

# **Omega Initiative: Sierra Leone Trip Report**

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## **ACRONYMS AND ABBREVIATIONS**

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CAUSE	Christian Aid for Under-Assisted Societies Everywhere
CBO	Community Based Organization
CBR	Community Based Rehabilitation
COMAHS	College of Medicine and Allied Health Sciences
CPO	Certified Prosthetist-Orthotist
ECOMOG	Economic Community Military Observer Group
ECOWAS	Economic Community of West African States
GLRA	German Leprosy Relief Association
HI	Handicap International
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IMC	International Medical Corps
IOM	International Office of Migration
IPAM	Institute of Public Administration and Management
LWVF Patrick Leahy War Victims Fund	
MOE	Ministry of Education
MOHS	Ministry of Health and Sanitation
MOSWGCA	Ministry of Social Welfare, Gender and Children's Affairs
MSF (B)	Medecins Sans Frontiers (Belgium)
NACSA	National Commission for Social Action
NGO	Non-governmental Organization
NRC	Norwegian Refugee Council
OHDRAD	Organization for the Homeless, Disabled, and Rural Development
OT	Occupational Therapy
P&O	Prosthetics and Orthotics
PWD	Persons with Disability
RFA	Request for Applications
RUF	Revolutionary United Front
SOW	Scope of Work
SLOIC	Sierra Leone Opportunities Industrialization Center
SLRCS	Sierra Leone Red Cross Society
SLUDI	Sierra Leone Union for Disability Issues
SLUPP	Sierra Leone Union of Polio Persons
SNEC	Special Needs Education Center
TATCOT	Tanzania Training Center for Orthopedic Technology

UNOMSIL	United Nations Mission in Sierra Leone
UNDP	United Nations Development Program
UNHCR	United Nations High Commissioner for Refugees
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
VVAF	Vietnam Veterans of America Foundation
WFP	World Food Program
WHO	World Health Organization
WHI	World Hope International



## **EXECUTIVE SUMMARY**

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A visit to Sierra Leone was conducted from April 24 to May 3, 2002. The three-person team included Rob Horvath from the Leahy War Victims Fund (LWVF) and Joe Ubiedo and Sue Eitel, technical advisors to the OMEGA Initiative.

The objective of the visit was to get up-to-date information about activities and initiatives undertaken to support persons with disabilities. With this information, the team would be in a better position to evaluate proposals submitted to OMEGA from Sierra Leone and offer recommendations for potential ways forward in the area of rehabilitation.

The team visited organizations in Freetown, Bo, and Makeni. Meetings or site visits were made to over 25 organizations including non-governmental organizations (NGO), local disability groups and unions, national organizations and societies, government ministry officials, and international organizations.

The team succeeded in updating the contact list and activity summary developed prior to the visit from existing reports and information. Though the trip was tainted by logistical issues such as lost luggage, delayed flights, and extensive road travel with numerous flat tires, the team was able to see a wide variety of activities in different sectors and able to formulate main observations and recommendations.

The main observations from the visit follow:

- The general population of Sierra Leone and international organizations are optimistic about the presidential elections to be held on May 14. Many programmatic activities are slated to begin in June or just after the elections.
- There is continued emphasis on programs for amputees, with fewer opportunities available for persons with polio or persons with other types of disabilities.
- There are large numbers of disability groups in the country, but these individual initiatives limit advocacy potential, as there is a focus on individual group needs rather than on forming a common voice.

- There is an enormous lack of trained professionals in the country. This is evident in the medical and paramedical fields. There is also a lack of qualified staff in the area of prosthetics and orthotics (P&O).
- There is a relative abundance of support activities—vocational training and small enterprise development—but little collaboration, minimal exchange of information for lessons learned, and a lack of focus on amputees.
- The “National Strategy for the Development of Prosthetics and Orthotics in Sierra Leone” is widely accepted by service providers, but participants see it as a stepping-stone in working toward broader issues and the development of a national policy on disability.
- The supply of mobility aids such as wheelchairs, crutches, artificial limbs, and braces does not meet demand. Waiting lists are common—especially in the areas outside of Freetown.

The main recommendations include the following:

- Strongly emphasize capacity building, especially in the P&O sector.
- Encourage collaboration among organizations providing support services (vocational training, loans).
- Continue support for the national strategy with emphasis on broader issues and policy development.
- Encourage networking of disability organizations and coming together to form a strong, united voice

The team would like to extend a note of appreciation for the logistics support provided by the USAID mission in Sierra Leone. The team feels it was a fruitful visit with lessons learned not only about on-going activities in Sierra Leone, but also about the functioning of the newly established OMEGA Initiative.



## **INTRODUCTION**

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### **Country Background**

Sierra Leone, whose capital is Freetown, is situated on the west coast of Africa. It is bordered on the north and northeast by Guinea and on the southeast by Liberia. Its western boundary is the Atlantic Ocean. Sierra Leone is divided into four main provinces and 13 districts.

The conflict in Sierra Leone dates from March 1991 when fighters of the Revolutionary United Front (RUF) launched a war from the east near the border with Liberia to overthrow the government. With the support of the Military Observer Group (ECOMOG) of the Economic Community of West African States (ECOWAS), Sierra Leone's army tried to defend the government at first. The following year, the army itself overthrew the government.

Despite the change of power, the RUF continued its attacks. Parliamentary and presidential elections were held in February 1996, and the army relinquished power to the winner, Alhaji Dr. Ahmed Tejan Kabbah. The RUF, however, did not participate in the elections and would not recognize the results. The conflict continued.

In November 1996, an agreement was signed between the government and the RUF known as the Abidjan Accord. The agreement was derailed by another military coup d'état in May 1997. This time the army joined forces with the RUF and formed a ruling junta. President Kabbah and his government went into exile in neighboring Guinea.

The Security Council imposed an oil and arms embargo on October 8, 1997, and authorized ECOWAS to ensure its implementation using ECOMOG troops. On October 23, the ECOWAS Committee of Five on Sierra Leone and a delegation representing the chairman of the junta held talks at Conakry and signed a peace plan which, among other things, called for a cease-fire to be monitored by ECOMOG and assisted by UN military observers.

On November 5, President Kabbah issued a statement indicating his acceptance of the agreement, and stated his government's willingness to cooperate with ECOWAS, ECOMOG, the United Nations, and the United Nations High Commissioner for Refugees (UNHCR) to implement their respective roles. Although the junta publicly committed itself to implementing the agreement, it subsequently criticized key provisions and raised a number of issues, with the result that the agreement was never implemented.

In February 1998, ECOMOG, responding to an attack by rebel/army junta forces, launched a military attack that led to the collapse of the junta and its expulsion from Freetown. On March 10, President Kabbah was returned to office. The Security Council terminated the oil and arms

embargo and strengthened the office of the Special Envoy to include UN military liaison officers and security advisory personnel.

In June 1998, the Security Council established the United Nations Observer Mission in Sierra Leone (UNOMSIL) for an initial period of 6 months. The mission monitored and advised efforts to disarm combatants and restructure the nation's security forces. Unarmed UNOMSIL teams, under the protection of ECOMOG, documented reports of on-going atrocities and human rights abuses committed against civilians.

Fighting continued with the rebel alliance gaining control of more than half the country. In December 1998, the alliance began an offensive to retake Freetown and in January overran most of the city. All UNOMSIL personnel were evacuated. Later that same month, ECOMOG troops retook the capital and again installed the civilian government, although thousands of rebels were still reportedly hiding out in the surrounding countryside.

Negotiations between the government and the rebels began in May 1999 and on July 7 all parties to the conflict signed an agreement in Lome to end hostilities and form a government of national unity. The parties to the conflict also requested an expanded role for UNOMSIL. On August 20, the UN Security Council authorized an increase in the number of military observers to 210. On October 22, 1999, the Security Council authorized the establishment of UNAMSIL, a new and much larger mission with a maximum of 6,000 military personnel, including 260 military observers, to assist the government and the parties in carrying out provisions of the Lome peace agreement. At the same time, the Security Council decided to terminate UNOMSIL.

On February 7, 2000, the Security Council revised the mandate of UNAMSIL to include a number of additional tasks. It decided to expand the military component to a maximum of 11,100 military personnel, including 260 military observers already deployed. The Security Council also authorized increases in the civil affairs, civilian police, and administrative and technical components of UNAMSIL, as proposed by the secretary-general.

The Security Council later increased the authorized strength of UNAMSIL to 13,000 military personnel, including the 260 military observers. On March 30, 2001, a further increase was authorized to 17,500 military personnel, including the 260 military observers.

According to the United Nations Development Program's (UNDP) 2001 Global Human Development Report, Sierra Leone ranked 174 out of 174 countries. There is still an extensive UN peacekeeping force in Sierra Leone in the form of UNAMSIL. Presidential elections are set for May 14 and the country generally is optimistic for a peaceful outcome.

## **Trip Background**

The three events that helped prioritize the SL visit were a funding promise made by the Clinton administration, the lack of a formal visit by USAID since 2000, and the designation of Sierra Leone as a target country under the OMEGA Initiative.

In March 2002, a Request for Applications (RFA) was issued and sent to a number of organizations in Sierra Leone. The deadline to submit applications was April 19, 2002. As the technical review committee did not meet before the SL visit, it was agreed that the visiting team would neither read the proposals nor discuss their contents. The team was aware of the organizations that submitted proposals and made an effort to meet with each of them.



## **FINDINGS AND OBSERVATIONS ACCORDING TO INTERMEDIATE RESULTS**

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The goal of the Omega Initiative is to provide quality rehabilitative services to civilian victims of war while extending services in areas not currently encompassed. To achieve this goal, LWVF developed four intermediate results to encourage a holistic approach to rehabilitation. The OMEGA team's findings are based on these guidelines.

### **Appropriate Orthopedic and Rehabilitation Services**

*Availability of, and accessibility to, essential rehabilitation services for the targeted beneficiaries.*

#### ***Statistics***

The number, type, and location of persons with disability (PWD) in Sierra Leone is largely unknown. While amputees have received publicity and public attention, it is generally agreed that persons with polio are widespread and have similar challenges of mobility, integration, and economic sustainability.

Information about PWD can be collected through a specific house-to-house survey, through second-hand information that is reported to service providers and disability organizations, and through the answering of questions in the general census scheduled for 2003. Though a specific disability survey may reveal important information, it is costly, raises expectations, and its results may not drive programmatic decisions. One appropriate strategy to improve the quality and breadth of data on disability includes adding appropriate questions to the planned national census.

#### ***Prosthetic and Orthotic Service Providers***

There are three organizations currently involved in producing P&O appliances. These include Handicap International (HI), German Leprosy Relief Association (GLRA), and New Steps. The combined technical staff for these organizations is 36 persons. There are two Category 2 technicians (both work for GLRA) and one individual from World Hope International (WHI) studying in the Tanzania Training Center for Orthopedic Technology (TATCOT). At present there is no certified prosthetist-orthotist (CPO) or Category 1 technician working in the country. The combined capacity for these centers is approximately 400 orthopedic appliances (orthoses and prostheses) per year, which is an average of one appliance per month per technician. The

norm or minimum output per technician should be at least two appliances per week or eight per month.

Each of the involved organizations has a center located in the Freetown area. GLRA's operations in Lakka focus primarily on leprosy cases and production of orthopedic shoes. New Steps is in Kissy and provides only limited orthoses. HI is in Murray Town and aims to develop the national referral center for P&O. Each organization has weaknesses and it remains unclear whether any will be able to assume a leadership role.

In the districts, HI provides very limited services in Bo (through a center at Bo Hospital and one at Cheshire Home). GLRA is planning to resume orthopedic activities in Makeni in June 2002. GLRA provides outreach services to each district twice a year for measurements and repairs for leprosy patients.

There is no consensus between NGOs on the standardization of materials and orthopedic technologies used in the different centers.

### ***Wheelchairs***

There is no wheelchair production in the country. HI has a large store of second hand wheelchairs kept in the backyard of their office compound. One local technician makes repairs at the HI workshop in Freetown and Bo Hospital using second-hand parts and other local materials. GLRA has a wheelchair mechanic as a member of the team. New Steps is involved with "Wheelchairs for the World Foundation" and has received 250 chairs; the wheelchairs are not always adapted, however, and require excessive reporting requirements. New Steps has also received 50 personal energy transportation (PET) wheelchairs. The positive remark about these mobility devices is that people are modifying them to suit their needs. There is a lack of coordination between NGOs in centralizing purchase orders, suppliers, and importation.

### ***Other Mobility Aids***

Crutch production and distribution follows no specific system of quality control or standardization. Crutches are made locally or provided by individual groups or donors. At HI, it is not standard that all lower extremity amputees receive two crutches with the prostheses—at times they receive none, sometimes one and sometimes two.

### ***Physical Therapy/Rehabilitation Workers***

New Steps and HI have physical therapy services (through rehabilitation workers) as part of the P&O process. GLRA offers no physical therapy and relies on external organizations to supplement their work.

There are two or three Sierra Leonean physical therapists in the country at one time. One works in the Ministry of Health and Sanitation (MOHS), one is independent, and one works with an international NGO. All these therapists received their training outside of Sierra Leone. In addition to the MOHS, five organizations employ physical therapy/rehabilitation workers (many organizations use these terms synonymously): CAUSE, HI, ICRC, New Steps, and WHI. There

are approximately 20 rehabilitation workers in the country (9 are in training). This lack of qualified staff limits the ability to adequately prepare, treat, or follow-up cases who are in need of physical rehabilitation.

## **Policy Environment for Civilian Victims of War**

*The broad policy environment to address issues related to PWD and the technical quality of those policies.*

### **Disability Groups**

There are approximately 30 to 50 different disability groups in Sierra Leone. The majority are informal groups or community-based organizations (CBO) with founders seeking support for various micro-projects. Though these are good initiatives, they dilute the advocacy environment rather than causing members or donors to focus on broad objectives within the disability sector.

There are three main organizations that serve an umbrella function for disability organizations: the Organization for the Homeless, Disabled and Rural Development (OHDRAD), which has 11 organizations registered; the Sierra Leone Union for Polio Persons (SLUPP), which has 15; and the Sierra Leone Union for Disability Issues (SLUDI), which has 29.

Though each of these organizations claims to have an advocacy role in promoting the rights of PWD, they are all a bit different. OHDRAD is a registered NGO-it raises funds for various projects to be implemented by their member—and refuses to join SLUDI (it is a union and OHDRAD is an NGO). SLUPP was developed under the guidance and support of Mercy Ships/New Steps. The team was unable to meet with SLUPP during the visit. SLUDI focuses on advocacy and does not implement micro-projects as this is not in their constitution. SLUDI has particular strengths in advocating for persons with blindness and would like to see all organizations join under one umbrella as this would strengthen the voice for PWD instead of having multiple, disjointed groups promoting their own agendas.

### **Advocacy**

Advocacy is made at different levels in the country and for different objectives. The smaller CBO appear to be focused on more immediate objectives through income-generating initiatives for their constituents or their organization. The larger organizations are looking for the development of a national policy on disability.

The Sierra Leone Red Cross Society (SLRCS) promotes rights of the disabled through radio programs, television slots, and promotion of their own programs (job aid for war amputees). Job placement for PWD has not been successful as the unemployment rate in the country is very high for all persons.

The National Electoral Commission distributed posters encouraging PWD to vote in the coming election and facilitated registration by offering to complete the process in the person's home.

Also, it implemented a mechanism where the blind were able to vote for the first time in Sierra Leon's history.

### ***National Strategy for the Development of P&O in Sierra Leone***

The national strategy was officially launched in Sierra Leone in March 2002. Two World Health Organization (WHO) consultants who were supported by LWVF engaged all levels of stakeholders in a participatory process. All participants seemed satisfied with the result and are looking forward to future work with the strategy to address remaining issues and encourage the application of existing guidelines.

Some participants expressed disappointment that the document focused on P&O—not on the broader area of disability—and that there is not yet a national policy on disability. When asked about the rationale for focusing on P&O at the onset, the following reasons were given:

- The environment at that time was in need of coordination and focus on P&O as there were many organizations involved in this sector and limited collaboration.
- The expertise of the two consultants is in P&O, and they stayed with what they knew and could offer.
- The first idea was to engage in broader disability issues or CBR, but the Ministry of Social Welfare, Gender and Children's Affairs (MOSWGCA) felt this was their area and it should not be undertaken by MOHS. To avoid conflict, the scope of the effort was moved to an area that was recognized to be under the control of MOHS.
- The P&O sector is tangible and results can be measured.
- All agree the national strategy is not a complete document to address all areas of disability. It is the first step toward increased collaboration and information sharing among service providers, and a base for future work.

The first official meeting for the rehabilitation committee is to be held on May 7. One of the objectives of the meeting is to discuss the hiring of a coordinator to continue to support the national strategy. WHO will pay the salary for six to nine months and will help in establishing an office outside of the MOHS. This person must already be an employee of MOHS so that he or she can be integrated directly into the government structure. The team questioned other alternatives, such as having the coordinator be under the MOSWGCA, be independent of the ministries, or be paid by contributions from NGOs and stakeholders. It was felt that this person's role is to ensure the implementation of the national strategy and that, with this mandate, the best place for him or her is under the MOHS.



## **Institutional Capacity to Deliver Quality Services**

*Focus on training, technical assistance, service quality, and technology used in service provision.*

### ***Training***

For the P&O sector, the majority of technical staff have been trained by Brother Schneider (through GLRA). He developed his own curriculum with the help of German experts (unfortunately most curriculum documents were lost when the Makeni Center was destroyed). From 1999 to 2001, Vietnam Veterans of America Foundation (VVAFA) seconded a CPO to provide 30 weeks of training in the production of upper and lower limb prostheses.

Five Sierra Leonian staff have received training outside the country: one to TATCOT for three years, one to Lome, and two to Addis Ababa for one month. There is one individual currently at TATCOT (he will complete his training in 2004) and two additional staff members will go to Addis Ababa in 2002 for one month of upgraded training.

On-the-job training has been provided to all technical staff during the period when qualified professionals are employed by the organizations. In the absence of qualified professionals, supervision and guidance is provided by the most senior person on the technical team by a health professional employed by the organization.

There is a lack of technical and administrative supervision in all the P&O service providers for quality control, supplies, purchasing, and logistics.

Physical therapists have been trained out of the country—there is no physical therapy school in Sierra Leone. A new course for rehabilitation workers started in 1999 under the College of Medicine and Allied Health Sciences (COMAHS). It is a 2-year course and the first 9 students will graduate in June 2002. HI in Guinea has trained 10 Sierra Leonian refugees in basic rehabilitation skills for 1.5 years; it is unclear how this refugee resource pool will be used. HI is working with the Institute of Public Administration and Management (IPAM) to provide psychosocial training (2- to 6-week courses) for social workers.

### ***Technical Assistance***

Sierra Leone has a severe shortage of trained manpower in nearly every sector, including the area of physical rehabilitation and management. To support these activities, implementing organizations have hired professional staff to provide training, guidance, and mentoring. There is a significant imbalance of professionals in the different sectors—there are at least eight prosthetists/orthotists in the country, four or five psychologists, but no CPOs.

### ***Service Quality***

Attention to patient comfort during the process of fitting and device delivery is minimal, and there is an absence of supervision and quality control on many levels. There is no area for

patients to wait within the different center—most wait outside or sit near the workbenches. The production capacity of each of the centers is very low. Many centers have waiting lists and PWD may wait up to 6 months to receive an appliance. As the team was unable to see more than five patients, it is extremely difficult to summarize the quality of devices or therapies provided by each of the centers.

### ***Technology***

Orthopedic appliances are made using mixed material and components (polypropylene or components from Ottobock, Proteor, or others). There is also research being made by WHI looking to identify “appropriate technology” alternatives for prostheses. Though it may be possible to find some materials locally, the choice is limited, and the ingenuity and creativity needed in developing a device from scratch involves a level of technical capacity that is far beyond the current capacity existing in Sierra Leone. This strategy and the lack of appropriate machinery limit standardization and overall productivity.

Each organization has its own suppliers or options in providing crutches, wheelchairs, and other accessories. Most often, elbow crutches are imported from Europe and auxiliary crutches are made locally from wood. It would be more efficient and cost effective for organizations to centralize orders and suppliers.

## **Social and Economic Reintegration of Civilian Victims of War**

*Conditions and mechanisms to help PWD participate and contribute as productive members of society.*

### ***Vocational Training***

There are many vocational training initiatives in the country, but limited creativity in the type of training offered. Tailoring, tie-dye, soap making, arts and crafts, metal work, carpentry, and masonry are commonly offered. There are mixed feelings about the types of training offered; some feel all these individuals can be absorbed when they return to small villages, others feel the market will be saturated and people will not be able to find work.

The vocational training institution with the largest training capacity and longest training history in Sierra Leone is the Sierra Leone Opportunities Industrialization Center (SLOIC). SLOIC has been working in Sierra Leone since 1976, has trained over 3,000 persons since 1995, and has been selected to provide vocational training for ex-combatants. SLOIC does not provide special programs for PWD, nor does it discriminate against or limit PWD to attend existing programs.

### ***Small Enterprise Development***

There are as many different names for small enterprise development (SED) as there are organizations engaged in income-related activities. Some organizations provide interest-free loans, others charge interest, some provide grants, and some provide materials. In speaking with different organizations (WHI, CAUSE, SLRCS, and Mercy Ships), the only similarity between

them is that their programs are targeted toward PWD. SLOIC has expertise in providing SED training for interested organizations, and CAUSE and SLRCS have both taken advantage of this opportunity. All organizations see the need to support economic recovery, and many have some innovative ideas, but the sector appears to lack leadership, professional guidance, coordination, and exchange of experience.

### ***Job Placement***

There are three organizations that have job placement components: SLOIC, SLRCS, and WHI. World Hope has offered to pay 3-months wages for amputees hired by NGOs, but no one has accepted the offer. SLRCS has promoted job placement for PWD through advocacy efforts and education, but SLRCS has not hired a PWD in Bo and acknowledges a competitive work environment. SLOIC provides job placement services as a follow-up to the vocational training activities. This activity has been carried out by able-bodied trainees who have limited experience with job placement for PWD.

### ***Housing***

There are many IDP camps in Sierra Leone. Amputees and war wounded (400 families) are located in Murray Town and Grafton Camps respectively, both of which are located in or near Freetown. These camps are being phased-out and IDPs are being resettled. Many organizations are involved in this process; IOM provides transportation, WFP provides a 6-month supply of food, Norwegian Refugee Council builds houses, and CAUSE provides social and economic reintegration.

Providing housing for amputees and war wounded offers stability and security as they return home. Challenges include unequal treatment of IDPs and shelters in camps that are not immediately dismantled—another family moves in after the previous occupants move out, and the camp population remains virtually unchanged.

### ***Social Work***

In Sierra Leone, IPAM provides training in social work. HI is looking to integrate a 6-week training on psychosocial care as part of the curriculum and hopes that a one-year course will be developed in the future. As with other paramedical areas, the staff members' titles may not reflect specific professional training. "Social workers" are used in a number of NGOs. CAUSE has six social work staff and plans to hire four additional staff members in the future.



## **OTHER FINDINGS AND OBSERVATIONS**

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### **Governmental Capacity**

#### ***Ministry of Health and Sanitation***

MOHS has stopped hiring new staff members. The doctors and nurses of the country were recently on strike to increase salary payments (an increase was given and doctors now earn \$60 per month). Cost recovery systems are in place in many hospitals—there is usually a committee made of community members that helps decide fees. MSF has agreed to cover treatment costs of PWD, IDPs, prisoners, and the destitute. The MOH should take over the management and running costs of the prosthetic centers, but this change does not seem likely to occur in the near future.

#### ***Ministry of Social Welfare, Gender and Children's Affairs***

MOSWGCA is interested in pursuing the development of a national policy on disability. The minister noted that, at this time, the ministry does not have the human resources to undertake this task and has requested a consultant from UNDP or other international organizations to help with policy development. The minister also noted that MOSWGCA has a limited budget for funding disability organizations and relies on NGOs to provide support.

### **National Commission for Social Action**

NACSA has the mandate to help rehabilitate and reconstruct structures that existed before the war. It is run in the manner of a government ministry and has its own budget. NACSA is present in all the districts in Sierra Leone and also serves a coordinating role by holding monthly meetings with organizations registered or working in each of the districts. NACSA has available funds ranging from \$25,000 to \$50,000. Organizations can submit proposals directly to NACSA.

### **United Nations Office for Coordination of Humanitarian Affairs**

The Humanitarian Information Center of UNOCHA ([hic@sierratel.sl](mailto:hic@sierratel.sl)) has produced a compact disk called *Sierra Leone Encyclopedia 2001* that includes summaries of NGO activities, UN agencies, and international organizations. It provides country maps, film footage, and a number of other information components.

## **RECOMMENDATIONS**

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### **OMEGA Process**

1. Conduct a general assessment of services and country situation before developing an RFA.
2. Bring extra copies of the APS to distribute to organizations that do not have internet access.
3. Develop standard interview forms for different sectors to ensure adequate information collection.
4. Hold a technical review committee meeting before visiting a country where organizations have submitted proposals.

### **Sierra Leone**

1. Collect statistics about PWD from constituent groups of umbrella organizations for PWD to provide baseline information on location, type, and number of known PWD.
2. Add disability identification questions to national census scheduled for 2003.
3. Recruit two to three qualified CPOs for Sierra Leone to help guide activities and set professional standards. Investigate opportunities through existing organizations such as the Peace Corps.
4. Emphasize orthopedic technologist training (through TATCOT, extended stays in Addis Ababa, in-country training) to increase the quality and efficiency of work being conducted.
5. Receive government agreement in advance of training to recognize the diploma of those trained abroad.
6. Consider agreement for all P&O service providers and MOHS to use ICRC technology and to standardize the production of crutches using molds from Coppet in Geneva.
7. Increase the number of physical therapists in Sierra Leone through training abroad (Tanzania, Kenya).
8. Identify and integrate trained rehabilitation workers from Sierra Leone refugee camps in Guinea.

9. Evaluate results of completed rehabilitation workshop courses and encourage a second round of teaching where appropriate.
10. Strengthen the existing disability umbrella group (SLUDI) through increased representation outside of Freetown, support for planned activities, and development of an objective management structure.
11. Develop a method to support disability groups that are active members of the recognized umbrella group.
12. Continue support for national strategy with emphasis not only on the P&O sector, but also on related rehabilitation activities, broader disability issues, and the identification of appropriate liaisons or focal points between the NGOs and government ministries.
13. Hire a consultant for MOSWGCA to develop a disability policy in collaboration with the rehabilitation committee identified under the national strategy.
14. Increase collaboration and information sharing in the areas of vocational training, small enterprise development, and social work activities to benefit from lessons learned, to avoid duplication, and to increase the professionalism of each of these sectors.

## CONCLUSIONS

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The OMEGA team was able to get a broad understanding of programs being implemented in Sierra Leone. This was a useful first step that technical advisors can build on in the future.

Though the trip was a good learning experience, the team was unable to accomplish certain tasks:

- Proposals were not reviewed because the technical review committee had not yet met. It would have been inappropriate to begin discussing content without this initial review.
- Travel to Kenema was not made because of time and logistical constraints.
- Though there was a need to meet with many groups working in different sectors, the team was unable to meet with organizations in-depth and for extended time periods.

There are a number of NGOs and initiatives that could help provide quality rehabilitative services to civilian victims of war while extending services in areas not currently encompassed. Though the team has addressed these issues within the body of this report, the main impressions from the visit are provided below:

- The *National Strategy for the Development of Prosthetics and Orthotics Services* has made a positive contribution in providing a mechanism for NGOs to meet and discuss issues related to P&O and disability. Work remains to be done in moving the process forward in many areas listed within the document.
- Though there are many initiatives in the support sectors (vocational training, small enterprise development, and disability group development), there is a need for information sharing, collaboration, and networking to avoid duplication.
- The P&O sector is lacking CPOs who can help provide quality control, supervision, and management of on-going activities in the sector and adequate day-to-day training for technical staff.

The working environment in Sierra Leone has improved dramatically in the past 6 months. There is access to most areas of the country, no curfew, and road travel is safe (albeit bumpy). The country is optimistic about the coming elections and one can hope that the peaceful trend will continue.



## **APPENDIX A: SCOPE OF WORK**

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### ***Background***

The United States Government, as represented by the Agency for International Development's (USAID) Patrick J. Leahy War Victims Fund (LWVF),<sup>1</sup> entered into a cooperative agreement with Pact, Inc., a U.S.-based private voluntary organization, for implementation of a regional program, the Omega Initiative.

The initiative, managed by the Regional Economic Development Services Office for East and Southern Africa (REDSO/ESA), is designed to provide support to qualified organizations engaged in the implementation and expansion of rehabilitation services for civilian victims of war and other people with disabilities in Africa.

Toward this end and in accordance with the Foreign Assistance Act of 1961, as amended on behalf of USAID/LWVF, Pact, in collaboration with its implementation partner—the Vietnam Veterans of America Foundation (VVAFF)—has invited applications from qualified U.S., international, and local organizations with programs in Sierra Leone to apply for grant(s) under the Omega Initiative.

### ***Scope of Work***

The Omega Initiative, in collaboration with the LWVF will send an assessment team to Sierra Leone April 22-May 4, 2002. The team will include Joe Ubiedo and Sue Eitel, Omega Initiative Technical Advisors, and Rob Horvath, Field Program Specialist with the LWVF/DCOF Technical Support Contract.

The assessment team will have two primary objectives:

1. To review projects and proposals submitted under Request for Applications (RFA) No. 2002/1 - Sierra Leone Program

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<sup>1</sup> Website: [http://www.usaid.gov/pop\\_health/dcofwwf/index.html](http://www.usaid.gov/pop_health/dcofwwf/index.html)

2. To assess the general situation in Sierra Leone regarding people with disabilities (PWD) with a view toward identifying needs and opportunities for Omega and LWVF support.

The team is expected to gather information about the status of comprehensive rehabilitation assistance and the situation of people with disabilities in Sierra Leone through contacts with representatives of organizations, including UNICEF, ICRC, OCHA, the World Bank, WHO, USAID, relevant government ministries, ICRC, Caritas, Mercy Ships, World Hope International, Handicap International, the German Leprosy Relief Association (GLRA), Cause (Canada), and other relevant civil society bodies.

The team will seek to identify humanitarian assistance as well as development activities planned or underway that could incorporate additional elements directed toward strengthening the physical, social, and economic situation of PWD.

The team will travel in country, as possible, to sites where rehabilitation activities are being implemented or planned. Proposed site visits include Freetown, Bo, Kenema, and Makeni.

The team will prepare a report with its observations and recommendations in keeping with the following schedule:

- Distribution of initial draft for review and comments – May 17
- Distribution of final draft – June 1

***Additional Questions/Issues:***

To help achieve the objective mentioned under the Scope of Work, the team will undertake the following activities or address the following issues or questions to relevant stakeholders:

- Update current list of organizations providing services for PWD
- Status of government rehabilitation committees - what is DPO inclusion and participation?
- Status of the *National Plan for the Development of Prosthetics and Orthotics in Sierra Leone* (committees, working groups, role of stakeholders, database development, material and technology choices, CBR developments)
- Status of country census and the inclusion of PWD issues/questions on census
- Status of database development
- Status of development of a policy in disability
- Equitable distribution of services based on need (focused primarily on four main areas visited)?
- Cost calculation of P&O service provision (consider ISPO cost protocol exercise)
- Salary/career structure in the related ministries (MOE for diploma recognition, MOHS for employment, MOSWGCA for employment)
- Training opportunities for those in the rehabilitation sector (management, prosthetists, orthotists, physical therapists, rehabilitation workers, social workers, developments in psychology curriculum development)
- Government commitment (customs/taxes on importation of goods, financial, other)



## APPENDIX B: MEETINGS SCHEDULE IN SIERRA LEONE

DATE	TIME	ORGANIZATION/ ACTION	LOCATION	PERSON MET	CONTACT/ ADDRESS
4/24	08:00	USAID Office Briefing and logistics	US Embassy	Julie Koenen- Grant, Country Program Manager	Walpole Street Tel. 232.22. 226 481 Jkoenen- grant@usaid.gov_
4/24	09:00	German Leprosy Relief Association Leprosy and TB programs	Head office Freetown	Antoinette Fergusson, Representative	29 Soldier Street, P.O. Box 673 Tel. 232.22. 229476 glrasl@sierratel.sl
4/24	11:30	Orthopedic Training Center OTC/GLRA Workshop for P/O Appliances	Lakka Center 40min drive from Freetown	Victor A. Sesay, Deputy Director	See above for contact.
4/24	13:15	World Hope International offers P/O, PT/OT, spiritual counseling, socioeconomic activities	Head office & workshop in Freetown	Santigie D. Kanu, Country Director	26 Kingharman Road Tel. 232.22.240087 whealing@sierratel.sl
4/24	17:00	Ministry of Health and Sanitation National Strategy for P/O	Headquarter Freetown	Dr Ibrahim J. Tejan Jalloh, Minister	MOHS office: 4 <sup>th</sup> floor Youyi Bldg. Brookfields Tel. 232.22.240.427 minhs@sierratel.sl
4/24	19:00	Christian Aid for Under-Assisted Societies Everywhere Assist vulnerable groups	Freetown	Prince B. C. Cotay, Country Director	122 Pademba Road Tel. 229 270/228 312 causesl@sierratel.sl
4/25	08:00	Handicap International (HI) P/O + physical rehab + psycho-social programs	H.I. Office In Freetown	Kombah Pessima, Program Director	43 Freetown Road, Lumley, Tel. 232.22. 230522 handicap@sierratel.sl
4/25	10:30	Handicap International Orthopedic Center	Murray Town	Jacqueline Lepetit, OT/Med Coordinator	See above for contact.
4/25	17:00	International Committee of the Red Cross (ICRC) Medical + tracing	Delegation in Freetown	Jean Pierre Schaerer, Head of Delegation	4A Renner Drive, Off Wilkinson Road Tel. 232.22.233162/172

		activities + support to local SLRC			Freetown.fre@icrc.org
4/26	10:30	GLRA Orthopedic workshop	Makeni: 3 hrs drive from Freetown	Michael Kanu, Workshop Supervisor	Stokol Leprosy Hospital Makeni, Sierra Leone
4/26	11:30	National Leprosy Patients Association	Office in Makeni	James S. Kargbo, Coordinator	22 Stocco Road, P.O. Box 34, Makeni.
4/26	12:00	WHI Social, spiritual + PT	Office in Makeni	S.D. Kanu, Country Director	Future office & services center, Makeni,
4/26	13:30	NACSA Coordination/funding	Office in Makeni	Rugiatu Kanu, District Supervisor	Agriculture compound, Office in Makeni.
4/28	16:30	Cheshire Home School + housing for polio children	Center in Freetown	Henrietta T. Sesay, Head teacher /Admin	18 Race Course road, Cline Town Tel. 232.22.229837

## **APPENDIX C: CONTACTS**

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### **Contact Information for Sierra Leone, May 2002, Organizations Relating to Disability and Rehabilitation**

#### ***Bo***

- 1. Name of Organization: Bo Government Hospital**  
**Contact/Title:** Dr. Thomas T. Rogers, Medical Superintendent Bo Government Hospital  
**Address:** Bo Hospital  
**Phone:** 232-032-491/201

#### **Summary of Activities:**

According to Dr. Rogers, Bo Hospital is the largest in the country with 450 beds and 14 departments (HI is one of them). Dr. Rogers is an orthopedic surgeon and also a pediatrician. MSF (B) has provided extensive support (including cost recovery for amputees and war victims), but is phasing out by the end of 2002. HI supports a prosthetic workshop and physical therapy department in this compound. There are 2 technicians (plus one rotating technician from Freetown) and 3 rehab workers (2 are currently attending RW course). Hospital provides referrals to HI; at this time all HI services are free of charge.

- 2. Name of Organization: Christian Aid for Under-Assisted Societies Everywhere**  
**Contact/Title:** Ms. Teresa Benjamin  
**Address:** SDA compound Ngalu Road  
**Phone:** 232-032-599 **Fax:** 232-227-325 **Email:** causesl@sierratel.sl

#### **Summary of Activities:**

There are two practical social workers and additional staff in Bo to assist with reintegration of individuals from IDP camps. Activities include social work, occupational therapy/house adaptations, counseling, seeds and tools provision for home gardening, small grants (material provision) to start small business. Program for women and children is also in Bo. *OMEGA team unable to conduct site visit due to lack of time in Bo.*

- 3. Name of Organization: Cheshire Home**  
**Contact/Title:** Mrs. Masaquoir, Responsible  
**Address:** PO Box 150, Tikonko Road, Bo  
**Phone:** 232-032-482

#### **Summary of Activities:**

Cheshire started in Bo in 1960. There are currently 24 kids living in the center (ages 7-16). All go to school outside the center. There are some vocational skills offered (electronic, typing, needle work, arts/crafts).

Cheshire is also phasing out/not accepting any new kids to the center. HI supports an orthopedic workshop in the compound. There is no generator and electricity for one hour per day. There are two technicians and one volunteer. Only walking aids, braces, and some repairs made here. For PT and prostheses, individuals must go to Bo hospital.

4. **Name of Organization: Christian Brothers/Special Needs Education Center**  
**Contact/Title:** David Yambasu, Child Protection Unit; Patrick Vamboi (SNEC)  
**Address:** 98 Main Sewa Road, Bo  
**Phone:** 032-412

**Summary of Activities:**

Local NGO that works with separated children and ex-combatant children. Social workers trace family and prepare unification. HI provides psychological support for staff and children on a regular basis.

There is a sister project called the Special Needs Education Center that started in October 2001. It integrates both physically and mentally challenged individuals. There are currently 150 individuals in the 18-month vocational training program (ages 12-35). None live at the center. They will graduate in April 2003 and will be provided with start-up materials. One pre-post trainer/social workers provides follow-up.

5. **Name of Organization: Handicap International**  
**Contact/Title:** Minka Hil Bangura, Field Supervisor  
**Address:** 17 Ktondahun Rd  
**Phone:** 032-361

**Summary of Activities:**

HI started work in Bo in 1996. There are two main activities: orthopedic and psychosocial. The orthopedic actions include work at Bo Hospital and Cheshire Home. There are a total of 4 technicians (plus one rotating from Freetown) and 3 rehab workers. About 5-8 devices made in each workshop/month. Home visit follow-up made 2x/week. The psychosocial component involves two teams coming from Freetown each month to provide psychosocial training and counseling for staff and beneficiaries of two local NGOs (HANCI and Christian Brothers). HI also goes to IDP camps to provide rehab support upon request of UNHCR.

6. **Name of Organization: Medecins Sans Frontieres (Belgium)**  
**Contact/Title:** (contact information for Bo unavailable - see Freetown information)

**Summary of Activities:**

MSF-B support to Bo Government Hospital started in 1995. MSF-B worked with the Bo Hospital to provide expatriate medical (clinical and managerial support) staff, medical supplies, basic logistics, and financial incentives to MOH staff and training for maintenance of staff. To help support cost-recovery, MSF encouraged the formation of hospital management committees and direct community participation. In addition to the hospital activities, MSF-B also supports 9 PHUs in Bo and Pujehun districts. At the end of 2001, a restructuring plan was put in place to allow for the rapidly changing context and changing requirements in health care provision.

7. **Name of Organization: Sierra Leone Opportunities Industrialization Center**  
**Contact/Title:** Ms. Tsatu Kamara, Training Manager  
**Address:** PO Box 89, 1 Mattru Road, Bo

**Summary of Activities:**

SLOIC has two main components: vocational training and small enterprise development (SED). Previously had extensive funding from USAID (1976-84 and 1989-94). Generally programs are 15 months (12 month classroom and 3 month on-the-job training), but can be shorter depending on the skill or demand of sponsoring organization. Currently have 236 trainees in third month of training. SED is provided through revolving loans to individuals and groups. For approved applicants, there is 2-week training related to business management. SLOIC also does consultancies for other organizations on SED.

**8. Name of Organization: Sierra Leone Red Cross Society, Bo Branch**

**Contact/Title:** Ms. Augusta Foday-Kalone, Field Officer (Gassimy Mallah, Asst. Field Officer)

**Address:** PO Box 156, No. 1 Coronation Field Road, Bo

**Phone:** 032-584

**Summary of Activities:**

There are over 1,000 volunteers in Bo district Branch. In addition to core programs, the SLRCS has developed post-war programs to include Community Animation and Peace Support (CAPS) and Job Aid for War Amputees (JAWA). The CAPS program deals with social problems secondary to war activities include micro-credit for war widows, group activities, and discussions of peace and forgiveness. There are 12 animators and each animator works with 4-5 villages. The JAWA program has 3 components: micro-credit, skills training, and job placement. In Bo, the SLRCS has a list of 316 amputees in the region; the list is from the Amputee and Dependents Association (ADA). A total of approximately 40 amputees have benefited from components of the JAWA program since November 2000.

**Freetown**

**1. Name of Organization: Baptist Convention Sierra Leone CBR Program**

**Contact/Title:** James Kamara (Founder) and Idrissa Tarawallie (Coordinator)

**Address:** 33 Garrison Street, Freetown

**Summary of Activities:**

The first CBR Program in SL started in 1982 as Agricultural Training for Rehabilitation of People with Blindness (ARB). BCSL staff went to villages to register blind persons and give training on agriculture and other traditional skills. ABR changed to CBR in 1995 and has four target groups: blind, lepers, hearing impaired, physically disabled. BCSL concentrates work in Freetown area (had worked in other places but stopped because of the war). Previously received heavy funding and support from Christoffel Blinden Mission. *Unable to contact BCSL as phone number did not function; need updated contact information.*

**2. Name of Organization: Catholic Mission**

**Contact/Title:** Father Maurizio

**Address:** St. Joseph s Father Vocational Institute, Kissy

**Summary of Activities:**

The Catholic mission is helping 150 vulnerable children, especially orphans or children of amputees. 39 amputees received micro-loans to establish small-scale business. Planning to start a pig project? *OMEGA did not discuss with Fr. Maurizio; information taken from Amputee and War Wounded Interagency Meeting minutes (March 27, 2002).*

**3. Name of Organization: Caunnaught Hospital, Physical Medicine and Rehab Department**

**Contact/Title:** Ms. Francis Koroma, Physiotherapist, Responsible for the Department

**Address:** Ministry of Health and Sanitation, Freetown

**Phone:** 232-22-222011

**Summary of Activities:**

Main public hospital in Freetown; MSF (F) has provided extensive support, but the future of their involvement is unclear. The rehab department is on the first floor with no disability access (persons are carried to first floor). Staff of 1 PT, 6 nurses, 1 porter and 2 volunteers? Miss Koroma was trained in Kenya in 1991. HI assists with Physical Rehab in different location on ground floor. Location of the lecturing and training facility for the Rehabilitation Workers Course is located in an adjacent building to the hospital (2-year course in collaboration with COMAHS).



**4. Name of Organization: Christian Aid for Under-Assisted Societies Everywhere**

**Contact/Title:** Mr. Prince Cotay, Country Director

**Address:** 122 Pademba Road

**Phone:** 232-22-228312, 229270 **Fax:** 232-22-2227325 **Email:** causesl@sierratel.sl  
(mobile): 232-076-602816

**Summary of Activities:**

CAUSE Canada has been operational in SL since 1998 and has implemented primary health care programs and assistance to vulnerable groups (refugees, internally displaced persons, amputees, war-wounded, and women and children affected by war). CAUSE works in both Murray Town and Grafton Camps. Services include psycho-social support, social work, occupational therapy, seeds and tools for home gardening, and start-up grant in form of materials to start small business. Works with NRC in providing follow-up for returnees to their homes and assisting with re-integration through use of practical social workers.

**5. Name of Organization: Cheshire Home**

**Contact/Title:** Mrs. Henrietta T. Sesay, Administrator

**Address:** 18 Race Course Road, Cline Town, Freetown

**Phone:** 232-22-229837 (mobile): 232-030-203770

**Summary of Activities:**

The Freetown Cheshire Home at Race Course opened in 1962. There are 52 children with polio benefitting from the facility 27 residents and 25 children come daily to attend school. Cheshire has 5 permanent teachers and 9 domestic staff. Cheshire provides primary education for children in classes 1-6. The curriculum is same as that offered by the Ministry of Education. There is no on-site rehabilitation, device repair, or medical services; all must be requested by Cheshire. HI had previously supported Cheshire, but now contact is limited. Facilities include 3-4 main buildings with limited wheelchair accessibility. They are thinking of starting a vocational training center, but this has been in process for many years.

**6. Name of Organization: Choithram Trust/Choithram Memorial Hospital**

**Contact/Title:** Dr. Len Gordon Harris, Medical Director

**Address:** 5 Rawdon Street, Freetown

**Phone:** 232-22-224107 **Fax:** 232-22-229751 **Email:** lgharris\_46@yahoo.com  
(mobile): 232-076-603051 kanazad@ukonline.co.uk

**Summary of Activities:**

Choithram is a local trust set-up in 1967. Choithram Memorial hospital is a 66-bed private, non-profit hospital. Currently used as support for UNAMSIL (66% beds for UNMASIL and 33% civilian). Payment is 0%-100% depending on patient's economic status. UNAMSIL has own doctor and medical staff, plans to phase out in September 2002. Medical Director is past president of Rotary International in SL and Vice-Principal of COMAHS. At the request of SL government, Choithram invited Indian team to fit Jaipur prostheses in January 1999, but they left shortly after due to security. Invested over \$200,000 in this effort with no result; donated materials and equipment to HI. Still interested in supporting organizations or initiatives in rehabilitation (as implementer or donor), but has no specific plans.

**7. Name of Organization: Christian Children's Fund**

**Contact/Title:** Davidson Jonah, Country Director

**Address:** 8 Howe Street, Spiritus House

**Phone:** 232-22-228322, 223873 **Fax:** 232-22-229365 **Email:** ccf@sierratel.sl  
(mobile): 232-076-611511 www.christianchildrensfund.org

**Summary of Activities:**

Psychosocial care delivery (direct intervention and training). The program is located in the Western area and Eastern region. The goal is to reduce psychosocial stresses associated with the war. Beneficiaries are

demobilized ex-combatants, ex-abducted children, rape victims, amputees, war wounded, institutions. *The OMEGA team did not have the opportunity to meet with CCF due to lack of time in-country.*

**8. Name of Organization: College of Medicine and Allied Health Sciences**

**Contact/Title: Dr. Gevao, Dean of College**

**Phone:** 232-22-226743 (mobile): 232-076-601613

**Summary of Activities:**

In collaboration with HI, began 18-month training program for 9 rehabilitation workers in November 2000 (graduation of first class is set for June 2002). The curriculum is based on WHO standards with COMAHS and MOHS. There are 5 modules, each of 3-months duration: 1 month theory, 1 month practical with close supervision, 1 month work experience back at original work site. The diploma is from a recognized university. Looking to have graduates progressively integrated into MOHS. Students in the training are from HI, ICRC, MOHS.

**9. Name of Organization: EMERGENCY Life Support for Civilian War Victims**

**Contact/Title:** Susan Elofsson, Medical Coordinator

**Address:** Near Lakka Leprosy Hospital, Lakka

**Phone:** 232-22-238801 **Fax:** 232-22-238801 **Email:** elofssonsusan@hotmail.com  
(mobile): 232-076-611386

**Summary of Activities:**

EMERGENCY is an Italian NGO (Milan HQ) that began construction of a Freetown hospital in January 2001 and began providing surgical services in November 2001. There are 56 general beds and 9 intensive care beds. There are 145 total staff, all medical staff are recognized by MOHS. There are 6 expatriate staff (2 surgeons, 1 anesthetist, 1 OT nurse, 1 ward nurse, and 1 medical coordinator). Orthopedic and emergency surgeries are offered. EMERGENCY accepts referrals from all over the country and services are provided for free. Currently use HI for PT referrals, but plan to have PT and post-surgical treatment this year. In less than six months, EMERGENCY has seen 660 patients and performed about 640 operations.

**10. Name of Organization: German Leprosy Relief Association/Lakka Center**

**Contact/Title:** Antoinette Fergusson, Representative

**Address:** 29 Soldier Street, PO Box 673, Freetown

**Phone:** 232-22-229476,226827 **Fax:** 232-22-229510 **Email:** glrasl@sierratel.sl  
(Home): 232-22-238467

**Summary of Activities:**

Presently, GLRA is engaged in programs to prevent and treat leprosy and tuberculosis. Since 1972, GLRA supported Brother Schneider and the Orthopedic Training Center (OTC) in Makeni. In 1998, the OTC was destroyed in Makeni and GLRA moved activities to Lakka Center near Freetown. GLRA offers production and repair of orthoses, prostheses, wheelchairs, and walking aids. There is no physical therapy. GLRA provides free service primarily for persons with leprosy but can make small repairs for other PWD for free and could provide more support if these individuals pay or are sponsored by others to pay for services. GLRA has a social worker to follow-up on leprosy cases in poor condition. The center in Makeni is being re-built and not yet clear if Lakka will remain once Makeni is functioning. Brother Schneider is like the father of the orthopedic sector in SL, and nearly all local technicians were trained by him in the past. Technology is primarily Ottobock, imported from Germany.

**11. Name of Organization: Handicap International**

**Contact/Title:** Kombah Pessima, Program Director

**Address:** 43 Freetown Road, Lumley

**Phone:** 232-22-230522, 233082 **Fax:** 232-22-230522 **Email:** handicap@sierratel.sl  
(mobile): 232-076-609924

**Summary of Activities:**

HI provides prosthetic and orthotic services in Murray Town, Bo District Hospital, and Bo Cheshire Home. Prostheses are polypropylene and use ICRC components. Physical Therapy is provided at Murray Town, Cannought Hospital and Bo hospital (there is discussion of expanding this service to Makeni Hospital). HI provides psychosocial services in Murray Town, Lakka Children s Center, and two NGOs in Bo (HANCI and Christian Brothers). HI is supporting a training of 9 rehabilitation workers through COMAHS and has trained 10 SL refugees in Guinea in basic rehabilitation skills and will look for ways to use their skills as community agents upon their return. HI collaborated with the Institute of Public Administration and management (IPAM) to elaborate a training curriculum in Psychological Care and Social Work. Two 6-week pilot sessions of the training have already been conducted. HI is presently working with IPAM to develop the curriculum and make it a full and permanent diploma course in the institute. HI is very interested in developing a policy on disability and is looking to the National Strategy as a stepping-stone for this.

**12. Name of Organization: International Committee of the Red Cross**

**Contact/Title:** Jean-Pierre Schaerer, Head of Delegation

**Address:** 4A Renner Drive (off Wilkinson Road), Freetown

**Phone:** 232-22-233162, 233172 **Fax:** 232-22-230898 **Email:** [freetown.fre@icrc.org](mailto:freetown.fre@icrc.org)  
(mobile): 232-076-619351 <http://www.icrc.org>

**Summary of Activities:**

ICRC has been in Sierra Leone since 1991 and conducts extensive activities in the areas of medical support, water and sanitation, family reunification, emergency relief and other core activities. In the physical rehabilitation sector, ICRC provides lower limb prosthetic component parts to MOHS for workshops in SL. ICRC also conducted an evaluation in this sector in 2001 (by Alex Randin). In Kenema, ICRC provides surgical support to the hospital, has encouraged the development of the physical therapy department, and provides transport to Bo for persons needing orthopedic devices.

**13. Name of Organization: International Medical Corps**

**Contact/Title:** Ms. Tatjana Zulevic, Country Director

**Address:** 1 The Maize, Wilberforce, Freetown

**Phone:** 232-22-230083 **Fax:** 232-22-233793 **Email:** [tzulevic@imc-sl.org](mailto:tzulevic@imc-sl.org)  
(mobile): 232-076-610050

**Summary of Activities:**

IMC works in four different districts in SL. Main activities include hospital, health center, or health clinic rehabilitation. Surgery to include vaginal fistula repair, reconstructive surgery (burns, facial, other types), and RUF scar removal. Social work and PT are not directly included in the project IMC links with other organizations for these services. IMC has 200 local staff and 15 expatriate staff.

**14. Name of Organization: Institute for Public Administration and Management**

**Phone:** 232-22-224484

**Summary of Activities:**

A training institute associated with the University of Sierra Leone. HI and IPAM are in the process of implementing 2 six-week sessions to train basics of psychosocial therapy. There is one group of 18 students and one group of 20 students. Looking to have a one-year curriculum in the future.

**15. Name of Organization: Limb Fitting Center (Murray Town)**

**Contact/Title:** Ibrahim Conteh (Orthotist), Abdul Kamara (Prosthetist)

**Address:** Murray Town, Ministry of Health and Sanitation, Freetown

**Summary of Activities:**

The center is referred to as the national rehabilitation center for people with amputations and other forms of physical disabilities. A new center is under construction in the same compound and is to be completed by HI by end of July? The center is the property of MOHS, but is managed by HI. The orthopedic

workshop at Murray Town has 19 technicians to serve both prosthetic and orthotic units. Four staff are employed by MOHS and the rest are employed by HI. There are services for PT/OT and also a psychological support unit (all assisted by HI). The center also functions as one of the locations for the practical training of rehabilitation workers and orthopedic technicians.

**16. Name of Organization: Medecins Sans Frontiers (Belgium)**

**Contact/Title:** Tom White, Head of Mission

**Address:** 6 Ngobeh Drive, Cockle Bay Road (off Aberdeen Ferry Road), Freetown

**Phone:** 232-22-272921, 272972 **Email:** msfbfreetown@sierratel.sl

(mobile): 232-076-602418

**Summary of Activities:**

MSF first came to Sierra Leone in 1986 and again in 1995 in response to a cholera outbreak. Since 1995 have remained in SL in a disease-response capacity that evolved into war surgery then to more general health care. MSF-B is currently operational in Bo, Pujehun, Koinadugu, and Kono districts. Programs include primary health care including early warning and rapid response components, and secondary health care provision with surgical capacity. All MSFs work with the same principals concerning access to health care.

**17. Name of Organization: Medecins Sans Frontiers (France)**

**Contact/Title:** Steve Cornish, Head of Mission

**Address:** 7 E Old Railway Line, Tengbeh Town, Freetown

**Phone:** 232-22-222847 **Fax:** 232-22-222871 **Email:** msf-f@sierratel.sl

(mobile) 232-076-631403

[www.doctorswithoutborders.org](http://www.doctorswithoutborders.org)

**Summary of Activities:**

Since May 1997 MSF has run a surgical program in Connaught Hospital. Current focus is on training anesthetists and surgical nurses in pre- and post-operative care. Looking to phase out in the future? MSF has also been responsible for the management of and medical services provided within Murray Town Camp. It is thought that MSF will phase out of this activity by July 2002. *OMEGA did not meet MSF (F).*

**18. Name of Organization: Medecins Sans Frontiers (Holland)**

**Contact/Title:** Ms. Rebecca Golden, Head of Mission

**Address:** 4 Ngobeh Drive (off Aberdeen Ferry Road), Freetown

**Phone:** 232-22-231272, 231169 **Fax:** 232-22-230337 **Email:** msfh-sl-cm@amsterdam.msf.org

(mobile): 232-076-618984

**Summary of Activities:**

Had originally been joined together with MSF France, but separated their two mission in December 1999. MSF Holland supports the hospital and Clinics in Bombali district and has a psychosocial program in the IDP camps in the Western Area. *OMEGA did not meet MSF(H).*

**19. Name of Organization: Mercy Ships/New Steps**

**Contact/Title:** Ms. Patricia Driggs, National Team Leader

**Address:** 15 Bai Bureh Road, Kissy, Freetown

**Phone:** 232-22-231552 **Email:** newsteps@sierratel.sl

(mobile): 232-076-602227

**Summary of Activities:**

Mercy Ships is a ship that provides surgical care for 3-5 months and then departs for another port. It left in March 2002 and will return in November 2002. New Steps is a land-based program that started in January 2000. New Steps has a variety of components: an orthopedic workshop/container (have stopped making prostheses at this time and will only do orthoses and prosthetic repairs), wheelchair distribution (in collaboration with Wheelchairs for the World Foundation), provides physical therapy, micro-

enterprise development, vocational training and vocational integration program, psychological support unit, and a school reintegration program. Areas of focus are 8 polio communities defined as communities headed by one of the active polio groups registered under SLUPP.

- 20. Name of Organization: Ministry of Health and Sanitation**  
**Contact/Title:** Dr. I.I. Tejan Jaloh, Honorable Minister of Health and Sanitation  
**Address:** 4<sup>th</sup> Floor Youyi Building, Brookfields, Freetown  
**Phone:** 232-22-240427 **Fax:** 232-22-241283 **Email:** minhs@sierratel.sl  
(mobile): 232-076-601488

**Summary of Activities:**

Ministry responsible for the P&O sector, physical therapy, and has a keen interest in CBR. Is directly responsible for Murray Town Center and Caunnaught Hospital. MOHS is the Focal Ministry to implement the National Strategy for the Development of P&O Services. Dr. P.A.T. Roberts continues to play an active role in moving the Strategy forward.

- 20A. Name of Organization: Ministry of Health and Sanitation, CBR**  
**Contact/Title:** Dr. Arthur D.O. Wright, Coordinator, CBR Steering Committee  
**Address:** Freetown  
**Phone:** 232-22-226536, 225297 **Email:** wrightad@sierratel.sl  
(mobile): 232-076-602370 Wright\_ado@hotmail.com

- 20B. Name of Organization: Ministry of Health and Sanitation, CBR**  
**Contact/Title:** Dr. P.A.T. Roberts, Focal Point for CBR  
**Address:** P.M.O. Office, Cline Town, Freetown  
**Phone:** 232-22-222977  
(mobile): 232-076-603267

- 21. Name of Organization: Min. of Social Welfare, Gender and Children's Affairs**  
**Contact/Title:** Ms. Shirley Gbujama, Minister  
**Address:** New England or Youyi Building, Freetown  
**Phone:** 232-22-241256, 220812, 240803  
(mobile): 232-076-608613

**Summary of Activities:**

The minister strongly believes that disability rehabilitation falls under her ministry. Feels MOHS can take on medical rehabilitation, but her ministry has the responsibility for social rehabilitation or overall policy to mainstream PWD. She strongly believes her department needs to develop a policy on disability with more focus on social integration, equal rights, and equal opportunities. She would like to develop a policy on disability and wants external consultant to help. Interested in starting a national training center in Bo. Feels all ministries should have a point person for disability (similar to existing point person on gender).

- 21A. Name of Organization: Min. of Social Welfare, Gender and Children's Affairs**  
**Contact/Title:** Ms. Sarah A. A. Lewis, Permanent Secretary  
**Address:** New England or Youyi Building, Freetown  
**Phone:** 232-22-242301, 241178 **Email:** lewiss1948@yahoo.com  
(mobile): 232-076-600313

- 22. Name of Organization: Norwegian Refugee Council**  
**Contact/Title:** Ms. Mette Nordstrand, Residential Representative  
**Address:** 2 Man of War Bay Road, Aberdeen  
**Phone:** 232-22-273057, 273126 **Email:** nrc@sierratel.sl  
(mobile): 232-076-611915

**Summary of Activities:**

NRC opened an office in SL in 1999. In addition to a school rehabilitation program and Rapid Response Education program, NRC also has an Amputee and War Wounded Project. The project entails construction of houses in district of origin for 225 selected beneficiaries from Grafton and Murray Town Camps. Houses are a completed structure with toilet and basic furniture provided. There is also a component of community sensitization and reintegration of beneficiaries, and a one-year education scholarship for a girl in the family. HIV/AIDS awareness and prevention messages are also given.

**23. Name of Organization: Org. for the Homeless, Disabled and Rural Development**

**Contact/Title:** Mr. Foday A.R. Kaloko, Executive Director

**Address:** 1 Ecowas Street, Freetown

**Phone:** 232-22-228915, 227940 **Fax:** 232-22-227960 **Email:** ohdrad2000@yahoo.com  
(home): 232-22-242253

**Summary of Activities:**

Local NGO established in 1992 to address the problems of war victims, esp. amputees, homeless/orphans, polio, or other disabilities. In 1998 conducted a survey for PWD (unknown results) and is focused on training PWD for self-reliance. OHDRAD has an office, 13 staff, and 11 organizations under its umbrella.

**24. Name: Organization for Research and Extension of Intermediate Technology**

**Contact/Title:** Bernard Conteh-Barrat, National Coordinator

**Address:** 48 Wellington Street, Freetown

**Phone:** 232-22-224948 **Fax:** 232-22-224439 **Email:** bernardconbarrat@hotmail.com  
oreint@sierratel.sl

**Summary of Activities:**

Previously worked in collaboration with Trickle-up to provide seed capital for small enterprise development. Trickle-up no longer works in the country, but OREINT continues to engage in micro-credit activities, hands-on skills training, agriculture programs, and infrastructure support. OREINT is also managing Murray Town Camp. Orient has 16 staff. *OMEGA discussion by phone.*

**25. Name of Organization: Seventh Day Adventists**

**Contact/Title:** Williams Lamin, Administrator (social worker by training)

**Phone:** 232-22-231217 **Email:** mlh-ahs@sierratel.sl

**Summary of Activities:**

Has a resettlement program agriculture and providing seeds, provides medical care at Waterloo hospital and plans to restore Masanga Leprosy Hospital. Previously SDA had supported this hospital and had a physical therapy unit that provided support to GLRA in Makeni. There have been no PT services, but SDA is hoping to revive this service and also shoe repair for leprosy patients. *OMEGA discussion by phone.*

**26. Name of Organization: Sierra Leone Opportunities Industrialization Center**

**Contact/Title:** Samuel J.M. Maligi II, Executive Director

**Address:** Cline Town, P.M.B. 388

**Phone (H):** 232-22-272013 **Fax:** 232-22-251933 **Email:** samligi@sierratel.sl  
(mobile): 232-076-611527, 611526

**Summary of Activities:**

SLOIC was established in 1977 in Bo. Three additional centers were opened in Freetown, Makeni, and Mattru (Makeni was closed down due to conflict, but is scheduled to re-open in the future). In addition to vocational training projects and small enterprise development (SED), SLOIC has assisted with training workshops to prepare lay counselors to assist persons severely affected by war and with post-conflict rehabilitation counseling programs. SLOIC is applying core programs in helping with demobilization and re-integration. *OMEGA discussed with SLOIC Freetown by phone.*

**27. Name of Organization: Sierra Leone Red Cross Society**

**Contact/Title:** Arthur Hennessey de-Winton Cummings, Secretary General

**Address:** 6 Liverpool Street, Freetown

**Phone:** 232-22-222384, 229854 **Fax:** 232-22-229083 **Email:** slrcs@sierratel.sl  
(mobile): 232-076-616165; (S. Beny Sam mobile: 076-605224)

**Summary of Activities:**

SLRCS started in Sierra Leone in 1924. Job Aid for War Amputees (JAWA) and Advocacy are under S. Beny Sam's department (Director of Information, Planning and Policy). The JAWA project is not yet open to those other than war amputees. Coverage area for JAWA is in five districts (Freetown, Bo, Kenema, and Makeni). Advocacy promoting abilities of PWD is on TV, radio, and drama group of amputees.

**28. Name of Organization: Sierra Leone Union on Disability Issues**

**Contact/Title:** Ms. Melrose Cotay, Chairman

**Address:** 11 Waterloo Street, Freetown

**Phone:** 232-22-233576, 227657 **Email:** dian@sierratel.sl

**Summary of Activities:**

Umbrella organization for PWD. All disability organizations and organizations working with or for PWD are welcome to join. Umbrella organizations for multiple types of disability groups are not considered, as this would be a duplication of SLUDI. SLUDI is primarily an advocacy organization. Looks for a policy on PWD and would like a focal point in the ministry to work on this issue. There are 25 disability groups registered with SLUDI.

**29. Name of Organization: Sierra Leone Union of Polio Persons**

**Contact/Title:** Mr. Kabba Bangura, President/Chairman

**Address:** Leone Polio Victims Association, 54 Dundas Street, Freetown

**Phone:** (reached through New Steps)

**Summary of Activities:**

Mercy Ships/New Steps helped organize this union of polio persons to minimize all the splinter groups engaged with polio. There are fifteen polio organizations registered under SLUPP. It seems that SLUPP is also a member of SLUDI. *OMEGA did not have the time to meet with SLUPP during this visit.*

**30. Name of Organization: UN Office for the Coordination of Humanitarian Affairs**

**Contact/Title:** Dennis Johnson, Chief

**Address:** 13 Bath Street, Brookfields, Freetown

**Phone:** 232-22-220749, 226825 **Fax:** 232-22-228720 **Email:** chief.ocha@sierratel.sl

**Summary of Activities:**

The Humanitarian Information Center (HIC) under OCHA has produced the Sierra Leone Encyclopedia. It is a CD that provides contact information and summary information about many organizations working in SL. It also offers maps, pictures, and extensive information about the country's current situation.

**31. Name of Organization: World Health Organization**

**Contact/Title:** Dr. Joakim Saweka, Country Representative

**Address:** PO Box 529, 21A Riverside Drive, Freetown

**Phone:** 232-22-241259, 229806 **Fax:** 232-22-227313 **Email:** whosl@who-sl.org  
(mobile: 232-076-609309) sawekaj@who-sl.org

**Summary of Activities:**

Played a key role in developing the National Strategy for the Development of Prosthetic and Orthotics Services in SL, through consultants from WHO/HQ in Geneva. Recognizes that policy for PWD is needed. Next steps are to hire an individual to be the focal point for continuing the advancement of the National Strategy. WHO will pay initial salary for 6-9 months, but the person should already be integrated into MOHS. A National (Disability) Rehabilitation Committee has been set up with

representatives from all main stakeholders and has started holding regular meeting. Focal point person to be hired by end of May.

**31A. Name of Organization: World Health Organization**

**Contact/Title:** Mr. Sebor A. Kamara, Development Advisor

**Address:** 21A Riverside Drive, Freetown

**Phone:** 232-22-241259, 223188 **Fax:** 232-22-227313 **Email:** whosl@who-sl.org  
(mobile: 232-076-611873) kamaras@who-sl.org

**Summary of Activities:**

Mr. Kamara is WHO Country Office (WCO) Advisor for Health Human Resources Development, the Focal Point for CBR at WCO and the person responsible to follow the implementation of the National Strategy.

**32. Name of Organization: World Hope International**

**Contact/Title:** Mr. Santigie D. Kanu, Country Director

**Address:** 26 Kingharman Road, Freetown

**Phone:** 232-22-240087 **Email:** worldhope@sierratel.sl or whealing@sierratel.sl  
(mobile): 232-076-605092, 611345

**Summary of Activities:**

World Hope is currently in Freetown but plans to move all activities to Makeni in June 2002. Had previously made both upper and lower limb prostheses but has decided to discontinue making prostheses in SL. Has conducted a study of prosthetic production using local technology study of 9 amputees (5 LE and 4 UE) that should be complete in August 2002 and will be shared with other organizations. Sent one person to TATCOT for 3 years training; trainee has 2 years remaining. Remaining services for PWD include physical therapy, counseling, social work, economic empowerment, and job placement.

***Kenema***

**1. Name of Organization: International Committee of the Red Cross**

**Contact/Title:** Ben Mack, Surgeon

**Address:** 83 Hangha Road

**Phone:** 232-042-605

**Summary of Activities:**

ICRC started with reconstructive but is presently doing general surgery at Kenema Hospital. For the time being they have stopped Krukenberg surgery. ICRC upgraded/rehabilitated operating facilities, expanded bed capacity of the hospital, and constructed a pipeline to provide safe water to the hospital. ICRC sent two nurses to attend the HI/COMAH rehabilitation worker course. ICRC also provides transportation to Bo for PWD needing orthopedic appliances. *OMEGA team did not travel to Kenema.*

**2. Name of Organization: Norwegian Refugee Council**

**Contact/Title:** Ms. Mette Nordstrand, Residential Representative

**Address:** 2 Man of War Bay Road, Aberdeen

**Phone:** 232-22-273057, 273126 **Email:** nrc@sierratel.sl  
(mobile): 232-076-611915

**Summary of Activities:**

NRC opened an office in SL in 1999. In addition to a school rehabilitation program and Rapid Response Education program. NRC also has an Amputee and War Wounded Project. The project entails construction of houses in district of origin for 225 selected beneficiaries from Grafton and Murray Town Camps. Houses are completed structures with toilet and basic furniture provided. There is also a component of community sensitization and reintegration of beneficiaries, and a one-year education



scholarship for a girl in the family. HIV/AIDS awareness and prevention messages are also given.  
*OMEGA team did not travel to Kenema.*

3. **Name of Organization: Sierra Leone Red Cross Society**  
**Contact/Title:** Arthur Hennessey de-Winton Cummings, Secretary General  
**Address:** 6 Liverpool Street, Freetown  
**Phone:** 232-22-222384, 229854 **Fax:** 232-22-229083 **Email:** slrcs@sierratel.sl  
(mobile): 232-076-616165; (S. Beny Sam mobile: 076-605224)

**Summary of Activities:**

Job Aid for War Amputees (JAWA) is not yet open to those other than war amputees. Coverage area for JAWA is in five Districts (Freetown, Bo, Kenema, and Makeni). See SLRCS information for Bo District.  
*OMEGA team did not travel to Kenema.*

### ***Makeni***

1. **Name of Organization: German Leprosy Relief Association**  
**Contact/Title:** Michael Kanu, Workshop Supervisor  
**Address:** Stokol Leprosy Hospital, Makeni

**Summary of Activities:**

Historically was a starting place for Prosthetics and Orthotics with Brother Schneider. Workshop was destroyed by rebels in 1998 and has been rebuilt. It is planned to re-open in June 2002. Target beneficiaries are persons with leprosy, but others can receive services here if they can pay. There is no on-site physical therapy. Until now, the SL government has not recognized the training by GLRA. Not yet sure if Lakka Center in Freetown will remain open after Makeni re-starts services. Will need to share total number of technicians if both are to be operational.

2. **Name of Organization: Sierra Leone Red Cross Society**  
**Email:** slrcs@sierratel.sl

**Summary of Activities:**

Job Aid for War Amputees (JAWA) is not yet open to those other than war amputees. Coverage area for JAWA is in five Districts (Freetown, Bo, Kenema, and Makeni). See SLRCS information for Bo District.  
*OMEGA team was not able to meet representative of SLRCS.*

3. **Name of Organization: World Hope International**  
**Summary of Activities:**

WHI is planning to move all staff and programs to Makeni in June 2002. They will undertake 3-4 main activities: rehab program (including PT/OT, counseling), micro-credit activities, awareness building for communities where amputees will return, and community development for water and sanitation.



## **APPENDIX D: TECHNICAL ORTHOPEDIC SERVICES IN SIERRA LEONE<sup>1</sup>**

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### **Contents of Report**

1. Prosthetic and Orthotic Service Providers
2. Capacities and Quality of Services in Orthopedic Workshops
  - 2.1. Provision of mobility Aids, Wheelchairs and Crutches
3. Implementation of Appropriate Orthopedic Technology
  - 3.1. General Remarks on Appropriate Orthopedic Technology
4. Education and Training of Qualified Staff in P/O
5. Role and Capacity of the Sierra Leone government I Physical Rehabilitation Programs
6. Collaboration between NGOs
7. Overall Problems in P/O Services
8. Recommendations

### ***1. Prosthetic and Orthotic Service Providers***

Four foreign NGOs are directly involved to some extent in the fabrication and delivery of orthopedic appliances in the country. One decided recently to stop P/O services.

These NGOs are

- C The German Leprosy Relief Association (GLRA), in Lakka hospital near Freetown and Makeni, (east of the country). Main items provided are for leprosy patients and some polio cases. It includes lower and upper limbs prostheses, orthoses, and orthopedic shoes. Also there is a production of crutches and repairing of wheelchairs. Gait training exercises are minimized and there is no physiotherapy service.
- C Handicap International (HI), in Murray-Freetown and in the hospital of Bo (southern area of the country). Items provided address all types of patients. It includes lower and upper limb prostheses and orthoses. Crutches are also produced and repairing of wheelchairs. Gait training and physiotherapy services are provided.
- C Mercy Ship/New Steps, in Freetown installed in January 2000 an orthopedic laboratory container of 40-feet long quite sophisticatedly equipped but not longer used for the fabrication of prosthetic limbs. Technical orthopedic services are limited to the

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<sup>1</sup>From "OMEGA Report, May 2002"

fabrication of few appliances for polios cases and physiotherapy. New Steps is currently planning a phasing out of their medical program and will focus on preventative care.

- C World Hope International (WHI) in Freetown no longer provides any orthopedic appliances since 2002. From 1999 to 2000, a team unit with external expertise help, provided only upper limb prostheses to about 180-200 amputees as a pilot project of mass fitting and then stopped. In 2001, WHI started a limited production for only trans-tibial amputees because of technical reasons using locally available materials. Also, with the help of external expert, they have been trying to fabricate and develop locally a foot. In the last four months, they conducted with a CPO consultant (John Craig) a field test on five trans-tibial amputees hoping it would be an alternative for other NGO's. WHI has no plan to continue providing prostheses but only some physiotherapy and referral services of patients to the GLRA in Makeni.

## ***2. Capacities and Quality of Services in Orthopedic Workshops***

GLRA orthopedic workshops:

In Lakka-Freetown, the capacity of the orthopedic workshop is limited. Most of the technical staff (originally from Makeni) is working temporary since new facilities in Makeni are not operational yet. Out of 13 technical staff, only 2 are qualified in the fabrication of P/O and fitting patients (including the deputy Director). Other 9 members of staff are involved in shoe making (including seven trainees) which seems to be the major output of items. One carpenter and one metal worker are producing crutches and repair wheelchairs. This small workshop is poorly maintained and needs obvious refurbishment. There is no proper place for patients gait training, nor room for patients' measurement and examination. One container serves for main storage of materials and tools. Old scraps of donated wheelchairs are used for spare parts. With such limited staffing and poor working conditions, the number of patients expected receiving new appliances might range between 10 and 12 a month (all types included).

During the team visit there was no patient being fitted, therefore, it was not possible to evaluate the quality of prosthetic fitting. Some orthopedic appliances in production were made fairly well.

In Makeni, the orthopedic workshop has been rebuilt after its destruction in 1999 by the RUF rebels, but the facilities are not operational yet. New equipment is still pending, there is no electricity, and a generator has to be installed. For the time being only few minor repairs of braces and crutches for leprosy patients are made in very poor conditions nearby a room of the former looted hospital. Almost no tools and no materials were visible during the visit. Brother Schneider, the old manager who is the key person for running the activities, has been absent in Germany for sometime due to health problem. All activities are in standby expecting Brother Schneider's return by June 2002. There are about 40 patients registered on a waiting list out of which about 20 are leprosy cases.

GLRA is in need of purchasing more equipment and materials for both orthopedic workshops, but this process will take few months of delay. The lack of qualified orthopedic technologists (Cat. 1 and 2) is obvious. Many of orthopedic technicians and shoemakers formerly trained by the GLRA are now working with other foreign NGOs. Brother Schneider has planned probable

staff training but it is yet unclear when and how. There is no announced plan for his replacement, however soon this should occur.

#### Handicap International orthopedic workshops:

HI orthopedic workshop in Murray Town of Freetown is the MOH referral center for P/O services. HI staffing comprises about 21 local technical staff and 6 expatriates. It is the largest staff compared to other NGO providers and thus HI has a leading role in these activities with a budget of about \$2 million for the past 2 years. In spite of that, the current capacity remains too low. During the visit few patients were in gait training with prostheses. So far, it is not known how many patients were fitted for the past 1.5 years. HI in Freetown promised to give figures. The old facilities in Murray Town are no longer appropriate. The new orthopedic center is under construction next to the old facilities. Its completion is expected by June of 2002 but probably it would not be operational before October, as funds are not yet assured. New equipment and materials need also to be ordered, but clear HI information in this regard was lacking.

The other HI small orthopedic workshop located in the hospital of Bo is also limited in capacity with only three technicians. About 5-8 orthopedic appliances are delivered monthly and there is a patient's waiting list ranging from 3 to 6 months. The small workshop was poorly designed and equipped from the start. Working conditions are less than satisfactory (dusty and obsolete equipment). A disproportionate electric oven takes too much needed space. A narrow room for machines does not have an aspirator for dust and serves as a deposit for all kinds of materials scraps. When asking why the scraps are kept there, one technician replied that it was used for trying local technology? A generator provides the electricity, but is not powerful enough to run the oven if any other machine is on. The fabrication of prostheses is often delayed. Patients are attended inside the workshop between benches and machines. HI uses also a small garage located in the Cheshire Home's compound, which is basically equipped for the production of orthoses. Most of the time, there is no electricity (often during a week). Two orthopedic technicians and one assistant CBR worker in training try to do their best under these conditions.

In general, the quality of orthopedic appliances in HI workshops was satisfactory, depending on patient's cases and orthopedic technicians skills. Prostheses cosmetic finishing was a weak point. This requires more work on individual skills. There is a lack of qualified P/O technologists (Cat.2) for better quality of fabrication, but most of all, what was lacking indeed was higher professional category (Cat.1) staffing for supervision, organizational, and management abilities of orthopedic services indispensable in Murray referral center and in Bo.

#### Mercy Ship/New Steps:

Actual conditions in this workshop container, modified as a sophisticated mobile orthopedic laboratory, limit the monthly production capacity to no more than five orthotic appliances (including repairs) for polio patients. They stopped to provide prostheses because other groups were already involved. Only one orthopedic technician and one assistant compose the local technical staff. It is planned that one expatriate orthopedic technologist (from Belgium) will assist them for 3 weeks only. During the visit, there was no patient present, except one in the physical therapy section. The assistant was fabricating one caliper for polio but he was unaware that the side joints were not properly mounted. The workshop was crowded with mixed-up

unfinished prostheses left over since no more prostheses were produced. There was no proper storage for materials. Cast taking work and measurement of patients have to be done outside the container because of the lack of space. With almost no machinery available and the lack of a qualified technologist, it cannot be expected that MS/New Steps offer great quality and/or quantity of orthopedic devices to polio patients.

World Hope International (WHI):

As mentioned above, WHI decided to stop all fabrication of orthopedic appliances and this was a fair and realistic decision on their behalf. The orthopedic workshop set up by WHI was no more than a small room in the backyard of WHI offices. The working conditions for fabricating orthopedic appliances or fitting patients were less than satisfactory. The technical staff was no less basic; one bench worker present, and one technician who is presently undergoing a 3-year education and training program for orthopedic technologist in TATCOT. It is planned that after his graduation WHI will assign him to the GLRA orthopedic center in Makeni. Poor and obsolete lay out of equipment indicates that the WHI manager had probably, from the start, little idea on what orthopedic technique services requirement were about. It was also unknown what the result of socket-less prostheses, delivered to 180-200 upper limbs amputees, was during the mass-fitting project conducted in 1999. In this regard, no patient's follow up of the project was available.

### *2.1. Provision of Mobility Aids, Wheelchairs and Crutches*

Each organization receives wheelchairs from different sources of suppliers, taking little consideration of the appropriateness of wheelchair model and cost per unit. Whether or not the production of wheelchairs is not possible for various reasons (it is not developed in this report) there is extensive room for collaboration between NGOs in this sector. For example, setting up a cooperative group centralizing the purchase, distribution, and repairs of wheelchairs. The cooperative would, for instance, be responsible for the selection of wheelchairs model, beneficiaries, quantity, suppliers, and quotations for competitive offers.

## **3. Implementation of Appropriate Orthopedic Technology**

The GLRA orthopedic workshops do not use appropriate orthopedic technology. The production of prostheses and orthoses depends on expensive and perishable imported materials such as polyester resin, wooden components, and side joints from Otto Bock's company in Germany. This is probably due to the fact that GLRA and particularly Brother Scheiner originate their funding sources and contacts for donations of these expensive materials directly from Germany. Yet, a small quantity of prosthetic feet is produced locally out of wood and rubber. It takes about 2 to 3 days to make a foot and the hand-made quality varies from one foot to another. The time consumed in producing feet makes those orthopedic technicians unavailable for attending more patients. Materials locally available and utilizable in orthopedic fabrication are apparently few in quantity and quality. Mainly wood and metal pipe for the production of crutches and small consumable such as glue are found in Freetown. Even basic and necessary raw materials such as leather or plaster powder are imported from abroad. The orthopedic technicians mentioned their lack of information and experience regarding more appropriate materials but they did not know

where and to whom they should address this problem. The Deputy Director of the GLRA workshop was aware of the ICRC polypropylene technology and expressed interest to use it. It would be recommendable to the GLRA responsible to investigate this possibility with HI and/or ICRC.

HI orthopedic workshops started in 1999 to use partly polypropylene prosthetic components from the ICRC in Cambodia and then made an agreement through the MOH to the ICRC for importing free supplies from the Coppet factory, in Geneva, which produces ICRC polypropylene orthopedic components. The problem with HI is that it is using mixed materials and components from different sources and that makes it difficult to standardize quality and production of orthopedic appliances. There is also a lack of appropriate machinery. Most of the equipment is either not adapted or too sophisticated. At the start, HI ordered from France white color polypropylene that was not matching with local skin color. HI uses other imported materials from Proteor in France for the fabrication of orthoses and raw materials from Guinea, Conakry. In general, the polypropylene technique used in prosthetics by HI is satisfactory but it requires adjusting with appropriate machinery. Still it could be improved and even extended for orthotics appliances since its applications are technically large. The problem is that the majority of orthopedic technicians are lacking of training and experience. Two HI local orthopedic technicians went to the ICRC training center in Ethiopia and it is planned that two other will attend the same course during this year. The one-month training course may not be sufficient for their needs and perhaps the training time in Ethiopia could be extended or repeated.

HI Program Director (who does not have orthopedic background) expressed to investigate, as well, other appropriate techniques in using local materials available, but did not detail further what was feasible. It is very much hoped that HI in Sierra Leone will not try again what has failed in other similar programs where too much time and energy was wasted in testing technologies and in achieving very poor results mainly due to the lack of professional practitioner involved in this specific and technical field.

Mercy Ship/New Steps technical approach in the delivery of orthopedic appliances was entirely based on importing sophisticated and expensive prosthetic parts from USA. An advanced CAD-CAM system was also integrated in the container laboratory but was never implemented. Basically, their idea was to access amputees in the regions with the mobile laboratory unit (“which became quickly no longer mobile” for various reasons). This mobile unit method already utilized tentatively in various countries in Africa and then abandoned, has shown to be very vulnerable and not viable in the mid term. Mobile units are limited because small quantities of materials and a minimum of machinery can be carried out on each trip. This means that strict limited selection of patients (in number and type of appliances) is only possible, thus rendering running costs of the mobile unit and cost per patient very high while still requiring proper expertise.

World Hope International (WHI) implemented a pilot project of mass fitting 200 amputees as a method in trying a socket-less device for upper limb amputees. The cost of the small device was by far too expensive—\$500 US per unit or \$100,000 US for 200 amputees. For the equivalent budget spent in devices only, other cost saving alternatives with equivalent results should have been investigated. It is well known that statistically, only a small percentage of upper limb amputees (mostly active or bi-lateral) are inclined to use their artificial limb in some

circumstances. Otherwise, looking for an impact, the beneficiaries and their families would have most probably made better use of this significant amount of money, whether they were asked or not. It is questionable whether this punctual approach of mass fitting with expensive devices was technically appropriate or more commercially oriented. It is also verifiable that upper limb prosthetic devices are generally very costly, though in this case, the best competitive bid from suppliers would have been a wiser decision.

The other WHI project was to investigate local materials available for the fabrication of below knee prostheses. A simple but functional foot locally hand-made out of wood with a silicon part was also under development for trial during four months on five patients. More field tests of the foot were needed in water or mud conditions. It is improbable that mass production of this foot will follow because the project is intended as an alternative to other NGOs providers but yet no demand was made. WHI spent about one year in finding out that plastic drum of high density polyethylene (HDPE) was usable for producing prosthetic socket (for approximately higher cost than polypropylene). This is only a portion of what is needed in making prostheses and/or orthoses. However, other indispensable consumables such as plaster powder, plaster bandages, leather, etc., are still imported. As mentioned above with HI experience in other countries, this appropriate technology approach proved to be time and energy consuming, unreliable, and offering poor results in terms of quality and functionality that are at the detriment of patients. Supply and availability of local materials are too erratic since it varies in quantity, quality, and price from one day to another, thus making headache to the logistics officer in charge of finding and purchasing these materials. It is not possible under these options to sustain efficiently orthopedic activities with services delivery to patients.

### *3.1. General Remarks on Appropriate Orthopedic Technology*

Orthopedic technology implies the fabrication of devices with some understanding of biomechanics, physiology of the human body, and mechanics of materials so as to best respond to the needs of different patients disabilities, physical condition, and environment.

Therefore, the philosophy behind “appropriate orthopedic technology” should not refer only to making simple devices with locally available materials and resources. Under these conditions, it limits prescriptions, design, fabrication, and fitting of orthopedic appliances because this requires more skilled and creative prosthetists-orthotists that are even more difficult to find than locally suitable materials.

NGOs involved in delivering orthopedic appliances must be aware of the implications and consequences in taking some projects technical orientations without proper expertise prior to any implementation of the program.

Polypropylene (PP) material in orthopedic technology offers many advantages technically, functionally, and economically. It is applicable for a large range of orthopedic appliances and can be stored for years. It is recommendable for the largest number of amputees living in rural areas to provide durable and light PP pylon leg or simplified PP prosthetic limbs mounted without the cosmetic covering which represents itself about 50% in material cost and as much in time work. The cost of PP (probably one of the most common thermo-plastic utilized in the industry worldwide) is about \$3.00 per Kg ; which is about the quantity needed for producing



one prosthetic socket. It is available in sheet of about 9 Kg in different colors and thickness. There is no indication that PP is toxic or presents allergic properties. With basic molding machinery, scraps of the PP can be recycled for reproducing small plastic items (ashtrays, cups, toys, or handle crutches) as an income source for disabled employed in this work.

#### **4. Education and Training of Qualified Staff in P/O**

The first artificial limbs provided in the country dates back in the 1960s when a small group of six orthopedic technologists were trained in the UK and USA to fit some remaining World War II veterans from Sierra Leone. Nowadays, none of them is active. Unfortunately, no war veteran institution (even from the military corps, as it is the case in other countries) was ever established to pioneer the development of prosthetics and orthotics.

NGOs involved directly in the provision of orthopedic appliances for the past six years did not succeed in hiring any certified prosthetist/orthotist as responsible for general quality control, proper management, and organizational ability for running these orthopedic workshops. HI and GLRA have been focusing on implementing short-term courses and/or on-the-job training for orthopedic technicians with the help of external expatriates.

The supervision of the fabrication and delivery of orthopedic services is under the responsibility of orthopedic technicians who are not necessarily trained or motivated for this task. It was easy to guess the lack of knowledge from some NGO managers involved in this field, as they were attempting to develop training or improve the services while they were unaware of the different category of staffing that some departments require. As an example, trained on-the-job workers, helpers, or assistants are often assimilated as physical therapists, rehabilitation workers, etc. Bench workers or technicians are assimilated as orthopedic technologists. Another curious observation is that the majority of P/O staff in training by HI is, on average, over-aged for being trainees (between 35 to 50 years old).

Under these circumstances, it would not be credible that some NGOs be responsible for implementing training and capacity building nor receive funding from the Omega Initiative without meeting strict standard requirements of its personnel and without a minimum of professionalism in their approach.

#### **5. Role and Capacity of the Sierra Leone Government in Physical Rehabilitation Programs**

The MOHS is responsible for the general policy and staffing but does not exercise any active management, at the level of the physical rehabilitation activities. This role is given, for the moment, to HI as the main implementing partner of the orthopedic centers in Murray Town/Freetown and Bo hospital and to other NGOs involved with disability activities. Yet, the MOHS is probably “comfortable” with this condition and can focus priority on other preventive health programs. Also, MOHS financial and human resources are scarce. It is also doubtful that the MOHS will have, in the future, the capacity to sustain any main physical rehabilitation facilities without external assistance. In this regard, it would be interesting that the MOHS and other services provider define in advance an alternative approach with the government. The MOHS, the MOSWGCA, and the MOE can play a more pragmatic role as decision makers

in facilitating the development of the National Strategy for P&O under the guidance of the WHO and the services providers. This would help in implementing physical rehabilitation programs and other activities related to the social reintegration of PWD.

Among other issues is the recognition of diplomas and certification of staff trained in the past years by the GLRA inside the country and abroad. They have not been recognized yet. This is discouraging further investment in training and education of qualified staff. Other big issues would be: What is the MOHS role in the management of the orthopedic centers. Should the responsibility be given to a Board management? And should some of these programs be run with autonomy through a Board, associations, or private institution? Would this option be more effective for managing, cost-recovery, and fund raising? Should any orientation visit be planned abroad so as to study these options? Those questions remain to be addressed.

### ***6. Collaboration between NGOs***

Sierra Leone is probably among the smallest and poorest countries in Africa, but probably with the highest density of foreign and local NGOs and associations involved directly or indirectly in the provision of orthopedic appliances, physical rehabilitation, vocational, psycho-social, advocacy, and social reintegration of persons with disability.

Although some of the NGOs claim good collaboration between one another, it remains vague and difficult in the field. For instance, the collaboration between the GLRA and WHI was still unclear on integrating one WHI orthopedic technologist in the GLRA center in Makeni. There are pending questions about the salary to be taken over by the GLRA after three months and questions on GLRA subsidies to pay for services. There is no existence of formal agreement and it is often limited to the level of meetings or contacts. Complementary collaboration on patient referral, materials, technology, and logistics are also not clearly verifiable. As it might exist, cooperation between NGOs is directed “one way” to some extent and not reciprocal since not all benefit from equivalent funding.

### ***7. Overall Problems in P/O Services***

Main problems mentioned by the NGOs are related to:

- Human resources, staffing and training
  - Government responsibility in staffing and resources
  - Materials supply, equipment, and stocks

### ***8. Recommendations***

Principal recommendations advised to HI, GLRA, and New Steps:

a) Establish realistically a 5 year-plan in training program for P/O services in category and in number. This is especially true for HI as a leading NGO but also for GLRA and New Steps. Strongly advised to select correctly and train future local managers and supervisors in P/O for

the country: 4 CPO (one per center) and 8 orthopedic technologists (4 in Freetown, 2 Makeni, 2 in Bo) in TATCOT, Tanzania.

b) Government should provide an agreement or guarantee that those receiving professional diplomas outside the country should receive immediate recognition upon completion of the course and on their return to Sierra Leone.

c) Assure planning of daily P/O quality services and on-going short training:

1-month training for 4 other orthopedic technicians in polypropylene technique in ICRC-SFD, Addis Ababa . Offer repeat courses to those who are still lacking in technical skills.

d) Improve working conditions and environment in the P/O facilities for patients and staff:

It would be more convenient to receive patients in a cleaner and more attractive center/workshop and for employees to work in better conditions, as would refurbishment of facilities, replacement of old benches, cupboards and more functional lay-out of equipment; better ventilation and cleanness (interior and exterior); improved maintenance in general; and a better organized system of storage for materials.

e) Reach an agreement in P/O technology with leading professional organization (ICRC) while developing or focusing on other programs for PWD (as multi-project activities undertaken by HI): This includes short training for quality in polypropylene orthopedic technique, supply of materials, consultancy, and equipment design. Short-term technical assistance in general.

f) Develop a cooperative group between the main NGOs for planning purchasing, centralizing, and distributing (logistics) materials, supplies, and mobility aids (wheelchairs and crutches). Create a list of contact and information of suppliers (prices and references) in country, South Africa, and elsewhere.



## **APPENDIX E: SIERRA LEONE REHAB-RELATED ORGANIZATIONS**

The Omega Team and WVF representative were in Sierra Leone from April 23-May3, 2002. The team felt it useful to summarize available information about organizations and provide an opportunity for updating. The first section is divided into four areas (sites of planned visits) with organizations in alphabetical order. The following pages provide additional contact information and programmatic details.

### **Bo**

<b>ORGANIZATIONS</b>	<b>P&amp;O</b>	<b>PT/RW</b>	<b>MED</b>	<b>SW</b>	<b>CBR</b>	<b>PSY/SOC</b>	<b>ADV</b>	<b>VOC</b>	<b>SED</b>	<b>OTHER</b>
Bo Govt Hospital	X	X	X							
CAUSE Canada		X		X	X	X	X	X	X	
Cheshire Home	X							X		
Christian Brothers/ SNEC				X		X		X		
Handicap Internat'l	X	X			X	X	X			
Medecins Sans Frontiers Belgium			X							X
Norwegian Refugee Council							X			X
SLOIC						X		X	X	
SLRCS				X			X	X	X	X

### **Freetown**

<b>ORGANIZATIONS</b>	<b>P&amp;O</b>	<b>PT/RW</b>	<b>MED</b>	<b>SW</b>	<b>CBR</b>	<b>PSY/SOC</b>	<b>ADV</b>	<b>VOC</b>	<b>SED</b>	<b>OTHER</b>
Baptist Convention Sierra Leone					X					
Catholic Mission									X	
Caunnaught Hospt. (MOHS, HI, MSF)		X	X							
CAUSE Canada		X		X	X	X	X	X	X	
Cheshire Home										X
Choithram Trust			X							X
Christian Children's Fund						X		X	X	
COMAHS (training) EMERGENCY		X	X							
GLRA	X									
Handicap Int'l	X	X		X	X	X	X			
Int'l Committee of Red Cross	X parts	X	X							
Internat'l Medical Corps			X							

**Freetown (continued)**

ORGANIZATIONS	P&O	PT/RW	MED	SW	CBR	PSY/SOC	ADV	VOC	SED	OTHER
IPAM (training)				X		X				
Limb Fitting Center, Murray Town	X	X				X				
MSF Belgium			X							X
MSF France			X							X
MSF Holland			X			X				X
Mercy Ships-New Steps	X	X	X		X	X	X <sup>1</sup>	X	X	
MOHS	X	X	X		X?		X			
MOSWGCA					X?	X	X	X	X	
Norwegian Refugee Council							X		X	X
OHDRAD							X	X		X
OREINT								X	X	X
Seventh Day Adventists		X?	X							X
SLOIC						X		X	X	
Sierra Leone Red Cross Soc.				X				X	X	X
SL Union on Disab. Issues							X			
SL Union of Polio Persons							X		X	
UN-OCHA										X
World Health Org – policy	X				X		X			
World Hope Int'l		X				X	X		X	

**Kenema**

ORGANIZATIONS	P&O	PT/RW	MED	SW	CBR	PSY/SOC	ADV	VOC	SED	OTHER
Int'l Committee of Red Cross		X	X							
Norwegian Refugee Council							X			X
Sierra Leone Red Cross Soc.				X				X	X	X

**Makeni**

ORGANIZATIONS	P&O	PT/RW	MED	SW	CBR	PSY/SOC	ADV	VOC	SED	OTHER
Orthopedic Training Center (GLRA)	X									
SL Red Cross Society				X				X	X	X
World Hope Int'l		X				X	X		X	

**Sources of Information**

- Interaction Member Activity Report (August 1999)

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<sup>1</sup>SLUPP

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- Scenario of P&O in SL, WHO Mission Report, Chapal K, (March 2001)
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