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**INTERNATIONAL COMMITTEE OF THE RED CROSS
SPECIAL FUND FOR THE DISABLED IN AFRICA
EVALUATION OF THE AFRICA PROGRAM**

**EVALUATION OF THE
INTERNATIONAL COMMITTEE OF THE RED CROSS
SPECIAL FUND FOR THE DISABLED IN AFRICA**

April 2005

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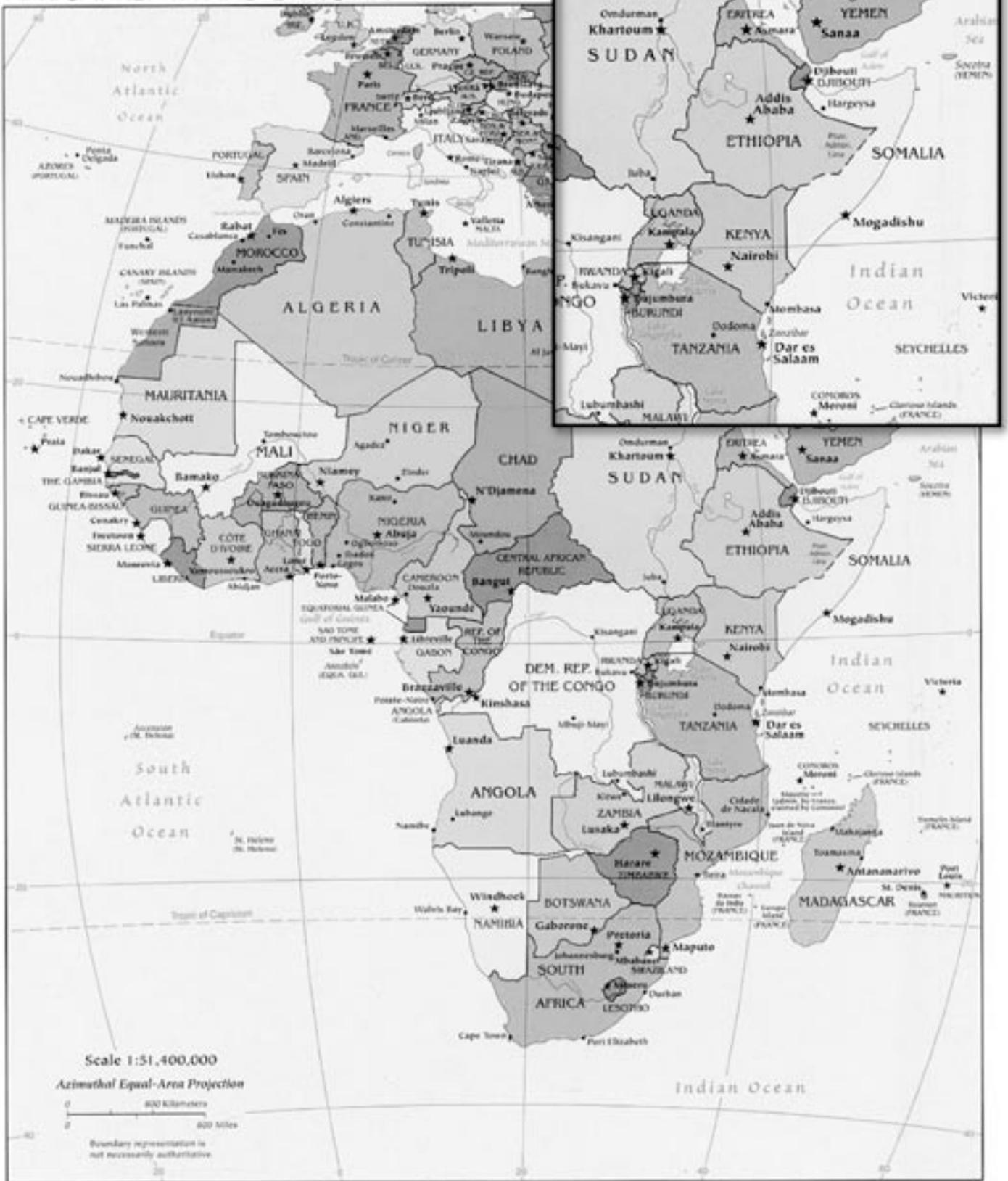
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ACRONYMS

AFO	Ankle Foot Orthosis
APDK	Association of Physically Disabled of Kenya
BMVSS	Bhagwan Mahaveer Viklang Sahayata Samiti
Cat	Category
EVA	Ethylene Vinyle Acetate
GTZ	German Technical Corporation
ICRC	International Committee of the Red Cross
ISPO	International Society for Prosthetics Orthotics
KAFO	Knee Ankle Foot Orthosis
KMTC	Kenya Medical Training College
LWVF	Leahy War Victims Fund
NGO	Nongovernmental Organization
P&O	Prosthetics & Orthotics
POC	Prosthetic Orthotics Centre
PP	Polypropylene
SFD	Special Fund for the Disabled
TATCOT	Tanzania Training Centre for Orthopaedic Technologist
UNHCR	United Nations High Commissioner for Refugees

AFRICA: KENYA AND ETHIOPIA



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EXECUTIVE SUMMARY

USAID and ICRC Special Fund for the Disabled

The International Committee of the Red Cross (ICRC) Special Fund for the Disabled (SFD) was established in 1983 to ensure the continuity of former ICRC programs for the war-disabled and support other physical rehabilitation centers in low-income countries. The SFD helps to ensure rehabilitation services continue after ICRC withdraws from a country when local government, institutions, or NGOs are not yet in a position to fully cover those services. It also supports centers that have not been supported by the ICRC but lack the technical, managerial, and material capability to offer appropriate rehabilitation services.

USAID's War Victims Fund has been contributing to the International Committee of the Red Cross (ICRC) Special Fund for the Disabled since 1996, supporting exclusively the Africa program, which is based in Ethiopia and comprises 28 projects in 12 African countries. Its current grant extends until September 2007. To date, more than \$5 million has been contributed to the SFD.

Monitoring and Evaluation

On behalf of the Leahy War Victims Fund, Mel Stills and Cathy Savino traveled to Ethiopia and Kenya from April 10 - 24, 2005 to review the International Committee for the Red Cross (ICRC) Special Fund for the Disabled program.

As a long-time supporter of the Special Fund for the Disabled (SFD) and as part of its overall evaluation and monitoring plan, the War Victims Fund visited Ethiopia and Kenya to get first-hand information about the SFD African regional center and to visit some specific SFD-funded centers in Kenya. Theo Verhoeff, Director of the Special Fund for the Disabled, and Bernard Matagne, Head of Program in Ethiopia, joined the team and contributed to a better understanding of the Special Fund. The Special Fund and USAID's War Victims Fund face similar issues with regard to ensuring the quality and sustainability of services for the disabled. Therefore, it is the hope of both organizations that by reviewing the processes for training staff, implementing programs, and moving programs toward sustainability, their common goals of improving the lives of a people with disabilities might be better realized.

The scope of work for the evaluation was two-fold:

- Assess the technical merits of the training and components being used, and
- Review the status of the Special Fund with respect to broader development issues.

In addition to reviewing documents and conducting site visits, the team spent much of its time talking to SFD staff about how decisions are made, why one intervention was chosen over another, and how services can be improved. It was invaluable for the team to discuss issues face-to-face with SFD staff, get varied opinions from people with extensive experience, and debate relevant issues.

Comments and Recommendations

Based on meetings, discussions, site visits, and document review, the team makes the following comments and recommendations.

The Special Fund for the Disabled sets a standard that promotes growth and progress within its program. It continues to learn from projects and does not seek easy answers to the difficult development issues it faces. At the same time, SFD's historical focus on prosthetics and orthotics (P&O), almost to the exclusion of other disciplines like physical therapy, management, and administration, means that of necessity the SFD and its partners are weaker in these areas.

While the Special Fund for the Disabled prosthetic and orthotic credentials are strong, the same commitment to physical therapy (and thus full reintegration) is not as apparent. With regard to policy, the SFD values physical therapy to the same degree as it values prosthetics and orthotics, but physical therapy activities are not so fully implemented in the field.

Recommendation: SFD should consider a more balanced role for physical therapy and develop the means to measure its contribution to the overall rehabilitation of people with disabilities.

Quality

There remains the need for accountability in every workshop. It is of utmost importance to be able to gauge the effectiveness of the services provided at the workshop.

Recommendation: Since the people receiving the services are usually the best source of such information, it would be useful for each workshop to make some meaningful attempt to follow up on cases and to capture data from service beneficiaries. (Exceptions would include situations where obtaining reliable information is not feasible.)

SFD focuses on quality, and its training, professional staff, and components attest to this value. However, the Fund is not able to say to what degrees its P&O devices are used, nor can they address how recipients evaluate services.

Recommendation: Especially as the SFD continues to improve in other areas, capturing information on the degree to which P&O devices are used would be an important variable to consider.

Recommendation: The SFD should consider the following specific technical areas:

- Physical therapy and its role in existing centers
- Patient follow-up or some variation that yields information on usage of the P&O devices and feedback on the devices, as well as the quality and utility of services provided in the centers

Recommendation: In order to meet the challenges to improve patient services, also with more complicated devices, the development of a multidisciplinary approach including physiotherapy is recommended.

Strategy

- Defining progress within programs remains a challenge. Some criteria is necessary to track improvements and make judgments about whether programs should continue to be supported.

Recommendation: Both the War Victims Fund and the SFD might have further consultation on developing incentive-based criteria that would reward programs that improve services for people with disabilities.

The SFD Board

The SFD Board may be helpful in clarifying issues like promoting inclusion, further defining a physical therapy role in the SFD, and focusing on quality.

PROJECT ASSESSMENT

The International Committee of the Red Cross Special Fund for the Disabled

The International Committee of the Red Cross (ICRC) Special Fund for the Disabled (SFD) was set up in 1983 in response to Resolution XXVII of the 24th International Conference of the Red Cross and Red Crescent (Manila 1981). The aims of the SFD are to

Ensure continuity of former ICRC programs for the war-disabled and support other physical rehabilitation centers in low-income countries. Its immediate objectives are to maintain and increase access, quality, and durability of rehabilitation services, through a combination of material/financial, technical, and training support to assisted centers.¹

ICRC's Assistance Policy Doctrine

The ICRC's Assistance Policy (Doctrine 49) adopted by the General Assembly in April 2004 provides a framework for the Special Fund by placing rehabilitation squarely in the mandate of ICRC. The policy provides clarity on roles and responsibilities and helps further define the SFD Mission. Under Guiding Principles, for example, the document notes the importance of "taking the affected group and its needs into account" as a guiding principle.

The document goes on to describe an inventory of activities and skills that define the ICRC and it lists activities that fall *outside* their mandate as well. Under Health Services, the following description pertains:

FIELD	#	ACTIVITY	CORE ACTIVITY	SKILLS REQ'D ALL ACTIVITIES	SKILLS REQ'D CORE ACTIVITIES
Rehabilitation	5a	<u>Physical Rehabilitation Programs:</u> Fitting of prostheses Fitting of orthoses Physiotherapy Paraplegic care	Yes	Orthoprosthetics Physiotherapy Psychology	Orthoprosthetics Physiotherapy
	5b	Psychological support	No		

The Special Fund for the Disabled

When the Special Fund inherits programs from ICRC or when it considers starting programs themselves, these parameters guide the decisions. It is helpful to see the Special Fund within this context, because it defines what the organization can and cannot do.

¹ Special Fund for Disabled Annual Report 2004

The SFD helps to ensure rehabilitation services continue after ICRC withdraws from a country when local government, institutions, or NGOs are not yet in a position to fully cover those services. It also supports centers that have not been supported by the ICRC but lack the technical, managerial, and material capability to offer appropriate rehabilitation services.

The SFD operates mainly out of three regional centers:

- Ethiopia (for Africa, 28 projects in 12 countries);
- Vietnam (for Asia, 12 projects in 4 countries), and
- Nicaragua (for Latin America, 3 projects in 2 countries). In total, 44 physical rehabilitation centers in 19 countries provide material, financial, technical, and training support².

(See Annex 1 for a complete list of countries.)

The SFD has chosen to address the long-term needs of persons with physical disability by:

- Providing training in the proper delivery of prosthetic and orthotic services
- Providing mentoring to technical and support staff
- Upgrading orthopaedic workshops to ensure proper work flow and safety
- Making use of *CR Equipments, SA in Coppet's* (Swiss manufacturer) polypropylene prosthetic technology, which reduces the cost of prosthetic componentry (all prosthetic/orthotic components are centrally manufactured to ensure that materials are consistent in strength and functionality)
- Providing material assistance by importing materials and equipment as needed
- Stimulating awareness through meetings and discussions with government officials and orthopaedic workshop personnel

The SFD Global Project Overview

The SFD does not maintain data on the cumulative number of disabled persons seen or the total number of prostheses, orthoses, crutches, and wheelchairs provided since the project began. However, in 2004 the SFD contributed to the rehabilitation of 15,000 persons worldwide by providing 8,348 prostheses and 6,559 orthoses. Originally, the SFD emphasized the provision of prosthetics services only, but today most SFD centers provide services to both prosthetic and orthotic patients. (See Annex 2 for 2004 production statistics)

ICRC Componentry and Devices

ICRC prosthetic design consists primarily of polypropylene (PP) components. The adjustability of these components enables the prosthetic technician to carry out the conventional prosthetic alignment procedures necessary to optimize the function of the prosthetic device. The appearance of the device can be improved by adding either a soft EVA (Ethylene Vinyl Acetate) covering over the alignment components or rigid thermoformed PP cover. Materials are tinted to correspond to the patient's skin tone. The components used in the field are produced by *CR Equipments, SA in Coppet*, Switzerland. SFD originally imported components from Addis Ababa, but the quality of those components was inconsistent.

² Figures from the SFD 2004 Annual Report.

In Africa and Latin America, significantly greater numbers of orthoses (4,960) than prostheses (2,888) were produced, whereas the opposite is true for Asia and Europe. In Asia alone, 4,878 prostheses were produced as compared to only 694 orthoses. Forty percent of amputees seen were victims of landmine injuries. Other amputees included people injured in accidents or people suffering from childhood diseases such as polio who were unable to get appropriate treatment because of disruptions in medical services and immunization campaigns due to civil conflict. In times of conflict, people who have sustained injuries or those who have diseases or birth defects are inadequately cared for, increasing the incidence of physical disability beyond local capacity to provide services. Thus, all are considered war affected.

Training and Mentoring

Conducting training and mentoring for trainees and professionals working in the P&O field, and providing materials and components to P&O facilities are the SFD's primary methods of ensuring that rehabilitation needs are being met. In 2004, the SFD sponsored a total of 12 trainees from assisted centers to attend regional P&O schools for one to three years of training. In Ethiopia, 50 trainees participated in various one-month training courses (modules) organized and conducted at the regional training center in Addis Ababa. One-month modules have been developed in:

- (A) Manufacture of lower limb prostheses in polypropylene
- (B) Manufacture of lower limb orthoses in polypropylene
- (C) Clinical methods of lower limb prostheses
- (D) Clinical methods of lower limb orthoses
- (E) Manufacture of upper limb prostheses in polypropylene
- (F) Management in P&O fitting

All modules will be presented in 2005. ³

Three regional seminars were organized in cooperation with P&O schools in Togo, Morocco, and Kenya. Seventy-two professionals attended these seminars.

In Vietnam, a two-week seminar in physical therapy for lower limb amputees was organized for 20 physical therapists from 17 centers.

The effectiveness of prosthetic and orthotic delivery is directly proportional to the quality of patient assessment, casting, manufacturing, alignment, fitting, training, therapy, and follow-up provided. To ensure the effectiveness of these elements, the SFD provides training, mentoring, management oversight, materials, and components for all the projects it supports.

Project Management and Oversight

The SFD directly employs less than 20 people (10 expatriates and 8.5 posts for national staff personnel) for the management, mentoring, and monitoring of its 44 projects in 19 countries. SFD staff conduct visits of two weeks or longer to all projects once or twice, if

³ Calendar of Training Modules in 2005.

possible, each year. Expatriate staff spend a significant amount of time away from their base of operation each year. In SFD/Addis for example staff conducted a total of 32 missions⁴ to 25 physical rehabilitation centers in 11 countries in 2004. When not out on mission, SFD staff teach the scheduled modules, maintain contact with projects, prepare teaching materials and reports, and prepare for the next mission.⁵

Globally, an annual report of activities at each of the 44 project sites is reported to ICRC/SFD headquarters in Geneva, Switzerland each year. Reports include details as to:

- When projects started
- By whom they are managed
- Number of technical staff
- Number of graduated staff (Category II)
- Average monthly production
- Quality of services/devices provided
- Activities for the year
- Number of visits
- Activities during the visit
- Technicians trained in Addis Ababa
- Material support
- Any significant changes that have occurred

The SFD's Outlook for 2005²

Objectives for the year 2005 are similar to those of previous years:

- Technical assistance through regular follow-up visits
- Donation of imported materials
- Training of local personnel

The number of projects that SFD assists is expected to increase with plans for additional projects in Libya, Mozambique, Zambia, and Namibia. Globally (3 continents), the SFD will be assisting in 50 projects, including the five new countries to be added. A new project is also planned in collaboration with the School in Prosthetics and Orthotics at the University of Don Bosco in El Salvador.

The SFD will continue to promote among its national partners the idea of improving the sustainability of the supported prosthetic/orthotic centers. It will be essential for SFD to maintain a sound balance between the demands of assisting projects and the financial means available. The SFD's intervention strategy will be reassessed and management tools such as project guidelines and procedures will be improved to streamline the administrative and management structure.

Project Evaluation

From April 11-22, 2005 Catherine Savino, project manager of the War Victims Fund (LWVF) Technical Support Contract, and Mel Stills, senior technical advisor for the War

⁴ Totals are from the SFD Center in Addis Ababa, Ethiopia.

⁵ SFD-Addis Ababa-Staff planner 2005.

Victims Fund, met with representatives of the SFD and project personnel in Ethiopia and Kenya. They were assisted in the assessment of SFD activities in Ethiopia and Kenya by Theo Verhoeff, director of the Special Fund for the Disabled, and Bernard Matagne, head of program in Ethiopia. Discussions with other SFD and ICRC P&O technical staff provided valuable information and insights as to the activities within the SFD and ICRC.

Ethiopia

The evaluation team traveled to Ethiopia from April 11-16, 2005. SFD activities within Ethiopia are limited to coordinating and managing the other 28 projects in Africa and conducting on-site educational activities.

The SFD/Ethiopia is located on the compound of the Prosthetic Orthotics Center (POC), in Addis Ababa. Offices and storage facilities have been constructed using large metal shipping containers arranged end-to-end on a foundation with a narrow, landscaped divider in the center. A corrugated tin roof aids in deflecting water and heat from the container offices. The facility is tidy and uses space effectively. There is no room to add staff or activities at this time.

A small classroom and P&O laboratory accommodate up to six students during the modular training activities. The classroom area has been tied into the containers effectively and is appropriate in size and appearance. Actual patients are seen in the one-month training modules, and the P&O devices produced are given to the patient models if appropriate in fit and function.

Kenya

The team traveled to Nairobi, Kenya from April 16-22, 2005, to visit the Kikuyu Rehabilitation Center, the Kangemi Rehabilitation Center, the Kenya Medical Training College, and the Jaipur Foot Project Rotary Club of Nairobi South.

Kikuyu Rehabilitation Center

The Kikuyu Center comprises a thirty-six-bed hospital and P&O workshop. It has been supported by the SFD since 1995. The SFD has provided technical advice and has demonstrated trans-femoral alignment and spinal casting. The SFD has also provided the center with materials and ongoing instruction on safety measures in the workshop, as well as providing a scholarship for one orthopaedic technician to attend the Tanzanian Training Center for Orthopaedic Technologists (TATCOT) Cat. I training program.

The hospital provides surgical, physical/occupational therapy, and P&O services. About one-half of the patients treated are considered charity cases, but the hospital charges for services when possible. The hospital has a working relationship with orthopaedic institutions in the United States, and American orthopaedic surgeons volunteer their time each year. Originally set up to provide orthopaedic services to pediatric cases, the hospital now serves an almost equal number of children and adults.

The workshop produces P&O devices for routine, as well as complex limb deformity cases. Thermoformed P&O devices are provided using ICRC componentry. In 2004, the workshop produced 120 prostheses and nearly 600 orthoses. The P&O devices that the

team observed appeared to have been constructed appropriately and with attention to detail. The SFD has judged the quality of P&O services provided at the Kikuyu Center from fair to good, with productivity within SFD standards as appropriate. The SFD visited this center once in 2004.

This center is a clinical rotation site for P&O students attending the Kenya Medical Training College in Nairobi.

Kangemi Rehabilitation Center

The Kangemi Rehabilitation Center, located about 10 kilometers from Nairobi, is one of several projects organized and overseen by Fr. Eugene Birrer, a Catholic missionary priest with long experience in refugee issues. Fr. Birrer is also funded by the United Nations High Commissioner on Refugees through the German Technical Corporation (GTZ), The Sign of Hope, the Leahy War Victims Fund, and as well as the SFD. GTZ is paying for transportation, P&O services, food, and accommodations for each of the patients coming to the center for treatment.

Most of the patients at the center are refugees coming from two camps in Kenya, the Kakuma camp in the northwestern part of Kenya near the Sudan border and the Dadaab camp in the Eastern part of Kenya. Representatives from the center visit these camps every three months to identify new patients and to provide follow-up for patients already treated. The Kangemi Rehabilitation Center has the capacity and motivation to provide a much higher number of P&O devices than its current production of 5.1 devices per month, but the process of treating patients is delayed because of the length of time needed to process paperwork so that the refugees can leave the camps and be brought to the center.

The center provides both P&O and physical therapy services with a technical staff of two orthopaedic technologists and one half-time physical therapist. The center has used ICRC components since its inception in 1994. SFD has rated the center's P&O services as satisfactory to good.

SFD's last follow-up visit to this center was in January-February 2005. Prior to that, SFD visited the center in July 2004, when a hydraulic injection machine for the production of crutches was installed. On this visit, SFD discovered that the mounting plate, which received the injection chamber and ensured that it was in the correct position, was not appropriate and something had been improvised. SFD will ensure that the injection machine is upgraded with the proper mounting plate.

Kenya Medical Training College (KMTTC)

SFD primarily provides the Kenya Medical Training College with assistance in teaching the ICRC approach to P&O services to student and faculty, although it also provides materials and components.

This teaching institution offers a three-year diploma course in orthopaedic technology, but it is not recognized by the International Society for Prosthetics and Orthotics (ISPO) as a training program. The training college also conducts 15 other paramedical training courses. KMTTC must generate its own income to sustain its training programs and the P&O department does so by charging fees for training courses and for prosthetics and orthotics services, as well as for the production and sale of crutches.

SFD has reported that production statistics from the provision of P&O services are “not realistic” and during the 2005 assessment reported that “none of the appliances seen in the workshop were deliverable (too poor quality).”

The school’s principal, Mrs. Emmy J. Chesire, attended the 2003 ISPO P&O education workshop held at Don Bosco University in El Salvador and realized much needed to be done to upgrade the KMTTC P&O training program to meet ISPO standards. The SFD has provided 11 objectives to Mrs. Chesire and the school, including several issues of reorganization of the work space, budget changes, and the development of a training plan. Two other significant recommendations were made:

- Send Mr. K’Ochumba and Mr. Obwango for a course in Germany, and two to three lectures at TATCOT. For KMTTC, the main constraint to addressing this recommendation is sponsorship.
- Decrease the number of students to 10-12 for the new September 2005 class.

The high numbers of P&O students graduating from this program are not being absorbed into the available employment slots in the country. Several students are reported to be volunteering their P&O services to organizations in hopes of using their training and making connections for future employment. One former student volunteered for several years and has been selected for TATCOT Cat. I degree instruction. However, such opportunities are rare.

Currently, 102 P&O students are enrolled in the three training programs, with 44 students in the third-year class. The college has a P&O faculty of eight, six of whom have lecturer status, and only two of whom are assigned to workshop/student laboratory activities. Given that a ratio of no more than six students per one instructor is recommended, it is impossible for two lecturers to properly instruct, supervise, monitor, and direct the activities of the 44 third-year students at any one time. In addition, the student laboratory, bench space, and available equipment can accommodate no more than 10 students realistically. In general, it is unclear how the college properly accommodates the entire enrollment of 102. Anecdotal information would indicate that graduates of this program have not received an adequate education in P&O sciences at the Cat. II level.

In their meetings with the evaluation team, the school faculty and the principal indicated a strong desire to upgrade the facility to be better able to meet the needs of the region. There have been discussions of forming an East Africa P&O training program that would include Burundi, Uganda, Tanzania, Kenya, and Rwanda. Other discussions have included the suggestion that TATCOT should focus on ISPO Cat. I training, KMTTC should focus on ISPO Cat. II training, and Mulago in Uganda would become the ISPO Cat. III training site for the region. Clearly KMTTC and Mulago require significant upgrading of capacity before they can assume responsibility for Cat II and III training.

Jaipur Foot Project-Rotary Club of Nairobi-South

SFD Theo Verhoeff and Bernard Matagne met with Jaipur Foot Project Administrator Mr. Sunil Sinha, Omega Technical Advisor Joe Ubiedo, and the LWVF assessment team.

The Jaipur Foot Project is located on one side of the same building as the Association of Physically Disabled of Kenya wheelchair and orthotic production activities. This project is also supported through the Omega grant with the intent of upgrading the Jaipur Foot Project to include the use of ICRC componentry.

Discussions with the project administrator and Omega technical advisor indicated there is dissatisfaction with Jaipur technology as used in the field, during outreach activities, and away from Bhagwan Mahaveer Viklang Sahayata Samit (BMVSS) in India. Mr. Sinha stated that all production and delivery of prosthetic services away from the center have been discontinued to better ensure quality control.

Joe Ubiedo's observations while at the BMVSS facility in India were that Jaipur used appropriate prosthetic procedures in producing prosthetic devices and providing prosthetic services at the actual facility, but away from that facility a different standard was applied and a low-tech approach was used. Mr. Ubiedo agreed that the Jaipur technology used at the Jaipur Foot Project Nairobi required upgrading to include appropriate fit and function by incorporating ICRC design and principles. He suggests that Jaipur use ICRC materials and components to manufacture trans-femoral prostheses, with the use of the Jaipur foot being the only remnant of the former procedure.

The SFD agreed that, if the Jaipur Foot Project Nairobi follows through on its intentions to order components from CR-Equipment, the SFD will supply free additional set-ups for 25 trans-femoral prostheses and also arrange for training in Addis Ababa on the use of the components. SFD is guardedly optimistic that these changes will take place given its past experiences with Jaipur, but it is willing to uphold its end of the agreement at the outset, followed by increased efforts if Jaipur Foot Project follows through.

Joe Ubiedo and Mr. Sinha believe that by upgrading the Nairobi project, they can influence change in other Jaipur projects in the region. Joe Ubiedo is under time constraints. He is requesting a three-week extension of his contract with Omega to give him time to provide two weeks of training in ICRC technology to the Jaipur Foot Project staff. However, components and equipment have not yet been received, so it is unclear if this training can be accomplished.

CONCLUSION

The SFD training activities are appropriately addressing the necessary upgrading of the capacity of those responsible for the delivery of P&O services. With the staff available, the SFD monitors the activities in each of the projects it supports, makes recommendations, and follows up to ensure action has been taken.

The team's interviews with and observation of SFD technical staff did not reveal any dissatisfaction or unhappiness with the management in Geneva or Addis Ababa or with each other. The SFD team members appear to be professional, well motivated, qualified, and committed. The team's meeting with project personnel did not reveal any dissatisfaction or problems with the technical or material support provided by the SFD.

Given the number of regional projects (34) expected to be managed by the SFD Addis Ababa, and the number of technical staff available, it is unrealistic to believe that the staff could take on additional monitoring duties. In order to measure progress and possibly verify the effectiveness of a project, some progress indicators should be developed or outcomes studies undertaken.

ANNEX 1: PROJECTS ASSISTED BY THE ICRC SPECIAL FUND FOR THE DISABLED IN 2004

List of projects assisted by the ICRC Special Fund for the Disabled in 2004

	<i>Nr. countries</i>	<i>Projects</i>	<i>location</i>	<i>Management</i>	<i>Partner</i>	
1	Africa	1	Cameroun	Yaoundé	private	Centre d'Appareillage Fonctionnel Jamot
2		2	Ethiopia	POC Addis Ababa	GOV	Ministry of Labour and Social Affairs (MLSA)
3		3	Guinée-Bissau	Cuntum Madina	NGO	Association Nationale pour le Developpement Sanitaire (ANDES)
4		4	Kenya	Nairobi	Mission	Nairobi Archdiocese Refugee Assistance Program (NARAP)
5			Nairobi	GOV	The Kenya Medical Training College, Nairobi	
6			Kikuyu	Mission	P.C.E.A. Kikuyu Hospital	
7		5	Mali	Bamako	GOV	Ministère du Developpement Social, de la Solidarité et des Personnes Agées (MDSSPA)
8			Kayes	GOV	Ministère du Developpement Social, de la Solidarité et des Personnes Agées (MDSSPA)	
9			Sikasso	GOV	Ministère du Developpement Social, de la Solidarité et des Personnes Agées (MDSSPA)	
10			Ségou	GOV	Ministère du Developpement Social, de la Solidarité et des Personnes Agées (MDSSPA)	
11			Mopti	GOV	Ministère du Developpement Social, de la Solidarité et des Personnes Agées (MDSSPA)	
12			Tombouctou	GOV	Ministère du Developpement Social, de la Solidarité et des Personnes Agées (MDSSPA)	
13			Gao	GOV	Ministère du Developpement Social, de la Solidarité et des Personnes Agées (MDSSPA)	
14			Bamako	NGO	Centre Réadaptation Orthopédique Père Bernard Verspieren (A.E.D.R)	
15		6	Mauritania	Nouakchott	GOV	Ministère de la Santé (MINSAN)
16		7	Morocco	Oujda	GOV	Club Oujda Renaissance, Lions Club International
17			Marrakech	GOV	L'institut de Formation pour Carrières de Santé (IFCS)	
18		8	Nigeria	Uturu	Mission	Marist Brothers' Rehabilitation Centre, Uturu
19			Enugu	GOV	National Orthopaedic Hospital	
20		9	Somalia	Hargeisa	NS	Somali Red Crescent Society (SRCS)
21			Mogadisho	NS	Somali Red Crescent Society (SRCS)	
22			Galkayo	NS	Somali Red Crescent Society (SRCS)	
23		10	Tanzania	Moshi	GOV	The Kilimanjaro Christian Medical College (KCMC)
24			Moshi	GOV	N/A	
25		11	Togo	Lomé	GOV	Le Centre National d'Appareillage Orthopédique (C.N.A.O.), Lomé
26			Lomé	GOV	L'Ecole nationale des Auxiliaires Médicaux (E.N.A.M), Lomé	
27		12	Zimbabwe	Harare	GOV	Ministry of Health and Child Welfare (MHCW)
28			Bulawayo	GOV	Ministry of Health and Child Welfare (MHCW)	
29	Latin America	13	Nicaragua	Managua	GOV	Ministerio de Salud (MINSA)
30			Managua	NGO	Polus Centre + Fondation for Rehabilitation Walking Unidos	
31		14	Colombia	Bogota	NGO	Fondacion Centro Integral de Rehabilitacion de Colombia
32	Asia	15	Vietnam	Ho Chi Minh City	GOV	Ministry of Labour, Invalids and Social Affairs (MoLISA) + Vietnam Red Cross
33			Can Tho	GOV	Ministry of Labour, Invalids and Social Affairs (MoLISA) + Vietnam Red Cross	
34			Qui Nhon	GOV	Ministry of Labour, Invalids and Social Affairs (MoLISA) + Vietnam Red Cross	
35			Danang	GOV	Ministry of Labour, Invalids and Social Affairs (MoLISA) + Vietnam Red Cross	
36			Vinh	GOV	Ministry of Labour, Invalids and Social Affairs (MoLISA) + Vietnam Red Cross	
37			Than Hoa	GOV	Ministry of Labour, Invalids and Social Affairs (MoLISA) + Vietnam Red Cross	
38			Kontum	GOV	Ministry of Labour, Invalids and Social Affairs (MoLISA) + Vietnam Red Cross	
39			Hanoi	GOV	Ministry of Labour, Invalids and Social Affairs (MoLISA) + Vietnam Red Cross	
40		16	India	Vellore	mission	Christian Medical College (CMC)
41		17	Bangladesh	Dhaka	NGO	Bangladesh Rural Advancement Committee (BRAC)
42			Dhaka	mission	Centre for the Rehabilitation of the Paralyzed (CRP)	
43		18	Timor Leste	Becora / Dili	NGO	Association for the Raising Up and Equalisation of the Disabled of Timor (ASSERT)

ANNEX 2: PRODUCTION STATISTICS 2004

Production statistics 2004																						Annex b.	
Centre / Description	Centre Jamot / Cameroun	POC / Ethiopia	Casa Amiga do Deficiente / Guinea Bissau	Kangemi Rehab. Centre Kenya	Kenya Med. Training College Kenya	Kikuyu Ortho Rehab. Centre Kenya	CNAOM Bamako + 6 regional Centres Mali	Centre Appareillage Père Bernard Vespieren / Mali	Centre National d'Ortho & Réadapt. / Mauritania	IFCS – projet FORMA Morocco	Centre de Réhab. Oujda Morocco	INational Ortho Hospital Enugu / Nigeria ***	Marist Brother's Rehab. Centre / Uturu / Nigeria ***	SRCS Hargeisa / Somalia	SRCS Galcayo / Somalia	SRCS Mogadishio / Somalia	Tanzanian Training Centre for Ortho Technologist / Moshi	Kilimanjaro Christian Medical Care / Moshi / Tanzania	ENAM / Togo ***	CNAO / Togo	Bulawayo Group of Hospitals Zimbabwe	Parirenyatwa Group of Hospitals / Zimbabwe	
Total number of prostheses manufactured	88	68	23	90	183	128	107	42	227	33	28	136	38	163	73	197	174	259	48	381	101	301	
Total number of orthoses manufactured	175	11	10	32	482	592	344	72	90	5	230	110	34	74	79	137	73	387	32	1181	407	403	
Total of crutches delivered (pairs)	39	0	4.5	6	124	4.5	101	5.5	67.5	0	1.5	8	17	0	68.5	280.5	0	41	0	212	170.5	105	
Total of wheelchairs delivered	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

Centre / Description	CENAPRORTO / Nicaragua	CAPADIFE / Managua	Ho Chi Minh City / Vietnam	Can Tho / Vietnam	Qui Nhon / Vietnam	Danang / Vietnam	Vinh / Vietnam	Than Hoa / Vietnam	Kontum / Vietnam	Hanoi / Vietnam	Christian Medical College Vellore / India	CRP / Bangladesh	BRAC / Bangladesh	NPC / Albania	TOTAL
Total number of prostheses manufactured	407	21	1911	749	628	947	51	165	100	95	99	133	133	154	8'348
Total number of orthoses manufactured	788	8	0	0	0	0	0	0	0	0	251	416	416	109	6559
Total of crutches delivered (pairs)	73	14	1022	729	627	898	47	159	78	91	0	0	0	0	4994
Total of wheelchairs delivered	97	0	16	13	3	0	0	0	0	0	0	0	0	0	129

*** incomplete figures

ANNEX 3: WAR VICTIMS FUNDING OF SFD 1996- PRESENT

Grant	Time Period	Amount	Comment
First grant	9/23/96-9/23/97	500,200	
Modification #1	8/97	0	No cost extension to 12/31/97
Second grant PHN-G-00-98-00002	7/21/98-7/30/00	1,000,000	
Modification #1: Aug 11,2000			Extend to 12/31/01 Increase ceiling to 2 million
Modification #2: Dec 21,2001		1,000,000 incremental	Extend to 9/30/02
Third grant GHA-G-00-02-00003	9/21/02-9/30/07	500,000	
Modification #1: May 30, 2003	5/30/03	750,000	Increase ceiling to 1,250,000
Modification #2: Pending 2004		750,000	Increase ceiling to 2,000,000

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