



# PHYSICAL REHABILITATION PROGRAMME

2018 ANNUAL REPORT



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# INTRODUCTION

*The International Committee of the Red Cross (ICRC) was involved in physical rehabilitation services before 1979, but that year we set up the Physical Rehabilitation Department, which marked the beginning of our serious commitment. As it is an aspect of our mandate, the ICRC supports the physical rehabilitation of victims of armed conflict and other situations of violence; we do this through physical rehabilitation programmes and the ICRC MoveAbility Foundation. The range of physical rehabilitation activities we provide throughout the world has expanded since 1979. Physical rehabilitation has moved well beyond emergency response; many people who need physical rehabilitation services will need them for the rest of their lives.*



# PHYSICAL REHABILITATION

Physical rehabilitation involves the provision of mobility devices (prostheses, orthoses, walking aids and wheelchairs) and appropriate physiotherapy, and other services as well. It is also a means of integrating physically disabled people into families and communities, schools and workplaces. ICRC support plays an essential role in reaching the ultimate goal of rehabilitation, which is full integration into society, whatever the cause of a person's disability. Restoring mobility is also the first step towards enjoying basic rights such as access to food, shelter, education, employment, equal opportunities and equal citizenship.

## VISION

People with physical disabilities who are affected by armed conflict and other situations of violence have access to high-quality physical-rehabilitation services, leading to improved health and well-being and the ability to achieve their full potential in society.

## MISSION

To support a multidisciplinary, person- and system-centred approach to physical rehabilitation, ensuring high-quality, equitably accessible, sustainable services and societal integration for people with physical disabilities.

## GUIDING PRINCIPLES FOR THE PHYSICAL REHABILITATION PROGRAMME: THE FOUR PILLARS

The Physical Rehabilitation Programme pursues a twin-track approach, combining a person-centred approach with a system approach, providing assistance to both national systems and the users of its services. Its four pillars (access, quality, long-term sustainability and social integration) are interdependent and interrelated.

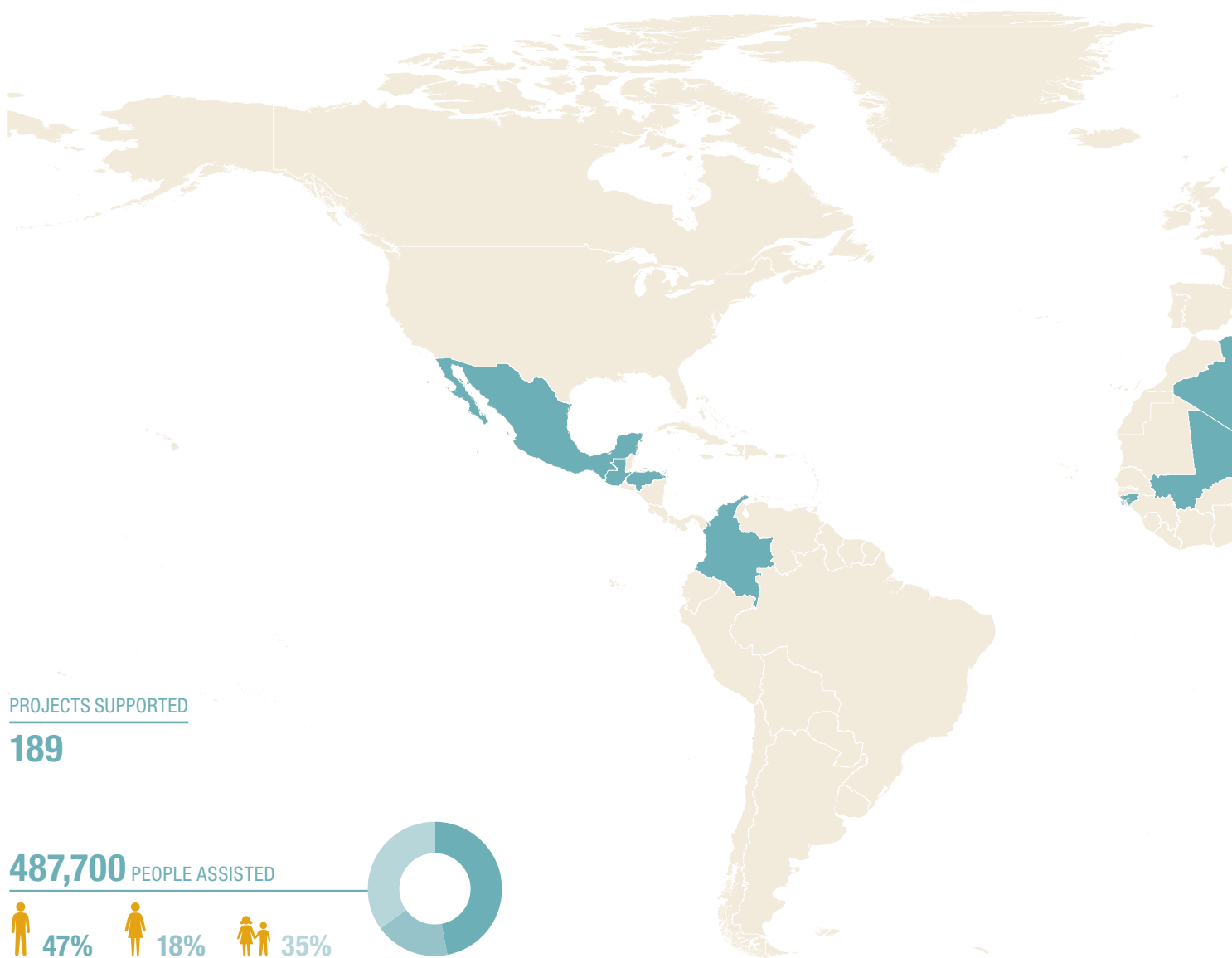
The ICRC takes measures to ensure that physical rehabilitation services are equally accessible to all who need them. These measures include identifying groups that may be particularly vulnerable and working to remove barriers – related to geography, religion, wealth, ethnicity, gender, age, etc. – to services.

The ICRC ensures the quality of its services by applying internationally accepted best practices. We promote a multidisciplinary approach to physical rehabilitation and other services, and make sure that staff are competent and that mobility-device technology remains appropriate and up to date. We also strive to assess as accurately as possible the full range of people's needs, in close collaboration with those affected, and to build and retain professional competence through training; we do this so that we can provide the highest quality of care.

In order to promote the long-term sustainability of assisted projects, the ICRC – whenever possible – runs projects with local partners from the beginning of the assistance period and strives to build up these partners' capacities (technical skills, people and service management, and funding mechanisms). Ensuring long-term sustainability also includes advocating for policies for physical rehabilitation and social protection, leadership and governance. The long-term approach not only takes into account the principle of residual responsibility towards one of the ICRC's target populations but also reduces the risk of loss of investment in materials and human capital.

The full social inclusion of disabled people is one of our goals. To that end, we support and promote activities and programmes that enable their educational and professional growth. Initiatives include sporting activities, academic scholarships and homeschooling, microfinance programmes, and job creation.

# PHYSICAL REHABILITATION PROGRAMME ACTIVITIES WORLDWIDE – IN BRIEF



## PROJECTS SUPPORTED

**189**

**487,700** PEOPLE ASSISTED



## SERVICE USERS



**180,040** ASSISTIVE DEVICES PROVIDED







# AMERICAS

## WHEELCHAIR BASKETBALL IN COLOMBIA

We have, for a number of years now, been using sport to advance the social inclusion of physically disabled people: assembling a wheelchair basketball team – El Renacer del Fénix – consisting of young victims of armed violence,

*“Some of those deprived of their liberty see sport as a way of life once they get out of prison.”*

*– Lorena Vanessa Velasco,  
ICRC physiotherapist in Cali, Colombia*

in the Potrero Grande neighbourhood of the city of Cali, is an example of our efforts. We also put together a team – La Nueva Cara – at the Villa Hermosa prison in Cali. This

was the result of the only ICRC programme anywhere in the world that uses sport to aid the social inclusion – after their release – of people deprived of their liberty.

The programme got under way in 2018, in cooperation with the National School of Sport in Cali. We organized a match between La Nueva Cara and El Renacer del Fénix on 3 December, to mark the International Day of Persons with Disabilities.

Prisoners have a saying that freedom is a crown that can be seen only by those who are at liberty. The athletes in our match won no trophies, but all of them got a glimpse of that crown.



# COLOMBIA

The recent influx of migrants from Venezuela has added to the number of disabled people in Colombia. Access to physical rehabilitation for disabled people is extremely limited. The situation is even worse for ex-combatants and migrants, who are receiving – and only temporarily – basic services from the national health system; these services do not include physical rehabilitation.

In 2018, we continued to provide direct assistance to victims of armed conflict, ex-combatants and migrants through eight partnerships with physical rehabilitation service providers and two wheelchair workshops. We donated materials and provided training; we also provided accommodation, transportation and food for people living in remote rural areas and people affected by urban violence. To make services more accessible to migrants, we began to support a centre at the border with Venezuela. We improved sanitation at places of detention, as well as health services, cells and sports facilities for disabled detainees. In addition, 25 disabled people benefited from the employment assistance programme run by the ICRC's Economic Security Unit (EcoSec). Wheelchair basketball teams were set up in violence-affected urban areas and prisons.

We also organized, in collaboration with various institutions, five short courses in prosthetics and orthotics (P&O), conducted one seminar on physiotherapy for lower-limb amputees, led a train-the-trainer course in group therapy for parents of children with cerebral palsy, and ran four courses on wheelchair services. In addition, we helped the two existing training institutions gain International Society for Prosthetics and Orthotics (ISPO) CAT II recognition for courses in P&O.



## PROJECTS SUPPORTED

18

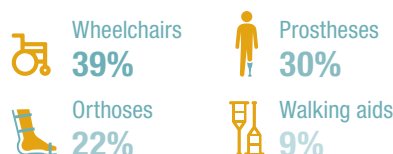
## 901 PEOPLE ASSISTED



## SERVICE USERS



## 679 ASSISTIVE DEVICES PROVIDED



## PEOPLE WITH ACCESS TO



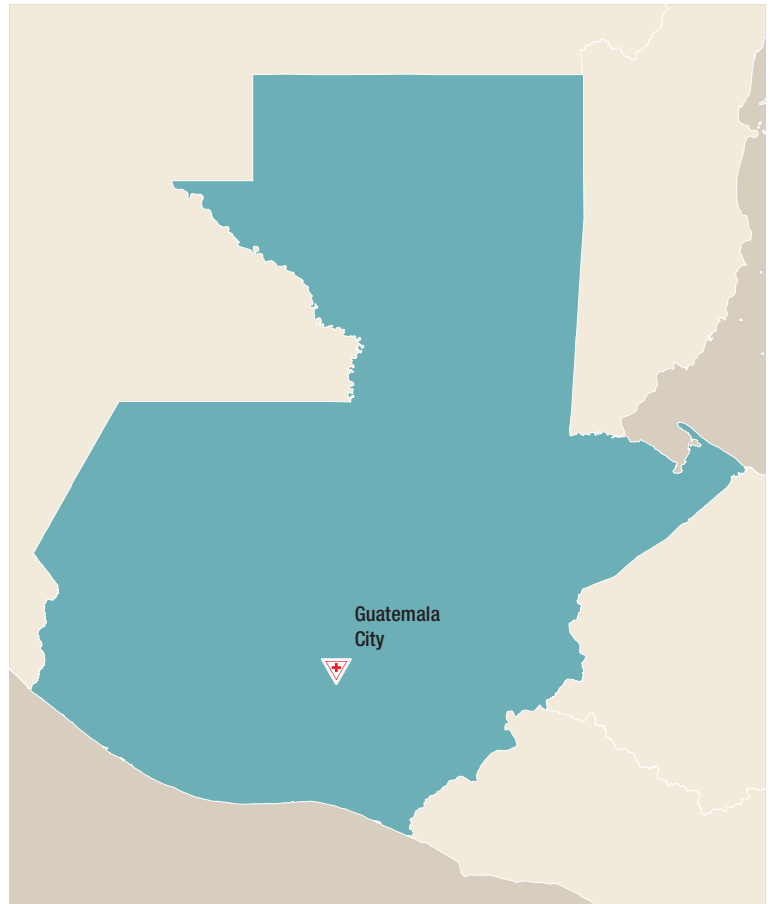
# GUATEMALA

Our projects in Mexico, Honduras and Guatemala are part of the ICRC's region-wide effort to ensure that migrants have access to suitable rehabilitation services. Many migrants undertake dangerous journeys during which some of them are injured – either in accidents or during violence; many of these injured or wounded migrants become physically disabled, as a result of amputations or spinal injuries. In Guatemala, we assisted migrants who had returned to their country.

As the number of disabled people affected by violence in Guatemala had risen, and to address the wheelchair-related needs of paraplegics and tetraplegics in the country, we decided to focus on helping physical rehabilitation centres provide orthoses and wheelchair services.

In 2017 we started covering disabled people affected by violence other than armed conflict in the city of Villa Nueva city; special attention was given to the areas of mental health and psychosocial support. After migrants or gunshot victims in need of physical rehabilitation services have been identified, they are referred to one of the ICRC-supported centres in the country; the ICRC also covers their treatment, transport and accommodation costs.

The sustainability of services remains a challenge, mainly because there is only one certified technician available to produce prostheses. In addition, migrants – and members of the general population as well – are still without access to appropriate and free rehabilitation services. All this will necessitate a shift in our strategy: we will concentrate more on ensuring the sustainability of services rather than their quality.



## PROJECTS SUPPORTED

1

## PEOPLE ASSISTED

 169


## SERVICE USERS

 Fitted with prostheses  
8

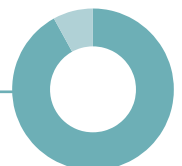
 Fitted with orthoses  
2

 Receiving physiotherapy  
129

## 24 ASSISTIVE DEVICES PROVIDED

 Prostheses  
92%

 Orthoses  
8%



# MEXICO

In Mexico we sought to assist Central American migrants who had applied for a humanitarian visa to stay in Mexico and undergo physical rehabilitation there. However, because of their migration status, many of them could not move freely within the country, and were often without the means to travel to the Orthimex Prosthetics and Orthotics Centre in Tapachula. The ICRC bought plane tickets for them or arranged other means of transportation; it also strove to ensure that the authorities and the airlines or bus companies let the migrants travel to the service providers.

We focused on identifying a new physical rehabilitation centre to work with. After taking various factors into consideration – personnel, protocols, material used, etc. – we chose the Centro Estatal de Rehabilitacion (CER) in Guanajuato. The scope of our partnership with CER is yet to be established, but our aim is to make it the main physical rehabilitation centre for amputee migrants, as it offers access to a rehabilitation doctor, a physiotherapist and a psychologist.

The sustainability of services remains a challenge, mainly because there is only one certified technician available to produce prostheses. There are other reasons as well: the Tapachula centre continues to rely heavily on ICRC support and migrants are still without access to appropriate and free rehabilitation services.



## PROJECTS SUPPORTED

1

## PEOPLE ASSISTED

 47

## SERVICE USERS



Fitted with prostheses

9



Fitted with orthoses

2



Receiving physiotherapy

11

## 22 ASSISTIVE DEVICES PROVIDED



Prostheses

91%



Orthoses

9%



# HONDURAS

In Honduras we sought to assist Honduran migrants who had returned to their country for suitable physical rehabilitation.

There are rehabilitation centres in most parts of the country, but only a few provide P&O services. Disabled people often have to undertake long and expensive journeys to obtain the services they need. After migrants in need of physical rehabilitation services have been identified, they are referred to one of the two ICRC-supported centres in the country; the ICRC also covers their treatment, transport and accommodation costs.

Expanding technical capacities among physical rehabilitation professionals remained a matter of priority. A graduate of the Don Bosco University in El Salvador will join the Teleton Foundation as an ISPO CAT II certified P&O technician in the first quarter of 2019.

The sustainability of ICRC assisted services remains a challenge, mainly because there are only three ISPO CAT II-certified technicians available to produce prostheses. There are other reasons as well: the two centres continue to rely heavily on ICRC support and migrants – and members of the general population as well – are still without access to appropriate and free rehabilitation services. All this will necessitate a shift in our strategy: we will concentrate more on ensuring the sustainability of services while continuing to monitor their quality.

We also supported a football team made up of amputee migrants: we gave them jerseys, footballs, boots and other supplies so that they could play matches organized by the Honduran association of amputee football.



## PROJECTS SUPPORTED

2

## PEOPLE ASSISTED

 181

## SERVICE USERS



Fitted with prostheses  
12



Fitted with orthoses  
2



Receiving physiotherapy  
144

## 65 ASSISTIVE DEVICES PROVIDED



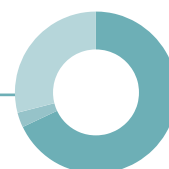
Prostheses  
68%



Orthoses  
3%



Walking aids  
29%





# AFRICA

## NIGERIA: LIFE IS STILL BEAUTIFUL

My name is Yaganama. When the conflict reached my village, Julube, I had to leave my home and move to the Dukwa camp for internally displaced persons in Borno State. There I sold vegetables to support my wife and 17 children.

I remember that day – 9 July 2017 – vividly, as if it was yesterday. I woke up very early, as I did every day. I had to go to Julube to pick up a few things for my family. We were going by car; there were five of us. At some point, we drove over a landmine, which exploded. Two of the people in the car were killed instantaneously. The military, our rescuers, took me and the two others to the hospital in Maiduguri.

When I came to, I heard the soldiers speaking amongst themselves. They were saying that I would never walk again. It was then that I realized that I had lost my right leg and fractured the left one near the ankle. You can imagine how I felt then. Sanda, a physiotherapist at the hospital, explained to me that with proper therapy and rehabilitation I would be able to walk with a prosthesis. I didn't believe her. All my thoughts had been replaced by one fear: How was I going to feed my family and support them?

Two months later, I was discharged from the hospital. My oldest son took me home. I was in a wheelchair. I was happy to be alive, but I also thought that I had become a burden to my family, that they would be better off without me.

A few weeks later, I had to go back to the hospital. I met Sanda again. She insisted that I go to the physical rehabilitation centre in Kano. She was so insistent that I eventually did go there. I went even though I was certain that I would never walk again.

In Kano, on the first day, I was asked to sit between two metal bars and hoist myself to my feet. At first I pretended not to understand. But in the end, roused by the challenge, I got into the spirit of the thing and managed to raise myself to my feet. That is how it all began. I was filled with the desire to fight. I tried my prosthesis for the first time. That was another moment: I cannot summon up the words to describe the confidence and energy that surged through me when I put on that artificial limb for the first time.

Today I use only one elbow crutch and I am back at work selling my vegetables. I wake up every morning full of energy. And eager to share my story with everyone who hasn't already heard it!



## ALGERIA (SAHARAWI)

The ICRC-supported Centre Martyr Cherif has been providing physically disabled Sahrawi refugees with assistive devices and physical therapy since 2008. These people are among the most vulnerable of all Saharawi refugees.

A total of 496 people received free services at the centre in 2018, a drop of 42% since 2017, when 865 people received services. This was largely because an ICRC physiotherapist was unavailable for the period in question.

We improved the quality of services at the centre: wheelchair ramps were built and the waiting room refurbished. The centre also improved its management by implementing standard operating procedures, a new patient management system, a stock management tool, and several other managerial aids.

Having supported the centre for ten years, in 2018 we decided to assess the effectiveness and sustainability of the services it provides. Based on the findings of the assessment, we decided that the ICRC would gradually move away from what we have been doing and seek instead to build up the capacities of the Sahrawi rehabilitation sector.

In 2018, we funded almost all the events marking the International Day of Persons with Disabilities. There is a need for more events or activities of this kind, to counter the stigmatization – and the barriers to social integration – faced by disabled people in refugee camps.



### PROJECTS SUPPORTED

1

### PEOPLE ASSISTED

 496

### SERVICE USERS



Fitted with prostheses  
4



Fitted with orthoses  
13



Receiving physiotherapy  
165

### 269 ASSISTIVE DEVICES PROVIDED



Wheelchairs  
2%



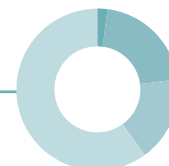
Prostheses  
9%



Orthoses  
31%



Walking aids  
58%



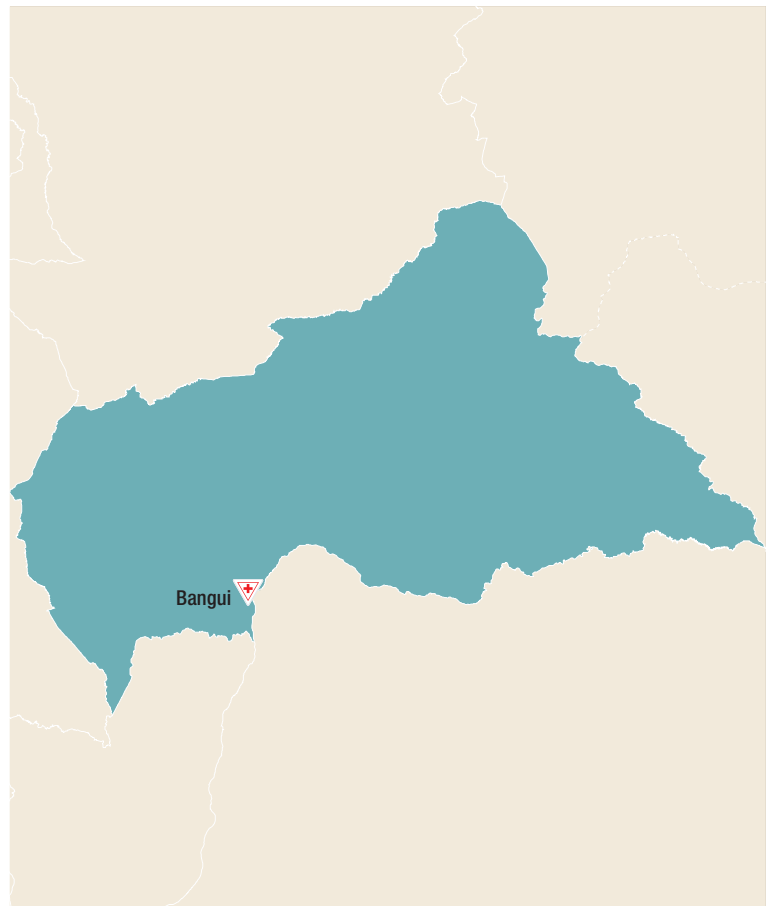
# CENTRAL AFRICAN REPUBLIC

In the Central African Republic we continued to work with the Association nationale de rééducation et d'appareillage de Centrafrique, which is independently managing physical rehabilitation services for the Ministry of Family and Social Affairs. Services were provided free of charge; patients coming from outside Bangui were also provided with transport, accommodation and food during their physical rehabilitation.

The government has given the ICRC a suitable plot of land on which to build a new physical rehabilitation centre. The design for the centre was approved, a feasibility study successfully concluded, a steering group set up, and dates fixed for construction to get under way.

Four students sponsored by the ICRC completed their P&O training in Lomé, Togo, and were back at the centre in Bangui to take up their duties. The ICRC kept up its efforts to improve the quality of rehabilitative services and ensure their sustainability. To that end, we continued to sponsor four students attending a three-year bachelor's degree course in physiotherapy in Cotonou, Benin.

The centre in Bangui used the ISPO's cost-calculation tool to fix realistic prices for comprehensive service provision. These fixed prices help finance and sustain services at the centre.



## PROJECTS SUPPORTED

1

## 353 PEOPLE ASSISTED



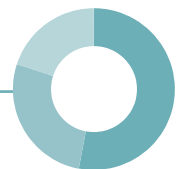
53%



26%



21%



## SERVICE USERS



Fitted with prostheses

89



Fitted with orthoses

69



Receiving physiotherapy

211

## 244 ASSISTIVE DEVICES PROVIDED



Wheelchairs

1%



Prostheses

46%



Orthoses

32%



Walking aids

21%



# DEMOCRATIC REPUBLIC OF THE CONGO

We provided five physical rehabilitation centres with the components and equipment necessary for producing assistive devices and with logistical support. People using the services at these centres were given transportation, food and accommodation. We renewed our partnerships with the national Paralympic committee, and with some 15 schools that welcomed disabled students. We also strengthened our collaboration with the health ministry's national programme for community-based rehabilitation, which is in charge of coordinating the rehabilitation sector.

Our financial support enabled the two ICRC-assisted centres in North and South Kivu to order limb-fitting equipment from international suppliers.

Several training sessions were organized for clinical staff – in basic wheelchair services and other areas as well. Two students – sponsored by the ICRC – completed their P&O in Lomé, Togo, and were certified as ISPO CAT II professionals; they returned to the Democratic Republic of the Congo (DRC) to resume their professional duties at the Cliniques Universitaires in Kinshasa.

Construction of a new centre in Kinshasa – under the Programme for Humanitarian Impact Investment (PHII) – began in October. Five other students on ICRC scholarships continued their studies abroad; one of them will return to the country in 2019. All five will work in the new centre.

The national Paralympic committee was given support for setting up a fifth Paralympic provincial league in the country in Kindu. Three members of the committee went to Ethiopia for training in wheelchair basketball. A sports field was built in Goma. We supported the education of 25 disabled and vulnerable children; EcoSec helped 18 disabled and indigent adults to begin earning an income.



## PROJECTS SUPPORTED

5

## 1,658 PEOPLE ASSISTED



## SERVICE USERS



## 2,240 ASSISTIVE DEVICES PROVIDED



## PEOPLE WITH ACCESS TO



# ETHIOPIA

We continued providing support to nine physical rehabilitation centres and one limb-fitting workshop in the country. Eight of these facilities were fully operational; the ninth is still in the process of development. These centres are managed by the regional governments through the Bureau of Labour and Social Affairs or by local non-governmental organizations such as Cheshire Services Ethiopia. (The limb-fitting workshop is managed by CURE Ethiopia Children's Hospital.)

We also sought to strengthen networking capacities at the centres. To that end, we held nine dissemination sessions, which were attended by 89 health staff and 500 students.

Patients were generally satisfied with the services provided at ICRC-assisted rehabilitation centres. We surveyed patients on the quality of the assistive devices they were given, and learnt that the devices met expectations in 84% of the cases.

We took an active role in ensuring the professional development of rehabilitation personnel. We arranged six training sessions for 100 professionals (56 physiotherapists, 30 prosthetic and orthotic technicians, 3 wheelchair technicians, and 11 benchworkers). We also helped the association of Ethiopian P&O professionals to conduct exams for 39 benchworkers.

We continued to help advance the social inclusion of disabled people through sport; this remains a key activity for us. In partnership with the Ethiopian Basketball Federation and the Ministry of Youth and Sport, we enabled 107 players, coaches, and referees from Ethiopia, Sudan, the DRC, Tanzania, and Rwanda to attend a training camp in wheelchair basketball.



## PROJECTS SUPPORTED

17

8,130 PEOPLE ASSISTED



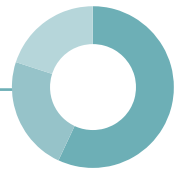
56%



23%



21%



## SERVICE USERS



Fitted with prostheses  
707



Fitted with orthoses  
654



Receiving physiotherapy  
2,723

14,160 ASSISTIVE DEVICES PROVIDED



Wheelchairs  
38%



Prostheses  
10%



Orthoses  
14%



Walking aids  
38%

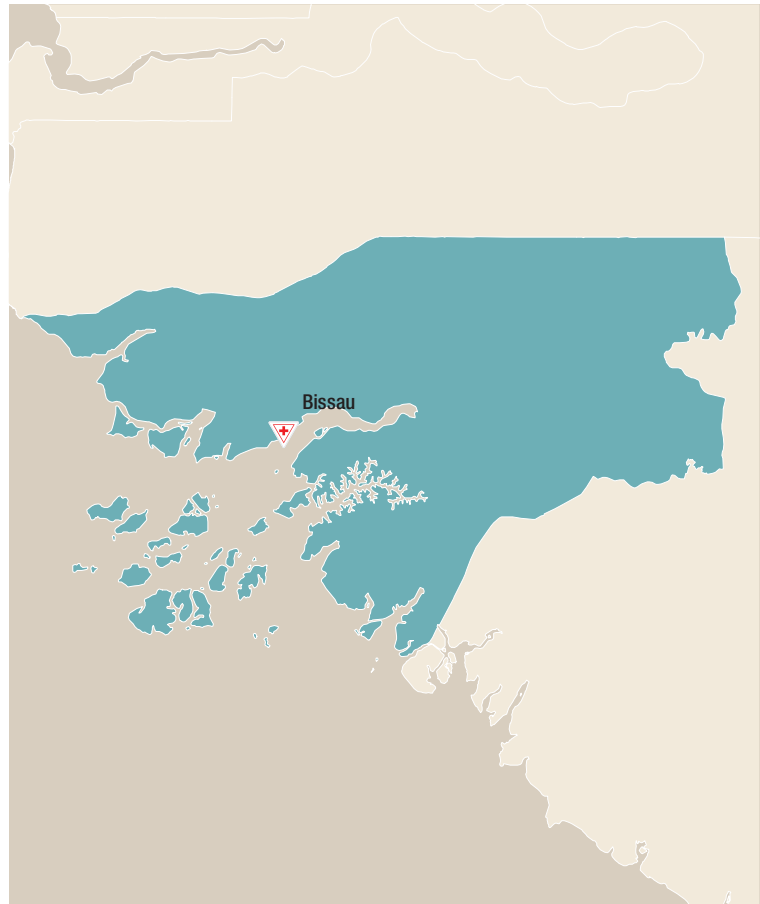


# GUINEA-BISSAU

We are supporting the only physical rehabilitation centre in Guinea-Bissau. It provides prostheses, orthoses, and wheelchairs, and treatment for clubfoot. Last year, we gave the centre raw materials, components and equipment for producing assistive devices and also financed the production of these devices. We also helped the centre improve its management and built up its capacities. We sponsored three staff members to attend technical and managerial courses in Lomé, Togo. As a result of all these efforts, and the daily technical support and in-house training provided by ICRC specialists, the quality of services at the centre improved markedly in 2018.

In 2018, more disabled people received services at the centre than expected (an increase of 44% over 2017); there were 29 new cases of clubfoot. However, patients outside the capital city, Bissau, remain difficult to reach; this is mainly because of the frequent disruption of public services and lack of the necessary resources. A total of 36 people – including 17 mine victims from Casamance in Senegal – were fitted with prostheses for the first time. We also conducted various events to broaden awareness of the services available at the centre.

In collaboration with the national sports federation for disabled people, we sponsored 41 athletes to compete in a three-day sub-regional tournament. We also carried out certain activities to advance the social inclusion of disabled people, such as constructing a ramp and a walkway to make a school building accessible to a child with cerebral palsy.



## PROJECTS SUPPORTED

1

## 3,504 PEOPLE ASSISTED



38%



30%



32%



## SERVICE USERS



Fitted with prostheses  
36



Fitted with orthoses  
61



Receiving physiotherapy  
2,943

## 220 ASSISTIVE DEVICES PROVIDED



Wheelchairs  
16%



Prostheses  
24%



Orthoses  
40%



Walking aids  
20%



## PEOPLE WITH ACCESS TO



sports activities  
41

# LIBYA

In Libya we continued to be hampered by various constraints: volatile security conditions, movement restrictions, and the difficulty for ICRC expatriate staff to travel to Libya. Furthermore, the services available at the physical rehabilitation centres in Libya are still largely unknown to people, as are the rehabilitation needs in the country. In fact, ignorance of matters related to physical rehabilitation is general.

We did however have one noteworthy achievement in 2018: the signature of a five-year memorandum of understanding with the physical rehabilitation centre in Janzour. The memorandum of understanding with the centre in Benghazi was renewed for another five years. Both agreements include provisions for scholarships, microeconomic initiatives, water-and-habitat assistance, and mental-health and psychosocial support.

Another notable achievement was the recruitment of two physical rehabilitation officers, one to support the Janzour centre and another to provide support of specific kinds to all three rehabilitation centres.

In 2018 we also continued to cover the top-up salaries for two international prosthetist-orthotists hired by the physical rehabilitation centre in Misrata. However, one of them did not renew his contract with the university, which limited the centre's ability to provide services.

Physical rehabilitation services remain largely unavailable or inaccessible to disabled people in Libya – because of the uncertain security conditions, the long distances people have to travel to reach the centres, various socio-economic constraints, and the limited availability of services and qualified personnel.



## PROJECTS SUPPORTED

2

921 PEOPLE ASSISTED



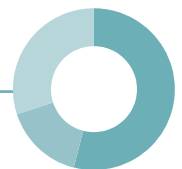
54%



16%



30%



## SERVICE USERS



Fitted with prostheses  
278



Fitted with orthoses  
412



Receiving physiotherapy  
269

813 ASSISTIVE DEVICES PROVIDED



Prostheses  
28%



Orthoses  
55%



Walking aids  
17%



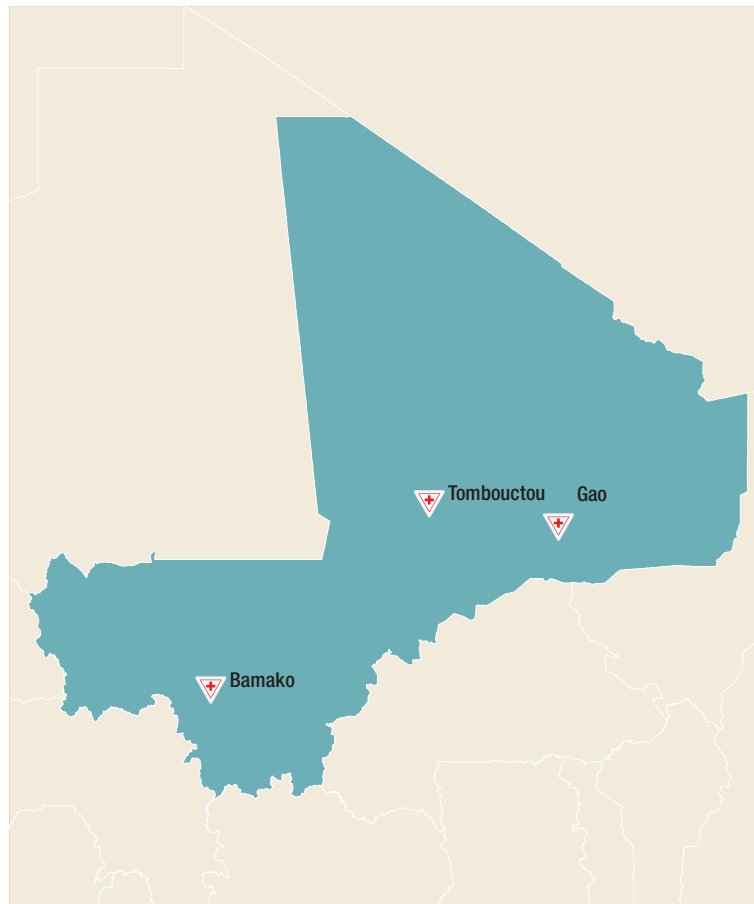
# MALI

In 2018, we continued supporting four physical rehabilitation centres. We began constructing a rehabilitation centre in Mopti; the construction is scheduled for completion by the end of 2019. As part of the PHII, we also helped the Centre National d'Appareillage orthopédique du Mali (CNAOM) to implement measures to increase efficiency, strengthen leadership and managerial capacities, improve workflow, and inculcate a sense of accountability among clinical staff. These efforts, together with the opening of the new centre, will make physical rehabilitation more accessible to more people throughout the country.

We lobbied the government to involve itself more fully in physical rehabilitation and ensure the sustainability of the sector. A national strategy for physical rehabilitation was drafted in 2016 and approved in 2018, but without any formal requirement to implement it.

Four students on ICRC scholarships continued their studies abroad in P&O; after completing their studies they will work at the centre being built in Mopti. Two technicians completed their P&O studies in Lomé, Togo, and went to work at the CNAOM.

We helped the Malian Paralympic committee and the Malian association of disability sports to organize events to mark the International Day of Persons with Disabilities and the Month of Solidarity and Fight against Exclusion (celebrated in October every year). In Gao, we provided support for the association of physically disabled people to construct offices and a shed where disabled people will be able to undertake income-earning activities; this work is in progress and expected to be completed by mid-2019.



## PROJECTS SUPPORTED

4

## 11,037 PEOPLE ASSISTED



## SERVICE USERS



## 1,160 ASSISTIVE DEVICES PROVIDED



# NIGER

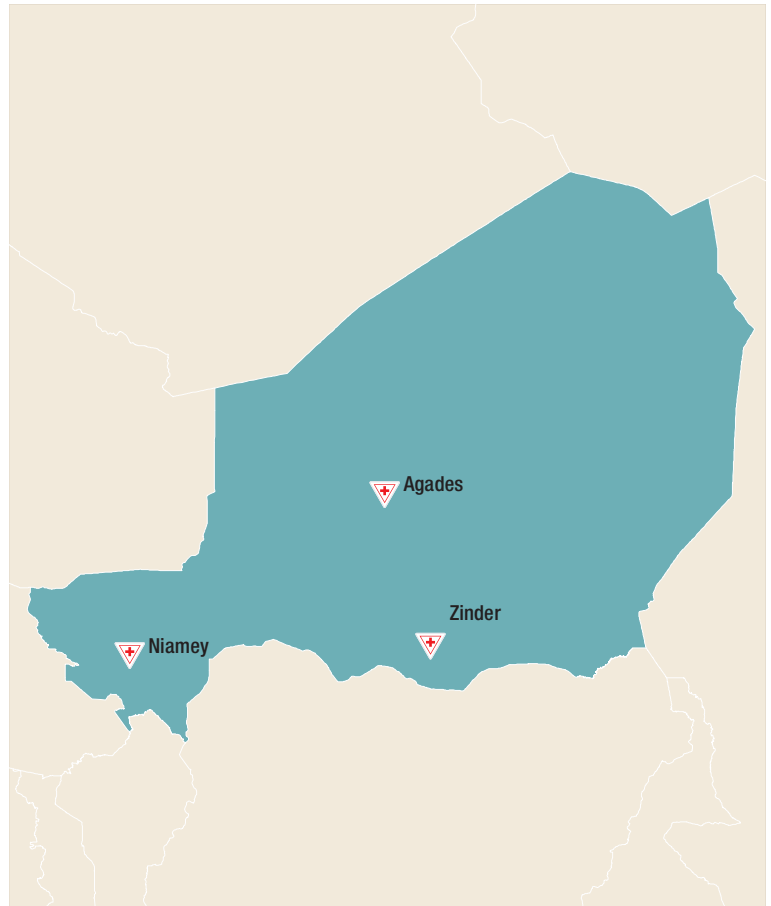
In 2018 we supported the physical rehabilitation departments at Niamey National Hospital (HNN) and Zinder National Hospital (HNZ) and worked closely with associations of disabled people in Diffa, Agadez and Zinder to organize referrals and produce tricycles (we did this in Agadez in 2018 and will begin doing so in Zinder in 2019).

We renovated the facilities at HNZ so that referrals could be made from the regional hospital in Diffa; subsidized treatment, transport and accommodation costs for patients referred from northern and eastern Niger; and provided both HNN and HNZ with equipment, raw material and components.

To raise the quality of services, our specialists provided support and mentoring for technical personnel at HNN and HNZ, assessed the state of three physiotherapy departments, promoted our multidisciplinary approach, and sponsored short-term P&O training for two students at the CNAOM. Two students from Niamey joined two others from Zinder in the three-year P&O training programme in Lomé, Togo.

To ensure the sustainability of rehabilitative services at HNN and HNZ, under the PHII, we worked closely with their staff and conducted 10 modules on management that concluded with the drafting of an action plan for making the rehabilitation departments of both facilities more efficient. We carried out a participatory assessment of the physiotherapy association; this should result in a plan for building capacities in 2019.

We carried out – together with EcoSec – an income-generation project for disabled women in Agadez. We are considering whether to provide further support for the Paralympic committee.



## PROJECTS SUPPORTED

3

843 PEOPLE ASSISTED



46%



22%



32%



## SERVICE USERS



Fitted with prostheses  
214



Fitted with orthoses  
388



Receiving physiotherapy  
143

660 ASSISTIVE DEVICES PROVIDED



Wheelchairs  
9%



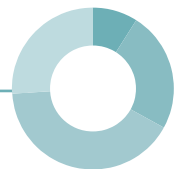
Prostheses  
24%



Orthoses  
41%



Walking aids  
26%



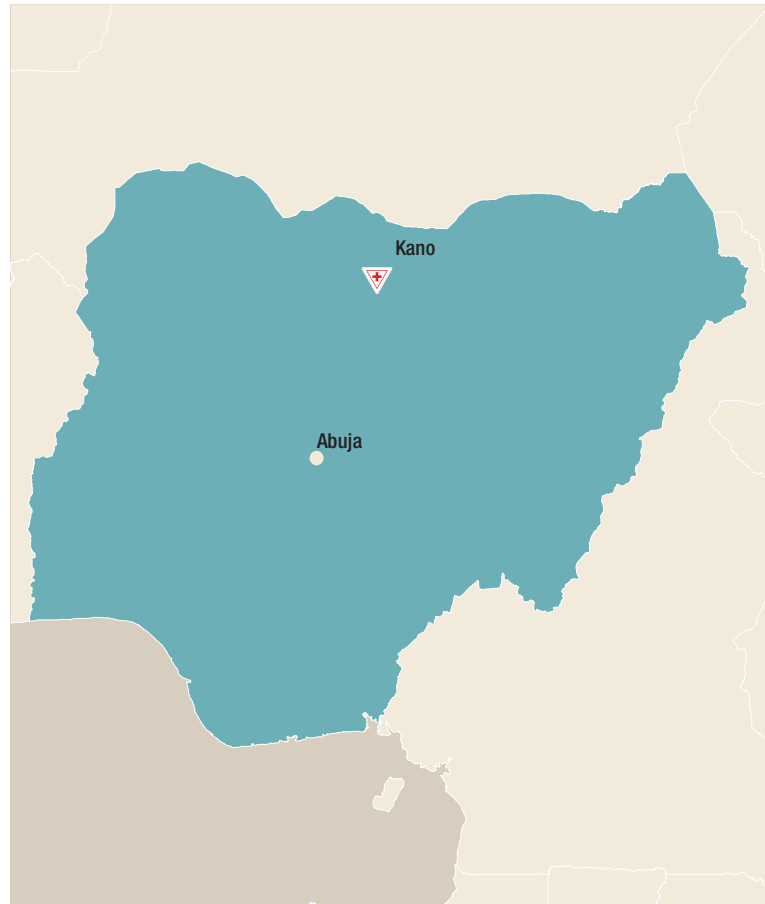
# NIGERIA

There are reportedly over 19 million physically disabled people in Nigeria. There are only a few providers of physical rehabilitation and many disabled people cannot afford their services. In 2018 we worked closely with the National Orthopaedic Hospital in Dala, Kano State, (NOHD-Kano) to make physical rehabilitation services available to conflict victims in north-eastern Nigeria. To date, more than 425 disabled people – mainly from Borno, Adamawa and Yobe States – have received services.

Plans are being prepared for constructing – under the PHII – a physical rehabilitation centre at the University of Maiduguri Teaching Hospital. All nine students on PHII scholarships are in their second year of P&O training; they are expected to graduate in 2020. We signed a five-year memorandum of understanding with the Maiduguri Teaching Hospital in November 2018.

The leading causes of disability in Nigeria are road accidents (41%), bomb blasts/gunshot wounds (20%), and diabetes (9%). In 2018, 255 disabled people received various services at NOHD-Kano. We covered transportation, food and lodging costs for all of them, and for 18 caregivers as well. We also supported construction of an outdoor gait-training area at NOHD-Kano.

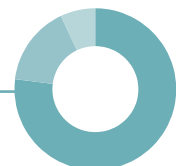
The quality of services has risen gradually, mainly because of continuous on-the-job training for staff. But more needs to be done: training for ISPO Cat II-level staff is a matter of priority. Most physical rehabilitation personnel are unequipped to carry out their duties. Without qualified staff and proper management, the sustainability of services at NOHD-Kano will remain problematic.



## PROJECTS SUPPORTED

1

## 255 PEOPLE ASSISTED



## SERVICE USERS



## 469 ASSISTIVE DEVICES PROVIDED



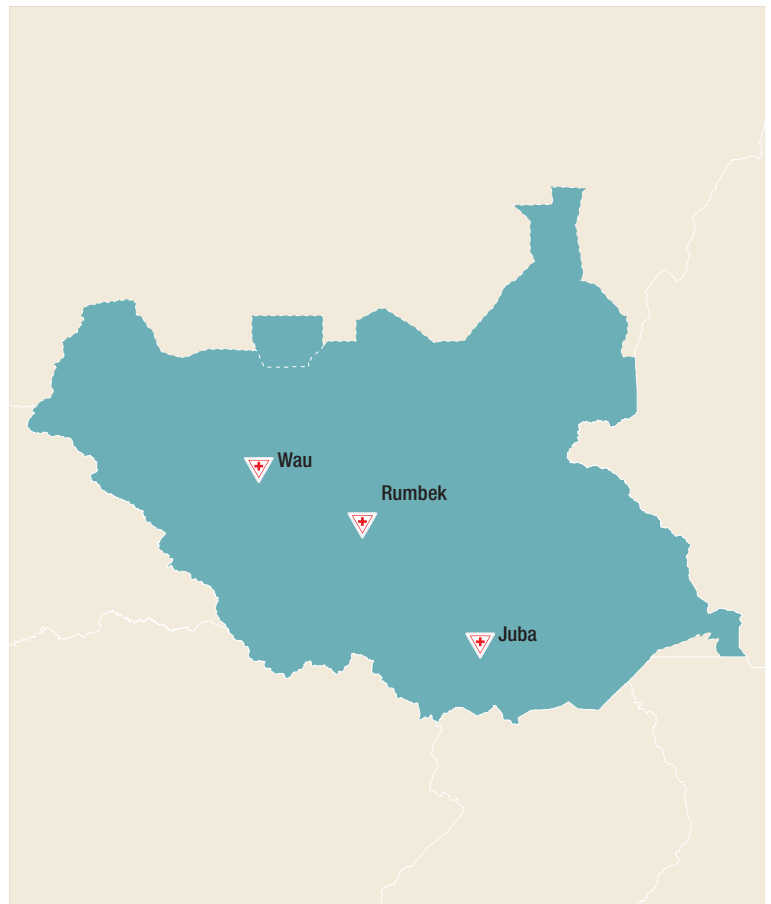
# SOUTH SUDAN

In 2018 we continued to help the three existing physical rehabilitation centres in the country to provide prosthetic, orthotic and wheelchair services, as well as physiotherapy. We provided the raw material and components necessary for producing assistive devices.

Physical rehabilitation services remain beyond the reach of many who need them: lack of security is widespread, transportation is difficult or non-existent, and disabled people often cannot afford physical rehabilitation. We therefore helped disabled people who need treatment: we arranged transportation for them, and provided food and accommodation at all centres.

The quality of rehabilitative services in South Sudan is generally good. We built up capacities among local staff by providing scholarships, on-the-job training and mentoring. Personnel from all three centres attended an ICRC training course in wheelchair services. Three staff members (two from the ICRC and one from a partner organization) participated in external courses. The ICRC continued to support two students who were enrolled in a three-year P&O course at the Department of Prosthetics and Orthotics – formerly known as the Cambodian School of Prosthetics and Orthotics; another student on an ICRC scholarship continued to study physiotherapy at St Mary's University in Juba.

Promoting the social inclusion of disabled people in a context where the main priority is to ensure that people can meet basic needs, and preserve their lives, is no easy task. However, we continued to do so, through such means as providing support for wheelchair basketball.



## PROJECTS SUPPORTED

3

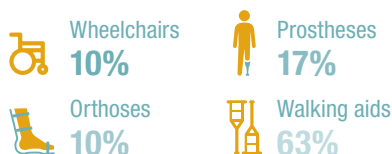
3,294 PEOPLE ASSISTED



## SERVICE USERS



3,398 ASSISTIVE DEVICES PROVIDED



## PEOPLE WITH ACCESS TO



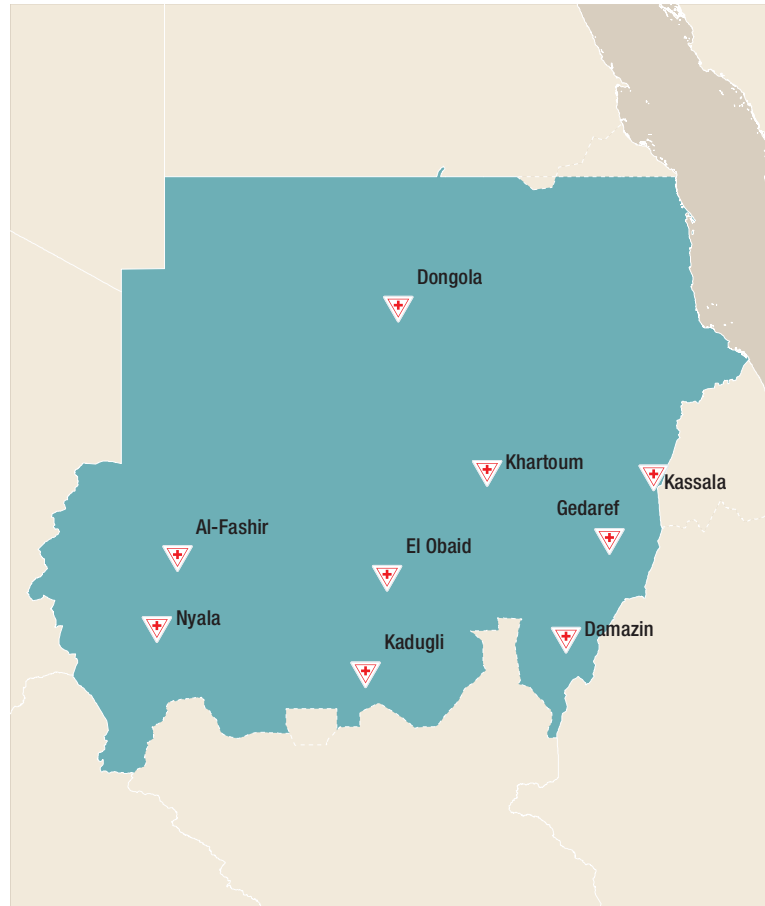
# SUDAN

In 2018 we continued our partnership with the National Authority for Prosthetics and Orthotics. We provided technical and financial support for eight physical rehabilitation centres. We continued to give financial and technical support for a programme at the Khartoum Cheshire Home to identify and treat children born with clubfoot. We maintained our collaboration with Al Neelain University to train people in P&O.

We provided transport and food allowances for 186 people from throughout Darfur and West Kordofan who were being treated at the physical rehabilitation centre in Nyala; these people were receiving physical rehabilitation services free of charge.

The lack of qualified professionals – prosthetists, orthotists and physiotherapists – is still the main challenge in Sudan. We have therefore provided a number of scholarships for Sudanese students: in 2018 two people successfully completed a bachelor's degree in P&O, and 14 others finished their final year of a three-year diploma programme. In addition, some 20 physiotherapists and 11 benchworkers attended refresher training and various training courses in wheelchair services; this helped raise the quality of services at centres in Khartoum.

We also kept up our efforts to advance the social inclusion of disabled people – for instance, by helping the Disability Challengers Organization and the Khartoum Cheshire Home organize games of wheelchair basketball. Some 100 people from Nyala and Alfasher (in Darfur), whom we identified as being physically disabled, were given cash grants under an ICRC microeconomic Initiative.



## PROJECTS SUPPORTED

11

## 9,395 PEOPLE ASSISTED



## SERVICE USERS



## 5,085 ASSISTIVE DEVICES PROVIDED



## PEOPLE WITH ACCESS TO



Bukavu, the Democratic Republic of the Congo.  
One of the women taking part in the ICRC's  
physical rehabilitation programme.





# NEAR AND MIDDLE EAST

## LEBANON: WORDS THAT HEAL WOUNDS

The long civil war, which lasted from 1975 to 1991, harmed Lebanon economically and politically and weakened the national health system. It is estimated that there are 400,000 disabled people in Lebanon, roughly 10% of the population.

Ali is now in his 40s. One day, sometime in the early 1990s, he stepped on a landmine near his home in Kafra in southern Lebanon. It cost him an arm and a leg. His immediate reaction was anger. He immersed himself in books and articles

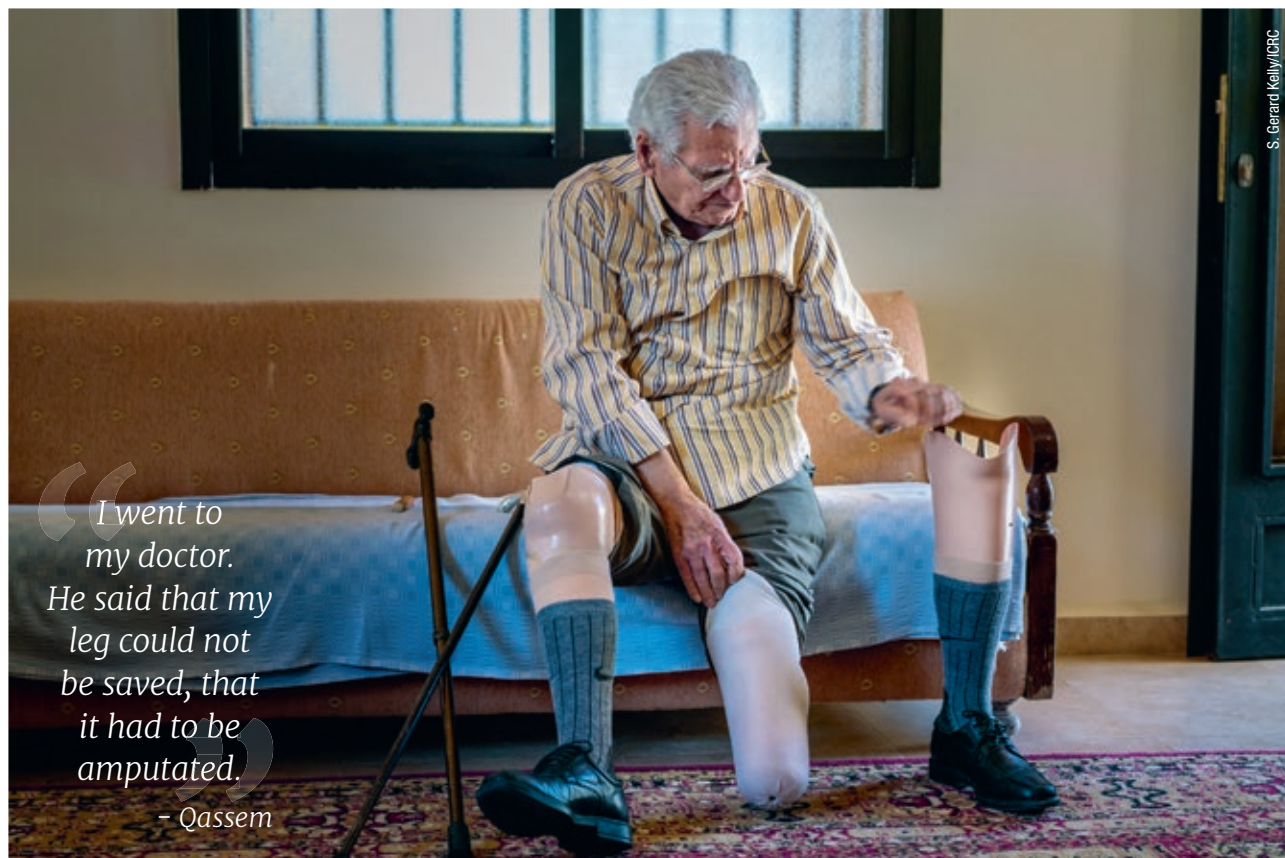
about the use of weapons and explosive devices. And he discovered that many of these weapons and devices – including the

one that had maimed him – were banned internationally. He channelled his fury into his studies. First, he took a master's degree in law. Then he began working towards a Ph.D. in international humanitarian law. He remains in southern Lebanon, pursuing his studies. The ICRC-assisted physical rehabilitation centre in Saida in southern Lebanon remains a source of support for him.

*At first I felt that nothing linked my past life to my new life. But, with time the prosthetic provided that connection. It grew into something more than a mass of plastic and metal. It became a kind of bridge and an indispensable part of me.*

– Ali





*“I went to my doctor. He said that my leg could not be saved, that it had to be amputated.”*

*- Qassem*

Qassem lost a leg in a car accident before the Lebanese civil war. In 1975, when the war was already in progress, he was caught in the cross-fire one day and took a bullet in the other leg. He ran 30 metres before realizing that he had been shot and collapsing on the ground. The doctor to whom he was taken immediately amputated the leg. Qassem had always been a writer and his bad luck inspired him. He has dedicated

one of his poems to the ICRC's physical rehabilitation department. He used to run a radio programme on literary and cultural matters that was popular in southern Lebanon. Older now, he lives in Saksakieh in southern Lebanon with his wife. He is in his garden a great deal and he reads; and when the spirit moves him, he writes.

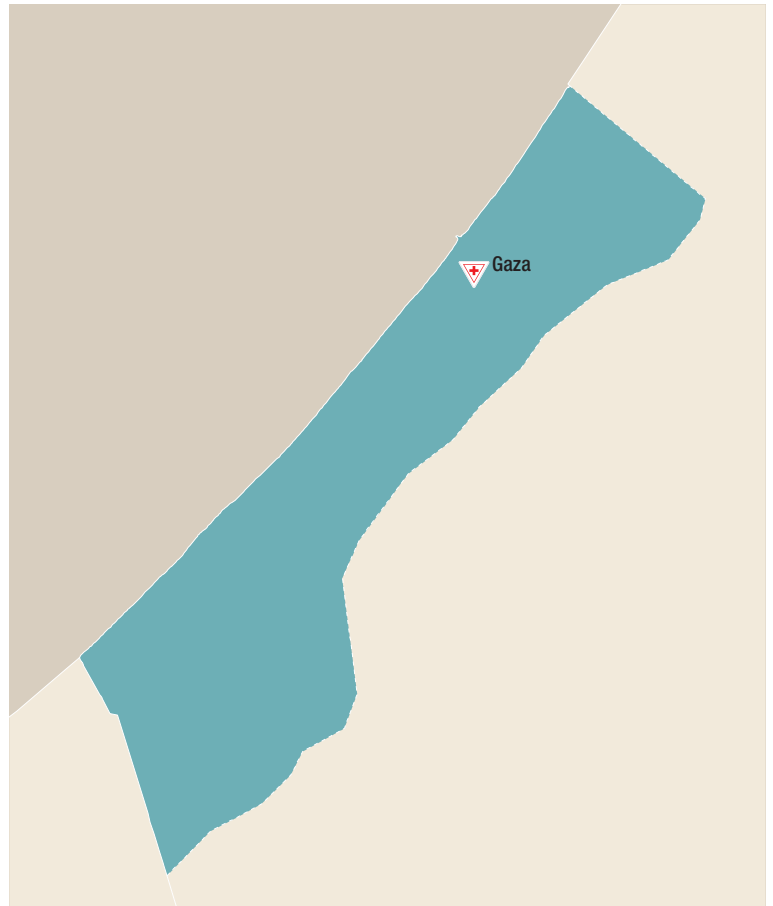
# ILOT

We continued, together with the Norwegian Red Cross, to provide material and technical support for the Artificial Limb and Polio Centre (ALPC), which remains the only centre in the Gaza Strip where comprehensive physical rehabilitation is available. In 2018, violence related to the Great Return March resulted in more than 200 amputations and other forms of physical disability. We helped implement the authorities' emergency plan for physical rehabilitation.

In 2018 we constructed a wheelchair-assembly facility at the ALPC and began to set up club-foot services that should become operational in 2019. We made services for diabetic foot offloading devices more widely available. We arranged transportation for more than 150 disabled and indigent people in need of rehabilitation services. We helped advance the social inclusion of some 300 disabled people via sports activities and microeconomic initiatives.

The quality of services at the ALPC continued to improve, largely as a result of the training provided for its staff. Two students on ICRC scholarships completed a three-year diploma course in P&O in India and returned to Gaza; another student finished a course in managing spinal injuries at the Tanzania Training Centre for Orthopaedic Technologists.

We trained and mentored five ALPC physiotherapists on working in accordance with the ICRC's standards for physiotherapy and managing clubfoot cases. In cooperation with the ministry concerned and the Palestinian Physiotherapy Association, we organized an event on effective physical rehabilitation; it drew 250 professionals working in various areas of physical rehabilitation.



## PROJECTS SUPPORTED

1

3,344 PEOPLE ASSISTED



## SERVICE USERS



2,121 ASSISTIVE DEVICES PROVIDED



## PEOPLE WITH ACCESS TO



## IRAN

In 2018, we continued to focus on disabled Afghan migrants living on the outskirts of Mashhad, for whom obtaining health services remains problematic, either because the facilities are too far away or because they cannot afford the services.

Based on an agreement signed with the Red Crescent Society of the Islamic Republic of Iran and the Society for Recovery Support (SRS) in 2016, we continued to provide mobility devices (prostheses, orthoses, wheelchairs and walking aids) and physical therapy (physiotherapy and/or occupational therapy) for vulnerable Afghan migrants.

We assigned a consultant to work with the SRS to identify and refer disabled people to the Iranian Red Crescent's physical rehabilitation centre in Mashhad. We made follow-up visits in each case to ensure that services and equipment were appropriate. The International Red Cross and Red Crescent Movement's disability adviser conducted an information session for the SRS's staff and offered encouragement to disabled people who had set up support groups for themselves.

We also enabled two P&O technicians from the Iranian Red Crescent to attend a course in managing cases of cerebral palsy among children.



Statistics for activities carried out in Iran were not available at the time of producing this report.



N. Darbini/ICRC

# IRAQ

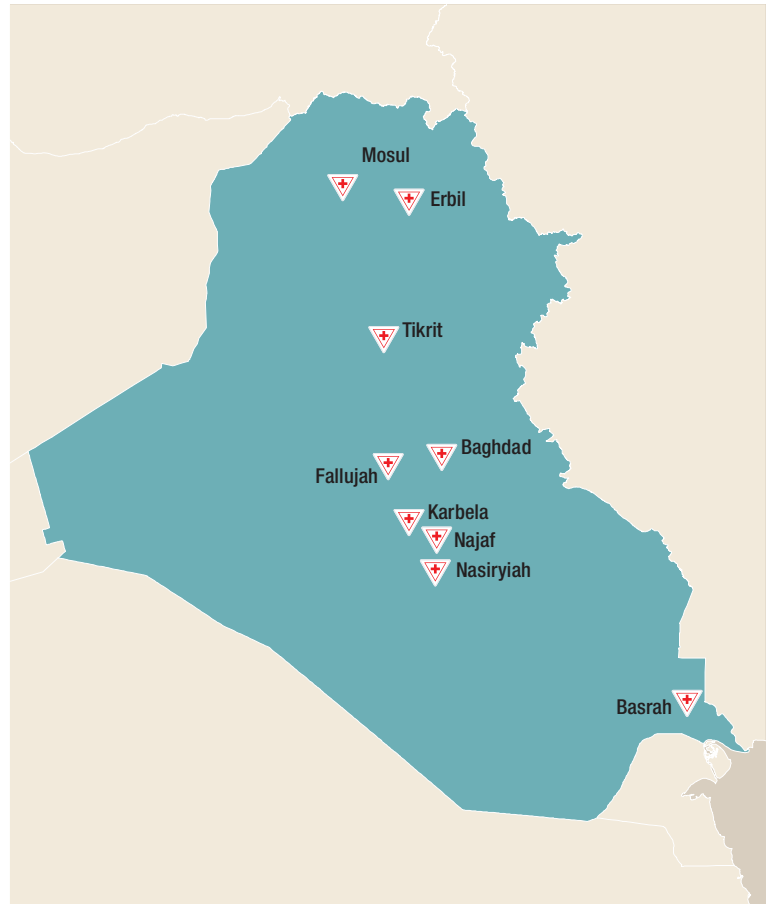
In 2018 we continued to assist 15 physical rehabilitation centres and one facility that provided training in P&O; their staff were given on-the-job training and clinical and managerial support.

The ICRC-built physical rehabilitation centre in Mosul, which is managed by the health ministry, began to provide services. ICRC support for the government-run Helena Children's Centre in Erbil was formalized. Development of the new physical rehabilitation centre in Erbil continued, as per the agreement signed with the Directorate of Health there.

We enabled a team of disabled athletes to compete in the first Hanna Lahoud International Wheelchair Basketball Tournament in Lebanon. A social worker joined the staff of the Erbil centre and began working with our mental-health and psychosocial-support delegate to assist 31 people using the services at the centre.

We supported clubfoot clinics by training staff who were providing services for children with clubfoot. The train-the-trainer modules for P&O technicians have become established in Iraq: they are now regarded as a sustainable programme for conveying the necessary knowledge and skills. We maintained the Hambisela training programme for parents of children with cerebral palsy, and for caregivers: ICRC physiotherapists helped government technicians to provide 11 courses in tandem with mental-health and psychosocial support.

Together with the health and education ministries, we developed a strategy for sustainable training in physical rehabilitation. External consultants finished reviewing the curricula at a number of institutions throughout Iraq: two that provided training in P&O and four others that did so in physiotherapy.



## PROJECTS SUPPORTED

16

39,418 PEOPLE ASSISTED



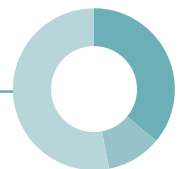
36%



11%



53%



## SERVICE USERS



Fitted with prostheses  
1,375



Fitted with orthoses  
9,305



Receiving physiotherapy  
18,039

22,462 ASSISTIVE DEVICES PROVIDED



Wheelchairs  
2%



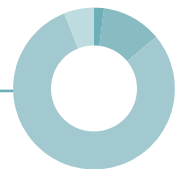
Prostheses  
12%



Orthoses  
80%



Walking aids  
6%

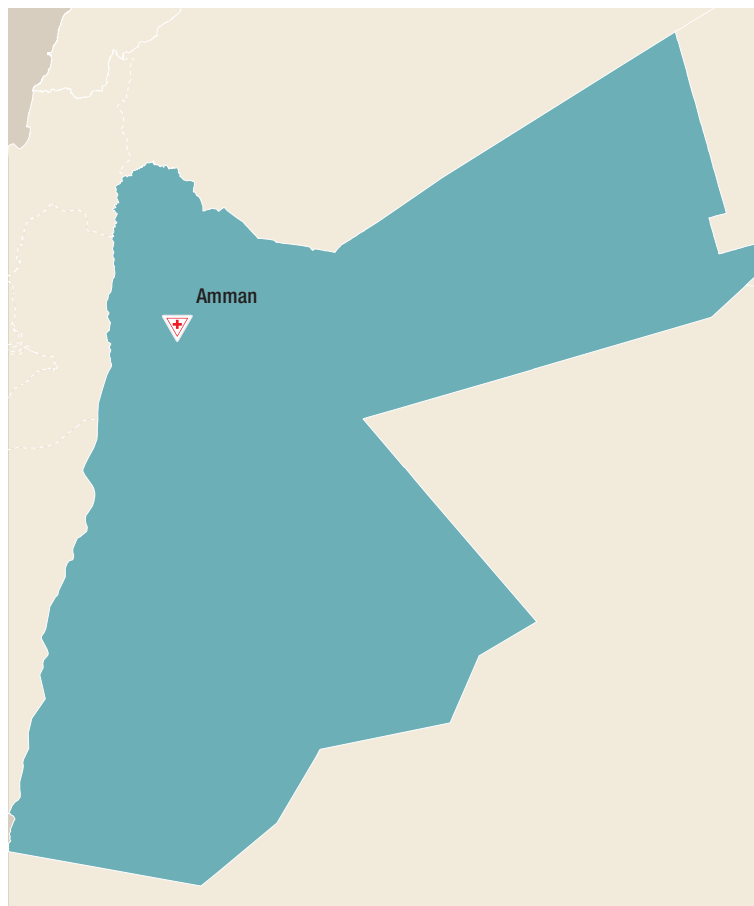


## JORDAN

In 2018, we concentrated on raising the quality of training in P&O. We helped develop curricula, provided support for teachers at the University of Jordan, and organized various courses and training sessions. And, as students spend a significant amount of time in clinical placements during their third and fourth years, we formed another partnership with Al Bashir Hospital to support such placements.

Another priority of ours was to improve physical rehabilitation services at Al Bashir Hospital. More than 100 people benefited directly or indirectly from our efforts, which included donation of components for assistive devices and mentoring/training of staff. Both patients and staff noted the improvements we made to assistive devices, primarily lower-limb prosthetics.

More than 50 disabled people on waiting lists were treated in 2018; we were also able to provide them with components – unavailable for some time – for their assistive devices. Four wounded Syrians were fitted with prostheses and given physiotherapy in the last quarter of 2018.



Statistics for activities carried out in Jordan were not available at the time of producing this report.



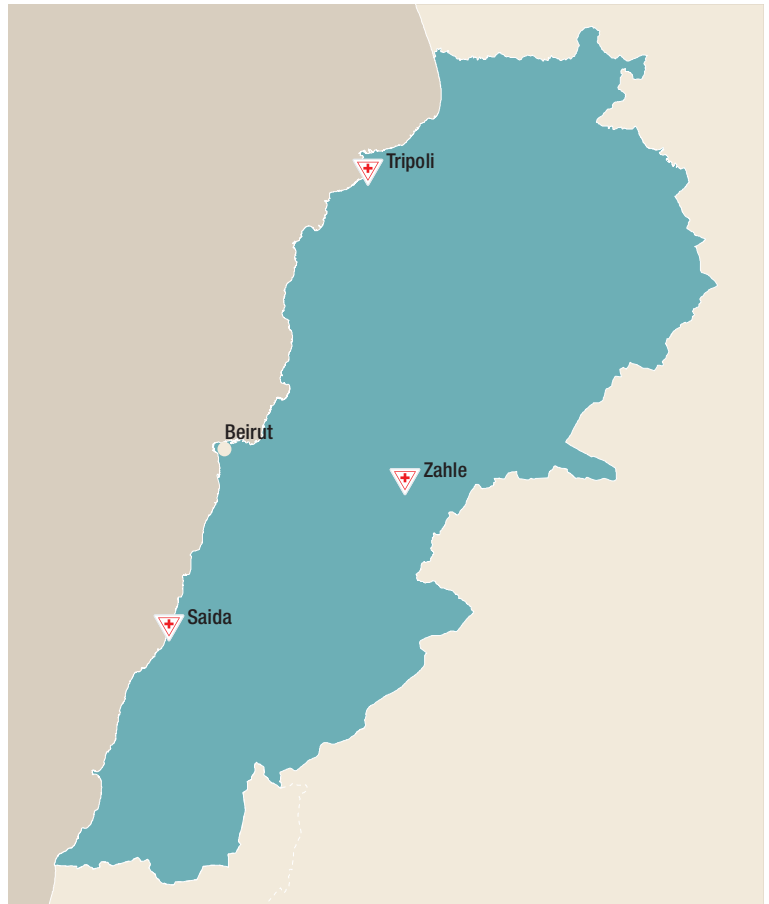
# LEBANON

The withdrawal of key humanitarian actors – such as Humanity & Inclusion and the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNWRA) – made matters worse for disabled people, including Syrian and Palestinian refugees. In 2018 we outsourced the provision of physical rehabilitation services to four private ortho-prosthetic clinics. They set up physiotherapy departments and turned themselves into physical rehabilitation centres. Our partnership with the Red Crescent Society of the Islamic Republic of Iran, to support the centre in Nabatieh, came to an end in 2018.

We provided one training session in rehabilitating lower-limb amputees for seven ICRC physical rehabilitation personnel and six members of the Beirut Arab University's staff. Following on from this, we provided training for 30 physiotherapists from the university, from UNWRA, and from the clinics partnering us. We worked with the university on a virtual-reality research project on prosthetic rehabilitation.

We organized a national meeting to discuss a new project to broaden access to physiotherapy for disabled people. We also drafted an action plan with P&O syndicates (private companies paid by the ICRC to provide services for refugees and destitute Lebanese) to introduce the World Health Organization's standards among service providers and pertinent ministries.

We enabled four teams to take part in a national wheelchair basketball tournament. We provided support for the first Hanna Lahoud International Wheelchair Basketball Tournament, which was held in Tripoli; five teams – from Afghanistan, India, Iraq, Lebanon and Syria – took part. We referred more than 260 disabled recipients of physiotherapy to EcoSec for registration in its cash-support programme.



## PROJECTS SUPPORTED

4

1,414 PEOPLE ASSISTED



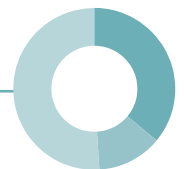
36%



13%



51%



## SERVICE USERS



Fitted with prostheses  
157



Fitted with orthoses  
421



Receiving physiotherapy  
530

1,184 ASSISTIVE DEVICES PROVIDED



Wheelchairs  
6%



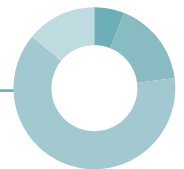
Prostheses  
17%



Orthoses  
63%



Walking aids  
14%



## PEOPLE WITH ACCESS TO



sports activities  
58



economic programmes  
51

# SYRIA

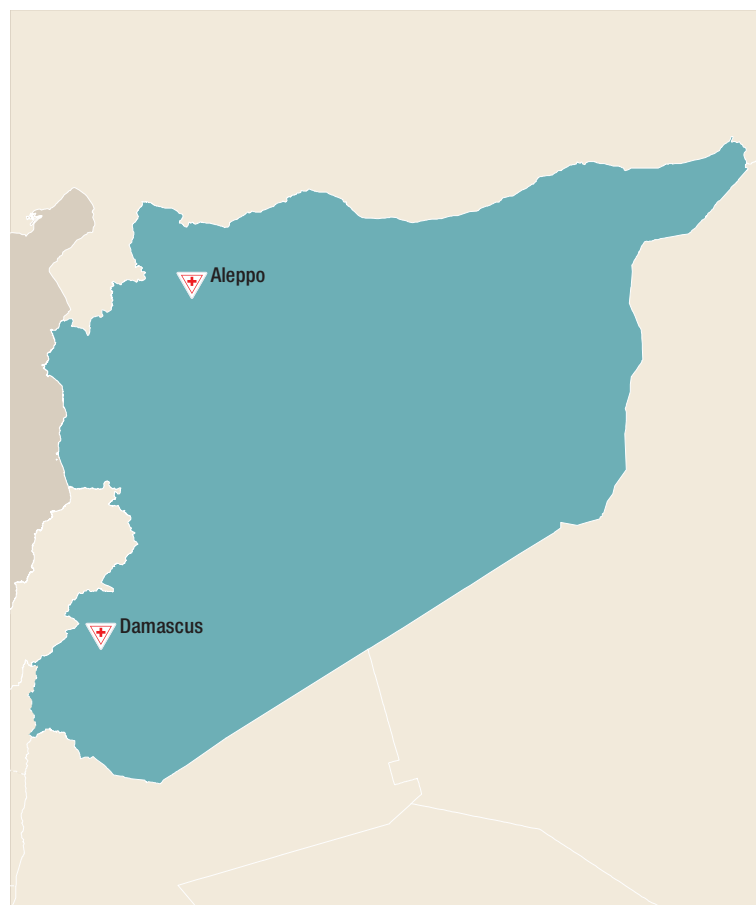
In 2018 there were only a few physical rehabilitation centres in the country, and these were mainly in urban centres. Scarcity of funds has opened up a large gap between rehabilitative needs and the availability of services; and Syria is a country where cases of preventable disability remain all too common.

A new physical rehabilitation centre in Damascus, operated by the Syrian Arab Red Crescent, opened in July 2018. The number of disabled people using its services grew throughout the year, as did the production of assistive devices; most people were satisfied with the quality of the centre's services. We supported the centre by providing raw material for devices, and covering running costs and staff salaries.

In 2018 large numbers of people were displaced to Aleppo from Afrin and Idlib. This also meant a larger population of disabled people in the city. We therefore added two more rooms to the physiotherapy department of the ICRC's physical rehabilitation centre in Aleppo. We provided transportation and organized accommodation for people needing treatment at the centre. We worked closely with the Aleppo branch of the Syrian Arab Red Crescent to assess disabled people and refer them for advanced care, and to provide psychosocial support for them.

We also provided physical rehabilitation services for 14 detainees at the central prisons in Sweida and Aleppo.

We assembled and distributed 48 basketball wheelchairs to four wheelchair basketball teams and, together with the Syrian General Sport Federation, organized a national wheelchair basketball tournament in Damascus.



## PROJECTS SUPPORTED

2

## 5,328 PEOPLE ASSISTED



## SERVICE USERS



## 1,718 ASSISTIVE DEVICES PROVIDED



## PEOPLE WITH ACCESS TO



# YEMEN

In 2018 we had to deal with a number of serious security incidents, one of which led to the death of a colleague. However, we persevered through the various crises and maintained our support for five physical rehabilitation centres run by the Ministry of Public Health and Population. We signed a new memorandum of understanding with the ministry (effective from January 2019) that ensured continued cooperation in physical rehabilitation activities in Aden, Mukalla, Sa'ada, Sana'a, and Taizz.

Until 2017, formal training in P&O was not available in Yemen. Therefore, in 2018, in partnership with the High Institute of Health Sciences, we established the first diploma course in P&O in the country. Ten students successfully completed the first semester. In addition, six physiotherapy students sponsored by the ICRC completed their studies, and five are now employed in Sa'ada; four students finished their training in P&O in India and are now employed in Yemen; four others continue to work towards a bachelor's degree in India and one other, towards a diploma in Tanzania; two students will begin their studies in Cambodia in the third quarter of 2019.

The social inclusion of disabled people remains an issue of concern. With that in mind, and aided by almost 1,000 disabled people, we organized a series of events – in Sa'ada, Sana'a, Mukalla and Aden – to mark the International Day of Persons with Disabilities.



## PROJECTS SUPPORTED

9

88,256 PEOPLE ASSISTED



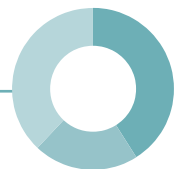
41%



21%



38%



## SERVICE USERS



Fitted with prostheses

801



Fitted with orthoses

23,559



Receiving physiotherapy

37,733

15,822 ASSISTIVE DEVICES PROVIDED



Wheelchairs

4%



Prostheses

7%



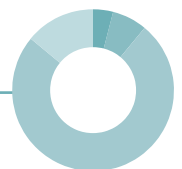
Orthoses

75%



Walking aids

14%





# ASIA

## BANGLADESH: A NEW LEG TO PLAY FOOTBALL

Shiful Islam is a seven-year-old boy from the Rakhine community in Myanmar. He was shot in his left leg, below the knee, while crossing the border with his parents, about a year ago. They were fleeing the crisis in Myanmar. When the family arrived in Bangladesh, Shiful was taken to a hospital run by Médecins Sans Frontières. Given the nature of his wound and the risk of infection, amputation of his leg below the knee was the only option. Afterwards, Shiful went about his day as before, but on one leg – which meant that he made more use of that leg than was good for it. Eventually, because of that and for other reasons, he had to stop going to school.

Like any other small boy, Shiful wanted to be able to walk unassisted, play football, and go

back to school. A local journalist told us about him in early 2019. After giving him a medical screening, we referred him to the AK Khan Centre, a branch of the Centre for the Rehabilitation of the Paralysed in Chattogram, where he was fitted with a prosthesis and given gait training, to enable him to walk unassisted.

After 22 days of training, Shiful has improved his balance and has a smooth gait and good control of his prosthesis. He was ready to return to his parents in Cox's Bazar on 31 January 2019. Shiful and his mother have been told how to take care of his sound limb and his prosthesis. Now he can carry out his daily activities without trouble, and is attending school and playing football.



# AFGHANISTAN

The ICRC continued to manage all seven rehabilitation centres and the one component factory in the country. The quality of services and of assistive devices remained uniformly high.

Despite security concerns, in 2018 we were able to provide services to disabled people living in remote areas or in places where specialized treatment was not available. Unfortunately, because of movement restrictions and safety issues, it was not always possible to provide at-home care for paraplegics and tetraplegics or to implement various social programmes as planned.

The long-term sustainability of services requires the Ministry of Public Health to take over the physical rehabilitation programme. It should have the necessary commitment and dedication, as well as an adequate budget and a result-based strategy. None of this existed in 2018 and there were no indications that this would change in the foreseeable future. The physical rehabilitation of disabled people is carried out by the ICRC and a few other international non-governmental organizations. Nevertheless, in order to prepare the ground for handing over the programme at some point in the future, we continued to train medical and non-medical staff and to transfer tasks and responsibility.

We have taken a comprehensive approach to disability for over two decades, considering physical rehabilitation as a first step towards social inclusion. In 2018, we continued to implement projects concerning education, vocational training, self-employment, and sport. In December 2018 the men's national wheelchair basketball team won their first international tournament, in Lebanon.



## PROJECTS SUPPORTED

9

176,871 PEOPLE ASSISTED



## SERVICE USERS



42,471 ASSISTIVE DEVICES PROVIDED



## PEOPLE WITH ACCESS TO



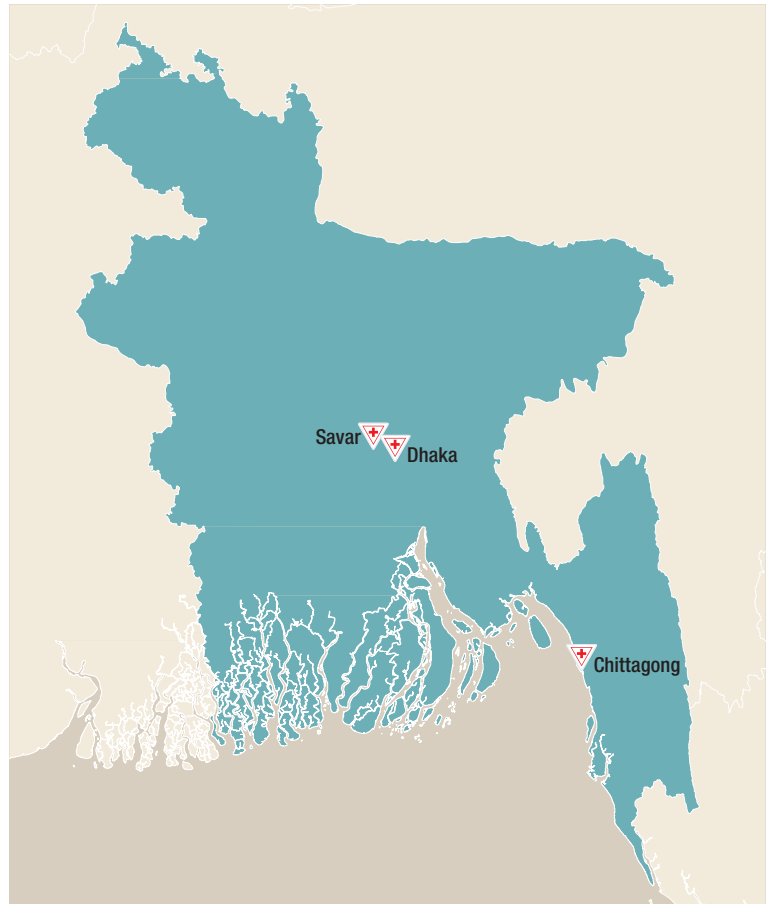
# BANGLADESH

The ICRC has a long-standing partnership with the Centre for Rehabilitation of the Paralysed. We support two of their physical rehabilitation centres. We also provide support for the Bangladesh Health Professions Institute, the only institution of its kind in the country that offers a course in P&O. In 2017, we extended our support to the rehabilitation centre at the Proyash Institute for Special Education. We also developed a referral pathway that made physical rehabilitation services accessible to the disabled people among those displaced from Rakhine.

Continuous mentoring and on-the-job training by ICRC specialists helped to raise the quality of services at ICRC-assisted centres. Assessments were carried out regularly at these centres; they showed that 70% of all rehabilitation services met expected standards.

The P&O course offered by the Bangladesh Health Professions Institute was accredited by ISPO; this was formal recognition that the course met international standards. The curriculum for a bachelor's degree course at the Institute in P&O was approved by Dhaka University; thus the Institute will soon be able to offer more advanced training.

We continued to play a significant role in advancing the social inclusion of disabled people, by supporting disability sports and piloting initiatives for social integration. The national disability cricket team participated in an international tournament in the United Kingdom; and the male and female national wheelchair basketball teams competed in an international tournament in Bali, Indonesia. We also piloted a programme under which 25 disabled people benefited from microeconomic initiatives.



## PROJECTS SUPPORTED

6

4,580 PEOPLE ASSISTED



29%



10%



61%



## SERVICE USERS



Fitted with prostheses

204



Fitted with orthoses

943



Receiving physiotherapy

4,363

2,587 ASSISTIVE DEVICES PROVIDED



Prostheses

10%



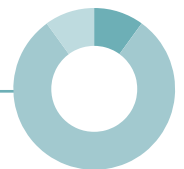
Orthoses

80%



Walking aids

10%



## PEOPLE WITH ACCESS TO



sports activities

192



economic programmes

25

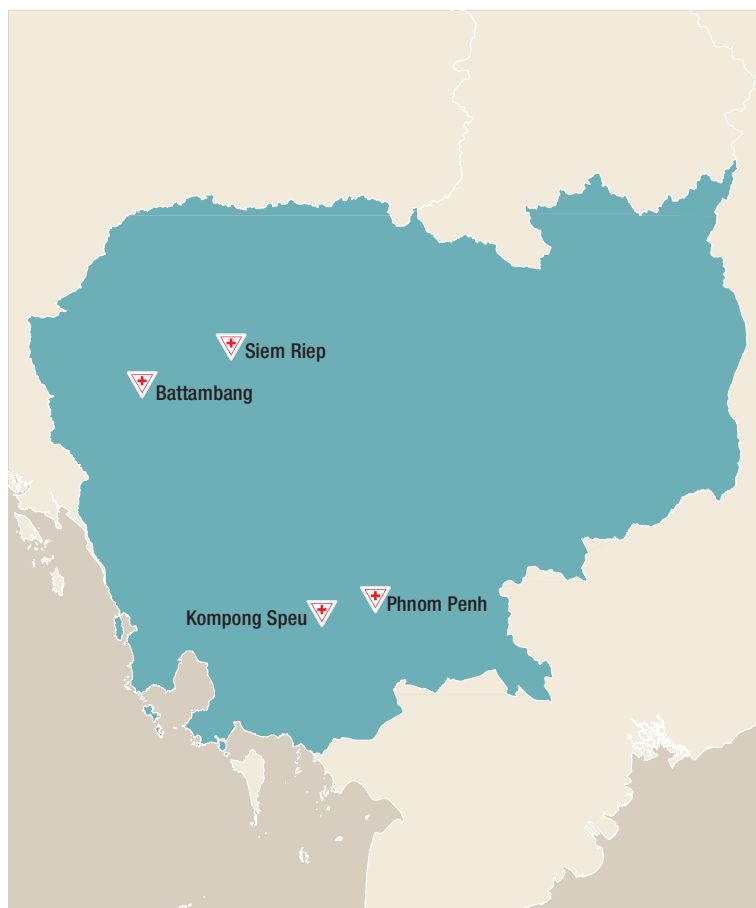
# CAMBODIA

The Persons with Disabilities Foundation – which is under the Ministry of Social Affairs, Veterans and Youth Rehabilitation – is in charge of 11 physical rehabilitation centres. The ICRC supports the centres in Kampong Speu and Battambang, and the outreach activities of the centre in Siem Reap. Low-cost components for assistive devices are supplied by the orthopaedic component factory in Phnom Penh, which the ICRC used to support.

In 2018, the ICRC-supported centres provided 44% of all physical rehabilitation services in Cambodia. In-house courses for staff helped maintain the quality of services at these centres. The centre in Kampong Speu began testing new measures to improve efficiency. The National Standards for Physical Therapy Professional Practices were endorsed by the government; the ICRC's physical rehabilitation programme had supported the establishment of these standards.

Training needs in Cambodia are met by the Department of Prosthetics and Orthotics and the Technical School for Medical Care. The Cambodian Association of Prosthetists and Orthotists and the Cambodian Physiotherapy Association provide opportunities for continuous professional development. We provide scholarships for 24 physiotherapy students at the Technical School. A review of the associate degree course offered by the School was completed and endorsed, and the physiotherapy faculty's capacities were strengthened.

In 2018 the Cambodian government agreed to cover 30% of the running costs at the Battambang and Kampong Seu centres. Service users at the centres benefited from ICRC microeconomic initiatives and a vocational training programme, were helped to find jobs, and given access to educational opportunities and sport. The national women's wheelchair basketball team competed in the Asian Para Games for the first time.



## PROJECTS SUPPORTED

2

## PEOPLE ASSISTED

 12,214

## SERVICE USERS

 Fitted with prostheses  
235

 Fitted with orthoses  
374

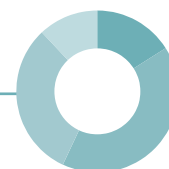
## 3,830 ASSISTIVE DEVICES PROVIDED

 Wheelchairs  
16%

 Prostheses  
41%

 Orthoses  
31%

 Walking aids  
12%



# CHINA

The China Disabled Persons' Federation estimates that 85 million people in the country have some form of physical disability. Over 75% of them live in rural areas. They have little or no access to health services, education or jobs, and are among the most vulnerable people in the country.

In 2018 we continued to provide support to the Kunming Orthopaedic Rehabilitation Centre and the Malipo repair workshop run by the Yunnan Branch of the Red Cross Society of China. We also maintained our support for the P&O unit of the physical rehabilitation department at the Chengdu Second People's Hospital, which is operated by the National Health Commission. Possibilities for working with the China Disabled Persons' Federation are currently under discussion.

Introducing a patient-centred treatment helped improve the quality of physical rehabilitation at the Chengdu hospital. A hybrid system that combines the ICRC's polypropylene technology with Chinese endoskeleton prosthetic components is being introduced at the Kunming centre; this will broaden the range of technical options for limb-fitting.

The financial sustainability of the Kunming centre continued to be an issue. A number of solutions have been proposed, such as exploiting the hybrid system, raising the centre's profile, and expanding services to attract paying customers and insurers.

We maintained our joint livelihood project with the Red Cross Society of China in Yunnan Province; it will continue to benefit disabled people in 2019.



## PROJECTS SUPPORTED

3

## PEOPLE ASSISTED

 899

## SERVICE USERS

 Fitted with orthoses  
1,051

 Receiving physiotherapy  
150

# DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

In 2018 we supported two centres in the Democratic People's Republic of Korea: in Rakrang and Songrim. We provided raw material, machinery and fuel, and renovated infrastructure. We visited the centres daily and provided technical support and training, which helped to raise the quality of their services.

The Rakrang centre, which is run by the Military Medical Bureau, has a 60-bed dormitory and sports facilities where patients can play basketball, volleyball and table tennis. Patients are referred to the centre by the Bureau; referring non-military patients to the centre remains difficult but possible. The prosthetic services at the centre meet expected standards. In late 2018, the centre started testing a hybrid system that combines the ICRC's polypropylene technology with Chinese endoskeleton prosthetic components.

We completed renovations at the Songrim centre, which is run by the Ministry of Public Health in partnership with the Kim Il Sung Kim Jong Il Foundation. Our work at the centre increased its capacity from 30 to 60 beds. In 2018, there was a sharp increase in the number of people using the centre's services. However, certain obstacles remain, such as accessibility: the centre is a 50-minute drive from the Sariwon railway station. We plan to tackle this issue, first by donating a minibus in 2019.



## PROJECTS SUPPORTED

2

## PEOPLE ASSISTED

 973

## SERVICE USERS



Fitted with prostheses  
**155**



Fitted with orthoses  
**10**



Receiving physiotherapy  
**684**

## 1,630 ASSISTIVE DEVICES PROVIDED



Wheelchairs  
**1%**



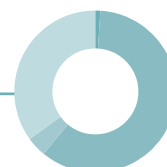
Prostheses  
**60%**



Orthoses  
**4%**



Walking aids  
**35%**



# INDIA

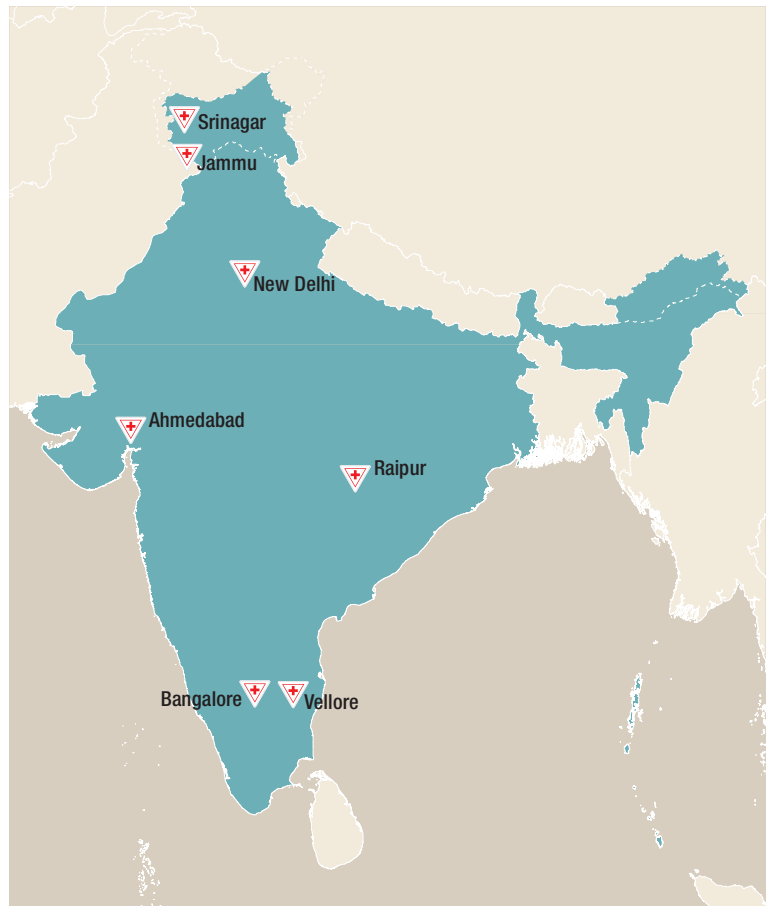
We continued to work with seven physical rehabilitation centres in the states of Tamil Nadu, Gujarat, Karnataka, Chhattisgarh, and Jammu and Kashmir. Two of these centres also serve as training institutions.

We provided the centres with raw material and components for producing assistive devices, as well as the tools and equipment necessary. We covered treatment costs for the destitute, as well as their expenses for transportation, accommodation and food. We also supported outreach activities to identify disabled people in remote areas. Children with clubfoot received treatment at ICRC-supported clinics in Jammu and Kashmir, and in Chhattisgarh.

We continued to provide on-the-job training and mentoring for clinical staff at the centres. We also organized short courses in such areas as rehabilitation of amputees, wheelchair services, Ischial containment prosthetic socket design, and orthotic management of neurological cases. We enabled 53 professionals to attend conferences and seminars and take part in programmes for professional development.

We introduced managerial tools with a view to promoting the long-term sustainability of the centres. We have also set in motion a shift away from the ICRC's polypropylene technology to locally available prosthetic components. An ICRC scholarship enabled one staff member from the Raipur centre in Chhattisgarh to complete an 18-month diploma course in lower-limb orthotics.

We continued to collaborate with sports associations to make sports activities more accessible to disabled people. We expanded our promotion of wheelchair basketball to new geographical areas, and sponsored wheelchair basketball teams to compete in domestic and international events.



## PROJECTS SUPPORTED

8

## PEOPLE ASSISTED

 45,757

## SERVICE USERS


 Fitted with prostheses  
560

 Fitted with orthoses  
7,052

 Receiving physiotherapy  
18,378

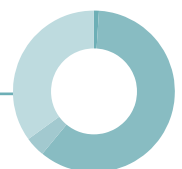
## 14,935 ASSISTIVE DEVICES PROVIDED

 Wheelchairs  
4%

 Prostheses  
6%

 Orthoses  
74%

 Walking aids  
16%



# LAOS

The ICRC and an inter-agency group for physical rehabilitation are helping to draft a national physical rehabilitation strategy for the country.

Rehabilitation services and follow-up consultations remain largely inaccessible to disabled people in remote regions of the country. The health ministry lacks the personnel necessary to cope with the rising numbers of people contracting non-communicable diseases and being injured in road accidents, and with the enduring threat of unexploded ordnance. We therefore concentrated on helping the government to strengthen its clinical capacities and expand its pool of P&O specialists.

We reoriented our support to strengthen public physical rehabilitation services within the national health care system. The government accepted our proposal for a project to strengthen its capacities in P&O and to define national standards – clinical and managerial – for physical rehabilitation services; a five-year memorandum of understanding was signed to this effect.

The health ministry and the ICRC selected eight people from 24 applicants – mostly nurses or physiotherapists working in Xiengkhuang, Savannaketh, Pakse and Vientiane – for scholarships to study at two internationally accredited schools in Bangkok and Hanoi. Their studies will lead to either a bachelor's degree in P&O or a diploma in orthopaedic technology. By mid-2018 seven of the students had completed the English classes they had to take before beginning their studies in P&O. We also trained health ministry personnel in calculating costs for rehabilitation services. These calculations were completed at two centres, in Luang Prabang and Xiengkhuang.



Statistics for activities carried out in Laos were not available at the time of producing this report.



P. Bronstein/Getty Images/ICRC

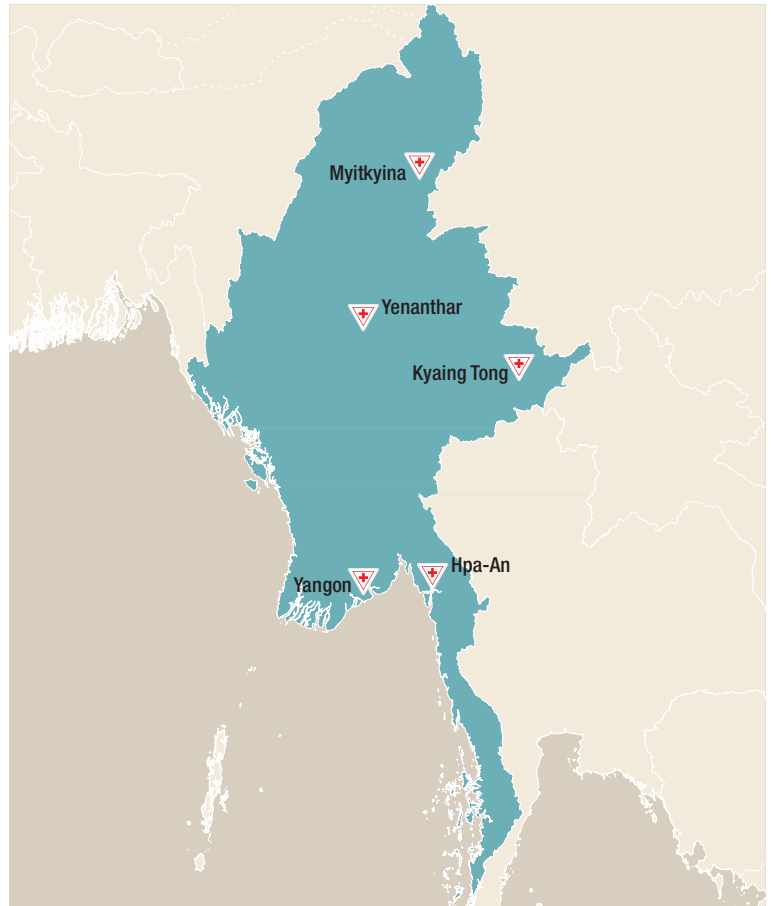
# MYANMAR

The 2014 census in Myanmar revealed that 4.6% of the population fell into at least one of the four categories of disability: vision, hearing, mobility or intellectual/mental.

Access to rehabilitative services is often unavailable to disabled people in Myanmar, especially those living in rural areas, as most physical rehabilitation centres are in the larger cities and travel expenses are prohibitive. The existing centres cover only 10% of the country's needs. In 2018, we continued supporting five physical rehabilitation centres; we also included physical rehabilitation in our response to the humanitarian crisis in Rakhine. Our objective was to make rehabilitation services available to disabled people in remote and border areas.

We sponsored two candidates to attend a three-year course at the Department of Prosthetics and Orthotics in Phnom Penh; another ICRC-sponsored orthotist-prosthetist graduated from the Sirindhorn School of Prosthetics and Orthotics in Bangkok, Thailand.

We maintained our efforts to advance the social inclusion of disabled people. We established a partnership with the national Paralympic committee and led a five-day training workshop in wheelchair basketball for 33 people: para-sport coaches, referees, classifiers and players. Six newly trained coaches and players attended a friendly tournament organized by the Malaysian Wheelchair Basketball Federation in Kuala Lumpur. Their objective was to learn how to improve the performance of the national wheelchair basketball team and build the technical capacities required to develop the sport in Myanmar.



## PROJECTS SUPPORTED

5

4,992 PEOPLE ASSISTED



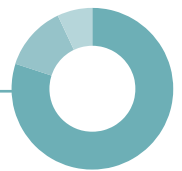
80%



13%



7%



## SERVICE USERS



Fitted with prostheses  
514



Fitted with orthoses  
75



Receiving physiotherapy  
1,607

3,180 ASSISTIVE DEVICES PROVIDED



Wheelchairs  
4%



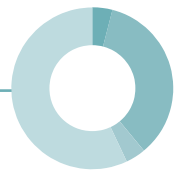
Prostheses  
35%



Orthoses  
4%



Walking aids  
57%



## PEOPLE WITH ACCESS TO



sports activities  
146



vocational training  
19

# NEPAL

The 2011 census revealed that over half a million people in Nepal were physically disabled. Nepal has a population of 28.5 million.

The ICRC, together with the International Nepal Fellowship, began supporting the Green Pastures Hospital in 2004. Between 2004 and 2016, the hospital upgraded its physical rehabilitation services. It now runs its physical rehabilitation services autonomously. In 2018 we signed an agreement with the hospital that set out the conditions for ICRC support: they involved such issues as admission criteria, treatment protocols and reimbursement for services provided to indigent Nepalis.

At the Yeharity physical rehabilitation centre run by the Nepal Army, the ICRC covered treatment costs for civilians disabled by the past armed conflict or the earthquakes in 2015. We also provided financial assistance for buying components for assistive devices and consumables for in-house training purposes and for reorganizing the prosthetic-orthotic laboratory.

ICRC assistance took other forms as well. We tutored recently graduated orthopaedic technologists and physiotherapists in dealing with severely disabled patients; provided managerial support to the Nepal Army for calculating costs for physical rehabilitation services; and enabled key managerial and clinical staff to attend a meeting of Asian prosthetist-orthotists in Bangkok, Thailand.

As the Nepal Army was the only governmental service provider, we agreed to help them make the Yeharity centre the national referral facility for physical rehabilitation. With this in mind, we sponsored two health professionals from the Nepal Army to attend a course in Thailand.



## PROJECTS SUPPORTED

2

## PEOPLE ASSISTED

 581

## SERVICE USERS



Fitted with prostheses  
43



Fitted with orthoses  
27



Receiving physiotherapy  
812

## 159 ASSISTIVE DEVICES PROVIDED



Wheelchairs  
1%



Prostheses  
42%



Orthoses  
37%



Walking aids  
20%



# PAKISTAN

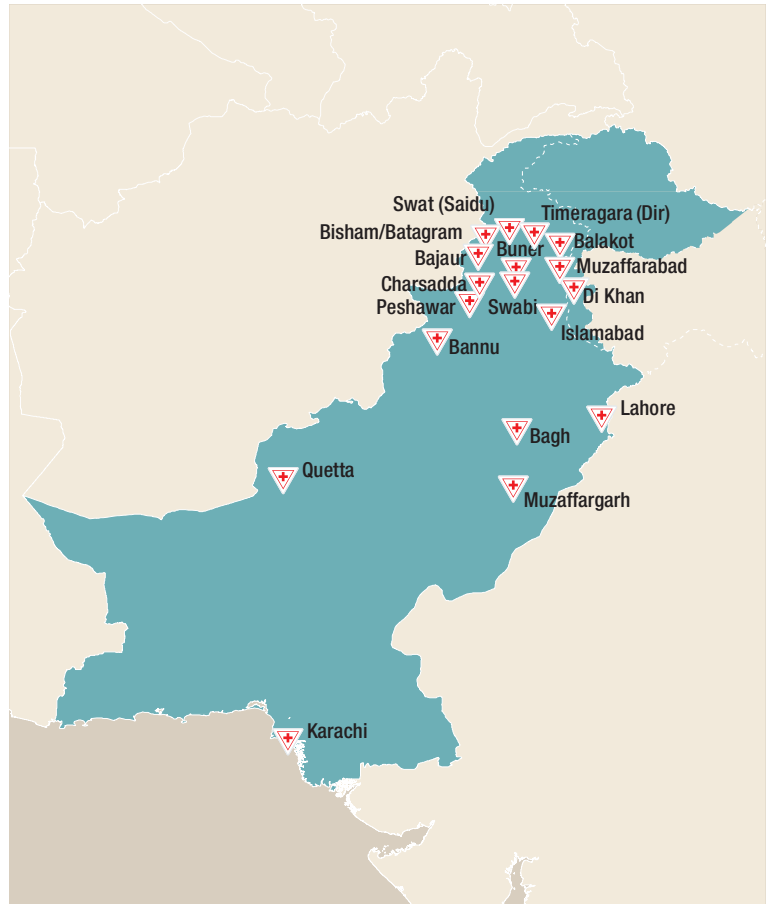
In 2018 we collaborated with 12 different partners to support 32 physical rehabilitation projects. There was an 11% increase in the number of service users since the end of 2017.

We sponsored students and supported institutions such as the Pakistan Institute of Prosthetic and Orthotic Sciences, the Dow University of Health Sciences and the Pakistan Institute of Rehabilitation Sciences. We also provided on-the-job training. Physiotherapists, teachers and students of P&O, and prosthetists and orthotists received training online through Physiopedia and MS Office. International experts from Germany delivered two blended-learning modules.

Our monitoring-and-evaluation team carried out 190 visits to the assisted centres to fix issues related to the quality of services. We also evaluated the quality of services in collaboration with Friends of Paraplegics, a local organization: 72% of service users were completely satisfied with their devices and 76% reported high ambulatory capacity.

We mobilized assets, engaged various stakeholders, fast-tracked scholarships, and built the necessary capacities. We also constructed a state-of-the-art training centre on the premises of Rehab Initiative in Islamabad, which is already in service.

We maintained our efforts to advance the social inclusion of disabled people. We provided financial aid for education, home modification, vocational training, and corrective surgery; and we helped people participate in sports such as disability cricket. We marked the International Day of Persons with Disabilities by sponsoring 600 disabled people to take part in various sports activities.



## PROJECTS SUPPORTED

34

58,677 PEOPLE ASSISTED



## SERVICE USERS



25,192 ASSISTIVE DEVICES PROVIDED



## PEOPLE WITH ACCESS TO



# PHILIPPINES

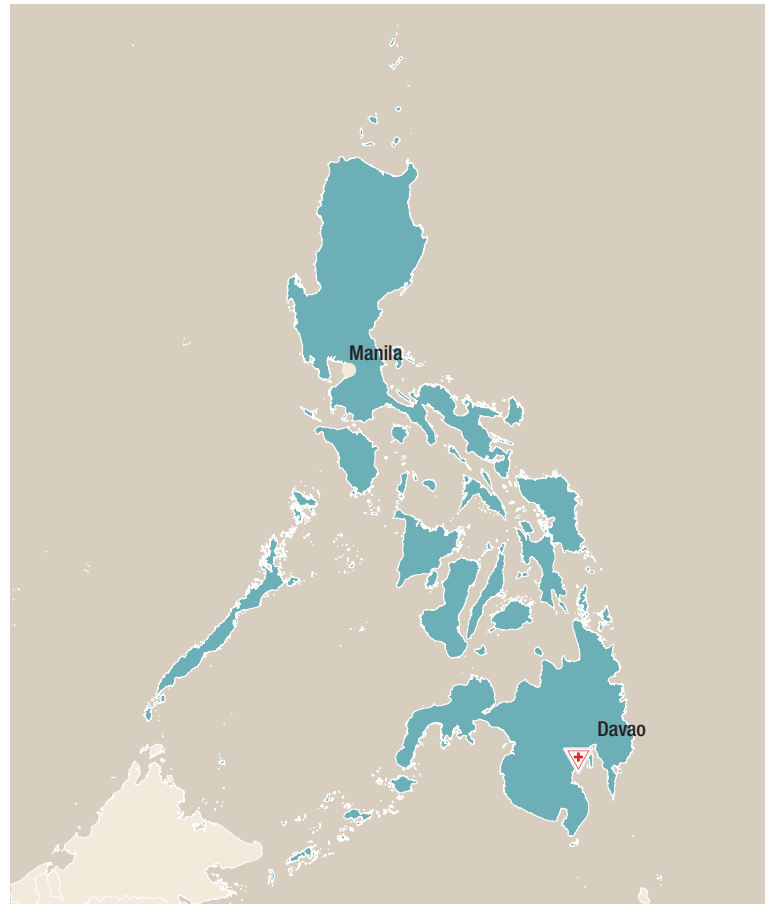
According to the census of 2015, there were over 100 million people in the Philippines. The census did not collect data on disabled people. The 2010 census had found that there were 1.44 million disabled people in the country.

We supported the Davao Jubilee Foundation in providing rehabilitation services for people who were permanently disabled. The Foundation is the most capable provider of physical rehabilitation in the entire Mindanao island group. In 2018 we continued to cover the costs of physical rehabilitation services for conflict-related victims, and provided managerial guidance for the Foundation and strengthened capacities among its staff.

In 2018, 480 disabled people were admitted to the Davao Jubilee Rehabilitation Centre; we covered treatment costs for all those – 93 people – whose disabilities resulted from conflict-related violence in Mindanao.

A regional prosthetist-orthotist from the ICRC mentored clinicians, as agreed upon by the ICRC and the Davao Jubilee Foundation in the Physical Rehabilitation Project Strategy for 2019–2021. The agreement also requires the ICRC to support the Foundation in completing a feasibility study for a new rehabilitation centre, and to enable key managerial and clinical staff to attend the Asian Prosthetic and Orthotic Scientific Meeting in Bangkok, Thailand.

The Foundation hopes to strengthen its capacities sufficiently to treat some 600 severely disabled people every year.



## PROJECTS SUPPORTED

1

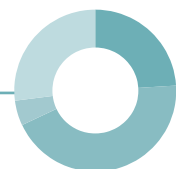
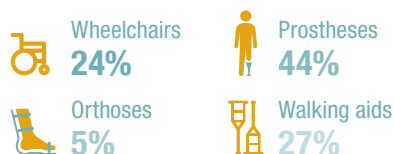
## 481 PEOPLE ASSISTED



## SERVICE USERS



## 294 ASSISTIVE DEVICES PROVIDED





Southern Myanmar.

A prosthetic technician shares a moment with a nine-year-old boy being fitted for his first prosthesis at the Hpa-An Physical Rehabilitation Centre.



# EUROPE AND CENTRAL ASIA

## “NEVER GIVE UP”: DISABLED PEOPLE IN DONETSK

Pavel Maslennikov is one of the co-founders of New Life, an organization that provides support for disabled people in Donetsk, a city in eastern Ukraine. The organization was established in 2014, when the conflict broke out in Donbas.

“It was a very difficult time,” says Pavel. “They were dramatic events and made us strive to help others as much as we could.”

Pavel understands the needs of disabled people and the limitations they have to live with; he has been in a wheelchair for most of his life.

The ICRC office in Donetsk and New Life began to work together in 2016, when New Life asked the ICRC for some physical rehabilitation equipment for a gym that they had set up for disabled people. That was the first big physical rehabilitation project undertaken by the ICRC and New Life. At present, the gym is one of the very few that are available to disabled people in Donetsk. And it is free of charge. Making sports facilities and active lifestyles accessible to disabled people is one of New Life’s main goals.

“Thanks to the ICRC, we are getting closer and closer to that goal,” says Pavel.



“When we opened the gym, there were only a few people coming to exercise. Nowadays, dozens come every week. So many that we had to draw up a schedule, as the gym can accommodate only up to ten people at a time.”

– Pavel



The ICRC donated a special swimming-pool lift a few years ago. This has been a boon for dozens of disabled people, including Pavel, who swims 2 km three times a week.

*“You can always sit  
and complain and suffer,  
but what’s the point?  
It really changes nothing.  
You have to go out  
and make things happen.”*

*– Lera*

Aided by the ICRC, New Life organizes various social-inclusion events to draw public attention to the plight of disabled people. A wheelchair marathon and a beauty contest are major annual events. Lera Leonova has been a member of New Life for a few years. She believes passionately in being positive and committed to your goals. Lera is a tiny woman, and a powerlifter. Watching her lift a 50 kg barbell never ceases to astonish. But, as she says, none of it has been easy: it has taken an immense amount of training, dedication and sheer perseverance.

*Thinking like this helped Lera win the annual wheelchair marathon in 2017 and 2018.*

# UKRAINE

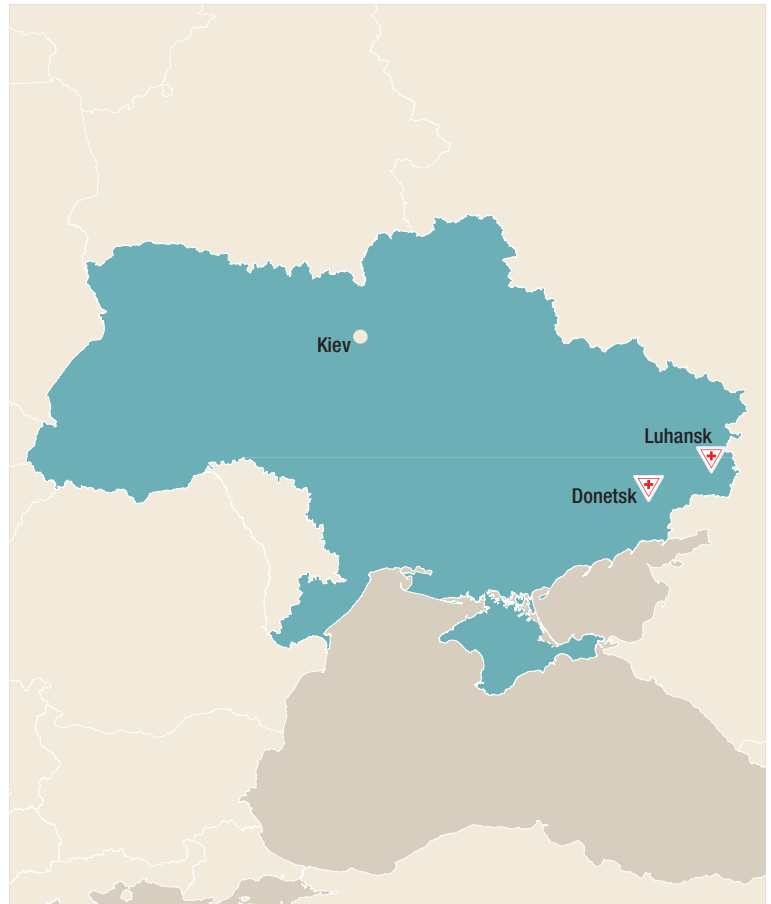
In 2018 we provided material aid for physical rehabilitation centres in Donetsk and Gorlovka and supported numerous activities to advance the social inclusion of disabled people.

We enabled 145 disabled people to get access to physical rehabilitation services, and to medical and other public institutions, by providing transportation services for Novaya Zhizn, an organization for disabled people in Donetsk. We also donated 87 wheelchairs and 77 walking aids to social services agencies.

We assisted two physical rehabilitation centres in Donetsk by refurbishing a workshop for repairing orthopaedic shoes, supplying the raw material for producing prostheses and orthoses, and providing a treadmill for a gait-training room and 36 mats for physiotherapy.

We refurbished the orthopaedic-shoe workshop and repaired the roof of a rehabilitation centre for children. We helped Novaya Zhizn set up a wheelchair-repair workshop by donating spare parts; the workshop has already repaired 60 wheelchairs.

We kept up our efforts to advance the social inclusion of disabled people. We provided support for various cultural and sport events, such as the wheelchair marathon, a concert, and a sports event to mark the International Day of Persons with Disabilities (which was organized by Novaya Zhizn and the Adaptive Sports Centre).



Statistics for activities carried out in Ukraine were not available at the time of producing this report.

## PROJECTS SUPPORTED

### 2



A. Vlasova/ICRC




# LIST OF ABBREVIATIONS

ICRC	International Committee of the Red Cross
ISPO	International Society for Prosthetics and Orthotics
P&O	Prosthetics & Orthotics
EcoSec	ICRC Economic Security Unit
CER	Centro Estatal de Rehabilitacion, Guanajuato, Mexico
PHII	Programme for Humanitarian Impact Investment
HNN	Niamey National Hospital
HNZ	Zinder National Hospital
CNAOM	Centre National d'Appareillage Orthopédique du Mali
NOHD-KANO	National Orthopaedic Hospital in Dala, Kano State
ALPC	Artificial Limb and Polio Centre
SRS	Society for Recovery Support
UNWRA	United Nations Relief and Works Agency for Palestine Refugees in the Near East



We help people around the world affected by armed conflict and other violence, doing everything we can to protect their lives and dignity and to relieve their suffering, often with our Red Cross and Red Crescent partners. We also seek to prevent hardship by promoting and strengthening humanitarian law and championing universal humanitarian principles.

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