PHYSICAL REHABILITATION PROGRAMME

2022 ANNUAL REPORT
The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of war and other violence, and provide them with assistance. Established in 1863, the ICRC is at the origin of the International Red Cross and Red Crescent Movement. It strives through its 100 delegations and missions around the world to fulfil its mandate to protect and assist the millions of people affected by armed conflict and other violence.

The ICRC’s Physical Rehabilitation Programme (PRP) was established in 1979. Since then, it has diversified and expanded throughout the world: the scope of its activities has grown; it has developed its own in-house technology; and its expertise and long-term commitment to supporting physical rehabilitation services, and advancing the social inclusion of people with disabilities, have been widely acknowledged.

This report describes the worldwide activities of the ICRC’s Physical Rehabilitation Programme in 2022.

The PRP strives to meet – promptly and in as professional a manner as possible – the physical rehabilitation needs of people with disabilities who have been affected by conflict and other violence. These needs include access to appropriate high-quality and long-term physical rehabilitation services and to comprehensive social inclusion services.

In the conflict-affected countries where the ICRC carries out its mandate, it is not only people directly affected by conflict (those injured by landmines, bombs and other ordnance) who need physical rehabilitation and social inclusion, but also people indirectly affected by it – that is, people who are or have become physically disabled because the breakdown of normal health services prevents them from receiving proper care. The projects assisted by the ICRC make the required services available to all those in need.

Since 1979, the PRP has supported more than 300 projects in over 100 countries. More than two million people with disabilities have benefited from physical rehabilitation services.
The ICRC’s pragmatic approach aims to make the best synthesis of two concepts:

• physical rehabilitation, which is an integral part of the health system, and which must continue to be strengthened in health services at all levels
• the social dimension, which is equally important as it considers the needs of people with disabilities with a view to removing barriers and limitations in terms of how they interact with their environment.

The mission of the physical programmes is to support a multidisciplinary, person- and system-centred approach to physical rehabilitation, ensuring high-quality, equitably accessible, sustainable services, and promoting the full societal participation of people with physical disabilities.

The various programmes under the PRP are part of the ICRC’s health services, and are implemented throughout the continuum of care by means of an interdisciplinary approach. Particular attention is given to introducing rehabilitation as early as possible in the treatment of wounded people, and to ensuring that physiotherapy is systematically included in the care provided by emergency medical/surgical teams. Bridge-building – with providers of mental health and psychosocial support, and economic assistance – is encouraged, to ensure a comprehensive approach to the provision of physical rehabilitation services.

Implementation of programmes under the PRP is guided by two main strategic orientations:

• physical rehabilitation (access to, quality of, and long-term sustainability of services)
• social inclusion (access to sport, work and education).

Providing physical rehabilitation and social inclusion services together makes for a comprehensive approach – one that enables the PRP to be more effective in fully rehabilitating people with disabilities and integrating them into society. In order to fulfil its commitment to addressing the needs of wounded people, and people with disabilities affected by armed conflict and other violence, the PRP is developing funding strategies and partnerships with other organizations from the humanitarian and development sectors, as well as promoting the responsible use of health-related data and digital technologies.
At present, the PRP employs more than 1,100 people in 42 countries. Almost 325,000 people benefited from the PRP’s activities in 2022, either directly or through the programme’s partnerships with local organizations.

Below are some examples of activities carried out in 2022 under the PRP strategy:

<table>
<thead>
<tr>
<th>Sector level</th>
<th>Service level</th>
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<tbody>
<tr>
<td>System strengthening</td>
<td>Disability advocacy</td>
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<tr>
<td>Rehabilitation services provision</td>
<td>Social integration activities</td>
</tr>
<tr>
<td>Physical rehabilitation</td>
<td>Social inclusion</td>
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**REHABILITATION SERVICES PROVISION**

**Assistive technology**

Assistive technology, a collective term for prostheses and orthoses, mobility aids and devices, and wheelchairs – is one of the main areas of focus for the PRP. The ICRC, in partnership with Fondation Alfaset, a Swiss non-profit organization, produces components for assistive technology under the brand name Rehab’Impulse. The brand, which is owned by the ICRC, is also used as a platform for all commercial activities, and in partnerships – for manufacturing or research and development – with other organizations in the field of physical rehabilitation. In the long-term, this model will ensure the sustainability of ICRC-supported projects, because it allows our partners, as well as governments, non-governmental organizations (NGOs) and other organizations, to buy the necessary components and equipment at reasonable prices.

**Training on diabetic foot management**

In 2021, about 537 million people worldwide lived with diabetes. Three-quarters of these people were in low- and middle-income countries (LMICs). Diabetic foot ulcers are just one of the many complications of this condition. They account for 50–70 per cent of all non-traumatic amputations and are often considered preventable with early detection and management by an
inter-professional team. A self-paced e-learning course on inter-professional management of diabetic foot was developed, tested and validated by a group of experts from Geneva University Hospital (HUG) in collaboration with the ICRC and external partners including D-Foot International, Université Numérique Francophone Mondiale and Médecins Sans Frontières. The course is based on World Health Organization (WHO) recommendations, scientific evidence and best practices for the management of the diabetic foot in LMICs and humanitarian crises.

SYSTEM STRENGTHENING

Digital Centre Management System

Digital Centre Management System (DCMS) is a transparent, auditable, standardized digital tool that enables physical rehabilitation centres to work more efficiently and cost-effectively. This digital tool is based on two open-source applications. It includes an electronic medical record on OpenMRS and an enterprise resource planning platform on Odoo. It makes it possible to collect a wide range of clinical information on service users and service delivery, as well providing digital support to improve global processes in supply chains, stock management and purchases, and personnel management. To date, DCMS has been deployed in seven physical rehabilitation centres: Kampong Speu (Cambodia), Kinshasa (Democratic Republic of the Congo (DRC)), Mopti and Bamako (Mali), Zinder and Niamey (Niger) and Maiduguri (Nigeria). The aim is to roll out DCMS in 11 new centres in 2023 (Africa, Asia and the Pacific, Central Asia and the Middle East), as well as to upgrade existing centres to DCMS v2, the latest version, which will better standardize service user forms and manufacturing processes, as well as offering new components and a more user-friendly experience. Equipped centres will also have access to the new human resources and invoicing modules, along with a comprehensive dashboard.

New Financing Models and collaboration with development organizations

By their nature, PRP projects are longer-term engagements requiring not only multi-year funding but also strong partnerships with local organizations in order to ensure the objectives are met and are sustainable. For this reason, the programme has prioritized exploring alternative funding to ICRC’s annual humanitarian budget. The five-year Humanitarian Impact Bond (HIB, also known as the Programme for Humanitarian Impact Investment (PHII)) was the organization’s pioneering attempt to test alternative funding mechanisms to support PRP projects. The HIB, which concluded in July 2022, focused on delivering more and better services for people affected by physical disabilities in DRC, Mali and Nigeria. The ICRC and its public and private sector partners consider that the bond was a success in achieving its objectives: three new centres were built, 17 new physical rehabilitation professionals were trained, services were delivered to more than 3,000 beneficiaries, a toolkit of efficiency-improvement measures was developed, and the new DCMS application was designed, tested and made ready for mass deployment. As a result of the HIB, the PRP team is now working with the New Financing Models (NFM) team, within the ICRC’s Resource Mobilization Division (REM), on an in-depth assessment to identify scalable and replicable opportunities for NFMs to support PRP operations and the programme’s strategic objectives. The underlying ambitions include widening the support base by on-boarding development organizations, host governments and the private sector, and enhancing the sustainability of PRP activities through the work of other organizations and by mobilizing new resources. This assessment has so far resulted in a rich pipeline of NFMs supporting the PRP, including:

- an outcomes-based approach to support the sustainability of physical rehabilitation service provision in Pakistan
- an education partnership to develop a regional rehabilitation education hub at the University of Rwanda, which aims to strengthen rehabilitation faculties with a truly interdisciplinary approach in order to better address demand for skilled professionals both in Rwanda and across English-speaking Africa
- a market-based approach aimed at increasing access to the ICRC’s proprietary rehabilitation assistive technology and at developing sustainable supply chains
- an education project for the Ecole Nationale des Auxiliaires Médicaux (ENAM) in Togo, which aims to improve the quality of education at this school for paramedics.
SOCIETAL INTEGRATION ACTIVITIES

Social inclusion for people with physical disabilities

This component of the programme continued to expand its contribution to the PRP strategy, with activities supported in 29 contexts directly impacting more than 10,000 service users (an increase of more than 60 per cent compared with 2021). The PRP strengthened its implementation of adaptive sport initiatives, as well as creating and delivering innovative career development and self-employment activities, often in coordination with the ICRC’s EcoSec teams. It also contributed vital leadership and expert consultation towards the implementation of The ICRC’s Vision 2030 on Disability. Virtual training methods developed during the COVID-19 pandemic – supporting sport, career development and other areas – continued to evolve and were a core part of how social inclusion programming was delivered in 2022. As travel resumed in the second half of the year, these virtual approaches remained – and will remain – a key method for building capacity in all aspects of social inclusion programme delivery. They have been combined with in-person engagement models in order to deliver greater impact for our service users. For instance, the ICRC was able to conduct two international sport competitions for people with disabilities – wheelchair basketball tournaments in DRC and India – which included a total of 13 teams and more than 150 male and female players from 11 countries across Africa and Asia, all of whom had benefited from virtual training sessions in the preceding years.

DISABILITY ADVOCACY

The ICRC’s Vision 2030 on Disability

The ICRC’s Vision 2030 on Disability, adopted and published in 2020, aims to direct the ICRC’s efforts to become a truly inclusive organization, and to position it as a trusted and reliable advocate for the rights and inclusion of people with disabilities. In 2022, virtual training sessions on disability inclusion were held for 280 staff from 22 delegations and headquarters, and related content was integrated into diversity and inclusion (human resources) activities and webinars. Interdepartmental Disability Inclusion Working Groups (DIWGs) have been formed at 14 delegations and at headquarters to lead the implementation of Vision 2030, with six additional DIWGs set to be formed in the first quarter of 2023. Guidelines were developed on physical and digital accessibility, and these are currently being tested with business functions (métiers) and delegations. Organizations of persons with disabilities (OPDs) and individual experts have been involved in conducting accessibility audits. The ICRC organized an expert consultation on integrating a disability perspective into military operations. It also influenced the Report on the rights of persons with disabilities in the context of armed conflict, which was presented to the United Nations General Assembly by the Special Rapporteur on the rights of persons with disabilities in 2021. A disability data disaggregation study is underway. Its findings will inform the development of the ICRC’s Data Disaggregation Framework.
HIGHLIGHTS

- **42** COUNTRIES
- **NUMBER OF MOBILE STAFF** 90
- **NUMBERS OF RESIDENT STAFF** 1,059 (838 IN AFGHANISTAN)
- **311** PROJECTS SUPPORTED
  - **PHYSICAL REHABILITATION** 45%
  - **SOCIAL INCLUSION** 16%
  - **EDUCATION** 10%
  - **OTHER (ministries, local stakeholders, etc.)** 29%
- **321,012** SERVICE USERS – TOTAL
  - 41% ♂
  - 17% ♀
  - 25% ♂
  - 17% ♀
- **53,239** SERVICE USERS – WOUNDED BY WEAPONS
- **28,560** SERVICE USERS – WOUNDED BY MINES/EXPLOSIVE REMNANTS OF WAR (ERW)
Mental Health and Psychosocial Support (MHPSS)

Education 2,022
Vocational training 838
Self-employment support 3,618
Sport & leisure 3,761
Walking aids 59,557
Orthoses 123,417
Physiotherapy 793,426
Wheelchairs 10,229
Prostheses 24,817

SERVICE USERS BENEFITTING

Mental Health and Psychosocial Support (MHPSS) 2,778
EAST AFRICA
ETHIOPIA, RWANDA, SOMALIA, SOUTH SUDAN, SUDAN AND TANZANIA
SERVICE USERS – TOTAL 35,909

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SERVICES PROVIDED

- Prostheses: 4,539
- Orthoses: 7,247
- Walking aids: 15,977
- Physiotherapy: 61,207
- Wheelchairs: 1,232

SERVICE USERS BENEFITTING

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<td>MHPSS</td>
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<td>Vocational training</td>
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SERVICE USERS – MINE/ERW VICTIMS 189

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<td>2,421</td>
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**Ethiopia** The PRP continued to feel the effects of the conflict in the northern part of Ethiopia throughout 2022. Working in partnership with the Ministry of Health and NGOs, the ICRC endeavoured to respond by increasing the supply of materials to the 11 physical rehabilitation centres it supports in the country. A satellite clinic to Mekele was also established in Shire, where access has been particularly challenging. Despite the conflict, the ICRC continued building capacities with the Ministry of Women and Social Affairs, including by publishing social inclusion guidelines. Services to detention facilities finally resumed after they were suspended because of the COVID-19 pandemic. External support for wheelchair basketball also increased, with the women’s under-25 team sponsored to take part in a tournament in South Africa.

**Rwanda** The ICRC continued its system strengthening work, supporting the Ministry of Health in drafting a National Rehabilitation Strategy, drawing up a Priority Assistive Products List and conducting a Workforce Evaluation. The College of Medicine and Health Sciences at the University of Rwanda received accreditation from the International Society for Prosthetics and Orthotics, and was further supported to develop a curriculum for a bachelor’s degree in prosthetics and orthotics. The ICRC continued supporting efforts to improve the quality of services at two physical rehabilitation centres through professional development and infrastructure upgrades. Social inclusion opportunities for people with disabilities also received a boost in a number of areas: sports (amputee football and wheelchair basketball), productive grants and career development training.

**Somalia** Despite a very challenging context, the ICRC continued its work with the Norwegian Red Cross to support the provision of physical rehabilitation services at the Somali Red Crescent Society centres in Galalkayo, Hargeisa and Mogadishu. In particular, the ICRC supplied production materials, food, accommodation and transport, and worked to make services more accessible for users from more distant regions. The organization also delivered technical training for centre staff, both within and outside Somalia, thereby improving the quality of service provision. A PRP disability inclusion adviser was recruited to support the social inclusion programme, with improvements including the introduction of wheelchair basketball and the mapping of disability service providers. The Somali Red Crescent Society clubfoot programme continued to grow in partnership with MiracleFeet.

**South Sudan** Service provision continued to be strengthened in the three ICRC-supported government-run physical rehabilitation centres in Juba, Rumbek and Wau, thanks to close supervision and mentoring by ICRC staff. An exceptionally heavy rainy season and floods meant that providing transport, food and accommodation was a priority to ensure that users could access the services they needed. The long-term sustainability of services remained a challenge, but performance-based bonuses from the ICRC made a real difference in terms of retaining and motivating qualified staff. The organization successfully supported the relocation of the Wau physical rehabilitation centre to the main hospital. Social inclusion activities continued to grow: more people with disabilities were given grants to start businesses, wheelchair basketball provision was strengthened and amputee football was introduced.

**Sudan** In 2022, the ICRC provided technical support, as well as imported materials, components and equipment, to the National Authority for Prosthetics and Orthotics (NAPO) in Khartoum and to seven other physical rehabilitation centres. In Darfur and West Kordofan, the PRP also provided food and transport to make services more accessible to people with disabilities who were most at risk financially. Wheelchair training – in both regular on-the-job and intermediate-level formats – was provided as part of efforts to increase the quality and range of services on offer. The ICRC maintained its support – coordination, imported materials and staff cost-sharing – for the NAPO and Al Neelain University joint prosthetics and orthotics (P&O) education programme. On the social inclusion side, many more people with disabilities received help to set up new businesses, and the wheelchair basketball court in Gedaref was refurbished.
TANZANIA The 11-year partnership with Comprehensive Community-Based Rehabilitation Tanzania (CCBRT), which came to an end in 2022, has delivered a number of significant achievements. These include the continuing provision of quality physical rehabilitation services, a comprehensive social inclusion programme, and support for the Ministry of Health, Community Development, Gender, Elderly and Children in developing a national rehabilitation strategy. The ministry has also set up a rehabilitation department to implement and monitor the strategic plan. The ICRC supported the CCBRT in adopting the latest technologies to provide 3D-printed prostheses for service users with below-knee amputations in Kigoma refugee camp. In addition, ICRC-sponsored students from supported programmes worldwide attended the Tanzania Training Centre for Orthopaedic Technologists, which uses components and materials provided by the organization.
WEST AFRICA
BENIN, CÔTE D’IVOIRE, MALI, NIGER, NIGERIA AND TOGO
SERVICE USERS – TOTAL 17,380

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SERVICE USERS – MINE/ERW VICTIMS 135

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<th>Men</th>
<th>Women</th>
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<tbody>
<tr>
<td>237</td>
<td>22</td>
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</table>

SERVICES PROVIDED

- Prostheses 1,427
- Orthoses 3,185
- Walking aids 795
- Physiotherapy 46,012
- Wheelchairs 237

SERVICE USERS BENEFITTING

- MHPSS 244
- Sport 846
- Vocational training 32
- Education 5
- MEls 192
**BENIN, CÔTE D’IVOIRE AND TOGO** In Togo, the PRP focused on strengthening the rehabilitation sector by supporting the Ministry of Health in drafting, budgeting for and approving the national rehabilitation strategic plan for the next four years, which also included community-based rehabilitation. In Côte d’Ivoire, the PRP organized three training seminars on rehabilitation in 2022 in an effort to improve service quality. These sessions were attended by participants from the country and the wider subregion. In Benin, 105 pairs of preventive shoes were donated to the National University Hospital of Cotonou (CNHU) as part of a joint WHO, ICRC and CNHU study into the treatment of diabetic foot. Following the conclusion of the PRP-funded “Rehabilitation 2030” process, the profile of rehabilitation has been raised in Benin and the rehabilitation department has become a service.

**MALI** In 2022, five ICRC-supported centres provided rehabilitation services and access to social inclusion activities. The Association of Women with Disabilities in Bamako held a workshop on the UN Convention on the Rights of Persons with Disabilities. The event was sponsored by the ICRC and the National Centre for Orthopaedic Fitting of Mali (CNAOM). In terms of institutional strengthening, further efficiency measures were implemented at the CNAOM and its Regional Orthopaedic and Functional Rehabilitation Centre. A training session on trans-femoral prostheses was successfully delivered in Mopti. The ICRC sponsored four physiotherapists to attend the World Physiotherapy Africa regional congress in Benin, as well as three participants attending the Federation of African Rehabilitation Professionals symposium in Kenya, where they presented their work and contributed to panel discussions.

**NIGER** The supply of physical rehabilitation services was improved, with broader support from the ICRC to three service providers. Referrals between OPDs, secondary health-care facilities and physical rehabilitation centres ran smoothly, but the overall impact was mitigated by a shortage of human resources among partner organizations. Moreover, only 123 health-care professionals nationwide have been trained to improve the quality of referral and care.

**NIGERIA** Demand for physical rehabilitation services continued to rise as people with disabilities became better informed about these services and more aware of their existence. The ICRC maintained its support for two physical rehabilitation centres, in Kano and Maiduguri, in northern Nigeria. In June 2022, the PHII project came to an end. Under this project, three centres (one in Nigeria, plus one in each of DRC and Mali) were funded through the HIB, a unique five-year financing mechanism. PRP support for the centre in Maiduguri continued, with a three-year exit strategy.
ICRC
NORTH AND CENTRAL AFRICA
ALGERIA, CAMEROON, THE CENTRAL AFRICAN REPUBLIC, THE DEMOCRATIC REPUBLIC OF THE CONGO AND LIBYA
ALGERIA The ICRC signed a memorandum of understanding (MoU) with the Sahrawi Ministry of Youth and Sports to provide financial support and sports equipment for people with disabilities, enabling them to take part in wheelchair basketball and sitting volleyball training sessions. Ten physiotherapy students completed their training and were recruited by the Sahrawi Ministry of Health as physiotherapist assistants at the National Centre for Physical Rehabilitation. The ICRC also signed an MoU with the Sahrawi Ministry of Health to set up three physiotherapy clinics in Aousserd, Dakhla and Laayoune refugee camps, in order to improve access to physical rehabilitation services, including P&O, walking aids, wheelchair services and physiotherapy sessions.

CAMEROON PRP activities in Cameroon started in 2022. The ICRC supports two rehabilitation centres in the country: the National Centre for the Rehabilitation of People Living with Disabilities in Yaoundé, and the ARCH Centre in Buea. This support mainly takes the form of purchasing services and providing financial support. People with disabilities for the Far North, North West and South West regions were also attended to.

THE CENTRAL AFRICAN REPUBLIC The ICRC continued to provide the National Rehabilitation and Appliances Association of the Central African Republic with material, educational and technical support. Services were provided free of charge with no restrictions in terms of referral criteria. Between 2014 and 2021, six clinical staff working at the association benefited from ICRC-supported scholarships. The new physical rehabilitation Centre in Bangui is almost finalized and will be handed over to the Ministry of Health in 2023. In collaboration with the Centre for Rehabilitation of People with Disabilities, the ICRC covered the costs of transportation, accommodation and food – for the duration of their treatment – for service users living outside Bangui. Quarterly wheelchair basketball training sessions were also held for people with disabilities in Bangui and Bouar.

THE DEMOCRATIC REPUBLIC OF THE CONGO The ICRC assisted five physical rehabilitation centres in North Kivu, South Kivu and Kinshasa, including a recently opened centre in Bunia. This support focused on improving quality of care and strengthening general patient and centre management. The organization sponsored six professionals for scholarship places at ENAM in Lomé. On the inclusion side, the ICRC supported six provincial Paralympic leagues (with 295 athletes), as well as assisting the National Paralympic Committee in organizing an African wheelchair basketball tournament. Thirty people received vocational training and 90 received career development support. The ICRC made schooling available to 40 children, and supported the Ministry of Health in improving and developing national regulations on rehabilitation.

LIBYA The ICRC provided physiotherapy services to people with disabilities, including materials for the fitting of prostheses and orthoses. It also delivered on-the-job training to staff to implement international-standard services at three physical rehabilitation centres: in Benghazi, Janzour and Misrata. The organization offered scholarships so that technicians from these centres could study P&O abroad: three new students were sponsored in 2022, while two students continued studying on programmes outside Libya, which they had started in 2021. Also last year, three more students completed courses in prosthetics and began working at the centres. In addition, the ICRC built and handed over a 15-room dormitory annexed to the Benghazi physical rehabilitation centre.
AMERICAS
COLOMBIA, ECUADOR, EL SALVADOR, GUATEMALA, HONDURAS AND MEXICO
SERVICE USERS – MINE/ERW VICTIMS
84

SERVICE USERS – TOTAL
1,745

SERVICES PROVIDED
- Prostheses: 522
- Orthoses: 1,036
- Walking aids: 88
- Physiotherapy: 31,140
- Wheelchairs: 127

SERVICE USERS BENEFITTING
- Sport: 31
- MHPSS: 3
- MEIs: 7
- Education: 4
The PRP maintained its focus on areas affected by non-international armed conflict and urban violence, as well as on places of detention. It provided rehabilitation services in partnership with six privately owned service providers. Working with educational institutions, professional associations and the International Organization for Migration, the PRP was able to ensure that its training programmes were sustainable. Some 353 rehabilitation professionals attended these programmes in 2022. New developments for Colombia included intermediate-level trainer training on wheelchair service provision and a workshop on wheelchair maintenance and cushion-making.

A professional training programme in P&O is currently under development, in collaboration with Human Study. In the meantime, all potential participants for the first cohort completed a preparatory module geared towards ensuring consistency. The first PRP championship in wheelchair basketball was held, with five national teams taking part. The impacts of the project in terms of social community sport were analysed, in collaboration with the Colombian Physiotherapy Association, to determine what activities could be implemented in 2023 with the PRP’s support. “Inclusion & diversity” weeks were organized through the detention platform to increase awareness and knowledge about disability among guards and detainees. Newly created disability information and awareness workshops were delivered to local authorities, people with disabilities, caregivers, local leaders and teachers.

The ten students on scholarships continued their studies, completing the final module (module V) of the programme, which aims to ensure that the four identified facilities in the country are staffed by well-skilled technicians certified to nationally recognized education levels and internationally recognized professional standards. An ICRC expert joined the practical session to evaluate the quality of the education provided to the students.

The surge in the number of migrants in 2022 was an important factor: violence, poverty, security concerns and a lack of opportunities were among the many reasons why people decided to leave the country in search of a better life elsewhere. But many of them had accidents or suffered a disability because of their migration journey and/or as a result of violence. In response, the ICRC maintained its support for an INGUDIS rehabilitation centre in Guanajuato, ensuring that people who met its criteria could access quality rehabilitation services. They also received accommodation and transportation support through the Mexican Red Cross, allowing them to attend their appointments. The organization carried out technical and follow-up visits to ICRC-supported rehabilitation centres in the country.

In El Salvador, the ICRC continued to work with Don Bosco University, where a regional refresher course for physiotherapists was held. The course was attended by 13 professionals from El Salvador, Guatemala, Honduras and Mexico. The Office of Habilitation and Rehabilitation has now grown and is called the Habilitation and Rehabilitation Unit. The consultancy project on mapping physical rehabilitation services drew to a close, and the ICRC supported the Ministry of Health in sharing its results, as well as donating computer equipment. The PRP in El Salvador came to an end in 2022, although the organization will continue to provide remote technical support as necessary.

In Guatemala, the ICRC maintained its support for migrants and victims of violence through its partner centre in Guatemala City. It also worked to reduce barriers to accessing care by providing accommodation and transportation support. Although rehabilitation services in Guatemala are currently limited, the ICRC is employing advocacy and mobilization strategies with the health authorities. A course for physiotherapists, which aimed to improve service quality, was held in Guatemala City. It was attended by 17 people from hospitals, universities and the partner centre.

In Honduras, the ICRC has agreements with two rehabilitation centres – Teleton in San Pedro Sula and Fundación Vida Nueva in Choluteca – where it covers 100 per cent of costs, including transportation and accommodation as necessary, so that people with disabilities can access services.
SOUTH ASIA
AFGHANISTAN, BANGLADESH, INDIA, NEPAL AND PAKISTAN
AFGHANISTAN The seven ICRC-run centres have adopted a comprehensive approach to disability, providing physical rehabilitation and advancing socio-economic inclusion – the former, through physiotherapy and manufacture of prostheses, orthoses and mobility aids; and the latter through various projects for education, microfinance, vocational training, employment and sport. The ICRC manages a school for prosthetists/orthotists, and trains physiotherapists and social workers. Particularly vulnerable categories of people with disabilities, such as people with spinal-cord injuries or children with cerebral palsy, are assisted through specialized programmes, such as the “Safety Net” financial protection programme. The political and security situation worsened during the year but did not directly affect the PRP’s working methods: it continued to make use of its entire workforce of 838 people, including 725 with disabilities. This makes the PRP in Afghanistan the most inclusive ICRC programme, with 86% of its workforce with disabilities.

BANGLADESH The PRP provided support in six different directions – to two physical rehabilitation centres run by its partner in Chattogram and Savar, an educational institution, and an organization working to advance the social inclusion of people with disabilities. It also developed a mechanism to refer people with disabilities displaced from Rakhine State in Myanmar to the Chattogram rehabilitation centre in Bangladesh. With a view to improving the quality and sustainability of services, the ICRC has, since 2014, been supporting the Bangladesh Health Professions Institute in running a diploma course in P&O. A new bachelor’s programme in P&O also started in 2022. To date, 49 students have enrolled in the course, and 30 of them have completed the programme and are now employed in Bangladesh.

The ICRC has, since 2013, been organizing or supporting sports activities for people with disabilities, enabling them to compete in national and international tournaments in disability cricket and wheelchair basketball. In 2022, the ICRC also supported 100 people with microeconomic initiatives.

INDIA The PRP broadened the scope of its activities in India, through partnerships with Mobility India and other local organizations in various areas such as clubfoot services, wheelchairs and mobility devices, services for children with cerebral palsy and social inclusion activities. The PRP maintained its support for physical rehabilitation centres in Jammu and Kashmir, and in a section of the state of Assam, by donating prosthetic and orthotic components and related materials. It also reimbursed the cost of services to marginalized people with disabilities. The PRP continued to explore possibilities for cooperation with the Ministry of Social Justice and Empowerment, seeking to formalize a collaborative relationship that would build a stronger foundation for social inclusion activities.

The PRP organized training sessions for lecturers and senior staff on subjects such as the management of cerebral palsy. It also supported the Orthotics & Prosthetics Association of India in organizing its 26th national conference in March, which was attended by about 700 people. The ICRC was the title partner for the 59th National Conference of the Indian Association of Physiotherapists in May, which drew over 1,000 attendees.

The ICRC held its third International Wheelchair Basketball Tournament, which included teams from Bangladesh, Cambodia, India, Lebanon, Libya, Nepal, the occupied Palestinian territory and Syria. Some 52 candidates took part in the “Train and Hire” employment pilot project for people with disabilities, with 34 of them successfully securing gainful employment in the information technology and banking sectors.

NEPAL The PRP programme in Nepal concluded at the end of 2022 after the completion of social inclusion projects, including one on vocational training and employment, and another on sports for people with disabilities. Work on both rehabilitation centres was successfully completed, and the centres were handed over to the ICRC’s partners: Green Pastures Hospital and Rehabilitation Centre in Pokhara, and the Nepali Army’s Rehabilitation Centre in Kathmandu. These partnerships, which began in 2004 and 2009 respectively, aim to help address the needs of civilians affected by armed conflict, natural disasters and other causes of vulnerability.
Through continued material and technical support from the PRP, 18 physical rehabilitation centres were able to deliver services to people with physical disabilities. Three of these centres received financial assistance to cover their full operational costs. The PRP completed its partner capacity evaluation, leading to a gradual reduction in ICRC support, as agreed, concurrent with the diversification of partner funding sources. With continued support from the ICRC, Rehab Initiative, an independent NGO that was established to handle supply chain activities, began field-testing five locally manufactured items. It also developed an online portal through which partners can apply for professional training.

The PRP scoped a proposal for an NFM pilot project, which aims to attract investment from international development donors into outcome-based health-insurance coverage for physical rehabilitation services. In December 2022, the ICRC held a National Summit on the Empowerment of Women with Disabilities. The event brought together over 90 participants, including 30 women with disabilities, and led to the formulation of an action plan for sectoral advocacy, capacity-building, and stronger collaboration between women with disabilities and their representative organizations. In addition, 50 people with disabilities received vocational and enterprise development training, as well as grants for microeconomic initiatives. The ICRC collaborated with the Khyber Pakhtunkhwa Department of Health and the Society for Special Persons to host two sports inclusion events, where more than 250 people with disabilities took part in various sports activities.
SOUTH-EAST ASIA
CAMBODIA, DEMOCRATIC PEOPLE’S REPUBLIC OF KOREA, MYANMAR, THE PHILIPPINES AND VIET NAM
**SERVICE USERS – TOTAL**: 14,799

- **Men**: 7,526
- **Women**: 2,049
- **Children**: 819
- **Youth**: 598

**SERVICE USERS – MINE/ERW VICTIMS**: 5,546

- **Men**: 2,049
- **Women**: 598

**SERVICES PROVIDED**

- **Prostheses**: 3,461
- **Orthoses**: 1,631
- **Walking aids**: 4,512
- **Physiotherapy**: 51,979
- **Wheelchairs**: 792

**SERVICE USERS BENEFITTING**

- **Sport**: 133
- **MEIs**: 255
- **Vocational training**: 64
- **Education**: 101
- **MHPSS**: 502
CAMBODIA The ICRC supported two government-run physical rehabilitation centres that provide over 45 per cent of all rehabilitation services in Cambodia. The organization helped to set up inter-sectoral technical working groups to support the implementation of national physiotherapy standards. It later carried out visits to 11 rehabilitation centres, one spinal-cord injury centre and 19 provincial hospitals to evaluate progress in implementing these standards. The University of Health Sciences, which is responsible for providing formal education for physiotherapists, was given various forms of support: help to develop a new undergraduate programme in physiotherapy; scholarships for students; and staff training. The first cohort of undergraduates enrolled on the programme in 2021. This was followed by a bridging course in 2022. The DCMS was piloted throughout the year. Field testing for the Agilis foot started in Battambang. Service users benefited from microeconomic initiatives, vocational training, employment opportunities, and access to education and sport. All wheelchair basketball athletes took part in online training sessions throughout the year. The Cambodian women’s wheelchair basketball team won the first ICRC wheelchair basketball tournament in India, as well as taking gold at the 11th ASEAN Para Games in Indonesia.

DEMOCRATIC PEOPLE’S REPUBLIC OF KOREA The country’s international borders remained closed in 2022. The PRP was thus unable to import the supplies and equipment needed to continue providing services. Although movement restrictions prevented the ICRC’s international staff from visiting the two ICRC-supported physical rehabilitation centres, the organization continued to provide remote technical support as required. The centres were, however, able to continue providing sporadic services despite the difficulties caused by the limited availability of materials.

MYANMAR Five ICRC-supported facilities continued to provide services in 2022. The mobile repair workshop and the referral network established in 2015 continued to grow gradually. As of 2022, there were 71 repairmen in service nationwide, catering to 731 users. The ICRC maintained its efforts to promote implementation of the national rehabilitation strategy, and the action plan for it, among all rehabilitation stakeholders, particularly the association of people with disabilities and government policymakers. In terms of capacity development, the ICRC sponsored two staff members for scholarships outside Myanmar. Two other staff members completed postgraduate qualifications and returned to provide physical rehabilitation services in ICRC-supported centres. On the continuous professional development front, technical staff undertook clubfoot management and basic wheelchair training. Group mental health and psychosocial support sessions and individual counselling sessions were provided to help service users alleviate stress and develop coping mechanisms. Turning to social inclusion, the ICRC organized online training in wheelchair basketball, as well as an annual tournament, plus a training camp for coaches, referees and classifiers. It also facilitated vocational training and access to education activities.

THE PHILIPPINES The ICRC supports physical rehabilitation for people with disabilities in the southern Philippines, in partnership with the Davao Jubilee Foundation (DJF). In 2022, a total of 347 physically disabled people obtained services at the DJF. The ICRC covered treatment costs for 281 people. The PRP continued to take a holistic approach to physical rehabilitation, particularly in referrals for microeconomic initiatives. The organization also stepped up its focus on sectoral systemic developments and on strengthening local government units, in line with the global disability action plan 2014–2021.

VIET NAM The ICRC provided physical rehabilitation services free of charge to 591 financially vulnerable people with disabilities. With the ICRC’s help, a team of experts was formed to make preparations for a national survey of mobility aids. The findings of this survey, once conducted, will be used to provide policymakers with evidence for extending the government’s health-insurance coverage to mobility aids. The ICRC also supported the completion of surveys to identify the needs of people with disabilities on employment or vocational training programmes, and on the job opportunities available to them with local employers.
EUROPE AND CENTRAL ASIA
TAJIKISTAN AND UKRAINE
Wheelchairs 477
Physiotherapy 1,978
Walking aids 2,035
Orthoses 1,864
Prostheses 308

SERVICE USERS – MINE/ERW VICTIMS 5
SERVICE USERS – TOTAL 2,626

Contested territories

SERVICE USERS BENEFITTING

MEIs 10
Sport 10

SERVICES PROVIDED

Prostheses 308
Orthoses 1,864
Walking aids 2,035
Wheelchairs 477
Physiotherapy 1,978
TAJIKISTAN ICRC support enabled the State Enterprise Prosthetic-Orthotic Plant (SEOP) and its branches to provide services of good quality, and well-fitted prostheses and orthoses, for people with disabilities. Aided by the ICRC, the SEOP received a grant from the Japanese embassy and renovated its branch in Khorog, in the Gorno-Badakhshan Autonomous Region, at the Afghan border. ICRC experts drafted the plan for a new physical rehabilitation centre and equipped it with the necessary machinery. The centre is tentatively scheduled to open in 2023, with technical support from the ICRC. The organization also provided materials and components to three branches of the SEOP, in Dushanbe, Khujand and Kulob. Senior ICRC experts provided on-the-job training to SEOP technical staff and actively participated in the production and fitting of orthopaedic appliances. An international ICRC expert assessed the ongoing cooperation between the PRP and the SEOP, and produced a roadmap and a report containing analysis and recommendations.

UKRAINE In 2022, direct ICRC support reached more than 1,600 physically disabled and wounded people, vulnerable children and older persons living in both the non-government-controlled area (NGCA) (Donetsk and Luhansk) and the government-controlled area (GCA) (Vinnitsia) of Ukraine. More specifically, the ICRC made physical rehabilitation services, and medical and social institutions, more accessible by arranging and paying for transport services for them, in collaboration with organizations such Novaya Zhizn, an OPD in Donetsk. In Vinnitsia, the ICRC donated mobility devices, and provided on-the-job training and mentoring to medical personnel working in three hospitals and one P&O enterprise, in order to improve the quality of physiotherapy treatments. In the NGCA, the ICRC supplied 78 wheelchairs, 728 mobility aids and other assistive technology to 31 social institutions providing services for people with disabilities. As part of ICRC support for the pre-hospital care diabetes mellitus project, ten patients received custom-made orthopaedic footwear. In the GCA, the ICRC donated wheelchairs, crutches, walking frames and walking canes to three Ukrainian Red Cross Society branches, in Dnipro, Kharkiv and Zaporizhzhia. In addition, more than 30 National Society volunteers completed training on assistive technology – the course included modules on assessing patients, and on prescribing, fitting and using the technology. Some 94 wheelchairs were repaired using spare parts provided by the ICRC to the wheelchair repair workshop run by Novaya Zhizn in Donetsk.
NEAR AND MIDDLE EAST
IRAN, IRAQ, ISRAEL AND THE OCCUPIED TERRITORIES,
JORDAN, LEBANON, SYRIA AND YEMEN
IRAN The PRP’s main objective is to provide support, in collaboration with the Iranian Red Crescent Society, for Afghan refugees in Iran. The ICRC supported two physical rehabilitation centres situated at the Iran–Afghanistan border, in Mashad in the north and Zahedan in the south. The ICRC worked with local NGOs to make the availability of ICRC physical rehabilitation services more widely known. This also enabled the PRP to assess disability and refer people with disabilities for the necessary treatment at the Iranian Red Crescent Society’s rehabilitation centres. Several awareness-raising sessions were carried out for social workers, physiotherapists and teams of occupational therapists, to explain the ICRC’s project and to help them identify people in need.

IRAQ The ICRC continued to provide support – training and assistance in clinical and service management – for five physical rehabilitation centres. A new physical rehabilitation centre in Erbil, which was completed in November 2021, began operating in March 2022. With ICRC support, the Ninawa physical rehabilitation centre moved to new, larger premises, allowing it to expand its service provision. The outreach clinics in West Anbar continued, as did referrals to the centre in Fallujah – because rehabilitation services remained out of reach for many people with disabilities in that region. Iraqi physiotherapists and P&O specialists benefited from a short training programme, organized by the ICRC, on topics including amputee rehabilitation, physiotherapy standards, wheelchair service provision, clubfoot treatment and ankle–foot orthoses. As part of the ICRC’s education strategy, 15 new students were enrolled on the P&O programme at Erbil Polytechnic University, taking the total number of students supported by the ICRC to 30. The ICRC also organized a workshop on the National Strategic Framework for Physiotherapy Education in Iraq. Parents of children with cerebral palsy and caregivers, were given the necessary training to familiarize them with the condition. The physical rehabilitation centre in Erbil continued to provide mental health and psychosocial support. Cash assistance was provided to more than 70 people to cover their basic needs and to start small businesses. Work continued to ensure a sustainable physical rehabilitation education strategy, in collaboration with the Ministry of Health and the Ministry of Higher Education.

ISRAEL AND THE OCCUPIED TERRITORIES The ICRC continued to provide material, technical and managerial support to the Artificial Limb and Polio Centre in the Gaza Strip. Capacity-building, within the country and abroad (mainly in the form of scholarships), continued to improve the quality of services and the competencies of staff. The ICRC, together with the de facto health ministry of the Gaza Strip, helped 78 people in managing the condition using the Ponseti method. The organization also enhanced the provision of custom–made wheelchairs/corner chairs and assistive devices to 270 children with disabilities across the Gaza Strip. Some 45 children with amputations were enabled to take part in sports activities. Cash grants were provided through microeconomic initiatives for 102 people with disabilities, to help them cope with financial difficulties. The national wheelchair basketball team participated successfully in the international championship in India.

JORAND The PRP maintained its work on developing systems and referrals for people with disabilities among detainees and relatives of people who had gone missing, as well as continuing to encourage involvement in disability inclusion activities at the Amman delegation. It provided technical advice in support of the physical rehabilitation project run by the Qatar Red Crescent Society and the Jordanian National Red Crescent Society. The PRP also donated wheelchair basketball equipment to nationals of Syria and the occupied Palestinian territory living in Jordan. Following a final assessment, a decision was made to end support for the University of Jordan’s effort to obtain International Society of Prosthetics and Orthotics accreditation.

LEBANON The PRP continued its partnership with the Lebanese Red Cross to re-establish the physical rehabilitation centre in the city of Aley, on Mount Lebanon, with financial support from the Qatar Red Crescent Society. In addition to its other capacity-building efforts, the ICRC also endowed three scholarships for people wishing to study P&O during the period 2020–2024; this is expected to reinforce the technical team at the physical rehabilitation centre in Aley and ensure its sustainability. Together with the health ministry, the PRP carried out a benchmarking study, in line with the WHO’s standards, to address the development of the physical rehabilitation sector. Implementation of the findings began in the middle of 2021.
**SYRIA** The ICRC strengthened service provision at the Syrian Arab Red Crescent’s physical rehabilitation centre in Damascus and at the ICRC-run centre in Aleppo. It provided the centres with material and components, and on-the-job training and mentoring for clinical and technical staff. Mobility devices were provided to various physiotherapy clinics and national health facilities. Capacity-building for selected professional providers of wheelchair services continued. The ICRC made services more accessible by arranging accommodation, food and transport for patients. Outreach activities were expanded, enabling more people with disabilities in hard-to-reach areas to be served. The range of services at the Syrian Arab Red Crescent/ICRC field hospital in Al-Hol was also extended. The ICRC carried out a programme of microeconomic initiatives for service users, which incorporates mental health and psychosocial support. Cooperation with the health ministry was expanded, in three areas in particular: support for the centres in Damascus and Homs; the development of professional education programmes for prosthetists and orthotists; and initiatives focusing on early rehabilitation and clubfoot services.

**YEMEN** The ICRC provided support in the following areas: raw materials, equipment and components for making assistive devices; wheelchair services; financial incentives and centre running costs; and training in P&O. To enable them to obtain services, the ICRC provided transport, food and accommodation for more than 170 people with disabilities from outlying areas of Amran, Al-Bayahad, Al-Dhalea, Al-Hudaydah, Dhamar, Hajjah, Ibb, Taiz and Yarim. The six ICRC-supported physical rehabilitation and wheelchair centres were able to deliver services for more than 54,000 people. The ICRC-initiated undergraduate programme in P&O, and the diploma upgrade programme, continued into their second year at Sana’a University; 34 students were enrolled in them. Of the six P&O graduates who completed their studies elsewhere, five returned to Yemen. Twenty people sponsored by the ICRC were studying physiotherapy at local education institutions, and ten were enrolled on the diploma upgrade programme. A total of 54 people with disabilities participated in wheelchair basketball training in Sana’a, and a further 14 people took part in the new wheelchair tennis project in Aden. Fifteen people with disabilities attended a career development workshop. Construction of the new rehabilitation centre in Sa’ada was completed, and the centre opened in December 2022.
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.

People know they can count on us to carry out a range of life-saving activities in conflict zones and to work closely with the communities there to understand and meet their needs. Our experience and expertise enable us to respond quickly and effectively, without taking sides.