

Assessment of POWER and Handicap International Projects in Mozambique

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by

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The ICRC emergency prosthetics program which started in 1981 was concluded at the end of 1994 with the end of hostilities. During this 14 year period ICRC established a high quality program fitting more than 4,400 amputees with prostheses at four centers in Maputo, Beira, Quelimane and Nampula. This represented 80% of the total number of prostheses fitted. An additional 1200 prostheses were manufactured and fitted by Handicap International(HI) using largely traditional materials. Since 1989 AID has partially supported both efforts through grants from the War Victims Fund. In preparation for their eventual departure ICRC sought to create a technically sustainable institution through training 23 internationally certified prosthetist/orthotist who have become the core of Mozambican technical capacity. HI has also stressed training which has included prosthetist/orthotist at a more basic level and intermediate level physical therapists in courses recognized by the Ministry of Health and the Ministry of Education. Both ICRC's and HI's technical staff is integrated into the Ministry of Health, albeit at very low salaries.

The ICRC team was replaced in 1995 by a two person technical team from Prosthetics and Orthotics Worldwide Education and Relief (POWER) , a British NGO started with the express purpose of continuing ICRC's prosthetic services and adapting them to a post-hostilities environment. HI's work is continuing looking toward a phase out in 1999.

The Transition from ICRC to POWER

The transition from ICRC to POWER has not been problem free. ICRC operated managerially and technically largely outside the structure of the Ministry of Health with its own independent budget and accounting procedures. It provided salary supplements to the Mozambican staff to top up their modest MOH wages, had ample access to air and surface transport, could mobilize food, transport and financial support for the transit centers and had the bureaucratic clout to break procedural logjams in the Ministry.

POWER has far fewer resources. The elimination of the ICRC "food basket" has reduced the salaries of the Mozambican staff by half and as a result production of prostheses has fallen and the trained technicians that form the core of the program have started to look for other jobs. Shortages of transport have resulted in delays and inefficiencies in mobilizing patients and transporting supplies. Transit center occupancy in Maputo is far short of capacity due to shortages of funds for food and center staff.

MOH-POWER relations have also not been without difficulty. With the departure of ICRC the MOH was intent upon reducing the prosthetics program's autonomy, reestablishing its management supervision and to the extent possible integrating these functions into the Ministry. After some false starts and some give and take on both sides MOH/POWER relations are now cordial and the ministry is looking to POWER to suggest a long term arrangement to manage and finance prosthetic services.

Thus far POWER appears to be almost entirely dependent upon AID's resources for their operations in Mozambique. In order to meet the commitments in their agreement to AID they will have to raise a substantial amount of non-AID funds. These will be needed

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not only to cover current planned expenditures but to meet some unanticipated additional costs.

The POWER Mozambique staff is intent upon working through the operational problems resulting from their comparative lack of resources and should be commended for the candor, realism and ingenuity with which they are tackling their situation.

POWER's vision of the future contemplates organizing prosthetic services as a Mozambican operating foundation working under the policy guidance of the Ministry of Health. The foundation would be operationally independent to run day-by-day activities and have the capacity to mobilize, generate and manage external resources. As an independent foundation it would be free of the bureaucratic and salary constraints that plague all Mozambican government programs leading hopefully to greater efficiencies and lower costs. The foundation would also be able to mobilize and responsibly manage external resources and generate some of its own funds perhaps through commercial activities. Power should be encouraged to fully develop this concept.

Handicap International's Future Plans.

Handicap International has done a superb job of integrating its activities into the Ministry of Health and at every level they receive kudos for these efforts. They have already turned over 3 of their clinics to the MOH with their current input limited to periodic supervision. HI plans to stay in Mozambique until 1999 at which time they will turn all their operations over to the Ministry. They are seeking our continued support through 1999 (mostly for their technical assistance and supervisory staff) and the MOH has strongly supported their request. HI is planning to continue to use their "traditional technology"; a decision they say is driven by the Ministry of Health.

HI is also concerned about the issue of sustainability. Using a semi-public sector model they are working to develop systems that will mobilize dedicated resources for the disabled to replace HI funding (they estimate their non TA external program funding at about \$100,000 per year) and provide a stable resource base for ongoing programs. They are currently in an advanced state of negotiations with a South African firm which is repatriating several hundred disabled workers to provide earmarked funds for their medical support. HI hopes this plan can serve as a model for other enterprises. HI and the MOH are working to capture for the Ministry of Health the 2-3% of the military budget that is said to be programmed for the medical care of disabled soldiers. HI is also working on the French concept of an "invalidity card" that might be issued to the disabled entitling them to certain free services such as education and health. HI should be encouraged to develop these and other ideas.

The MOH Prosthetic Conference

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The Ministry of Health is planning to have a Prosthetics conference in April or May to review the current national program and set directions for the future. They are particularly concerned about the issues of technology and the long term financial sustainability of the Ministry's activities. They seem to fully recognize the long term nature of their requirement to provide services to the war disabled and the certainty of shrinking resources as emergency generated donor interest evaporates. The conference could hopefully define the government role in making policy and delivering services and explore alternatives for organizing services and mobilizing resources. As a principal investor USAID should seek to be involved both as a participant in the conference and if possible in helping to shape the agenda of issues to be discussed.

The Transit Centers

As part of the Prosthetics project transit centers were constructed in Maputo and Beira to house the disabled while they are receiving treatment . After extended delays the buildings were finally completed. While the centers are badly needed they are currently being poorly utilized because they lack budgets to pay staff, purchase food and arrange transport to orthopedic clinics at the provincial hospitals. The Ministry of Social Affairs is nominally responsible for these services but they lack the means to do so. In the past ICRC helped out. USAID should ask POWER to take on this problem - perhaps mobilizing private resources to help. In the longer term the funding of the transit centers should be included as a component of overall prosthetics program with stable funding from that source.

There are two principal challenges facing the Mozambican prosthetics programs as they transit from war emergency status:

- to sustain and where possible improve the quality, efficiency and access to prosthetics services initiated during the Mozambican emergency
- to institutionalize a quality efficient prosthetics capacity that will be technically, managerially and financially sustainable when external assistance is no longer present.

Overall we were favorably impressed with the quality of the POWER technical assistance team and the clarity of their analysis of the program issues after six months on the job. This is not to say that their situation is without significant problems. POWER needs particularly to do more to mobilize the non AID resources they agreed to provide .

We see Mozambique on the so called "cutting edge" of the managerial and financial sustainability problem that is central to the "post ICRC" continuity of a number of prosthetics programs worldwide. Both POWER and HI are thinking about the problem in imaginative ways. We should encourage them to continue to do so.