IV. Assistance and preventive mine action by country

AFRICA

ANGOLA

Medical and surgical/hospital assistance

In 2000, the ICRC provided medical and surgical supplies and technical support to the Huambo hospital for the treatment of the war-wounded and the sick, including mine/UXO victims. An ICRC surgeon carried out four short missions to this hospital, organizing seminars on war surgery and working with the local surgeons to enhance surgical management of the wounded. Over 1,000 patients, among them 735 war-wounded, were admitted to the surgical ward. Of these, 144 had mine/UXO injuries.

Working in cooperation with the Ministry of Health, the ICRC continued to provide medical supplies and expertise to four primary health-care structures and one health post on the outskirts of Huambo. With the cooperation of the Angolan Red Cross and the Ministry of Health, the institution continued to provide medical supplies and expertise to three health structures in Bie province and two in Uije province.

Physical rehabilitation

ICRC projects in Luanda, Huambo and Kuito
One legacy of the long-standing conflict in Angola is the considerable number of war victims in the country, where 80% of amputees are mine/UXO victims. Since 1979, the ICRC has collaborated with the Ministry of Health to offer technical and material support to prosthetic/orthotic centres in Luanda, Huambo and Kuito. The institution also introduced appropriate technology to the centres and started providing prosthetic components to centres assisted by other organizations.

Resurgence in the conflict has sometimes led to interruptions in services because of insecurity for both patients and staff, looting and famine. The longest suspension of activities was in 1992 - 1994, following which in 1995, the ICRC renovated the Huambo centre and rebuilt the Kuito centre from scratch. Recent efforts concentrate on enhancing patient care: greater access to services; better quality of fit; more durable prostheses.

In 2000, at the request of the European Union, the Angolan authorities proposed a new five-year national policy plan for physical rehabilitation for the future.

To support the physical rehabilitation of the disabled in 2000, the ICRC assisted amputees, 80% of them mine/UXO victims, by providing 2,366 prostheses and 24 orthoses. It improved patients' access to rehabilitation services by offering transport to 99 amputees from Malange to Luanda for fitting and by defraying transport costs for 350 other patients. The institution produced 2,000 posters, which were distributed in the main provinces to inform war victims of the available assistance.

The ICRC provided, gratis, seven centres including four assisted by Veterans International, Handicap International, the German institution for Technical Cooperation (GTZ) and Intersos, with adequate prosthetic components for the production of 3,500 prostheses.

The year 2000 also saw the phasing out of the local prosthetic component production in Huambo and its replacement by low-cost imported components to enhance the quality of prostheses and increase their life span. The ICRC also sustained its support to on-the-job training for 55 technical personnel, among them 14 physiotherapy staff.

BURUNDI

Surgical/hospital assistance

In 2000, the ICRC supported five hospitals in Bujumbura, Gitega, Ngozi and Muyinga with medicines and surgical material to ensure the treatment of the war-wounded, including mine/UXO victims. The hospitals treated over 1,600 patients of whom 371 were war-wounded and five were mine victims.

DEMOCRATIC REPUBLIC OF CONGO (DRC)

Medical and surgical/hospital assistance

In 2000 the ICRC assisted 16 hospitals, mainly in the eastern region of the DRC. The hospitals, all of which treat the war-wounded received assistance in the form of surgical and pharmaceutical supplies, repair and maintenance of medical equipment and the supply of surgical equipment. A seminar on war surgery was organized in Kinshasa in September 2000 for over 20 Congolese civilian and military surgeons. During the events in Kisangani in June 2000, an ICRC surgeon worked in the general hospital of Kisangani for two months with the local surgeons, helping this and other health facilities in Kisangani treat over 2000 war-wounded.

Physical rehabilitation

ICRC project in Kinshasa

The only operational prosthetic/orthotic facility in Kinshasa capable of producing prostheses in significant numbers is the centre run by the Red Cross Society of the Democratic Republic of the Congo. The centre has received assistance from the ICRC since 1998.

The centre's operational capacity was boosted in 2000 following the renovation of the main building, installation of equipment, and the streamlining of patient intake and treatment. The centre registered 500 amputees, 245 of whom received prostheses and 19 orthoses. Transport was a problem for patients in town and those from adjacent areas. Towards the end of 2000 the focus was on enhancing patient care and upgrading the quality of the prostheses. The ICRC also continued the training of five of the centre's technical staff in 2000.

Civilians at risk

Mine/UXO awareness

In Kinsangani, an emergency information campaign was launched on local radio to inform civilians returning home, following the fighting between Rwandan and Ugandan forces, of the dangers posed by mines/UXOs laid by the parties to the conflict. Local military forces cleared mines/UXOs, with the logistical support of the ICRC.

REPUBLIC OF CONGO

Medical and surgical/hospital assistance

The ICRC continued, until June 2001 to support the university and military hospitals with medicines and medical material for the treatment of the war-wounded. The institution also supported more than 20 health centres in the Nyari and the Pool regions with medical supplies and expertise, which enabled these facilities to provide curative and preventive care to the local and displaced populations. Prompted by the evolvement of the general situation in the Congo, the ICRC gradually phased out its medical assistance in the country at the end of 2000.

ERITREA

Surgical/hospital assistance

Assistance in the form of medical supplies, equipment, surgical instruments and medicines was provided in Eritrea to medical facilities treating the war-wounded, including those injured by mines/UXOs.

Additionally 18 physiotherapists took an 18-month course held in the main hospital of the Eritrean capital, Asmara. The course, conducted by two ICRC physiotherapists, was also held in Asmara's other hospitals, where it provided theoretical and practical training.

Civilians at risk

Mine/UXO awareness

ICRC activities in Eritrea included the development of mine-awareness posters and leaflets for distribution in schools and villages.

ETHIOPIA

Medical and surgical/hospital assistance

In order to strengthen the Ethiopian Red Cross Society's branches near conflict zones and to consolidate preparedness in case the situation deteriorated further, the ICRC provided training to first-aid trainers, volunteers and staff in the Tigray and Afar regions.
The ICRC assisted four civilian hospitals in Tigray, providing equipment, surgical instruments and medicines for the treatment of the war-wounded, including mine/UXO victims. In two hospitals, rubhalls (additional multipurpose tents) were installed to increase hospital capacity to cater for the anticipated increase in the number of the war-wounded. A training programme in war surgery was organized by the ICRC for Ethiopian surgeons working at the Armed Forces General Hospital in Addis Ababa.

The institution supported the Ethiopian Red Cross Society's ambulance services for the evacuation of the wounded and sick. The support included the repair and complete maintenance of ambulances in the ICRC workshop in Addis Ababa. The institution also upgraded the ambulance fleet in Tigray by donating new ambulances to the Ethiopian Red Cross. Furthermore, under a tripartite assistance agreement reached between the Armed Forces General Hospital, the Addis Ababa branch of the Ethiopian Red Cross Society and the ICRC, two ambulances and their drivers, financed by the ICRC, were loaned to the hospital for the purpose of transporting wounded soldiers from airstrips in and around the capital to hospital for surgical treatment.

Physical rehabilitation

ICRC projects in Addis Ababa, Mekelle, Harar and Dessie

The ICRC has maintained its support to the four prosthetic/orthotic centres in Debre Zeit, Addis Ababa, Harar and Mekelle since helping establish them in 1979. With the stabilization of the social/political situation, the assistance programme ended in 1995 but the ICRC continued to monitor and partially assist the centres through its Special Fund for the Disabled, which operates a regional prosthetic/orthotic training and follow-up centre in Addis Ababa. Following the outbreak of war between Eritrea and Ethiopia, the centres were overwhelmed by patients requiring health services including physical rehabilitation. Thus, the ICRC programme of assistance to the prosthetic/orthotic centres resumed in 2000. The assistance is offered through a Patient Services Support system, which ensures that the centres retain functional and management autonomy, while their running costs are partly subsidized by the ICRC. The centres' costs for providing services, such as orthopaedic appliances, physiotherapy, transport/accommodation and food are reimbursed in part by the ICRC, which monitors the quality of the services, technical instructions and patient filing system.

In 2000, the ICRC contributed to the physical rehabilitation of the disabled by, inter alia, providing amputees with 1,252 prostheses and 1,100 orthoses. Of the amputees fitted, 50% were mine/UXO victims. During the year, the ICRC prepared and signed Patient Support Service agreements with various partners in Mekelle, Addis Ababa, Dessie and Harar. The institution carried out monthly visits to the different centres to monitor activities and concurrently conducted on-the-job refresher courses. Plans to sponsor technicians to attend the three-year Orthopaedic Technologist training course in Moshi, Tanzania, to enhance the quality of services have been prepared and are awaiting government approval.

Local prosthetic component production in Addis Ababa was gradually scaled down and replaced by standard quality Conception and Research Equipment (or CREquipment) imported components.

Project of the SFD in Addis Ababa

The SFD has its main technical centre in Addis Ababa at the Prosthetic-Orthotic Centre (POC), which is run by the physical rehabilitation department of the Ministry of Labour and Social Affairs. Collaboration between the POC and the ICRC dates back to 1979 when the ICRC launched its first physical rehabilitation project at Debre Zeit near Addis Ababa. Together with the POC, the SFD orthopaedic workshop offers training, material and technical assistance to 58 orthopaedic centres in 33 countries in Africa and Asia and the Middle East.

Every two months, three SFD expatriate prosthetists organize a four-week training programme at the POC to enhance the skills of prosthetists from Africa, the

Middle East and Asia in a technique based on thermoformable plastics for the manufacture of protheses. The training also serves as technical introduction for new ICRC expatriate prosthetists before their first assignment. In 2000, 26 prosthetists from assisted rehabilitation centres in eight countries (Ethiopia, India, Kenya, Mauritania, Myanmar, Somalia, Yemen and Zimbabwe) attended the training, as did five new ICRC expatriate prosthetists from Switzerland, Japan, South Africa and Denmark.

In September and October 2000 a SFD prosthetist and an Ethiopian prosthetist conducted a seminar in Nigeria for 12 participants from various orthopaedic workshops in the country. The training, carried out at the National Orthopaedic Hospital of Enugu, which is supported by the German Technical Cooperation (GTZ), focused on casting demonstration, treatment for partial foot amputations, knee and hip disarticulations. On completion of the seminar, 11 participants were awarded certificates. Of the prostheses made for training purposes, 22 were delivered to patients.

In November and December 2000, an Ethiopian and a SFD prosthetist from Addis Ababa conducted a two-week training course in Mali for 10 prosthetists from seven orthopaedic centres in that country.

In addition to the training activities, the three SFD prosthetists and two Ethiopian prosthetists conducted technical visits to 19 projects in 14 countries. The object of the visits was to monitor the quality of prostheses and offer advice on the use of the various machines and orthopaedic components. One of the visits focused on the assessment of the needs of Sahrawi amputees in Tindouf, Algeria, which may lead to a project initiated for their benefit, in collaboration with the NGO, "Norwegian People's Aid".

Furthermore, the SFD provided material support, primarily in the form of orthopaedic components, machinery, raw materials, spare parts, polypropylene and polyethylene sheets crutches and wheelchairs, to 48 centres in 31 countries. The material support enabled the centres assisted to produce 3,097 prostheses, 4,044 orthoses and 6,483 pairs of crutches. It should be noted, however, that the statistics above were provided by, and only refer to 15 of the countries assisted in 2000.

In 2000, the SFD offered technical support and supplied orthopaedic components to ICRC operational projects in Asmara (Eritrea), Lokichokio (Kenya), Luanda (Angola), Yangon (Myanmar) and Fort Portal (Uganda).

Civilians at risk

Mine/UXO awareness

In November 2000, the ICRC conducted an assessment in the northern Tigray region of Ethiopia to determine the extent of mine/UXO contamination following the conflict between Ethiopia and Eritrea. The assessment was extended to the Occupied Territories with the object of initiating mine-awareness activities, which would be developed further once the Occupied Territories were returned to Eritrea and/or handed over to the United Nations Mission in Ethiopia and Eritrea (UNMEE).

The information collected during the needs assessment made it possible to design appropriate mine-awareness materials, and will be used in developing a training curriculum. Some 10,000 leaflets, posters and pocket calendars were produced and distributed urgently in the Occupied Territories and northern Ethiopia (Senafe and Zalambessa) to inform people of the dangers to which they were exposed.

NAMIBIA

Medical and surgical/hospital assistance

Since 1999, the Kavango region, with a population of approximately 310,000 has been the scene of military operations. Troops, armed groups and the civilian population in the region are affected not only by ambushes, but by mines/UXOs as well. This spillover of the Angolan war into northern Namibia has sparked off an increase in the influx of war-wounded to the region's Rundu hospital and three referral hospitals, which received assistance in the form of dressing materials from the ICRC in 2000. Inadequate registration of the war-wounded has made it difficult to establish the exact figure of the war-injured, including mine victims, but in 2000, approximately 200 severely wounded people were admitted to the hospitals, of whom some 100 had to undergo amputations.

SIERRA LEONE

Medical and surgical/hospital assistance

Following discussion with the Ministry of Health, a full ICRC surgical team was maintained at Kenema hospital, enabling it to provide emergency surgery to the population as a whole including, the war-wounded.

SOMALIA

Medical and surgical/hospital assistance

Without external humanitarian assistance, medical facilities in Somalia would be unable to provide the necessary treatment for the war-wounded, including mine/UXO victims. Throughout 2000, the ICRC offered regular support to four hospitals, which treated 5,800 patients including 1,300 war-wounded of whom 35 had mine/UXO injuries. The Keysaney hospital, run by the Somali Red Crescent in Mogadishu North was often full, well beyond its capacity, with 70 % of the patients being war-wounded, including mine/UXO victims, from various parts of the country.

In May 2000, the ICRC started assistance to the Medina hospital in southern Mogadishu, and within seven months the hospital had admitted 1,606 patients among them 664 war-wounded, of whom nine had been injured by mines/UXOss.

Medical supplies were also provided to health posts in (Lower Juba, Lower Shabelle, Hiran and Galkayo) which regularly treated war-wounded people, including those injured by mines and UXOs.

The ICRC extended regular support to the surgical departments of Baidoa and Galkayo hospitals and to the Medina health post, which functioned as a first-aid post. Private hospitals, such as the Luq hospital, which attended to influxes of the war-wounded, including mine victims, also received support on a regular basis. Over 700 patients, among them 30 mine/UXO victims, were treated in these facilities.

SUDAN

Medical and surgical/hospital assistance

The conflict in the Sudan has had a devastating effect on medical infrastructure in both government- and opposition-held areas. Health facilities that are still operational all too often have difficulties, with damaged surgical structures frequently run by medical staff unable to cope fully. The ICRC's medium-term "integrated" approach focuses on preventive and curative medical care. This approach involves first-aid training, basic medical care, vaccination programmes and health education. In 2000 the institution provided health posts, dispensaries and primary health-care clinics, such as those in Yirol, Juba, Chelkou, Raja and Wau with regular medical supplies. Expatriate health delegates focused their efforts on health education, professional training and monitoring activities.

In the course of 2000, the ICRC provided southern Sudan with comprehensive support for surgical emergencies and the treatment of the war-wounded, including mine victims, through two referral hospitals: the ICRC's 560-bed Lopiding surgical hospital in Lokichokio (northern Kenya) and the government-run Juba Teaching Hospital (southern Sudan).
Patients were evacuated from southern Sudan to Lopiding and subsequently repatriated by ICRC aircraft following their treatment and convalescence. In Lokichokio, 2,865 patients were admitted in the course 2000, including 1,039 war-wounded of whom 19 were mine victims. Expatriate surgical teams worked at the Lopiding hospital throughout the year. Training in surgery and preventive health was given by experienced ICRC personnel to doctors and nurses from the surrounding region and from southern Sudan.

At the Juba Teaching Hospital, over 2,600 patients, including 83 war-wounded, were admitted and treated in 2000. Expatriate surgical teams also worked at this hospital throughout the year. The facilities at the Juba Teaching Hospital were repaired and improved. The ICRC delivered medical items, mainly drugs and surgical instruments, on a regular basis to the hospital's surgical and medical wards and pharmacy. The organization provided food rations to government employees as an incentive, and two ICRC teams worked in the hospital, which serves a population of 150,000, providing training for in-house doctors and those from

surrounding areas. The Sudanese Red Crescent operated the sewage truck donated by the ICRC to evacuate the hospital's effluent.

Physical rehabilitation

ICRC projects in Lokichokio (Kenya) and Khartoum

a) Lokichokio

The ICRC's Lopiding hospital, with its annexed prosthetic orthotic centre in Lokichokio, across the Kenyan border, has provided physical rehabilitation to amputees and other disabled people from rebel-held areas of southern Sudan since 1992. Because its *raison d'être* is to serve patients from across the border, the centre is fully run and managed by the ICRC. In 1998 the expatriate prosthetist was withdrawn but was reinstated a few months later because of irregularities and malfunctioning.

Through the Lopiding hospital, physical rehabilitation, including the fitting of 348 prostheses and 160 orthoses, was offered to patients in 2000, of whom 22% were mine/UXO victims. However, the outbreak of the Ebola fever in northern Uganda had adverse effects on the number of patients fitted because it restricted access.

Training was an important component of ICRC support to physical rehabilitation efforts. In August, two national technicians attended a one-month prosthetic training course at the Special Fund for the Disabled's regional training centre in Ethiopia. In addition, two-hour weekly interactive training sessions for eight technical staff remained on course. The centre also provided training in prosthetic repairs for four technicians from decentralized repair centres in southern Sudan and offered them tool boxes and raw materials upon completion of the course. Feedback from the decentralized repair centres remains a problem.

b) Khartoum

The ICRC provided assistance to the government prosthetic/orthotic centre in Khartoum between 1990 and 1996 and resumed it in 1999. During the two-and-a-half-year hiatus, the institution made periodical follow-up visits to the centre, organized through the Special Fund for the Disabled programme. However, by then half of the ICRC-trained technicians had left the centre and the premises were in disrepair. The steady decline in the quality of service delivery, prosthetic fit and components made it necessary for the ICRC to resume its full-time support to the centre.

In 2000, the ICRC made physical rehabilitation accessible to patients by, inter alia, supplying them with 767 prostheses and 513 orthoses. This represents an increase of 44% (amputees) and 204% (other disabled) compared to 1999. The increase is attributable to better coordination of the centre's activities following the completion of building renovations and thanks to the introduction of an incentive system for the national staff. Also, by the end of 2000, procedures had been put in place for the transportation of patients from Wau (southern Sudan) to Khartoum for fitting. Two 2-week training courses in the production of trans femoral prostheses and in physiotherapy were organized for national staff in the prosthetic/orthotic centre in Juba, which is assisted by the NGO, Norwegian Association for the Disabled, and receives its prosthetic components from the centre in Khartoum. The ICRC also continued on-the-job training, especially in orthotics, for 43 national staff. Weekly courses given to the national staff in Khartoum have borne fruit as improvement has been noted in the quality of physiotherapy.

ICRC support to physical rehabilitation activities will remain on course as evidenced by the signing of a new three-year cooperation agreement with the authorities in April.

TANZANIA

Medical and surgical/hospital assistance

In 2000, the ICRC continued to supply eight hospitals located along the Burundi border with pharmaceuticals and dressing sets. All these hospitals provided surgical care for the war-wounded including mine/UXO victims from Burundi.

UGANDA

Medical and surgical/hospital assistance

In 2000, Ugandan hospitals in conflict areas (northern and south-western regions) did not have the materials or professional capacity to respond adequately to the needs of the population, including mine victims. The

ICRC therefore distributed emergency kits containing dressing material, syringes, drugs, gloves and other basic items to 11 hospitals treating the war-wounded. The hospitals treated nearly 1,000 war-wounded including 70 mine/UXO victims.

The institution also supported two "surgical camps" organized by the Ministry of Health, and where over 200 war-wounded were operated on, by providing them with medicines and medical material.

Staff in local health clinics in Acholiland (northern Uganda) lacked adequate training and resources to implement first-aid and health-care programmes or to buy basic medicines to supplement supplies from the Ministry of Health. The ICRC therefore distributed essential drugs and materials to district health structures, including hospitals and dispensaries.

The ICRC also maintained its support to first-aid training courses for volunteers from the six Uganda Red Cross branches in conflict and conflict-prone areas of the north and south-west.

Physical rehabilitation

ICRC projects in Fort Portal, Gulu and Mbarara

Between 1988 and 1990, the ICRC supported the Mulago centre in Kampala. In 1998 the ICRC, in consultation with the Ministry of Health and following a 1997 survey, resumed its assistance programme in Uganda through the smaller Ministry-of-Health prosthetic orthotic centre in Fort Portal. An agreement signed with the Ministry in 1998 sought to extend assistance to the disabled in the western region by using appropriate technology. Gradually, ICRC collaboration was expanded to other Ministry-of-Health prosthetic/orthotic centres such as those in Gulu and Mbarara.

ICRC support to physical rehabilitation in Uganda in 2000 included the supply of 217 prostheses and 119 orthoses to patients. Mine/UXO victims accounted for 36% of the beneficiaries. The number of patients assisted was lower than anticipated, partly because of the outbreak of the Ebola epidemic in September. To ease patients' access to services, the authorities organized a hostel in Fort Portall for the use of amputees during the time of fitting.

The Fort Portall centre recorded an increase in fitting military victims, while the Ministry of Defence continued to study the possibility of creating a separate military prosthetic/orthotic centre elsewhere.

Monitoring production quality in the prosthetic/orthotic centres in Fort Portall, Mbarara and Gulu continued. The centre in Gulu is assisted by AVSI, an Italian NGO specialized in improving physiotherapy services.

Training activities in 2000 included a course in polypropylene prosthetic production methods at the Fort Portall centre, organized by the ICRC for two trainees from the Mbarara prosthetic/orthotic centre, followed by on-the-spot training in Mbarara for other technicians. Polypropylene production started in March. The Ministry of Health also organized a national orthopaedic workshop/seminar.

ASIA

AFGHANISTAN

Medical and surgical/hospital assistance

Afghanistan remains one of the countries most affected by mines and unexploded ordnance world-wide. As such, assisting medical facilities which care for the war-wounded and other surgical patients remained a priority of the ICRC programme in the country in 2000. To improve the health services in areas controlled by the Northern Alliance, support for the surgical department at the Gulbahar hospital was increased, putting it at par with ICRC-assisted hospitals in Kabul, Jalalabad, Ghazni and Kandahar.

Throughout the country, large numbers of war-wounded were treated at first-aid posts and hospitals receiving ICRC assistance. The facilities of several hospitals were also repaired or improved. The ICRC continued its efforts to guarantee equal access for all patients to health facilities receiving its support. In the reporting period the ICRC financed surgical departments in six hospitals admitting 31,067 inpatients and giving more than 136,000 outpatient consultations. It extended assistance to 22 other health facilities, including nine hospitals.

Physical rehabilitation

ICRC projects in Kabul, Herat, Mazar, Jalalabad and Gulbahar

Although there is great need for physical rehabilitation in Afghanistan, existing health-care facilities lack adequate resources and the professional capability to satisfy this need. In 1981, the ICRC started, through its facilities across the border in Pakistan, to extend assistance to the physically disabled in Afghanistan. Since 1987, the institution has been present in Afghanistan where it has established five prosthetic/orthotic centres in Kabul, Herat, Mazar, Jalalabad and Gulbahar. The physical rehabilitation programme has developed steadily, meeting the needs of amputees, paraplegic patients, polio victims and other disabled people. By absorbing a large number of the disabled people into the work force of the prosthetic/orthotic centres and other programmes, and initiating small-scale programmes in education, vocational training and micro credits for the disabled, the ICRC has contributed significantly to the rehabilitation of the disabled. The physical rehabilitation programme in Afghanistan reaches the largest number of beneficiaries of any ICRC-assisted programme.

In 2000, the ICRC provided 4,600 prostheses, 6,360 orthoses, 10,681 pairs of crutches and 865 wheelchairs as part of its assistance towards the physical rehabilitation of patients. Nearly 2,000 new amputees were registered and treated, 75% of them mine/UXO victims. Access to care was eased through the decentralization of services and the involvement of the Afghan Red Crescent in care delivery where possible. Separate service areas exist for male and female patients. Some of the disabled were able to attend school thanks to the assistance they received, while several disabled adults were assisted to find work or encouraged to start small income-generating activities.

In addition to assisting amputees, the ICRC registered and treated over 4,000 new non-amputees, including 1,005 polio victims and 333 paraplegic patients. All proshetic/orthotic centres except Jalalabad have a small paraplegic ward for basic care. The Home Care team project in Kabul takes a multifaceted approach (medical, economical, social and psychological) to treatment for paraplegic patients, provided in their home environment and with the constant involvement of the patients' families.

Several hundred ICRC-produced components were supplied to three centres assisted by the Swedish Committee for Afghanistan Comprehensive Disabled Afghan project (SCA-CDAP) in Ghazni, Taloqan and Kandahar for the fitting of amputees.

A number of training activities were realized in 2000, they included: two national workshops on Physiotherapy and Orthopaedic Technology, for information and to enhance coordination among those working in the field of physical rehabilitation; in-house courses adapted to the local training needs, in all ICRC centres; training for workers from SCA-CDAP centres, in the use of polypropylene technology for prostheses. In addition, two disabled employees

are attending a two-year external course in physiotherapy, organized by the International Assistance Mission in Kabul.

The year 2000 also saw an increase in management responsibility for national employees in the centres.

Civilians at risk

Mine/UXO awareness

Mines and UXO remain scattered in former and current front-line regions, taking a toll on unsuspecting civilians. Ongoing armed confrontations and the movement of civilian populations along or across former and present front lines significantly increase civilians' risk of injury by mines/UXOs. The risks are exacerbated if the civilians' socio-economic needs, such as the search for food and water, grazing of animals or nomadic lifestyle are perceived to be greater than the danger posed by mines and UXOs.

The ICRC presently supports UN-coordinated mine surveys, awareness and clearance in Afghanistan mainly by sharing its data on mine/UXO victims.

Initially, the ICRC gathered its information primarily from the 36 hospitals and health posts that it supports in 11 of the 29 provinces. However, it now cooperates with the Afghan Red Crescent Society, the International Federation and NGOs such as the Swedish Committee for Afghanistan, *Aide Médicale Internationale*, IbnSina, Healthnet and the Norwegian Assistance Committee in order to broaden its geographical outreach and gain greater access to the victims treated in the 275 clinics which these institutions support. The ICRC deployed a delegate to Afghanistan for a year to consolidate the data collection programme which, between March 1998 and December 2000, had recorded 2,812 cases.

The information, collected through questionnaires, focuses on the profile of the victim, the activity at the time of the accident, the location of accident, the type of explosive device, type of injury etc. Such data, which are vital for mapping mine/UXO-contaminated areas, setting priorities in surveying, mine clearance and awareness are shared regularly with local and international organizations such as the UN Mine Action Programme for Afghanistan (UNMAPA).

The ICRC data shared with UNMAPA (according to a Memorandum of Understanding signed in 2000) are therefore of great importance in identifying the following areas: high-risk areas; "new" minefields, which are identified as soon as the first incident occurs; "old" minefields which may not have been identified by regular survey teams because of difficulty of access owing to remoteness or lack of security.

The ICRC gathers at least 70% of all information on new mine victims. Whenever an ICRC report identifies a minefield unknown to mine-clearance teams, a MAPA quick response team is sent to investigate the case, survey the minefield and demarcate the dangerous area, thereby considerably reducing the potential for accidents in the area. Battlefields are also demarcated.

The data are analysed and shared with various departments within the ICRC for advocacy and protection purposes, and with the Afghan Red Crescent mine/UXO-awareness teams which respond accordingly.

Objectives of the data collection programme

The primary objectives of the ICRC data collection programme are to: enhance understanding of the mine/UXO situation in Afghanistan and the extent of the problem; determine the location of accidents, profile of victims, their risk-taking behaviour and attitudes.

Mine-action agencies concur on the importance of data on mine/UXO victim in planning and realizing their programmes. The agencies rely on the data to establish their yearly plan, review MAPA quarterly plans and deploy rapid reaction teams to clear, demarcate and survey mine/UXO, as well as to conduct mine/UXO-awareness activities.

CAMBODIA

Physical rehabilitation

ICRC projects in Phnom Penh and Battambang

Cambodia has a very high number of mine/UXO victims. The ICRC has an agreement with the Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation (MOSALVY) dating back to 1991, to

assist the disabled through a prosthetic/orthotic centre in Battambang and a national prosthetic/orthotic component production centre in Phnom Penh. By offering free prosthetic/orthotic components to all involved prosthetic/orthotic centres and direct aid to patients, these two programmes contribute significantly to national physical rehabilitation efforts.

In Phnom Penh in 2000, the ICRC introduced complete trans-femoral and trans-tibial prosthetic kits to replace orders for separate components, and by so doing heightened the efficiency of the prosthetic/orthotic component production centre. To offset temporary lack of production capacity elsewhere, prosthetic kits were exported to five ICRC-assisted projects in Myanmar, Sri Lanka, Tajikistan, Sudan and Kenya and to another project in Laos.

The ICRC handed over the responsibility for production planning and for MOSALVY staff management to the national factory manager.

In Battambang, through ICRC support, patients, 90% of whom were mine/UXO victims, benefited from physical rehabilitation, which included 1,295 prostheses and 480 orthoses. A fitting programme for amputees was started in Along Veng, where 361 amputees were seen by the ICRC and 316 of them were fitted. The end of the conflict in 1998 has marked a decline in the number of fresh mine injuries, but the problem is far from over. Between January and October 2000, 686 mine casualties were reported (26% were amputees), representing a 25% decline compared to the same period in 1999. The north-north-western part of country, including Battambang, remains the most affected region. This project is currently delegated to the Japanese RC

The ICRC organized 21 field trips in Battambang province and two in Samrong province, during which 730 prostheses and nine wheelchairs were repaired on the spot. Such trips are greatly appreciated by patients for whom they represent reduced travel/repair time and by the staff at the Battambang centre who are then able to provide more cost-effective service. Another improvement was the assignment of a prosthetist to the physiotherapy, on a weekly rotational basis, to assist the staff in ensuring proper socket fits, alignment devices and assessments.

In 2000, the ICRC Component Factory in Phnom Penh, the sole supplier of orthopaedic components, produced standardized trans-tibial/femoral kits for 6,200 prostheses, and continued its annual manufacture of uprights for 3,000 orthoses and 5,000 pairs of crutches In all, 15 physical rehabilitation centres run by five different NGOs, and ICRC Battambang Centre, depend on ICRC free-of-charge deliveries.

Civilians at risk

Mine/UXO awareness

In 2000, the Cambodian Mine Action Centre, the Cambodian Red Cross and a number of NGOs continued to carry out mine awareness and to collect data on mines/UXOs. Thus, the ICRC did not see the need to develop mine-awareness activities.

MYANMAR

Physical rehabilitation

ICRC projects in Yangoon (two centres), Mandalay, Maymyo and Yenanthar

The use of mines by the different armed parties to the in conflict (army, insurgent groups) in Myanmar is frequent, especially in border areas. Both civilians and military personal are indiscriminately targeted. The country has a considerable number of mine/UXO victims and other amputees conservatively estimated at 6,000. The vast majority of amputees known to the ICRC live in border areas with no technical orthopaedic services, are poor and most cannot afford to travel the long distances to existing physical rehabilitation workshops. Military amputees should not be overlooked. Most are discharged after receiving only one prosthesis, and are then considered as civilians, excluded from army assistance. Such amputees are scattered all over the country.

The ICRC started its physical rehabilitation assistance programme in Myanmar in 1986 with the Ministry of Health, and the Ministry of Defence the following year In 1990, a joint programme was established with the Myanmar Red Cross Society for registration and transportation of patients to workshops. In 1995, the ICRC withdrew its full-time presence but continued with periodical technical follow-up visits from

Cambodia. Fitting of amputees through the Joint Programme continued, but on a limited scale. Under the Joint Programme, the Myanmar Red Cross registers and refers the amputees while the ICRC meets their transport, lodging and food costs during the time needed for fitting. The ICRC resumed its assistance programme with a full-time expatriate prosthetist in June 1999 to enhance prosthetic service delivery by ensuring adequate quantities and quality.

Of the 907 disabled people that the ICRC assisted in 2000 by giving them physical rehabilitation and prosthetic/orthotic appliances, 55% were mine/UXO victims. The year also saw an improvement in the frequency of patient referrals and in the production of appliances, which more than doubled compared to the previous year (1999: 385 prostheses). There is still room for improvement in the quality of prosthetic fitting.

Four candidates were selected and sponsored to attend the three-year CSPO training course in Phnom Penh, Cambodia, and two technicians attended a one-month training course in Addis Ababa. Other activities included the sustaining of on-the-job training, and the construction of a covered training area in Myanmar.

An hydraulic injection press was installed in the centre run by the Ministry of Health in Myanmar and adapted for the local production of elbow crutches, the production will start next year.

The ICRC is still the only organization directly involved in prosthetic fitting in Myanmar. The maximum production capacity of the five workshops in Myanmar is at present approximately 1,200 new prostheses per year. With at least 6,000 amputees needing new prostheses every second year, the production is far too low and thus many amputees have never been fitted.

SRI LANKA

Medical and surgical/hospital assistance

Sri Lanka's 17-year conflict between government forces and the Liberation Tigers of Tamil Eelam (LTTE) continued to be fought on multiple fronts in 2000, taking a heavy toll among both combatants and civilians.

In order to relieve the isolation of the population of the Jaffna peninsula and help maintain essential civilian services and activities, the ICRC-chartered vessel *Jaya Gold* (formerly the *Jaya Gulf*) sailed weekly between the Jaffna peninsula and Trincomalee, transporting medical cases with special needs, mail, and humanitarian personnel and their cargo. The vessel was the only safe and independent humanitarian transport between the Jaffna peninsula and the rest of the country.

In the conflict areas, including those in the Vanni, the ICRC was limited in its ability to conduct health-care and water-supply programmes for civilians because of restrictions placed on the transport of medicines and of water-supply, sanitation and medical equipment into the area.

Within these specific health-related programmes it provided an average of 20,000 consultations monthly in the Vanni through five mobile health teams and 27 primary health centres run with the Sri Lanka Red Cross Society in a project delegated to the Canadian Red Cross, and in the Eastern Province through two ICRC mobile health teams. Furthermore the ICRC transported over 1,600 patients from Jaffna to Colombo for specialized medical treatment.

Physical rehabilitation

ICRC project in Jaffna

The long-standing conflict in Sri Lanka has left many people disabled. Land mine/UXO injuries are the main cause for amputations on the peninsula. Subsequent to a preliminary needs assessment in 1998, the ICRC started a programme in 1999 to support the Friends in Need Society Centre in Jaffna, the only existing prosthetic/orthotic facility. The inception of the programme was hampered by months of delays in the supply of materials owing to the security situation in the country.

In the Vanni the number of mine accidents has increased because of the large number of mines/UXOs laid during last year's fighting. In 2000 there were 50 mine accidents, 22 of them in June-July alone. The increase in the number of casualties is attributed to the fact that people are returning to their homes and cultivating the land. There are two orthopaedic workshops called "White Pigeon" in the Vanni. The technicians use aluminium for the prostheses fitted into a Jaipur foot.

ICRC support to physical rehabilitation efforts in 2000 included supplying disabled patients, 121 (or 58%) of whom were mine/UXO victims, with 207 prostheses and 19 orthoses. The production of appliances was interrupted when the centre had to be relocated twice in 2000 owing to heavy fighting. In terms of appliance quality, the majority of prostheses are produced using traditional aluminium technology. Experience in joining the Jaipur foot with polypropylene prostheses revealed the need for improvement. As part of the effort to enhance service quality, training continued for two technicians in polypropylene prosthetic production.

Civilians at risk

Mine/UXO awareness

In the Jaffna peninsula, mines are an added danger for the population. The UNDP started planning and implement a mine-awareness and mine-clearance campaign for the Jaffna Peninsula in 1997, but activities with mine clearers and trained dogs only started in 1999-2000. However, within a few months the project had to be closed owing to the fighting. Many new mines have been laid during the recent fighting.

Following an assessment mission in October 2000 in Jaffna Peninsula and in the Vanni, the ICRC plans to focus concetrate on collecting data on mine/UXO victims.

TAJIKISTAN

Medical and surgical/hospital assistance

In Tajikistan, the ICRC continued in 2000 to supply medicines and medical material to six health facilities (with a total of 240 beds) in the Karategin and Tavildara valleys. It distributed surgical supplies to hospitals, thereby making it possible for them to treat 41 victims of armed clashes. It also provided medical and material assistance to hospitals treating patients during outbreaks of communicable disease.

Physical rehabilitation

ICRC project in Dushanbe

After the collapse of the Soviet Union, prosthetic workshops in Dushanbe and Khojent were deprived of the materials and means to continue functioning. Preliminary surveys conducted by the ICRC in 1997 revealed substantial unmet needs (an estimated 3,000 amputees, including 500 war-wounded), following which a tripartite cooperation agreement was signed in March 1998 between the Ministry of Social Protection, the Red Crescent Society of Tajikistan and the ICRC. The long-term desired results of the Dushanbe centre are twofold: correct fitting of all amputees with prostheses to facilitate reintegration in normal life, and the centre's ultimate operational independence under the management of the local authorities. The project is currently implemented by the Canadian Red Cross as part of project delegation.

In 2000, the ICRC contributed to physical rehabilitation efforts in Tadjikistan by, among other things, providing patients with 397 prostheses. Of the estimated 3,000 amputees, 728 are listed in the centre's database. All patients are provided with a free meal/day at the centre by the Red Crescent Society of Tajikistan while patients from outside Dushanbe get accommodation from the Ministry of Social Protection. In 2000, the ICRC also extended some material assistance to peripheral centres in Khojent, Kulob and Khorog for the repair and maintenance of prostheses made using traditional Russian technology.

Training activities included six orthopaedic seminars on inpatient data collection (criteria, listing, referral, follow-up), organized with the Red Crescent Society of Tajikistan and the Ministry of Social Protection and attended by 208 participants. The ICRC sustained its technical training courses for the centre's staff and for staff from peripheral centres for prosthetic repairs and maintenance. In addition to the establishment of a physiotherapy room with indoor and outdoor treatment facilities, training on physiotherapy was given and a training manual produced.

Civilians at risk

Mine/UXO awareness

Data collection on mine casualties was initiated in hospitals on the Tadjik /Uzbek border in order to determine the strategy to adopt for mine/UXO-awareness activities Data collection is the preliminary phase of an in-depth needs assessment which will be conducted in 2001. Analysis of the data will be carried out in early 2001 and training of relevant staff will follow thereafter.

VIETNAM

Physical rehabilitation

Project of the SFD

Between 1989 and 1995, the ICRC implemented a programme for the manufacture of prostheses at the Ho Chi Minh City Rehabilitation Centre in collaboration with the Ministry of Labour, Invalids and Social Action. The programme's focus then was on the production of orthopaedic components, training and fabrication of prostheses for all amputees of the "South".

In 1995, the programme was converted to a SFD project and the emphasis was switched to the provision of prostheses for "destitute amputees" (veterans of the former régime). Subsequently, it was decided with the Ministry to introduce the ICRC technology (based on the use of thermoformable plastics) to five orthopaedic centres. Can Tho, Qui Nonh, Da Nang, Than Hoa and Vinh.

Throughout 2000, three SFD prosthetists contributed towards the training of Vietnamese prosthetists in various orthopaedic techniques. Weekly courses were conducted on the basic theory of anatomy, biomechanics and prosthetics. Trans-tibial and trans-femoral courses, based on the outline of an instruction video made in the ICRC workshop of Battambang in Cambodia, were given. In addition, the SFD sponsored two students of the Ho Chi Minh City Rehabilitation Centre for a three-year course at the Vietnamese Centre of Orthopaedic Technology in Hanoi, which receives technical and financial assistance from the *Deutsche Gesellschaft für Technische Zusammenarbeit* (GTZ).

The three SFD prosthetists introduced the five centres mentioned above to the ICRC technology and helped enhance the quality of prostheses. The prosthetists also supplied 1,024 prostheses to destitute amputees and 1,055 to civilian and military amputees. This brings the total of prostheses supplied to all categories of amputees since the beginning of ICRC action in 1989 to 22,552. The total of "destitute amputees" assisted is 10,022.

In March 2000, a one-year cooperation agreement was signed between the ICRC and the Ministry of Labour, Invalids and Social Action.

Civilians at risk

Mine/UXO awareness

The Mine Advisory Group and other organizations developed efforts to raise the population's awareness of the problem of mines in Viet Nam. The ICRC did not see any further need to become involved.