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30 January 2001

Mr. Lee Forsythe
Humanitarian Assistance Program
USAID/Cambodia
#18 Mongkul Eam Street (St 228)
P.O. Box 35
Phnom Penh, Cambodia

Dear Mr. Forsythe

Please find attached the first quarter report of the *Prosthetics and Orthotics Rehabilitation Project Phase V for Viet Nam* (492-G-00-98-00048-00). This report describes activities that were accomplished during this one quarter no-cost-extension. Please note, that an end-of-project report will be submitted to USAID by the end of this March.

If you should have any questions, please do not hesitate to contact me. Until then, I remain,

Sincerely yours,

Michael Hegenauer, Ph.D.
Manager
Rehabilitation Program
World Vision in Viet Nam

CC: Mark Kelly, WV/Ha Noi
Dr. Laura Grosso, WV/Washington D.C.
Lloyd Feinberg, USAID/Washington D.C.
Rob Horvath, USAID/Washington D.C.
Gloria White, USAID/Washington D.C.

Report Period:	**1 October 2000 - 31 December 2000 (one quarter no-cost-extension)**
Name of PVO:	**World Vision International / Vietnam**
USAID Grant Agreement Number:	**492-G—00-98-00048-00**
Title of Project:	**Prosthetics and Orthotics Rehabilitation Project -Phase V for Viet Nam**
Date of This Report:	**16 January 2001**

Introduction.

This is World Vision Vietnam's (WVV) FY2001 first quarter report (no-cost-extension) for the *Prosthetics and Orthotics Rehabilitation Project Phase V for Viet Nam.* The following report is based on the stated activities to be completed during the one quarter no-cost-extension time period, most notably the purchase and delivery of medical equipment to the four rehabilitation centers, the completion of the end-of-project evaluation, and the production and fabrication of prosthetic and orthotic devices.

At the end of the no-cost extension period, all of these activities were completed. The checking of all recipient records has been completed, and all payments for prostheses and orthoses manufactured during the quarter/year was also completed.

This year marks the completion of eight years of collaboration between WVV and USAID in working with the four rehabilitation centers. Simply put, this partnership has been successful in increasing both the quality and quantity of services for people with physical disabilities. WVV is sincerely grateful to USAID for their assistance and support during this time period. People with difficulty moving have been helped, and WVV has learned a lot.

Finally, per contractual agreement, an end-of-project report is required to be submitted by the end of March 2001. WVV will submit the final report at that time.

Activities.

The following activities were conducted during this one quarter no-cost extension time period.

1. Purchase of equipment

Accomplished. As agreed upon by USAID and WVV, a large order of rehabilitation medical equipment was purchased and successfully delivered to the four rehabilitation

centers. The supplier finished delivery of all equipment in early December 2000. Where needed, they provided training to the four rehabilitation center staff on the proper use of certain equipment. In April 2001, follow-up training will be conducted to ensure the proper use of the equipment.

2. Prosthetic and orthotic device production

Accomplished. All device production for FY2000 was completed by 30 September 2000. Therefore, during the no-cost-extension period, WVV requested USAID if additional devices could be produced and fitted. Upon USAID permission, the four rehabilitation centers fabricated an additional **1143** devices (please see the attachment for further details).

3. Worker safety inspection

Accomplished. During this reporting period, WVV staff inspected worker safety activities. Informal discussions were held regarding the continuation of worker safety activities as this project comes to an end.

4. Quality control inspection

Accomplished. World Vision Staff conducted random checks on the quality of devices and proper fitting during each of the outreach trips. Ninety-six percent (96%) of the devices were accepted by beneficiaries.

5. Outreach trips

Accomplished. Each rehabilitation center conducted one outreach trip during the quarter. A total of **431** devices were delivered to beneficiaries during these trips.

6. Sustainability: preventive maintenance inspection

Accomplished. Maintenance records were checked at each rehabilitation center. Informal discussions were held with management and technician staff on their plans to continue their equipment maintenance programs.

7. Sustainability: monitor cost sharing

Accomplished. Talks were held with the four rehabilitation directors and MOLISA on MOLISA's ability/willingness to pick up costs as WVV/USAID funding stops. There is still a lot of concern by the rehabilitation centers. Clearly, device production will fall off, and services rendered will be more focused towards war veterans (as opposed to civilians and children with non-traumatic developmental disabilities injuries - post-polio, cerebral palsy, club foot, birth defects).

8. Cooperation with other NGOs (and government)

Accomplished. During the quarter, WVV participated in gatherings conducted by the Disability Forum and a conference on employment opportunities for adults with difficulty moving in manufacturing enterprises.

9. End-of-project evaluation

Accomplished. The end of project evaluation was conducted in October 2000. Mr. Ron Altman, a prosthetic/orthotics technician from the United States (who has conducted previous evaluations for both World Vision and USAID), was the evaluator. In summary, the evaluation found that the project's goal and objectives were achieved. Findings showed not only a significant increase in the quality of the devices made and the services delivered, but also an increased sense of professionalism and pride on the part of the rehabilitation personnel involved in the project.

One recommendation from the evaluator is that the project should continue, but with a greater emphasis on children, especially the very young child (infant, toddlers). The final evaluation will be forwarded to the USAID offices in Phnom Penh, Ha Noi and Washington D.C.

Lessons learned / Future directions.

- World Vision Viet Nam has learned a lot from the last eight years in partnership with USAID in introducing new rehabilitation technology to Viet Nam. Providing services to children and adults is now a central part of WVV's national strategy. WVV is looking to expand our involvement in learning how best to assist people with disabilities, with an emphasis on children, in particular the very young child.

- To date, most rehabilitation medical services and the new technology that has been introduced has focused on war veterans. People with civilian based traumatic injuries (traffic and labour accidents) have also benefited from this new technology. However, children with a developmental disability (post polio, cerebral palsy, club foot, and birth defects) still have a difficult time accessing these new upgraded services.

- Because of this, WVV's long term goal will be for all of our community development projects to be concerned with disability. In addition, we will also continue to pursue special funded, sector projects, as well. With this, WVV is pursuing to development three projects:

Helander states that there are three types of rehabilitation service systems, centre based, outreach, and community based.[1] The three projects that WVV will develop and seek funding for represent facets of these three models. These three projects are:

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[1] Helander, E. (1999). **Prejudice and Dignity: An Introduction to Community Based Rehabilitation:** Second Edition, New York: UNDP.

1. Paediatric Rehabilitation Medical Services Development - (centre-based).

This project would continue to work with three of the four rehabilitation centres associated with the now ending Phase V Prosthetics and Orthotics Rehabilitation Project -- Quy Nhon, Vinh, and Thanh Hoa. Even though the project will allow some device production for adults with difficulty moving (the need is still there), the emphasis will be on children, birth to 16 years, with a emphasis on children under five years of age. The primary objectives will be:

- Paediatric clinical training for surgeons, physical therapist, and prosthetic/orthotic technicians.
- Device production.
- Quality Assurance training, monitoring and evaluation.
- Outreach services to surrounding provinces.
- The development of rehabilitation education materials for rehabilitation professionals and families.
- The development of paediatric rehabilitation forums for government and service providers.

2. Providing services to children with difficulty moving (CWDM) in community development projects - (outreach).

World Vision currently has a small pilot project utilising this outreach model. Focusing on CWDM, this project looks to work with rehabilitation medical services at the district and provincial level, including centres that have been part of the Leahy War Victims fund to provide quality services to children living in rural and remote areas. The long term goal of the project is to establish a rehabilitation system that enables CWDM in rural areas to function more independently in their home and community. The project will employ three strategies to achieve the project goal.

1. To establish a rehabilitation system in targeted WVV community development which will enable CWDM to function more independently.
2. To raise awareness and provide knowledge and skills to families and communities on providing rehabilitation medical services to CWDM.
3. To improve the knowledge and skills of local rehabilitation medical workers in service delivery to CWDM.

The primary set of services to be delivered directly to CWDM will be:

- Identification and referral.
- Disability / rehabilitation education for the CWDM and their families.
- Surgery.

- Follow-up, including continuing education for CWDM and their families, home based physical therapy and orthotic/prosthetic device maintenance.

3. Community Based Rehabilitation (CBR) in Community Development Projects - (community- based).

To be based in two of WVV's community development projects in Quang Tri, this project will look to develop CBR services to adults and children across disability groups, as well as to develop a strong management support group at the district and provincial levels. One weakness to the CBR services in Viet Nam (as well as other countries), is CBR workers, many times, do not receive proper or effective management support. This management support will include: supervision, continuing education opportunities, monitoring and evaluation of CBR activities, supporting new initiatives, and linking CBR community activities to leaders, initiatives and policies at the national level. The goal of this project will be to establish CBR services within WVV community development projects in Trieu Phong and Vinh Linh Districts. The main objectives will be to:

1. Provide training in CBR methodology to health development workers at the commune, district and provincial level.
2. Development a mechanism to deliver CBR services
3. Provision of primary and secondary rehabilitation services to adults and children
4. Provision of primary and secondary rehabilitation service the very young child (birth to 24 months
5. Conduct communication education on disability awareness, prevention and early intervention
6. Develop a CBR management and support office at local/district level
7. Develop mechanism to link sharing of best practices and learning opportunities between commune/district level CBR workers and National level CBR/health services providers, policy makers and rehabilitation educators.

This project will also be concerned with injury prevention.

- Finally, WVV received the 11 January fax from Mr. Lloyd Fienberg which proposes a *Quality Assurance in Prosthetics and Orthotics* Project (QAP here in Viet Nam). WVV agrees that this would be a worth while project and a logical next step. World Vision would be most interested in being a part of any further discussion regarding QAP with USAID and our NGO colleagues here in Viet Nam.

Budget.

Please see the attached budget.

Statistics for the Quarter .

Please see the attached table.

PRODUCTION REPORT FOR THE PERIOD					
Name of device	**Thanh Hoa**	**Vinh**	**Da Nang**	**Quy Nhon**	**Total**
	Number of devices produced				
AK Laminated	51	35	36	68	**190**
AK Leather Insert					
Hip Disarticulation		1			**1**
Syme	3	2	2	8	**15**
Knee Disart. Lamtd	2		4	1	**7**
BK Lamtd + leather calf		19	9	10	**38**
BK Lamtd + cuff 8	57	45	69	138	**309**
BK alum. + leather insert					
BK alum. + cuff 8	41				**41**
Arm BE	6	8	3	33	**50**
Arm AE	1	1		12	**14**
Arm, shoulder Disart.				1	**1**
KAFO	7	24	11	17	**59**
HKAFO		5	3	13	**21**
AFO	11	24	10	12	**57**
Shoes	91	85	60	78	**314**
Sandal	3		7	11	**21**
Corset		5			**5**
Number of poor patients					
assisted:					
Number of returned devices					
from outreach:					
Number of outreach trips					
Total # devices produced	**273**	**254**	**214**	**402**	**1143**
Total # outreach devices:	**69**	**83**	**43**	**236**	**431**