and in the Lao People’s Democratic Republic only
39. In China and the Democratic People’s Republic of Korea only
40. In India and Nepal only
<table>
<thead>
<tr>
<th>DELEGATION</th>
<th>Physical rehabilitation</th>
<th>Weapon contamination</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EUROPE AND CENTRAL ASIA</strong></td>
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<td>Azerbaijan</td>
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<td>Israel and the Occupied Territories</td>
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<td>Lebanon</td>
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41. In Tajikistan only
42. In the Gaza Strip only
## ANNEX 2: THE MOVEABILITY FOUNDATION – FINANCIAL DETAILS

<table>
<thead>
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<th>COUNTRY</th>
<th>SERVICE PROVIDERS SUPPORTED</th>
<th>BUDGETS (IN CHF)</th>
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<td>Togo</td>
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<td>Nicaragua</td>
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<td><strong>32 SERVICE PROVIDERS</strong></td>
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ANNEX 3: MINES AND ERW, AND THE IHL INSTRUMENTS THAT COVER THEM

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

The 1997 Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction (Anti-Personnel Mine Ban Convention) prohibits the use, stockpiling, production and transfer of anti-personnel mines. It also requires States Parties to destroy existing stocks of these weapons, to clear mined areas and to reduce the interim risk to civilians through preventive actions such as the marking of dangerous areas and the provision of warnings and risk awareness. States also commit to provide for the care and rehabilitation, as well as the socio-economic reintegration, of mine victims. States Parties who are in a position to do so must provide assistance to other States Parties that request help in meeting their treaty obligations.

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

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

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

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

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

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