



Final Project Performance Report

To:
USAID Ethiopia

From:
International Orthodox Christian Charities

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Implementing Partner(s):	Cheshire Services Ethiopia (CSE) Ethiopia Center for Disability Development (ECDD)
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List of Acronyms

BBS	BASIC BUSINESS SKILLS
BOLSA	BUREAU OF SOCIAL AND LABOR AFFAIRS
CSE	CHESHIRE SERVICES ETHIOPIA
DPOs	DISABLED PERSONS ORGANIZATIONS
ECDD	ETHIOPIAN CENTRE FOR DISABILITY AND DEVELOPMENT
ENAPD	ETHIOPIAN NATIONAL ASSOCIATION OF PERSONS WITH DISABILITIES
ICRC	INTERNATIONAL COMMITTEE OF THE RED CROSS
IEC/BCC	INFORMATION EDUCATION COMMUNICATION / BEHAVIORAL CHANGE COMMUNICATION
IGA	INCOME GENERATING ACTIVITIES
IOCC	INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES
IWAE	IMPROVED WHEELCHAIR ACCESS THROUGH EMPOWERING LOCAL INITIATIVES IN ETHIOPIA
MFI	MICRO-FINANCE INSTITUTION
MOLSA	MINISTRY OF LABOR AND SOCIAL AFFAIRS
M&E	MONITORING AND EVALUATION
NBE	NATIONAL BANK OF ETHIOPIA
NGO	NON-GOVERNMENTAL ORGANIZATION
PMP	PROJECT MONITORING PLAN
POC	PROSTHETIC ORTHOTIC CENTRE
PWDs	PEOPLE WITH DISABILITIES
REMSEDA	REGIONAL MICRO AND SMALL ENTERPRISES DEVELOPMENT AGENCY
SEDI	SMALL ENTERPRISE DEVELOPMENT INSTITUTIONS
SCOBA	STANDING CONFERENCE OF CANONICAL ORTHODOX BISHOPS IN THE AMERICAS
SNNP	SOUTHERN NATIONS AND NATIONALITIES PEOPLES
TOT	TRAINING OF THE TRAINERS
UCP WFH	UNITED CEREBRAL PALSY WHEELS FOR HUMANITY
USAID	UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
WHO	WORLD HEALTH ORGANIZATION
WWI	WHIRLWIND WHEELCHAIRS INTERNATIONAL

Table of Contents

I. Project Overview.....	1
II. Project Implementation Details.....	2
III. Summary of Results	4
IV. Total Expenditure Summary.....	10
V. Overall Project Challenges and Lessons Learned	10
VI. Recommendations for Future Follow-Up.....	11
VII. References	13
VIII. Annex	14
Annex A: Success Stories	14
Annex B: Organizational Capacity and Experience	17

I. Project Overview

Background

It is estimated that there are more than 7.37 million persons with disabilities (PWDs) in Ethiopia (1) who face challenges related to discrimination, unequal burden of disability on women and children, their poverty status, a difficult physical environment, and the effect of conflicts, particularly among disabled war veterans. Discrimination comes from local misconceptions about disability being a punishment from God and affects PWDs' inability to find employment and lead productive lives. In particular, women and children with disabilities face severe inequality. Studies have shown that Ethiopian society does not recognize female PWDs as economically productive citizens, despite their significant contribution domestically (2). Furthermore, "Ethiopia is among the least developed countries in the world according to the 2001 UNDP Human Development Index." This low development and resulting poverty exacerbates the situation of PWDs in Ethiopia and increases their needs. In addition, Ethiopia's physical environment, including inaccessible roads and ill-equipped transportation, schools, housing, workplaces, and public facilities pose a challenge to PWDs.

Approximately 26% of PWDs are affected by mobility impairments (3) and could significantly benefit from the provision of wheelchairs to help overcome these challenges. "A wheelchair is more than an assistive device for many people with disabilities; it is the means by which they can exercise their human rights (4)." Currently, the majority of the wheelchairs in Ethiopia are imported through NGOs such as Motivation, Mobility without Barriers, Addis Guzo, and Latter Day Saints Charities. According to a baseline study regarding the delivery of mobility assistive devices to PWDs in Ethiopia, "interviews with key informants regarding the status of service delivery indicated that...service still lags behind the needs of PWDs... which also raised concerns about the sustainability(5)." The aforementioned cultural, demographic, and socioeconomic factors that affect PWDs' quality of life further elevates the importance of improving wheelchair service delivery in Ethiopia. As a result, there is a need to create a sustainable and cost-effective wheelchair production and delivery program that builds the capacity of local stakeholders.

In December 2011, USAID awarded International Orthodox Christian Charities (IOCC) a three-year cooperative agreement to implement Wheelchair Access through Empowering Local Initiatives in Ethiopia (IWAE) project which ended in June 2015 after receiving a six month no-cost extension. The project aimed to create a sustainable, cost-effective, and participatory wheelchair development and delivery program to meet the needs of persons with disabilities affected by mobility impairment. To meet IWAE project goals, IOCC built on its previous experience working with PWDs in an earlier USAID-funded PWD employability program and on its long-standing relationship with local wheelchair providers, and EOC-DICAC, the largest faith-based network in Ethiopia.

The Project Purpose, Objectives, and Strategies

The IWAE project aspired to create a sustainable, participatory, and cost-effective wheelchair development and delivery program to meet the needs of PWDs affected by mobility impairments. The project's approach was designed to build upon the capacity of local stakeholders and focus on inclusiveness and empowerment training. In order to do so, IOCC assembled a strong team of recognized local and international organizations with expertise and experience working in wheelchair service delivery and with PWDs. The organizations included in this team were Cheshire Services Ethiopia (CSE), Ethiopia Center for Disability (ECDD), United Cerebral Palsy Wheels for Humanity (UCP WFH), and Whirlwind Wheelchairs International (WWI). IOCC carried out a broad range of activities that focused on the inclusion of women, children, and war veterans as beneficiaries of the program and wheelchair technicians and rehabilitation practitioners as service providers.

The project contributed to increased wheelchair accessibility and awareness on the challenges faced by PWDs through the following three main interventions:

1. *Support and strengthen the provision of wheelchairs:* Wheelchair assembly and production activities were implemented by Cheshire Services Ethiopia (CSE) in partnership with United Cerebral Palsy Wheels for Humanity (UCP WFH), and Whirlwind Wheelchairs International (WWI); 2,828 beneficiaries were reached through this component.
2. *Improve the capabilities, quality, and appropriateness of wheelchair production:* 78 CSE and disabled people's organization staff received training from UCP WFH and project trained TOTs; 2,816 beneficiaries were trained.
3. *Support income generating activities (IGA) of wheelchair users:* The Ethiopian Center for Disability and Development (ECDD) provided technical and financial support to groups of persons with disabilities, including persons who received wheelchairs through the project; 1,342 beneficiaries were reached through this objective.

II. Project Implementation Details

Project Timeline

The IWAE project began December 12, 2011 and was completed June 30, 2015 after a six month no-cost extension.

Geographical Coverage

The IWAE project benefited wheelchair users throughout Ethiopia through wheelchair service provision and income generating activities. Although the assembly of wheelchairs was done at CSE's Menagesha Rehabilitation Centre, wheelchair service and follow-up was done at 3 CSE centers, namely Menagesha, Hawassa, and Dire Dawa. The mobile outreach services of the Menagesha Center in collaboration with the regional Prosthetics Orthotics Centers (POCs) covered Oromia, Southern Nations, Nationalities, and Peoples (SNNP), Amhara, Gambela,

Beneshangul-Gumuz, Somali, and Tigray regional states of Ethiopia, as well as two City Administrations – Addis Ababa and Dire Dawa. IGA activities were implemented through ECDD Addis Ababa and Hawassa offices.

Coordination and Collaboration

IOCC worked closely with UCP WFH, WWI, and its two local partners (CSE and ECDD) to build local capacity to provide sustainable wheelchair services in Ethiopia. In addition, IOCC played a formative role in establishing a wheelchair stakeholders group for PWDs that meets periodically in Addis Ababa. The purpose of the group is to foster increased information sharing, planning, and coordination for wheelchair services in Ethiopia. The group includes representatives from more than 20 governmental and non-governmental organizations working in the field of disability. It has been proved as a useful platform for exchanging information about members' programs and discussing opportunities and challenges in the disability sector, and allowed members to participate in the IWAE project by identifying and referring wheelchair users, organizing service delivery facilities, and follow-up of beneficiaries. The national organizations that collaborated with the project were Ministry of Labor and Social Affairs, Regional Bureau of Labor and Social Affairs, physical rehabilitation centers, prosthetics orthotics centers, community based rehabilitation programs, faith-based organizations, disabled people's organizations, and City Administrations.

Project Management

The cooperative agreement was managed by a combination of IOCC's international headquarters in Baltimore, USA and field office in Addis Ababa, Ethiopia. The Director of Programs and Regional Programs Officer for Africa at Headquarters (HQ) provided overall backstopping, strategic support, and technical assistance to the project. The HQ Programs and Finance Departments ensured compliance, technical quality, legal advice, human resources support, security awareness, and financial monitoring, ensuring cash needs at the field are met, responding to contractual queries, and reviewing work plans, reports, and budgets. In addition, HQ ensured that all reports were delivered to USAID in a timely fashion.

IOCC Ethiopia's Country Representative had overall responsibility for leading and overseeing the administrative, programmatic, and operational implementation of the project, supported by the Senior Program Manager and by the IWAE Project Manager. A cohesive and efficient team among partners prevailed utilizing the strengths and unique qualifications of each partner throughout the life of the project. The Senior Programs Manager and IWAE Project Manager were responsible to oversee activity implementation and coordination including liaising with partner staff, ensuring project objectives and expenditures were met per the approved budget, and monitoring and evaluation. Furthermore, frequent supportive supervision site visits were carried out by the management team to ensure the sub-awardees' proper implementation of activities. The Finance Manager was responsible for overall financial oversight of the project and ensured compliance with USAID regulations. Day-to-day financial activities including tracking of expenditures, bank reconciliations, and financial reporting were managed by the

Project Accountant. CSE and ECDD hired project and support staff necessary to implement the project.

Project Monitoring and Evaluation

IOCC used its experience of over 20 years in monitoring and evaluating projects to ensure IWAE’s activities, outputs, and outcomes were achieved within the designated timeframe. Project activities, outputs, and outcomes were tracked by CSE and ECDD project coordinators, CSE Technical Manager, as well as by the IOCC IWAE Project Manager and M&E Coordinator. Project Monitoring Plans (PMP) and monthly reporting forms were developed to track indicators which were verified through frequent site visits. The IOCC, CSE, and ECDD project management team met regularly to track expenditures, performance indicators, and the overall progress of project implementation. Data collected from field sites was assessed and incorporated into progress reports prepared by the IOCC Senior Program Manager and IWAE Project Manager in cooperation with CSE and ECDD staff. Problems and/or issues were addressed throughout the life of the project to ensure targets were met and outcomes achieved in an efficient, cost effective, and timely manner.

III. Summary of Results

Process Level Results

To meet project goals, IOCC engaged in grant management and coordination; supported and strengthened the provision of wheelchair services in the country; improved the capabilities, quality, and appropriateness of wheelchairs; and promoted IGA activities for wheelchair users.

1. Support and strengthen the provision of wheelchair services.

Throughout the project, IOCC sought to build CSE’s ability to achieve sustainable and cost-effective wheelchair assembly and production. This was accomplished in partnership with UCP WFH and WWI and a Technical Manager at CSE. The CSE Menagesha Rehabilitation Centre production workshop was expanded and provided with equipment and tools whereas the Dire Dawa and Hawassa centers received equipment and tools for maintenance and repair of wheelchairs at the center and through mobile workshops. In year one, UCP WFH and WWI worked with IOCC and its local partners to identify 2,900 wheelchair parts to be imported for wheelchair assembly. In addition, they trained technicians on pediatric and adult wheelchair assembly and prototype development. By the end of the project, 12 technicians at CSE were trained and the Menagesha workshop was transformed from doing assembly, repair, and maintenance to producing wheelchairs.



Furthermore, IOCC contracted WWI to do a feasibility/ sustainability study of the wheelchair production and beneficiary services provided by Cheshire Services Ethiopia. The study analyzed the following elements: organizational capacity, staff technical capacity, cost, and market potential. WWI concluded that IOCC and CSE need to assess the cost of assembly versus manufacture to discern the best option. Regarding market potential, the study concluded that the opportunity to build a sustainable market is favorable due to the large number of international humanitarian and development organizations that can be approached for support. However, as much as possible, IOCC/CSE should seek to establish a long-term reliable relationship that will endure for many years. The study concluded that CSE is fully capable of assembly and with additional assistance can become technically proficient to manufacture wheelchairs as demonstrated by their ability to make prototype Rough Riders, children, and hand tri-cycle chairs at the Menagesha workshop using locally available materials and components. It was observed that CSE has a strong administrative structure and is capable of running a successful business. WWI recommended setting up a private business alongside the NGO to attract sufficient start-up capital to establish a wheelchair manufacturing venture.

2. Improve the capabilities, quality, and appropriateness of wheelchair production.

To improve the capacity and quality of wheelchair production, IOCC worked with technicians and rehabilitations practitioners associated with CSE and POCs in Amhara, Beneshangul-Gumuz, Gambela, Harar, Oromia, SNNP, and Tigray regional states, as well as Addis Ababa and Dire Dawa City Administrations. This was done through training based on Jamie Noon's curriculum and the *WHO Guidelines on the Provision of Manual Wheelchairs in Less Resourced Settings* that was successfully used in UCP WFH's USAID-funded program in Indonesia. The training was facilitated by UCP WFH and consisted of a five-day Basic Level (WSTP-B) and ten-day Intermediate Level (WSTP-B) training. The main purpose of WSTP-B training was for personnel involved in wheelchair service delivery to acquire minimum skills and knowledge required for this work. The second part of the WHO training (Intermediate Level) focused on addressing the needs of people with severe difficulty walking and moving around and with poor postural control. IOCC worked with CSE to integrate these activities into its regular paramedical/ rehabilitation programs – physiotherapy, prosthetics and orthotics, and rehabilitation program. A total of 78 rehabilitation practitioners associated with CSE and POCs were trained on Basic and Intermediate level service delivery. These trained practitioners then delivered one-day workshops to 2,816 users and caregivers who received wheelchair services during the project.

The following table highlights the eight steps in WHO wheelchair service delivery. Using this simple guideline, CSE's has changed from simply handing out wheelchairs to using the eight steps to meet the needs of every client, thereby improving their services and the quality of life of wheelchair users.

The Eight Steps WHO Wheelchair Service Delivery

- **Referral and appointment:** Users refer themselves or are referred through networks made up of governmental or nongovernmental health and rehabilitation workers or volunteers working at community, district or regional level. Some wheelchair services may need to identify potential users actively if they are not already receiving any social or health care services or participating in school, work or community activities.
- **Assessment:** Each user needs an individual assessment, taking into account lifestyle, work, environment, and physical condition.
- **Prescription (selection):** Using information from the assessment, a wheelchair prescription is developed together with the user, family members or caregivers. The prescription details the wheelchair type and size, special features, and modifications. It also describes training the user needs to practice to maintain the wheelchair properly.
- **Funding and ordering:** A funding source is identified and the wheelchair is ordered from stock or the supplier.
- **Product (wheelchair) preparation:** Trained personnel prepare the wheelchair for the initial fitting. Depending on the available product and service facilities, this may include assembly and possible modification of products supplied by manufacturers or manufacture of products in the service workshop.
- **Fitting:** The user tries the wheelchair and final adjustments are made to ensure the
 - Wheelchair is correctly assembled and set up. If modifications or postural support are needed, adjustments are made.
 - Components are required, additional fittings may be necessary.
- **User training:** The user and caregivers are trained how to use and maintain the wheelchair safely and effectively.
- **Maintenance, repair, and follow up:** The wheelchair service provides maintenance and repair services for technical problems that cannot be solved in the community. It is appropriate to carry out follow up activities at the community level to check wheelchair fit and provide further training and support, as needed.

To contribute to a sustainable improvement of wheelchair services in Ethiopia, IOCC also worked with UCP WFH and CSE to train physiotherapists as Trainers of Trainers (TOTs). Six top-performing trainees were selected to train others on Basic and Intermediate level wheelchair service delivery. This training method is supported by a recent evaluation of the Ethiopian National Association of the Physically Handicapped (ENAPH) TOT which found that it prolonged the life and utilization of wheelchairs (6).

The IWAE project imported a total of 2,900 sets of basic (Harmony, Rough Rider, and Hand tri-cycle) and intermediate (children) wheelchair parts which were assembled by 12 IWAE project trained technicians. The basic and intermediate wheelchairs allowed physiotherapists to consider all aspects of service delivery as they provided wheelchair services to a total of 2,816 (2,144 basic and 672 intermediate) wheelchair clients. The experience gained by adopting the WHO guideline of service delivery, particularly the assessment, fitting, and user training resulted in improved mobility. The additional postural support for intermediate children wheelchair users helped them as they grow. The user identification, referral, maintenance, and repair training provided to rehabilitation workers of partner organizations at the regional level brought the follow-up service closer to the users. Above all, as the number of trained

practitioners increases at the national level, the quality of service delivery is expected to improve with the potential to increase service delivery in hard to reach areas.

Furthermore, the IWAE project increased awareness about the importance of wheelchair delivery services at the regional and local levels among government officials, wheelchair users and their families, and health and rehabilitation professionals, among others. The project also increased awareness among persons with disabilities that having access to a wheelchair and wheelchair services is their human right which they should demand from responsible bodies.

3. *Promote IGA activities for wheelchair users.*

To promote income generating activities for wheelchair users, IOCC built on its experience with a previous USAID-funded project (Increasing the Employability of People with Disabilities in Ethiopia) and ECDD's five-year experience providing technical and financial IGA support to groups of PWDs in Ethiopia. Through this project, IOCC promoted the economic empowerment of PWDs by organizing them into cooperatives, providing small business training, and linking them with microfinance institutions where they could borrow start-up capital for their enterprises. This project provided linkages to the ECDD-Abilis Foundation through which offered additional training and start-up capital.

During the life of the project, IOCC in partnership with ECDD promoted the economic empowerment of wheelchair users located in Addis Ababa City Administration as well as Oromia and SNNP regional states. This was accomplished by organizing PWDs into cooperatives/self-help groups, providing essential assistance to PWDs, and conducting disability inclusiveness training to microfinance institutions (MFI) and small enterprise development institutions (SEDIs).

To promote economic empowerment of PWDs, ECDD and selected MFIs signed a Memorandum of Understanding (MoU) that served as a springboard to train MFI and SEDI personnel. The MOU contained guiding principles to promote disability inclusion activities. A total of 143 individuals representing 31 financial service providers were trained on increasing PWD's access to their services. Organizations that took part in the training included operational managers and representatives from the National Bank of Ethiopia (NBE), Association of Ethiopian Microfinance Institutions (AEMFI) and ReMSEDAs, and Eshet, Gasha, Aggar and Meklit MFIs, as well as Addis Credit and Savings. The objective of the training was for the MFIs to create a friendlier and more accepting environment, as well as increase the accessibility of loans and technical support for PWDs. The training focused on such topics as explaining disability issues, financial service delivery and access to loans, the importance of financial and technical support, as well as creating suitable environments for PWDs. As a result of these interventions, NBE in consultation with Association of AEMFI and ECDD issued a directive that requires MFIs to incorporate disability disaggregated data in their reports and reinforces their commitment to

Zerihun is an eight-year old with congenital lower and upper limb deficiency who lives in Ambo town. He was able to attend school for the first time because of his improved mobility thanks to a wheelchair provided through the IWAE project.

include PWDs in financial services. In addition, the financial institutions provided financial advice for PWDs running businesses individually or in groups.

To convey key messages about the importance of including persons with disabilities in mainstream services, a number of information education communications and / behavioral change communication (IEC/BCC) materials were developed and distributed to partner organizations, including disabled persons organizations (DPOs) and MFIs. These materials included a 2013 calendar and brochures with important disability inclusion tips, such as ways to make the work place more accessible. Six training manuals on inclusion, leadership, and small business development were also developed.

To promote group income generating activities, IOCC's partner ECDD formed IGA groups, designed IGAs, assisted groups to prepare business plans, and completed applications for start-ups in Addis Ababa, Adama, Arba Minch, Asella, Bishoftu, Hawassa, Jimma, and Wolkite. Before providing start-up capital, ECDD carried out assessments of cooperatives/self-help groups and visited potential beneficiaries. This resulted in the selection of groups with feasible business ideas and adequate human and material capital including suitable workspace, legal registration, and adequate membership. The cooperatives/self-help groups are now engaged in various types of income generating activities, including poultry production, tailoring, leather craft making, food and restaurant service delivery, mushroom production, regular and traditional/ beeswax candle making, sheep and goat fattening, bakery, handicraft, vegetable and fruit selling, and sanitation services. These groups generate income for themselves and their cooperatives and also provide services to their communities by creating employment for others. By the end of the project, a total of 27 cooperatives/self-help groups with a total of 468 (294 male and 174 female) PWDs were provided with start-up capital totaling nearly \$111,000 (2,221,129 ETB).

To further enhance the capacity of IGA groups to succeed in the respective IGA schemes, the project provided vocational skills training by local technical and vocational colleges and training institutes. The vocational skills training areas include leather crafts, tailoring, candle making, dairy, poultry, and mushroom production. During the life of the IWAE project, a total of 148 (102 male and 46 female) persons with disabilities were provided with vocational skills and knowledge that improved their production. The enhanced performance of cooperatives/self-help groups is a clear indication that persons with disabilities can increase their productivity if provided with training and financial and technical support.

While start-up funds and vocational skills are crucial, basic business skills (BBS) and leadership skills were identified as equally important for the success of cooperatives/self-help group's income generating activities. To that end, BBS and leadership skills training was provided to 38 cooperatives with a membership of 792 PWDs (519 male and 273 female) in towns and cities in Oromia and SNNP regions and Addis Ababa City Administration. The objective of the training was for participants to acquire knowledge and understanding of basic business skills and concepts and to learn leadership skills. During the sessions, participants were introduced to basic business concepts, product marketing, and basic bookkeeping. The training and start-up

capital coupled with improved mobility through receipt of wheelchairs allowed persons who were previously confined to their homes to become self-sufficient and more confident.

Furthermore, leadership training was provided to 50 leaders (27 male and 13 female) of cooperatives/self-help groups from eight cooperatives/self-help groups in Addis Ababa, Adama, Arba Minch, Asella, Bishoftu, and Jimma. The training was based on the leadership training manual prepared through this project and covered the following topics: meaning of leadership, leading versus managing, traits of effective leaders, and time management. Moreover, the training focused on the competencies required to lead disabled persons organizations (DPOs) and cooperatives. The cooperatives that received leadership training became better decision makers and more successful in their businesses, while their leaders became more transparent and accountable and their members became more motivated.

Outcome level Results

The following table summarizes the IWAE project outcome indicators and achievements and how often monitoring took place for each indicator.

	Indicators	Target		Total Target	Result		Total Result	Frequency of Monitoring
		Female	Male		Female	Male		
1	Number of workshops expanded for assembly and production	N/A	N/A	1	N/A	N/A	1	Annual
2	Number of wheelchairs consigned	N/A	N/A	2,900	N/A	N/A	2,900	Bi-annually
3	Number of adult PWDs provided with wheelchair services	1,087	1,088	2,175	838	1,306	2,144	Quarterly
4	Number of child (3-14) PWDs provided with wheelchair services	362	363	725	283	389	672	Quarterly
5	Number of wheelchair clients and/or caregivers trained on wheelchair maintenance and services	2,900*			2,816**			Quarterly
6	Number of wheelchair technicians trained on wheelchair assembly and basic service delivery	4	8	12	0	12	12	Quarterly
7	Number of wheelchair rehabilitation practitioners trained on basic wheelchair service delivery	12	15	27	8	61	69	Bi-annually
8	Number of wheelchair rehabilitation practitioners trained on intermediate wheelchair service delivery				6	30	36	Bi-annually
9	Number of wheelchair rehabilitation practitioners trained on TOT	2*			1	5	6	Quarterly
10	Number of income generating groups provided with start-up capital	N/A	N/A	16	N/A	N/A	27	Quarterly
11	Number of individuals trained on increasing access to PWDs in their service delivery	150*			150**			Quarterly
12	Number of PWDs trained on BBS	250	500	750	273	519	792	Quarterly
13	Number of individuals provided with income generating start-up capital	100	300	400	174	294	468	Quarterly

* Sex disaggregated indicator was not set during planning.

** There is lack of sex disaggregated data.

IV. Total Expenditure Summary

Cost Element	Approved Revised Budget	Total Project Expense	Variance by Percentage
Personnel	204,408	205,451	-1%
Fringe Benefits	84,062	83,366	1%
Consultants	106,963	82,146	23%
Travel and Transportation	36,024	28,413	21%
Equipment	727,793	720,719	1%
Other Direct Costs	40,805	44,496	-9%
Program Activities	317,262	343,105	-8%
Sub-Grants	320,078	306,561	4%
Indirect Costs	148,149	156,831*	-6%
	1,985,544	1,971,087	1%

* Provisional rates are used for FY 2014 and 2015 NICRA.

V. Overall Project Challenges and Lessons Learned

Challenges

- The main difficulty for the project was the absence of clear national policy on wheelchair service provision and service infrastructure.
- The wheelchair stakeholders' coordination initiative might not be sustainable due to lack of ownership by its members. In principle, the government of Ethiopia (MoLSA) should lead coordination efforts but this has not happened so far.
- IOCC worked with its partners to build local capacity, including Prosthetic Orthotics Centers (POCs) in Amhara, Beneshangul-Gumuz, Gambela, Harar, Oromia, SNNP, and Tigray regions, as well as in Addis Ababa and Dire Dawa City Administrations. However, many of the trained therapists cannot practice what they learned because most physiotherapy centers lack wheelchairs. Also, people remain dependent on the donation of wheelchairs from abroad, which are frequently poor quality, may not be appropriate for users, and are ill-suited to the rough environment in which they are used.
- The majorities of wheelchair users are poor and live rural areas which makes it challenging for them to reach partner service centers, especially for the follow-up aspect of wheelchair service delivery. Many clients consider receiving a wheelchair their ultimate goal and do not understand the need for follow-up services.
- Physical barriers in Ethiopia have been a challenge for wheelchair users in both rural and urban settings. There are few adequate roads, terrain is often rough, and public buildings are generally not accessible to wheelchair users.
- The requirement that cooperatives/self-help groups are comprised of 70% of wheelchair users created a challenge because users do not live in the same residential area. Yet, local

government bodies require that cooperatives/self-help groups be formed by residents from the same Woreda or Kebele in order to be recognized and participate in the IWAE project.

- In many cases, the number of individuals per cooperative/self-help group varied from the original plan. The original target was to organize 400 individuals into groups with approximately 25 persons in each. In fact, the groups were smaller in size and the number of cooperatives reached 27, as compared to the project target of 16 groups. This required staff to conduct more monitoring visits.
- Securing work space from the government for cooperatives to setup income generating activities was not easy because of complex government procedures and stringent requirements and short timeframe.
- The amount allocated for start-up capital or seed money was too little for groups to start viable a income generating activity. The money allocated was \$225 per member in each cooperative/self-help group.

Lessons Learned

- Close follow-up and support by local government structures is required for cooperatives/self-help groups to succeed and become sustainable.
- Extending income generating activity support to priority government sectors or areas provides the advantage of market linkages, close support and follow-up by government offices, and easy acquisition of workspace.
- If the required financial and technical support is available and mobility challenges are resolved, people with mobility challenges can find work and be successful.
- Strong partnerships among organizations with different types of expertise contributes to the achievement of results in a multi-dimensional project, like this one.

VI. Recommendations for Future Follow-Up

The Government is the primary body responsible for the rehabilitation of persons with disabilities and the provision of wheelchairs, as expressed in the Social Welfare Policy and the United Nations Convention on the Rights of Persons with Disabilities which the Ethiopian Government has ratified. Sustainable and high quality wheelchair services require a government policy that defines service structures, resource allocation, supply of wheelchairs, and human resource development. Government involvement in future undertakings with PWDs is crucial. To achieve the ultimate aim of enhancing inclusion and full participation of PWDs in society, partnership and networking among local and INGO stakeholders and key government bodies is also a prerequisite which future projects need to take into account.

To sustain this project's achievements, partners need to design projects with a holistic approach to wheelchair services and a focus on youth. Such an initiative should make CSE the first producer of high quality, durable wheelchairs in Ethiopia, expanding CSE's wheelchair services (assessment, fitting, follow up, maintenance, and repair), and creating new linkages to local microfinance institutions (MFIs) enabling wheelchair users to pursue livelihood

opportunities and become self-sufficient. This project would train a new cadre of technicians and therapists to increase service coverage through CSE Centers located in all parts of the country, while reinforcing the wheelchair repair training received by technicians and therapists under this grant. In connection with the above, there is a need for a detailed feasibility study to examine the creation of social enterprise to produce wheelchairs on a large scale to meet the needs of PWDs in Ethiopia.

The following are specific recommendations for the continuity of future wheelchair services in Ethiopia.

- The national government needs to be motivated to assume its responsibility to incorporate wheelchair service delivery into national policies and plans.
- Wheelchair service delivery needs to be integrated into health care and physical rehabilitation services.
- Accessibility of infrastructures and transport systems need to be addressed to increase mobility of wheelchair users.
- High quality wheelchairs need to be produced locally.
- Continue to enhance CSE's capacity to provide quality wheelchair services.
- Ensure wheelchair users in all parts of the country benefit from WHO standard wheelchair maintenance and repair services.
- Increase opportunities for PWDs social integration in the community by promoting their economic empowerment through participating in small scale enterprises and business and vocational training.
- Conduct a feasibility study to create a social enterprise to locally produce wheelchairs that will meet the growing demand for same in Ethiopia.

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VIII. Annex

Annex A: Success Stories

A Wheelchair Allows a Child to Dream Big in Ethiopia

Belete is a nine year old child who started going to school for the first time as a result of a wheelchair he received from IOCC. IOCC works with its local partner Cheshire Services Ethiopia on a wheelchair service provision program funded by the United States Agency for International Development (USAID).

Belete was born with a congenital lower and upper limb deficiency. From birth, his parents faced difficulties caring for him in Ambo, 130 kilometers from the capital city, Addis Ababa. His father Tesfaye tells us that Belete's mother passed out after seeing her child's physical appearance at birth. Even though she tried breast feeding, she was unable to produce milk. The father adds "he had to buy cow milk which he mixed with water to feed his child himself." He suspects that the decay on Belete's milk teeth is due to lack of his mother's breast milk.



Until a year ago, all Belete could do was play with other children in the front yard of his home. Unfortunately, his play time never lasted long. His father tells us that Belete would withdraw from the rest of the children and kept to himself. He would find a secluded space and play with sticks on his own. His father says that it did not take Belete long to start believing that he could not run or do many of the things his peers did as a result of his disability. Moreover, he could not attend school because there was no way for him to get there unless someone carried him. Neither of his parents could take time off to take him back and forth to school. His father is a daily laborer while his mother makes *Injera* (like bread) which she sells to the neighbors. Belete has two older brothers and one adopted sister.

Now, the wheelchair and Belete have become inseparable. Belete's parents could not contain their excitement when they were told their child would be fitted for a wheelchair. The day after he was fitted, they enrolled him in a nearby school. A local community based rehabilitation program pays the equivalent of \$8 per month for his schooling. Belete uses his wheelchair to go to school where is learning to read and write. He has also become very interactive with other children and confidently plays with them. His younger sister attends kindergarten with him. In their classroom, they sit next to each other as they learn numbers and alphabets. Belete's parents tell us that they are grateful to see their child happy and claim that he is showing improvements in many aspects of his life, including speech.

Belete enjoys very much and is proud to show off his very first and brand new backpack. He tells us that he wants to become a helicopter pilot.

Photo credit: Haregewoin M. Desta

Improved Income through Production and Sales of Candles

Godada is a young woman who became responsible for herself and her younger sister at a young age. Of course, because of her disability, she could not bring water from the stream or collect firewood as many young girls do in her community. As a result, she moved to Addis Ababa in search of a way to earn income or a miracle that might enable her to move around freely.

In Addis Ababa she and her friends formed a government recognized cooperative - Godada, Mergia and Friends Candle Production Partnership – after getting connected with a USAID-funded project working towards improving wheelchair services and social rehabilitation of users. In this project, Godada and her friends learned how to make candles and they received basic business and leadership training. Godada also says that she got her first practical and comfortable wheelchair as well as financial and technical support as they setup their own candle making business through the project and received a space for the candle making business from the Addis Ababa City Administration. With her share of income, and improved mobility from her wheelchair, Godada says she now has dependable income and earns enough that she is able to put a little bit into savings every week.



USAID partnered with International Orthodox Christian Charities, the Ethiopia Center for Disability Development and Cheshire Services Ethiopia to make this success possible. With USAID support, the project provided 2,900 wheelchairs capable of navigating Ethiopia's rugged terrain. Hospitals or communities help to identify those most in need of assistance who have been able to acquire wheelchairs on their own. The project also trained 792 people with disabilities in small business development to support themselves.

Godada is among the 27 income generating groups comprising of 25 members that received start-up seed money. Increased mobility, decreased dependence on others, and better business skills are just a few of the contributions this project has made for the disabled community in Ethiopia. As this USAID project comes to a close, 2,816 people now have success stories to share about receiving a wheelchair and training that enabled them to live more productive lives with dignity. More importantly, they have shown to others what they are capable of when equipped with the right tools.

Photo credit: Haregewoin M. Desta

Building Local Capacity to Deliver Quality Wheelchair Services in Ethiopia

Kedir is a physiotherapist who has been working with Cheshire Services Ethiopia (CSE) for the past eight years. He supervises the fitting of wheelchair clients at the CSE Menagesha center. Previously, he used to simply pick a wheelchair from the warehouse and deliver it to either a child or an adult without considering any of the client's physical needs. His outlook on wheelchair service delivery changed once he was trained by IOCC on the World Health Organization's guidelines for basic and intermediate service delivery. Since then, he has supervised the delivery of wheelchair services to over 2,816 clients in a three year period. In addition, he became one of the three physiotherapists trained and certified as Trainers of Trainers (TOTs) based on WHO Guidelines in Ethiopia.

Kedir says he sees great success in his work as his wheelchair clients report they are much more comfortable in the chairs after he fits them. Clients also tell him they are happy with his training on the use and maintenance of wheelchairs and how to stay healthy in a wheelchair. This project imported parts that trained technicians used to assemble wheelchairs, allowing technicians and physiotherapists, like Kedir, to improve assessment, prescription, fitting, and follow-up with clients.



IOCC, in partnership with the United States Agency for International Development (USAID), initiated a project to improve the wheelchair service delivery in Ethiopia. IOCC works with its local partner Cheshire Services Ethiopia (CSE) through its center based and outreach programs to deliver wheelchair services in target cities and hard to reach areas of Ethiopia. This project builds local capacity by training physiotherapists as Trainers of Trainers (TOTs) based on World Health Organization (WHO) basic and intermediate level wheelchair service training packages. So far, IOCC has trained 78 physiotherapists on basic and intermediate level wheelchair service delivery

IOCC, in partnership with CSE, has delivered services to a total of 2,816 wheelchair clients.

Photo credit: Solomon Hailu

Annex B: Organizational Capacity and Experience

A. International Orthodox Christian Charities (IOCC)

IOCC is the humanitarian organization of the Assembly of Canonical Orthodox Bishops of North and Central America and is registered in the United States as a 501(c) (3) non-profit organization. Since its inception in 1992, IOCC has provided more than \$538 million in humanitarian relief and development assistance to families and communities in 50 countries around the world.

Since initiating activities in Ethiopia in 2003, IOCC has established a strong technical team that is working to improve the health and well-being of the country's families and communities by improving access to food, water, education and job opportunities, responding to natural disasters, as well as initiating groundbreaking community programs to combat the country's HIV/AIDS, Podoconiosis epidemic, and empower the disabled.

- Empowerment of the Disabled - IOCC has helped to bring mobility and a better quality of life to physically challenged people and their families by improving access to wheelchairs. The program provides ready access to wheelchairs, spare parts, and job training for wheelchair recipients, which in turn will benefit the lives of more than 18,000 of Ethiopia's disabled children, women, and veterans.
- Podoconiosis Prevention and Treatment - More than three million Ethiopians suffer from this debilitating disease of the feet and legs and 35 million are at risk. Since 2009, IOCC in collaboration with medical epidemiologist Dr. Gail Davey has developed a scalable model to address this neglected disease with an aggressive prevention and treatment program launched in Debre Markos. With support from TOMS Shoes, IOCC has expanded its efforts to six clinics in the Amhara region and provided shoes, treatment, and foot care supplies to help treat the disease.
- HIV/AIDS Prevention - To combat an epidemic which has left nearly one million Ethiopian children orphaned due to AIDS, IOCC implemented a nationwide education program that has reached over 12 million Ethiopian men and women with prevention and awareness messages. IOCC's latest efforts have provided nearly 22,000 expectant mothers with HIV/AIDS screening and counseling to help prevent new infections from mother to child and improve safe motherhood. People living with the disease and orphans and vulnerable children who have been affected by HIV and AIDS have also received assistance such as food, clothing, medical care, and one-time start-up capital to create income-generating projects.
- Disaster Relief - In response to the Horn of Africa drought and related famine that forced millions of Somalis to seek relief in neighboring Ethiopia, IOCC provided refugees with lifesaving nutrition and sanitation support and constructed a secondary school to accommodate more than 500 teenage refugees whose education was disrupted by their flight from famine.

B. Cheshire Service Ethiopia (CSE)

Founded in 1962, CSE is an independent nonprofit organization that provides orthopedic and social rehabilitation services for children and young people with disabilities in Ethiopia. It has a network of medical facilities to treat orthopedic disabilities and helps the community remove the stigma associated with disability through social rehabilitation services. CSE's Menagesha Rehabilitation Center is the largest rehabilitation facility in the country. The Center supplies a comprehensive range of treatment including walking aids, artificial limbs, physiotherapy, and counseling. CSE's Outpatient Department offers orthopedic treatment for all ages, including customized prosthetic limbs and wheelchairs that are made in its orthopedic workshop according to the highest standards. In addition to Menagesha, CSE has service centers in Hawassa, Dire Dawa, and Harar. The Centers bring together PWDs, parents, and rehabilitation workers to improve the lives of children with developmental, physical, and sensory disorders through teaching essential skills for daily living. To reach PWDs living away from the Centers, CSE has an outreach program to follow up existing cases and identify new cases for assessment and treatment. The outreach program reaches 20 rural and isolated communities.

C. Ethiopian Center for Disability and Development (ECDD)

Established in 2005, ECDD works collaboratively with other organizations to promote and facilitate disability inclusion in Ethiopia. It advocates for the inclusion of disability issues and persons with disabilities in mainstream government and non-governmental service delivery and development programs. It has 60 members and branch offices in Mekele, Tigray Region, and in Hawassa in Southern Nations, Nationalities, and Peoples' Regional State, plus local disability advisors in Afar, Somali, and Oromia Regional States. During the past two years, ECDD has worked with IOCC to increase access and financial support for self-employment of individuals and self-help groups of persons with disabilities.