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UNITED METHODIST COMMITTEE ON RELIEF

**Strengthening and Upgrading the Ganta
Prosthetics and Orthopedic Workshop
And
the Revitalization of the
Ganta United Methodist Church Hospital**

**Final Report
September 25, 2000 – September 24, 2003**

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Final Report
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Summary

Liberia's decade long civil war left the country with a disproportionately large number of people with disabilities. Some 16 percent, or 320,000, of Liberia's 2 million inhabitants have been reported to have disabilities, many of whom are lower-extremity amputees or those who otherwise suffer from mobility related disorders. It is suggested that as many as 81,000 Liberian children are disabled. It is with this backdrop that the Prosthetics and Orthopedic Workshop at Ganta was established.

The Ganta Prosthetics and Orthopedic Workshop was initially set-up in 1998 with funding provided to UNICEF by USAID/LWVF. In 2000, USAID/LWVF approached UMCOR to take over the management of the workshop. One of the reasons for seeking UMCOR's involvement was that the workshop was located on the United Methodist Church mission station compound in Ganta. With funding from USAID/Leahy War Victims Fund, UMCOR took over management of the workshop as part of a larger project that would also support the Benedict Menni Rehabilitative Center, as well as revitalize the UMC Hospital with funds from GBGM/UMCOR. The primary goal of this project was for UMCOR to take over management of the workshop and integrate it into the management structure of Ganta United Methodist Church Hospital. The hospital had been one of the few medical facilities servicing a local population of more than 400,000 as well as some 50,000 individuals from nearby border towns in Guinea and Côte d'Ivoire.

During the course of the project, UMCOR strove to meet the goals and objectives outlined in this project. In total, 1,897 disabled individuals were assisted through prosthetic, orthopedic and physical-therapy services through this project. Of these, 1,073 were children treated at the Benedict Menni Rehabilitation Center, and 824 adults who were assisted at the Ganta P&O workshop. Along the way, many developments were made, and a number of obstacles were encountered as is outlined below in the body of this report. Due to a number of circumstances, some of which were outside of UMCOR's control, some of the objectives of the project took longer to realize than initially anticipated. Again, the reasons for this are discussed in the report.

It was after UMCOR felt that significant developments at the workshop were being made that the political and security situation in Liberia took a drastic and unfortunate turn. As 2003 unfolded, the security situation on Liberia only seemed to get worse. This had a profound and detrimental impact on the operations at Ganta. The emergence of severe fighting in Ganta, which began in full on March 31, 2003, marked the end of UMCOR's operations at Ganta. Forced to evacuate all staff and patients, UMCOR was not able to return to the workshop prior to the end of this project.

Prior to the forced evacuation, however, UMCOR made a number of advancements in improving the overall care and services provided at the workshop. By early 2003, a core technical team of staff were trained in new, more appropriate, ICRC technology, and were eager to be putting their new skills to work. Additionally, improved management structures were in place, a revitalized and more aggressive outreach campaign was well underway, and the overall systems of the workshop had been improved and revamped. Additionally, UMCOR made initial advancements toward the integration of the workshop into the hospital. It was just as momentum was going at the workshop that operations were forced to cease there due to the surge in fighting. This was a blow to UMCOR, its staff, and certainly sad moment for those in need of rehabilitative services.

In addition to the workshop, a large segment of the project was to revitalize the UMC hospital at Ganta with matching funds from the United Methodist Church's General Board of Global Ministries and UMCOR's Health and Welfare's Hospital Revitalization Fund. Many advancements were made in regards to this part of the project, including considerable renovations of hospital, construction of facilities, increase in medical staff, voluntary redundancy of support staff, rehabilitation of the water system, support to primary health care outreach, logistics support and importation of needed goods and supplies from UMC partners in the US. Unfortunately, most of these achievements were swiftly reversed with the destruction, looting and vandalism that took place when fighting hit Ganta. At the time of writing this report, Ganta remains largely inaccessible to humanitarian agencies, and thus a more updated and detailed assessment has not been done

On a brighter note, in addition to its activities at Ganta, UMCOR has also supported the activities at the Benedict Menni Rehabilitation Center as part of this project since 2000. Despite the insecurity in many parts of the country, activities at the BMRC in Monrovia continued through much of 2003 – thus providing ongoing support to disabled children. When fighting reached Monrovia in June, however, the majority of operations here too, were forced to cease. Toward the end of the grant period, as security slowly improved in Monrovia, the Sisters slowly resumed activities at the center.

By early/mid 2003, it was clear that UMCOR's activities for the remainder of the project would have to be adjusted due to the events noted above. In response, UMCOR submitted a revised budget and a narrative to USAID/LWVF outlining the new realities in Liberia and how they impacted the implementation of the project, and how UMCOR's operations under the new environment would be altered. In sum, this meant ending the employment of staff at Ganta, and focusing on activities at BMRC for the remainder of the project.

By the end of this project, the Ganta remained for the most part inaccessible to humanitarian workers. A brief assessment was conducted, and other reports indicate that while most of the Ganta UMC compound was heavily looted, with extensive damage to buildings and infrastructure, the P&O workshop and its equipment remained largely untouched.

Goal I

To research and apply, in collaboration with experts in the field and USAID's Leahy War Victims Fund, more appropriate, cost-efficient and quality technology for the production of prosthetic and orthopedic appliances.

In February of 2003, one month before UMCOR was forced to evacuate Ganta, staff at the workshop had successfully gone through training in the use of the ICRC technology. The training, which was conducted with a 'hands-on' approach, was successfully carried out by the workshop Mentor. The training involved all five of the workshop's technical staff, and lasted for some three weeks. At the end of the training, the Mentor expressed satisfaction at the speed at which the trainees were able to grasp the fundamentals of the new technology. By the end of the period, staff were able to successfully provide services in ICRC technology without input from the Mentor. Approximately 11 patients were fitted with this technology at this time. It was soon after this that fighting erupted at Ganta.

Objective I: Research Appropriate Prosthetic and Orthopedic Technology

When UMCOR assumed management of the workshop, which had previously been managed by UNICEF, Otto Bock technology was being used. It was agreed by all parties involved that this type of technology was not the most appropriate for the Ganta Workshop, as one of the goals of the workshop was for it to become self-sustaining, and considering the average income in Liberia, the cost associated with Otto Bock were far too expensive to make this possible.

Before a final decision was made on a more appropriate technology, and before such supplies were procured, it was felt that a technical assessment should be conducted to determine for sure what technology should be adopted and what would need to be ordered. In addition, staff would need to be trained on how to use the new technology. The goal was to have the Mentor fill this role. However, as there were some difficulties in recruiting and maintaining a Mentor, this process was delayed. The ever changing security environment in Ganta initially delayed this recruitment. When an appropriate candidate was eventually identified with assistance from LWVF, that initial Mentor resigned early and unexpectedly in Spring of 2001. Subsequent recruitment proved a challenge as there are limited candidates trained in this area, and Liberia was, and continues to be, a less than desirable place to live/work due to poor living and security conditions. It was subsequently decided that USAID/LWVF would conduct a technical assessment before another Mentor be hired.

Following a technical visit by USAID/LWVF with Mel Stills and Cathy Savino in April 2002, it was agreed by both USAID/LEVF and UMCOR to move ahead with ICRC technology. It was also agreed that UMCOR should move ahead and hire a Mentor on a six-month contract for the workshop, who could train and facilitate the implementation of the new technology. The Mentor would take the lead in determining exactly what, and how much, equipment should be ordered.

Objective II: Testing and Monitoring of Appropriate Technology

After the Mentor was on board, ICRC components were procured, and training in the new technology was conducted (discussed in more detail in section IV), the Mentor expressed satisfaction with the staff's ability to utilize the new technology. Unfortunately, soon after the new ICRC technology was introduced, the security situation in Liberia, and specifically in Ganta, rapidly declined. On March 31, 2003, UMCOR was forced to evacuate staff and patients from the workshop at Ganta. As the region remained unstable through the end of the project, UMCOR was not able to resume activities.

One of the reasons that ICRC technology was chosen was because it has been used and proven successful in many parts of the world and is considerably more affordable than Otto Bock, or similar suppliers. Further, LWVF has been involved in a number of projects that use ICRC and felt this would be a more appropriate technology at Ganta. ICRC, being more affordable, would also provide greater chance of the workshop being self-sustaining.

Goal II

To immediately establish certain management practices of the Prosthetics and Orthopedic Workshop which will lead towards more sustainable operation of the center in order that it becomes fully integrated into the Ganta Hospital.

One of aims of this project was to assist the P&O workshop in being more sustainable so that it can continue to exist and assist disabled people in Liberia long after the duration of this project. One of the key means of achieving this was by incorporating the workshop into the UMC Ganta Hospital. The idea being that by gradually incorporating the workshop into the hospital over the course of the project, by the end, the workshop would be a unit of the hospital, and be under its overall management. As the UMC has been a strong supporter of the hospital since its inception, and has supported its existence, the idea was that this support would then be extended to the workshop.

Objective I: Revision of Personnel Practices

UMCOR worked on several levels in its efforts to achieve the integration of the workshop into the hospital. On one end, it worked closely with the hospital to improve its overall management and administrative structure (discussed in more detail under 'Goal VI'). At the same time, it was necessary to strengthen the management practices of the workshop so that it would be on better grounds to be incorporated into the hospital.

UMCOR made steps toward improving the overall structure of the workshop early on in the project, through evaluating the staffing structure, personnel practices, and adjusting salary levels. While staff were amenable to some of these steps, the topic of salaries was a huge issue for staff. An assessment and subsequent report, by a consultant hired by UMCOR from TATCOT, recommended among other things that staff receive a 30% increase in salaries. Staff gained access to this report, and read it as an implementation plan, as opposed to suggestions from an outside source, and fully expected an increase in

salaries across the board. This was on top of already inflated salaries. As LWVF acknowledged in a subsequent trip report, “the scene was set for a difficult transition.”

The early effort to improve overall management systems of workshop were reexamined with the arrival of the workshop Mentor, Mr. Daniel Tessema, in Summer of 2002. At this time, more assertive measures were taken to address management systems at the workshop. At this time, all job descriptions, management practices, and the overall design of the workshop were assessed, reviewed and improved. The Mentor found that some staff were unclear of their duties, and also because the workshop was overstaffed, employees were under-worked considering the patient load. Further, the staff seemed to exhibit a general lack of initiative. These were all challenges that needed to be addressed, and the Mentor focused on these issues early on. After much effort, extensive assessments, and careful thought, the Mentor strove for the clarified roles, responsibilities, and expectations of staff. This seemed to improve the situation of staff, which were much more focused and motivated following these initiatives.

At the same time, efforts were being stepped-up to expedite the integration of the workshop into the hospital. As staff contracts at the workshop were ending on September 30, 2002, it was felt this was a good time to make a number of changes, including reduction of number of staff, adjustment of salaries, hand-over of workshop employment to hospital and implementation of revised job descriptions.

UMCOR handed-over payroll of workshop staff to the hospital on October 1, 2002. This was a key step toward the incorporation of the workshop into the hospital. With this, the over all number of staff at the workshop was reduced, from 23 to 11, to more accurately reflect the patient load at the workshop and minimize unnecessary expenditures. Salaries for staff would be funded under the USAID/LWVF grant, but would be channeled through the UMC hospital until the end of the grant period. This issue of overstaffing was raised by the USAID/LWVF assessment trip in early 2002, and addressed once contracts were up for renewal. Further, the salaries of the staff were adjusted/reduced to be more in line with the salaries of the hospital staff – again, paving the way for the incorporation of the workshop into the hospital (financial constraints of the hospital later complicated this arrangement, and will be discussed more in ‘Goal VI’).

The Mentor worked closely with staff to reorganize the entire workshop, including the set-up of the main workshop, a total reorganization and revised inventory system for the store, and general rehabilitation/renovation of the structure.

Objective II: Establish and Advisory Board for the P&O Workshop

While it was initially conceived to have a board set-up to directly monitor the activities of the workshop, soon after the start of the project, it was suggested by USAID/LWVF, and agreed to by UMCOR, that there should not be a parallel board to that of the National Advisory Board on Physical Rehabilitation. This board, chaired by the Minister of Health and Social Welfare, included membership of all stakeholders in the physical rehabilitation sector involved with the disabled population in Liberia.

It was felt, however, that there was a need for the UMC Hospital to have an advisory board. As the longer term goal for the workshop was for it to be integrated into the hospital, this board also oversaw developments of the workshop. The Hospital's Advisory Board had worked over the years to improve the administrative systems at the hospital, including revising job descriptions, organizational structure, and reporting structures. This board is chaired by UMC Bishop Innis.

Other

A US trained Physiotherapist and missionary, Ms. Nelda Thomas, visited Ganta workshop early on in the project to try to assist in improving the physiotherapy services available at the workshop. During her visit, in addition to providing training to staff in the areas of PT, she worked on the modification of the PT area to create additional space and to install training materials in the unit. In the exercise and ambulation training rooms, Ms. Thomas installed sturdy, and height adjustable parallel bars. She also installed a wall mirror and several pulleys for the rooms. There were plans for follow-up assistance to the workshop, which were canceled due to the insecurity.

On a related matter, Nelda Thomas, sought assistance in the US for the establishment of a physiotherapist division within the department of orthopedics at the newly established Collage of Health and Science of the United Methodist University. Initial discussions were held with Dr. Kpoto to provide instructional assistance to the department while plans were being worked-out to tap the United Methodist linkages in the US. The establishment of such a department would have further linked the Workshop to the Hospital, and potentially would have offered employment opportunities to staff currently employed at the Workshop, who will be let go. Further, and equally important, this initiative indicated that the UMC continued with its commitment to the Workshop and the disabled people of Liberia. Again, however, these developments are on hold due to the conflict that erupted in 2003.

While some of UMCOR's advancements under this goal came later than hoped in the scope of the project, by early 2003, the overall management of the workshop, its management structures, and its overall personnel systems were greatly improved, and the workshop was well primed to be incorporated into the hospital. Simultaneously, on a technical end, things were also improving greatly at the workshop (discussed more in 'Goal IV').

However, there were two main factors that hindered the above goal and objectives from taking place: 1) financial constraints situation facing the UMC/GBGM, and the subsequent drastic reduction of funding of UMCOR's Hospital Revitalization Unit (the body that was the primary supported of the UMC Ganta Hospital) which will be discussed in more detail in other parts of this report, and 2) the civil unrest in all of Liberia, and more specifically with the eruption of fighting of rebel and government forces in Ganta.

Goal III

To build relationships with the major players in the disability sector in Liberia in order to ensure effective and cohesive policies towards people with disabilities.

During the three years of the course of the project, UMCOR worked in close relations with Handicap International-Belgium (the only other INGO in country also working in P&O), BMRC and the Leprosy clinic, as well as with the Ministry of Health and Social Welfare. Relations with these agencies were positive, however, there was little headway made with regards to defining a schedule of fees for disabled patients as the National Advisory Board on Physical Rehabilitation was not very proactive. The board met on an infrequent basis, but was attended by other partners in the P&O sector in Liberia. Initiatives sought by the partners to standardize practices, pricing and patient care were rarely viewed positively by the Ministry. Therefore, little was accomplished by this board.

Objective I: To Advocate for a defined schedule of fees for disabled patients

The need to establish a defined schedule of fees for disabled patients was identified early on as one of the requirements for the long-term sustainability of the Ganta workshop and other physical rehabilitative facilities. Early on in the project, the Ministry of Health and Social Welfare indicated that it was 'too early' to institute a 'schedule of fees' but that such an idea would be reviewed and approved at a later date.

Despite numerous appeals over the course of this project to the Ministry of Health by both UMCOR and HI to arrange a meeting of the National Advisory Board of Physical Rehabilitation, to discuss issues relative to the disability sector, especially establishing a schedule of fees, the Ministry of Health was largely unwilling to be proactive in calling for such board meetings and subsequently establish such standards. The Ministry was equally reluctant to develop a timeline in which it would try to establish a standardized 'fee for service.'

During the course of the project, the National Advisory Board of Physical Rehabilitation, chaired by the MoH, and also consisting of HI, USAID, EU, local physical rehabilitation organizations and UMCOR, met infrequently, despite efforts by UMCOR and HI for more regular meetings. Both UMCOR and HI often felt that there were a number of issues, most notably the issues of fees for service, which needed to be addressed.

Objective II: Carry out a limited survey on fees for service

Because of the lack of advancements with the MoH on this issue, there seemed little reason and or incentive to move ahead on this issue. It was felt that once there seemed a clear indication from the MoH to move ahead on this issue, that that was the time to conduct such a survey. But, without the support and cooperation of the MoH, it did not seem prudent for UMCOR to move ahead on this.

Objective III: To define Ganta's relationship with the JFK Hospital

With regards to collaboration and coordination with HI, UMCOR has worked with HI throughout the duration of this project to see how these organizations can collaborate as much as possible (also discussed above in 'Objective I). Efforts were made to avoid duplication of efforts, share information, and for the activities of the two agencies to complement each other as much as possible. It was because of UMCOR and HI's different scopes of work, and different areas of operation that allowed them to complement each other more as opposed to being potentially competitive.

Among other activities, UMCOR and HI established an informal 'referral' service agreement wherein patients that were fitted at Ganta but later relocated to Monrovia and later needed minor adjustments, HI would assist these patients, and UMCOR would provide the same services to HI patients.

In addition, regular meetings were held to discuss issues and exchange experiences in such areas as technology, patient feed-back, and relations with the Ministry of Health and Social Welfare. As part of its collaboration HI often would transport children in need of rehabilitative services to BMRC for corrective surgeries or related orthopedic care.

With the arrival of the workshop Mentor, relations strengthened between HI and UMCOR on both the technical and administrative levels. It was hoped that this relations would further develop once UMCOR switched over to ICRC, the technology that HI uses. However, the insecurity that took-over Ganta soon after the implementation of ICRC technology at Ganta intercepted this development.

Goal IV

To Support Operations of the Prosthetics and Orthopedic Center while improving its capacity

When UMCOR took over the management of the Ganta workshop, it inherited a number of elements, both positive and negative. On the positive side, the workshop was already in existence, and was operational. This meant that much of the initial set-up, procurement of equipment, recruitment etc... was already done. On the flip-side, this arrangement came with several factors that proved a challenge to UMCOR. Without going into detail on these issues, as they are spelled out in greater detail in previous quarterly reports and other parts of this report, such areas included expectations of staff with regards to salary and benefits, poor systems, and the weak overall management of the workshop.

One of the key elements needed to effectively support and revamp the Ganta workshop, from both a technical and general management stand point, was to hire a Mentor. This proved a greater challenge than originally anticipated. Early on in the project, UMCOR was able to hire a qualified individual to fill the Mentor position. Unfortunately, that individual, Mr. Antono Carvalho, left prematurely for personal and perceived security reasons. While activities continued at the workshop after his departure, the lack to daily technical oversight and associated training did have an impact on the workshop's ability to advance on a technical level in the initial stages of the project. Throughout the

duration of the project, Julius Sele, served as Project Manager and oversaw the implementation of the project.

During a meeting between LWVF and UMCOR in the summer of 2001, after Mr. Carvalho's departure, it was decided that USAID/LWVF would identify a consultant to conduct an assessment and make recommendations for the future needs of the workshop, and that UMCOR should put its recruitment of a replacement for the workshop on temporarily on hold.

After this decision for USAID/LWVF to move ahead with its assessment team to make technical and general recommendations to UMCOR, the events of September 11th put a halt on all travel for USAID staff and its consultants. This resulted in delays in the technical visit. Because of the travel restriction, and other obligations, the assessment trip by USAID/LWVF was not able to take place until the first week of April, 2002. This trip and the subsequent report highlighted a number of areas for improvement by UMCOR in the management and overall implementation of the project. UMCOR agreed on that there was room from improvement on many of the issues raised, and moved to address them in a revised plan responding to these issues raised.

One of the key elements raised in the assessment report was the need for a Mentor to be at Ganta. In a meeting between USAID/LWVF and UMCOR in May of 2002, it was agreed that UMCOR should move ahead with the hiring of a Mentor. In June, Mr. Daniel Tessema was recruited as the workshop Mentor, and departed for Liberia first week of July.

Objective I: Enable the Workshop to become fully operational

Throughout the three years of the project, the workshop continued to serve the disabled people of Liberia. In total, some 824 individuals were assisted at the Ganta workshop in the areas of prosthesis, orthotics, and physical therapy (see attached table for more detailed information on patient data). These services were all available and delivered during the course of the project. As previously reported to LWVF, some of the early data was difficult to verify due to poor record keeping in the initial stages of the project.

Ganta Data for Final Report

Ganta		Total
Diagnosis	Procedure	
Lower Limb Amputee	Prosthesis	403
Amputation (Stump Correction)	Surgery, then Prosthesis	31
Polio/other	Orthosis	125
Polio/Stroke/trauma	Physio-training	265
Total		824

The obstacles associated with securing a Mentor did delay advancements in technical training and daily oversight of operations. With the arrival of Daniel Tessema in 2002, UMCOR was able to improve the efficiency and technical capacity of the workshop, but even prior to his arrival, the workshop remained operational and provided services to Liberians in need of rehabilitative services.

The workshop Mentor and Project Manager spent the first two months following the mentor's arrival in Liberia, assessing set-up of the workshop and the capacity of the staff, reviewing job descriptions and evaluating the management practices of the center within the context of how they relate to the Ganta United Methodist Hospital. Also during the assessment period, the needs of the workshop were highlighted, including reorganizing the set-up of the equipment, store-room, record-keeping systems as well as instituting procedures to improve efficiency and quality of work in terms of appliance production and patient assessment and care.

As part of the above exercise, the equipment set-up was reorganized, removing those extra ones that were currently being used; the store-room was reorganized with the institution of a stock-card system; patient assessment guidelines/tools were developed, including transparent record-keeping system for the patients; administrative and technical roles for all of the staff were redefined, with previous cases of overlapping minimized significantly, among others.



Store room at Ganta following reorganization

While the workshop was serving patients in need, it was not operating to its full capacity. It was initially expected that the workshop would treat 600 amputees annually. In reality, the number of those assisted with prosthetics was significantly less. And while the

workshop was also assisting in other much needed services, such as orthosis, and physio-training, the number of amputees seeking prosthetics was less than expected. It was UMCOR's belief that there were a number of reasons for this, including transportation, poor roads and general difficulty for potential patients to access to center. But, it was felt that the main reason was that people simply did not know about the services provided, and thus did not seek them. It was felt that UMCOR needed to step-up its outreach activities and become much more proactive in informing the public of services provided. While efforts were made early on in the project for outreach, the campaign was significantly increased in November of 2002 with a much more aggressive and proactive approach (the outreach efforts are discussed in greater detail in 'Objective IV' below).

Objective II: Provide essential training to Workshop staff

From the onset of the project, it was agreed that one element that was key to improving the services provided through the workshop was to increase the provision of both technical and general patient care training. As noted earlier, this commenced with the hiring of the initial Mentor in early 2001. However, with the premature departure of that Mentor, and the subsequent delays in recruitment of a replacement (which was delayed for a number of reasons), a thorough training of the staff did not take place until later in the project than initially expected. However, despite this, staff had the basic skills needed to assist patients in search of treatment.

With the arrival of Mr. Tessema, workshop Mentor, in summer of 2002, there was renewed opportunity for technical training for staff. Before training in the existing technology began, the Mentor wanted to observe the staff in operation, and see where their strengths and weaknesses lied. After determining the areas of need in terms of technical training, he arranged training sessions with the technical staff. As it was agreed that UMCOR would soon be transitioning to ICRC technology, the Mentor did not spend excessive time in training at this stage, but enough to ensure that patients would receive quality care for the remaining time that UMCOR would be working with Otto Bock equipment.



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Some of the patients that had been fitted in the period under review



One of the patient walking with his finished prosthesis

Once Mr. Tessema was in the field, and able to assess the situation, and determine the needs of the workshop and patient load, ICRC supplies were ordered. These items arrived in late 2002 into Monrovia. In terms of training of the workshop staff in the use and production of the ICRC technology, the workshop Mentor successfully provided said training on a hands-on manner to the staff in early 2003. The training lasted for about two weeks with an additional week of practical work under the direct guidance of the mentor. Following nearly three weeks of training, the staff were able to produce a few ICRC limbs without the supervision of the workshop mentor. In his reaction, the Mentor described the work of the technical staff as very good and encouraging. With this preliminary result, the workshop Mentor has indicated that he has no doubt that the current staff will be able to do a good job in his absence.

In addition to in country training, three staff were sent to Tanzania to study at TATCOT during UMCOR's management of the workshop. One of these trainees returned during the second year of the project, having completed his portion of the training course. The other two students remained in Tanzania until the end of the project. They were initially scheduled to return to Liberia in early August, 2003, however, as the security situation was not stable at that time, their return was postponed until the first week of October, 2003. The all three trainees successfully completed their training program. As part of their course work, students were taught introductory course in the use and production of ICRC technology.

Mid-way through the project, the placement of the two trainees remaining at TATCOT, who were not scheduled to return to Liberia until the end of the project, became an issue of concern. By mid-2002, plans were being made to reduce the number of staff at the workshop, and therefore many staff would have to be let go. Thus, it was not clear what opportunities would be available for the trainees upon their return to Liberia in summer of 2003. While there was a slight possibility that there may be some opportunities at some of the other rehabilitative facilities in Liberia, it did not look as if UMCOR or the UMC hospital (which was to oversee the workshop) would have ability to take these staff on. The trainees at TATCOT were informed of some of the restructuring at the Ganta workshop, and that their employment at the facility upon their return was unlikely. Of course, UMCOR conveyed this information to the trainees with great remorse as such information would surely prove a severe blow to the trainees and their plans for their future.

As discussed in more details above under 'Goal II,' training in the area of PT was provided to the staff at Ganta Workshop with the assistance of a US trained physiotherapy missionary, Ms. Nelda Thomas. With her assistance, staff received additional technical training in the area of physiotherapy early on in the course of this project.

Objective III: To put into place a Schedule of Fees

This issue is covered in greater detail in Goal III, Objective I. In brief, however, UMCOR, along with Handicapped International – Belgium and other players in the rehabilitative field, lobbied the Ministry of Health and Social Welfare over and over

again regarding the issue of a schedule of feed during the three year course of the project. Extremely little progress was made on this front. Meetings of the National Advisory Board of Physical Rehabilitation were extremely rare, despite appeals by UMCOR, HI and others to call for such meetings. All of the implementing agencies were extremely frustrated and disappointed with the apparent inaction of the Ministry of Health in moving this issue ahead. To date, nothing has been put into place on this issue.

Objective IV: To further define the role of the Ganta P&O Workshop

This broad objective is covered under a number of the other goals/objectives in the report. This would include building relations with other partners in the P&O field, the integration of the workshop into the hospital, and increase its capacity through technical training. On a more regional level, UMCOR was also able to assist some, be it a limited number, of disabled from Guinea. However, with boarder problems and insecurity, many people in Guinea were unable or unwilling to cross the boarder for treatment.

In an effort to expand its client base, and reach more of those in need, UMCOR stepped-up its outreach activities in 2002 to increase awareness of services available, and thus increase the number of patients it served. Below are some of the steps taken to improve outreach.

While a number of outreach efforts were taken early on in the project, the newly revised and updated outreach strategy was put into effect in November 2002. The strategy, among other things, include the distribution of posters depicting the kind of services being offered by the workshop (depicting a case before and after rehabilitation), establishing contact points/individuals in accessible parts of the country and establishing high frequency SSB radio links with other hospitals. The contact individuals have been particularly helpful in referring cases to the workshop.

UMCOR identified contact persons and established contact points in four cities/towns in the country. These contact persons identified potential patients for the workshop and then inform the workshop through high frequency radios. The workshop also printed posters depicting its activities, conducted a series of drama activities in and around Monrovia and produced video and radio documentaries on the activities of the project. These two productions have been carried on the television and radio stations respectively.

Additionally, one of the private television stations was hired to replay, on a week-long running during the Christmas and New Year 2002 holidays, portion of the physical rehabilitation video documentary produced a year ago. This video documentary highlights the activities of the Ganta Orthopedic Workshop and the Benedict Menni Rehabilitation Center. It portrays speakers from UMCOR, USAID, Medlink, the Ganta Workshop, Benedict Menni Rehabilitation Center and the Bishop of the United Methodist Church.

In carrying out outreach visits, a team of three persons was involved. They included: an orthopedic technologist, a physio-technician and a driver. This team is sent out based on prior information received from the contact individuals on the availability of patients in a particular town or village. Upon arrival the team was charged with thoroughly assessing

the physical deformity of the available number of patients before referring them to the workshop for rehabilitative services. Due to security concerns, the outreach visits were focused on Buchanan, Gbarnga and the Monrovia areas. Once the security environment improved in other parts of the country, it was hoped the outreach team would extend its activities beyond the three mentioned areas.



Peter Jones, GOW physiotherapy technician registering amputees in Monrovia, on 17/11/2002

The outreach strategy seemed to impact patient load in a positive way. UMCOR was able to assist a number of patients, either treating them immediately, or following corrective surgery. However, a number of the patients visiting the workshop for prosthesis were not viable candidates as they have severe nerve damage/brake-down rendering it impossible to successfully provide a prosthesis without extensive surgery (beyond what is capable in country), or they lack the physical strength to adapt to using an artificial limb (often a case for the elderly).

Also, the Ganta workshop worked in conjunction with UMC satellite clinics around the country in order for them to refer possible patients to the workshop. The satellite clinics have been doing much in terms of promoting the work of the Ganta Orthopedic Workshop and the Benedict Menni Rehabilitation Center. Both BMRC and the Ganta Workshop have received patients from the Gbason Town Clinic and the Gieke clinic respectively. Outreach activities, like many humanitarian activities in country, were scaled-down with the arrival of the rains and subsequent poor roads. The civil unrest that escalated and took over the country 2003 undermined these advancements.

It was initially hoped that this workshop, the first of its kind in Liberia, would have more of a far-reaching impact on the region. However, the fluid security environment in the area hampered this aspiration. Despite some of the advancements made with these efforts, the civil unrest that has taken over the country has forced UMCOR to cease its work at Ganta.

Goal V

To provide basic rehabilitation equipment and support to the Benedict Menni Rehabilitation Center

The work of the center is to provide comprehensive physical rehabilitative care and education to children from as young as 6 months old. The dedication of the Sisters and the staff has been apparent throughout the duration of this project. Some 1,073 children have received rehabilitative services at the center during the course of this project. Many of the children who have been treated at the center had received the surgical services of Dr. Kpoto at his Medlink clinic. The Doctor, along with the BMRC staff, have done some great work with the children, and have had a profound impact on the lives of many young Liberians.

BMRC Data for Final Report

BMRC		
Polio/other	Surgery	343
Burn	Surgery	6
Polio/other	Physio-training	223
Polio/Others	Foot Prosthesis	26
	Shoes	64
	Above Knee Brace	172
	Knee Caps	101
	Walking Aid	71
	Above 5 items combined	67
Total		1073

UMCOR began supporting the work of the BMRC through this grant in 2000, and continued to work in conjunction with the center through the end of the grant. UMCOR's contributions to the clinic have been in the form of both administrative and financial support to the Benedict Menni Rehabilitation Center. This support was carried out with no major challenge, which, in all fairness can be attributed to the cooperation received from the Catholic Sisters.

The center continued to provide services to, on average, 45 – 55 patients on a monthly basis. This figure is realistic for the accommodation capacity of the center which, under normal circumstances, hosts 35 patients at a given time. However, as patients were discharged from the center, they are replaced with other patients who have undergone surgery at the Medlink but awaiting recovery before their transfer to BMRC.

In compliance with the amended proposal submitted to USAID last June 2002, the technical capacity of the workshop and its staff were assessed by the Workshop Mentor to ascertain the level of additional needs. The outcome of the assessment, however, indicated that for the most part, the center could continue its operations with the current available equipment and skill capacity. The Mentor felt that the excess equipment from the Ganta Orthopedic Workshop would not be of use in the BMRC workshop since the center already has similar sophisticated equipment and more over, the workshop space is limited. Some items were identified in need at the center, however, and were given to the BMRC. These items included: a bench drilling machine, air compressor, and other basic supplies for use in workshop.



Sister Inca and the children at BMRC, October 2002

Relative to the technical staff, the Mentor acknowledged that the current technical staff of four is appropriate for the level of work in demand at the center. He also confirmed that their technical skills may need some future upgrading but for now, with their current level of training, the staff can cope with the present demands on orthopedic appliances, such as braces, shoes, calipers, etc.

Notwithstanding, the workshop mentor was committed to working with the BMRC staff in providing them refresher training in using ICRC polypropylene to produce orthosis for the polio-affected children, which took place in April of 2003.

The strengthening of the outreach and follow-up services at the BMRC was stepped-up in the third year of the project. The Center for the Rehabilitation of the Injured and Disabled (CRID) was identified and recommended by BMRC to UMCOR to provide outreach and follow-up services for the center. CRID did quite well in terms of identifying new patients and following-up on patients previously served by the center.

The primary reason for the more aggressive outreach and follow-up was that the Sisters and Dr. Kpoto were finding that many of the children were not doing the needed follow-up exercises prescribed. This was for a number of reasons, including that the children found exercises uncomfortable, families were not fully aware of the need for follow-up activity, and families were sometimes not clear on what exercised needed to be done. Thus, for the long-term success of the patients, it was felt that outreach/follow-up care was a high priority.

While the Ganta workshop was forced to close at the end of March, 2003, the BMRC continued its operations largely unhindered through June of that year. However, when fighting reached Monrovia in June, the Sisters were forced to down-scale activities. As a precautionary measure, they temporarily relocates all major supplies and some assets to the St. Joseph Catholic Hospital which is located closer to Monrovia. The eight patients who were undergoing post-surgery recovery at the center were all relocated to the same hospital. The 14 children who were undergoing physiotherapy had to be immediately relocated with their families. Once things started to settle-down in Monrovia, the Sisters returned assets and children to the center.

As the end of the grant was approaching, the staff at BMRC, received notification that their contracts would be coming to an end under this USAID/LWVF grant. The Sisters have reportedly appealed to the staff to continue to work while they seed additional funding for the center.

Goal VI

To make Ganta Hospital a center for quality health care and to help it to become an economically viable facility

In the wake of the establishment of USAID funded Ganta Orthopedic Workshop adjacent to the Ganta United Methodist Hospital, the need to have the workshop integrated into the main stream of the overall hospital operations became essential. The attainment of this process, according to USAID, was the only way of assuring that the workshop would become a sustainable, beyond the scope of this project. As the hospital struggled to resurrect itself from the events of the Liberian civil war, USAID realized that there were specific areas within the operations of the hospital that needed to be strengthened and improved to enhance the quality service and to ensure that the workshop would be an integrated department.

At the same time that LWVF/USAID was considering UMCOR as a possible implementing partner for the Ganta P&O workshop, UMCOR/GBGM had plans to revitalize the Ganta Hospital. The strong commitment of UMCOR/GBGM to the hospital was clear and had been demonstrated over many years. UMCOR's Hospital Revitalization Fund had already identified the Ganta Hospital as one of its target hospitals around the world that it wanted to revitalize and support. UMCOR's long standing commitment to the Ganta Hospital, and the people of Liberia which it served, has been clear since the hospitals inception, in 1926. It was agreed by parties involved that UMCOR's strategy to strengthen the Ganta Hospital would complement well with

the idea of integrating the workshop into the hospital. Further, it was felt by the hospital and UMCOR that the incorporation of the workshop into the hospital would expand the operations of the hospital while providing a much needed service to disabled Liberians – services the UMC wanted to be sure would remain available to Liberians.

In order to ensure that the targeted priorities for which the funds were made available were properly addressed, a management structure was put into place to help guide the process. In sum, plans would be outlined by the Hospital Administrator, and the Hospital Action Committee. Assuming that the plan was approved by UMCOR Liberia and the Hospital Revitalization Fund in NY, UMCOR was then responsible for programmatic and financial oversight of the projects funded through these funds. Changes in Hospital Administration proved a challenge with the implementation of some of the initial initiatives. But, despite this, UMCOR was able to accomplish a number of advancements under this segment of the grant. Of course, with the insurgence in Ganta, the fighting, looting, and general destruction of the town, as well as the UMC compound, many of the below accomplishments were destroyed. Where possible, updates on the status of the below areas of focus will be provided. However, as noted earlier, a more detailed assessment by UMCOR staff has not been possible to assess each of the areas below, but an assessment is expected to take place when the area does become accessible.

Objective I: Upgrade of Building and Provision of Supplies to Ganta Hospital

Rehabilitation of Water System

Prior to the revitalization of the mission station water supply system, water supply to the station and hospital was mainly from an untreated opened well. The tanks storing the water were old and experiencing leakages. Only a few of the homes on the station had access to water while the rest received theirs from hand-pumps, which were constructed at various locations on the mission station.

Hence, in order to address this problem, GBGM through UMCOR, provided both funds and materials (procured locally and overseas) that were used to revitalize the entire water supply system on the mission station. The revitalization process involved the reclaiming of four wells, installation of two submersible pumps, the construction of two large metal tanks (4000 gallons capacity each) and the rehabilitation of three large square metal tanks (8,000 gallons each). The entire piping system was also changed because almost all of the lines had outlived their viability.

Ward Smith, a United Methodist Mission Volunteer from the United States, headed the water system revitalization activities. The activities were carried out over a three-month period, beginning mid-January 2002 to early April of the same year.

The result of this intervention is that all of the housing units, the hospital, orthopedic workshop, school, etc have secured pipe-borne water on a daily basis (except during instances when fuel shortage becomes an issue).

Construction of Nursing Staff Housing

While doctors serving the Ganta Hospital reside on the UMC compound, nursing staff have traditionally resided off-site. This situation often poses problems and embarrassment during emergencies. To address this issue, UMCOR, through the grant from the hospital revitalization funds and in coordination with the hospital administration, is in the final stages of constructing two duplexes that will accommodate key nursing staff such as the director, anesthetist, and emergency care supervisor.

It should be noted that it was initially agreed upon by GBGM and the Ganta United Methodist Hospital that five duplexes would be constructed to house at least 10 key staff. Unfortunately, due to financial constraints, the construction of the remaining three duplexes was not possible.

Construction of Kitchen/Laundry & Additional Ward

As part of its commitment to the hospital, UMCOR, along with the hospital administration, constructed a new kitchen and laundry facility. Prior to this intervention, meals for the hospital were being prepared in an open area covered with a simple roof. This did not represent a good image for a hospital that should serve as an example of decent health practices nor was it conducive to proper sanitation. Additionally, the hospital wears, including beddings, were washed in an uncontrolled area and the clothes allowed to sun-dry on the grass field. This, too, posed serious health problems as patients were threatened with rashes and other infestations.

In addition to the construction exercises, UMCOR facilitated the renovation of a deserted ward at the hospital to be later transformed into a semi-private ward. It was hoped that the semi-private ward, when furnished, would attract economically potent patients to the hospital, thereby increasing its income base in return for the provision of quality health care.

Renovation and Furnishing of Doctors' Home

The need for reasonable housing accommodation for the medical doctors of the hospital was also a serious issue both for UMCOR and the hospital management. This was not initiated merely to make existing staff comfortable, but proper housing is essential to attract much needed qualified physicians to work at the hospital. Previously, housing for doctors were partially damaged due to the civil war. Basic furniture was also lacking. It was in this light that UMCOR, in coordination with the hospital administration, facilitated the renovation of four housing units to accommodate the four doctors assigned at the hospital. In addition, furniture such as living and dining room sets, beds and tables were procured for each house. Electrical appliances such as fans, stoves and iceboxes were also bought for each house.

Provision of Mini-Generator

Among the privately-run hospitals throughout Liberia, Ganta Hospital is the only such facility that lacks power supply through the night. This does not augur well for a health center that intends to provide quality health care for its clients. UMCOR, through its grant from Hospital Revitalization Funds, procured a smaller capacity generator (5.8KVA) with little fuel requirement that lights the hospital complex through the night. This smaller generator is in addition to the three other generators owned by the hospital, including the largest of all (250KVA) which was donated by the President of Liberia during the official opening of the Ganta Orthopedic Workshop. In addition, the hospital had a 75 KVA generator donated by UNICEF and the 30 KVA donated by ACT through UMCOR to the hospital.

Procurement of Vehicles

The shortage of reliable vehicles for the operations of the hospital was also of serious concern. Prior to UMCOR/GBGM's intervention, the hospital owned only one functional vehicle which was an ambulance donated by a United Methodist Conference in the United States. UMCOR saw this as unfortunate and therefore recommended the procurement of one new Ford Ranger vehicle and a used pick-up truck to support the operations of the hospital. These two vehicles were bought and were fully supporting the hospital's operations.

Improvement of Communication Services

Communications between and amongst hospital staff during and after working hours created frequent set-backs in the hospital's ability to provide uninterrupted health services to its clients, especially in terms of timely response to emergency cases. In some instances, it was difficult for the emergency department to get to the doctor or in other situations, for the doctor to immediately call in the nurse anesthetist for surgical cases. Given all of these developments, the need to procure hand-held radios for key hospital staff as well as high frequency radios for the two hospital vehicles became apparent. Hence, 12 hand-held communication radios and two high frequency radios were procured for use by the Ganta United Methodist Hospital.

Sea-freight Clearing and Forwarding of In-kind Donations of Medical Supplies/Equipment

A significant amount of support for the Ganta United Methodist Hospital comes from in-kind donations of assorted medical supplies and equipment. Most of these donations are, however, not covered by clearing and forwarding costs. It is in view of the above that UMCOR, through this funding, has been involved with the clearing of donated consignment of assorted medical supplies and equipment on-behalf of the Ganta United Methodist Hospital. A total of 7 containers (40') have been cleared and forwarded to Ganta Hospital. These containers contained items such as hospital equipment, medicines, and general supplies for the hospital.

Objective II: Strengthening of Administrative and Management Systems

A number of steps were taken to improve the administrative and management systems of the hospital. Early on in the project, a governing Board was created for the hospital, which was and continues to be chaired by Bishop Innis. Additionally, there was a revision of roles and responsibilities of senior staff at the hospital which clarified the management and reporting structure, especially as it pertained to the Hospital Administrator and the Chief Medical Officer.

As part of UMCOR/GBGM's overall commitment to the revitalization of the Ganta United Methodist Hospital, two staff members of the hospital, Harry Wonyene and Herbert Goaneh, were sent abroad to study hospital administration and medical equipment repairs and maintenance, respectively. Mr. Wonyene, the Associate Hospital Administrator, is currently pursuing a Masters of Science Degree in Hospital Administration at the TATA Institute of Social Sciences in Mumbai, India. He returns to Ganta in June of 2004. It was hoped that upon his graduation, he would return to Ganta Hospital to take over the management of the Center from the current Missionary Administrator. It is not clear at this point what role he will have with the hospital.

Mr. Goaneh, from the maintenance department of the hospital received a three-week sponsorship to attend the International Aid Medical Equipment Training Program in Accra, Ghana. As the hospital was going through its revitalization process, and receiving various kinds of donated medical equipment that require a staff person with the requisite training and expertise to repair and maintain them at all times. It was against this backdrop that Mr. Goaneh was recommended for further training by the Hospital Administration. He has since returned to Liberia and resumed work at the Ganta United Methodist Hospital.

Further, an inventory was established and implemented at the hospital which improved inventory control, accountability, and procurement for the facility.

Another step toward improving the overall efficiency of the hospital was with a voluntary redundancy plan for the staff. This included the reduction in the number of support staff and at the same time increase the number of medical staff to improve overall patient care. In the summer of 2002, 43 staff opted to take the redundancy, reducing the staff from 167 to 124. This was fewer than initially hoped, but some staff who initially stated they would opt for voluntary redundancy later changed their position. This move was made with the goal of reducing overall operational costs of the hospital in order to move it towards self-sufficiency.

In late 2002, early 2003, the hospital increased its fees for service in an effort to increase its sustainability. Until that point, it was the least expensive among the privately run hospitals in the country.

The patient capacity of the hospital changed significantly during the lifetime of the project due to increase number of emergency cases admitted from the war affected

population in the Ganta area, mainly internally displaced persons from the Liberian civil war and Liberian returnees and West African refugees from the Ivorian civil war. Consequently, the hospital's bed capacity rose from 90 to a little over 110.

Objective III: Primary Health Care

With the location of Ganta United Methodist Hospital, the role of the Primary Health Care Unit in the provision of overall health care to the population of Nimba and its environs can not be overemphasized. The hospital was the only major functional health facility in the area, providing services to a population of over 400,000 people.

Considering the vital role of the PHC Unit, UMCOR provided both logistical and financial support to strengthen the work of the unit. Gasoline, fuel oil to run the motorcycles, as well as kerosene to run the cold-chain box were provided the unit have all been provided through this grant. Funds to host training workshops for traditional birth attendants, community health workers (55 in total) and in addition, funds to construct latrines and safe-delivery homes were also provided the unit. Under UMCOR's support to the Primary Health Care Unit, a total of 43 latrines were constructed in 16 villages, 2 safe-delivery homes were constructed in two villages and 16 health sensitization workshops were held in each village of the catchment area. Support to the routine immunization coverage for mother and child, especially, the polio eradication campaigns, formed an integral part of UMCOR's support to the Primary Health Care Unit.

Objective IV: Ganta Medical Facility – a cost-sustainable facility

The support of the hospital by the UMC in the US and its offices and members for many years allowed the hospital to exist, expand, and assist the people of Liberia. This assistance, however, in some ways was a double edged sword. While supporting the operations of the hospital through cash and in-kind contributions, it also created some dependency on support from US for assistance. Thus, in 2002/2003 when funds for the Ganta Hospital were no longer available to support general operations of the facility at previous levels, a situation that was largely due to the global economic crisis that hit the resources of the church, the Ganta Hospital found it self in a difficult financial position.

In response, the hospital made many efforts to become more self-sustaining, by increasing fees for patients, by reducing support staff, and by tightening administrative controls. In addition, the hospital and UMC in the US sought additional and alternative funding. For example, Anne Girton, the Hospital Administrator, traveled to the US in last 2002 as part of a fundraising campaign for the hospital. And while her efforts was successful in in-kind donations for the hospital in the form of equipment and supplies, there was limited results with regards to cash contribution – something that was needed for the general operating costs of the hospital. However, such efforts had limited results.

The financial constraints of the hospital complicated the integration of the workshop into the larger facility, as it was perceived that it may pose an unneeded burden on the hospital. Thus, in early 2003, while advancements were being made at the workshop for its integration into the hospital, the hospital remained unclear as to its ability to assume

the role of taking over the workshop. Of course, the events that took place in Ganta in 2003 overshadowed these concerns.

As discussed earlier in this report, one factor that would have been key for the sustainability for the workshop would have been the establishment of a schedule of fees for rehabilitative services. As noted, this item did not move forward with the National Advisory Board on Physical Rehabilitation.

Another, though small-scale, means toward self sufficiency of the hospital was through the support of the Agricultural Unit. One of the major challenges facing the hospital is its ability to provide adequate feeding for its many impoverished clients. The reality of the household economic situation in Ganta is that, more than 95% of patients admitted at the Ganta Hospital lacked the ability to pay for admissions and other services, thereby leaving the privately-run hospital to provide most of its services on gratis. Although food support from the World Food Programme also went towards the hospital's feeding activities, this support was usually minimum and most times did not include the kind of food required by a significant number of the patients.

In order to assist the hospital in this direction, UMCOR through its local counterparts designed an agricultural support initiative. This initiative included the production of assorted vegetables and paddy rice as well as animal production (pig & fish productions) on-behalf of the hospital. A rice mill was also procured to process the rice produced.

In summary, funds provided for this initiative were used to develop and maintain two fishponds (20' by 20' each), rehabilitate one pig house (40' by 70') and rehabilitate 12.5 acres of paddy rice field and 5 acres of vegetable field.

With regards to the future of the hospital and workshop facility – there are many unknowns. For the hospital, the UMC is still committed to supporting the facility, and plans to continue operations there. While it will not be possible to resume activities at the same level as back in early 2003, it is the intention of the UMC and GBGM to slowly establish and build on services provided at the hospital, gradually rehabilitate the facility, and reemploy staff. One way in which this will be achieved is through a commitment by GBGM/UMC in the US to provide 4,500 per month to the hospital for three years. There is no question that the destruction to the facility was a major setback for the hospital, but the UMC remains committed to assisting the people of Ganta, and surrounding area, in accessing health care.

CONCLUSION

The security situation in Liberia has shifted from bad to worse since the start of this project. And during the final six months of the three-year project, the security situation began to crumble. On March 31, 2003, rebels took over Ganta town and UMCOR was forced to evacuate and cease all operation in Ganta. Fighting around the country advanced in the months that followed, and by June, fighting reached Monrovia. A new humanitarian crisis was enveloping the country. During the summer of 2003, UMCOR

was unable to move forward with the implementation of this project, as Ganta remained inaccessible. Activities at BMRC came to a virtual standstill following the June attacks on Monrovia. To compound the situation, near by, the fighting in neighboring Ivory Coast had its own impact on the security situation along the border with Liberia

As outlined in the above report, there were obstacles and constraints that delayed implementation of some of the goals and objectives of this project. Further, the fact that UMCOR did not possess a background in the P&O sector also hindered its ability to swiftly advance in some of the objectives.

However, further into the project, and especially with the arrival of the workshop Mentor, Mr. Tessema, UMCOR was able to move at a more rapid pace and was able to make some of needed improvements to this project. And just when things were gaining momentum at the workshop, the rug was pulled-out from under with the civil unrest.

Another factor that threatened the long-term success of the project was the sudden turn in funding available to the Hospital Revitalization Fund. The United Methodist Church, like many other institutions, faced financial constraints with the economic down-turn of the early 90s. This left the Hospital Revitalization Fund faced with the reality that the resources available for this fund were significantly reduced. Continued funding for the UMC Hospital at Ganta at the same level as in the past was no longer feasible.

When UMCOR took over the workshop, it knew there were a number of unknowns, and the ability to achieve the goals and objectives outlines in the project were dependent on a set of assumptions. Some of the events that undermined the goals of the workshop were outside of UMCOR's control, including the downturn of the global and local economy, and the resurgence of fighting in Liberia. Despite some of the setbacks – UMCOR was fortunate to have the opportunity to implement the project in cooperation with USAID/LWVF, an agency with technical expertise in the P&O field, and support UMCOR in the implementation of the project. UMCOR acknowledges that there were lessons learned along the way, and that an agency more experienced in P&O may have seen some more rapid achievements.

As mentioned in this report, there remains a strong commitment toward the Ganta UMC Hospital on behalf of the UMC both in Liberia and in the US. The UMC plans to gradually resume operations at the hospital, at a reduced scale so that it can assist in meeting the some of the health needs of those in the Ganta area.

With regards to the workshop facility, previous assessments indicate that looting was minimal, and that most of the equipment remains at the workshop. As the Ganta area becomes more secure, UMCOR will reassess the assets remaining at the workshop and will work in collaboration with USAID and LWVF with regards to what to do with equipment. In previous documents submitted to USAID/LWVF, it has been indicated by UMCOR that equipment remaining at the workshop, and in need at BMRC, would be given to the BMRC. Following that, UMCOR would work with HI to see if any of the

Ganta equipment is in need at their facility, and if so, UMCOR would give equipment to HI.

The above suggested course of action was based on the assumption that neither UMCOR, nor an alternative agency, would resume P&O activities at Gatna. If, however, another agency were interested in revamping the workshop in cooperation with LWVF or a different donor – then UMCOR and Ganta Hospital would be open to discussing the possibility of coordinating with an agency interested in managing the workshop. Having said this, however, it may not be prudent to try to restart operations there, given the recent history of the workshop and Ganta in general. Thus, UMCOR would be more likely in support of handing-over of equipment to other agencies currently working in P&O in Liberia.

**Strengthening and Upgrading the Ganta Prosthetics and Orthopedic Workshop And
the Revitalization of the
Ganta United Methodist Church Hospital**

Data for Final Report

Year	2001					2002				2003			
Reporting Period	Sept-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Total
Quarter	1	2	3	4	5	6	7	8	9	10	11	12	

Ganta

Diagnosis	Procedure	2001 Q1	2001 Q2	2001 Q3	2001 Q4	2001 Q5	2002 Q6	2002 Q7	2002 Q8	2002 Q9	2003 Q10	2003 Q11	2003 Q12	Total
Lower Limb Amputee	Prosthesis	24	29	65	45	60	57	48	23	22	30			403
Amputation (Stump Correction)	Surgery, then Prosthesis				4	1	4	10	0		12			31
Polio/other	Orthosis		23		12	10	28	26	24	2				125
Polio/Stroke/trauma	Physio-training		50	42	42	48	16	38	29					265
Total		24	102	107	103	119	105	122	76	24	42	No activity	No activity	824
<i>Male/Female Break-down</i>		<i>(8F, 18M)</i>	<i>(33F, 69M)</i>	<i>(48F, 59M)</i>	<i>(42F, 61M)</i>	<i>(31F, 88M)</i>	<i>(31F, 74M)</i>	<i>(39F, 83M)</i>	<i>(55M, 21F)</i>	<i>(21M, 3F)</i>	N/A			

BMRC

Polio/other	Surgery	N/A	35	22	36	22	38	35	32	38	48	37		343
Bum	Surgery						2	1	1	1	1	0		6
Polio/other	Physio-training					40	13	20	38	51	32	29		223
Polio/Others	Foot Prosthesis					5		2	8	3	2	6		26
	Shoes						4	14	5	15	17	9		64
	Above Knee Brace					15	26	26	23	29	35	18		172
	Knee Caps					7	9	13	20	28	17	7		101
	Walking Aid					8	11	12	17	11	5	7		71
	Above 5 items combined			34	33									67
Total			36	66	69	97	103	123	144	176	157	113		1073
<i>Male/Female Break-down</i>				<i>Info NA</i>	<i>Info NA</i>	<i>(47F, 50M)</i>	<i>(34F, 49 M)</i>	<i>(59M, 64F)</i>	<i>(65M, 79F)</i>	<i>(114M, 171F)</i>	<i>(90M, 67F)</i>	<i>(54M, 59F)</i>		