

**U.S. Agency for
International Development (USAID)
Activities Addressing the Needs of
Persons with Disabilities**

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USAID Activities Addressing the Needs of Persons with Disabilities

I. Introduction

A. Focus of the Paper

Purpose: This desk review was prepared at the request of USAID's Bureau of Program and Policy Coordination (PPC) in order to collect information on and analyze the Agency's efforts to address the needs of persons with disabilities. It is intended as a descriptive overview of Agency activities supporting the needs of disabled individuals based on available documentation, and should not be considered an exhaustive list of historical and current efforts to support the needs of these special populations.

Intended audience: Though prepared specifically for PPC, this paper could be useful to a variety of offices in USAID/Washington and the Field Missions, as well as to Agency contractors and grantees, as it highlights a range of activities in which USAID has been involved in meeting the needs of persons with disabilities, and by implication suggests areas in which such work could be considered.

Scope of the paper: To keep this review to a manageable size and to maximize its utility, certain parameters which limited the scope of the review had to be established early on. First, the projects included were limited to those with objectives clearly articulated in the Agency's Development Information System (DIS) projects and documents databases¹ and for which documentation was readily available. There are several kinds of Agency activities that suggest USAID involvement in supporting the needs of persons with disabilities, but it was not feasible under the constraints of this study to confirm whether all of these possibilities fit within the study criteria.

It should be noted that in many cases the projects as described in this paper were based on planning documents and thus reflect the original intent and objectives of the activity. When feasible, project completion reports or evaluations were reviewed to confirm objectives and results.

Second, this paper's working definition of "disability" includes physical, learning, and emotional or psycho-social disabilities. By far the bulk of the activities identified and reviewed for this paper fall under the first category of physical disabilities, taken here to include speech impairments, hearing disorders and deafness, orthopedic impairments, and visual handicaps and blindness. When identified, activities designed to address the needs of individuals with learning or emotional disabilities were also described.

Third, in order to overcome the fact that the Agency has not in the past and does not currently track project beneficiaries by disability, a variety of data sources were tapped in the hopes of completing a fuller picture of USAID activity in this area.

Fourth, the Agency funds some activities which directly support the needs of persons with disabilities, e.g., projects funded by Mission discretionary funds, but information from these activities is not collected in DIS and as far as we know, not collected in any centralized location.

Review: A draft of this paper was sent for comment to 19 USAID/Washington staff, 22 Field Missions, and 13 PVOs. USAID activities after April 1996 are not captured by this report.

B. Methodology²

This desk review relied heavily on the information contained in the Agency's Development Information System (DIS). Additional projects were identified through a search of the Agency's Executive Management Information System (Magellan) and, in a few cases supporting documentation was collected from country desk officers. A third source of information was the Agency's budget database. Agency activities can be tracked by Activity/Special Interest (ACSI) Codes. There is one ACSI code relevant to the disabled -- "HEPR: Prosthetics/Medical Rehabilitation."³ Activities coded this way for Fiscal Years 1994 through 1996 were included in this study. Sector specialists on the Research & Reference Services (R&RS) project were a fourth source of information, as were select technical specialists from throughout the Agency. No formal selection process or survey instrument was used to gather project information at this point in the review process. Inevitably, individuals contacted often offered suggestions for further contacts. A list of persons contacted for this review can be found in Annex V.

C. Organization of the Paper

The remainder of this paper is divided into three parts: main text, descriptive annexes, and tables. The key points can be found in the main text. Section II of the main text presents a series of findings based on an analysis of a broad range of USAID activities designed to address the needs of persons with disabilities.

Section III provides a broad overview of Agency activities designed to meet the needs of persons with disabilities under two categories of intervention: (1) major projects directed to assist victims of war or civil strife, and (2) activities addressing the needs of people with disabilities in the general population. For readers interested in specific activities, or particular country experience, Annex II gives a more detailed description of major projects directed to victims of civil conflict (see also Table A). Annexes III and IV and Tables B and C describe USAID activities addressing the needs of disabled persons in the general population.

Examples of USAID activities which incorporate the needs of persons with disabilities in general programming are discussed in Section IV.

Section V describes briefly a few of the key areas in which the Agency has worked to prevent or mitigate the disabling effects of poverty, malnutrition, and disease.

II. Findings

General Findings

For decades, USAID has been involved in a wide range of activities that benefit the disabled, both directly and indirectly.

- By far the most prominent USAID activities designed to assist the disabled are the projects which provide prosthetics and rehabilitation services, most often for victims of major civil conflict.
- USAID has funded projects targeting specific disabilities, including the treatment and prevention of blindness and special education and vocational training for the blind, deaf, and mentally handicapped.
- USAID has provided doctors and other medical personnel to conduct training, as well as for direct surgical interventions, commodities, and training and technical assistance to other medical personnel and individuals who assist persons with disabilities.
- Vocational education and training programs designed to assist the disabled have been included in demobilization and reintegration projects, both as components of larger projects directed toward the disabled and as stand-alone activities.
- Income generation activities have been part of a few projects, in some cases providing modest sources of income and employment for disabled persons.
- Recent activities in the Newly Independent States (NIS) and Latin America and the Caribbean (LAC) have, through training and organizational linkages, been designed to build the advocacy and management capabilities of local organizations representing the disabled, and increase awareness of the needs of the disabled in society.
- Indirectly, the disabled may benefit from a range of USAID health and nutrition, education, economic growth, and environmental activities. In many cases, such as vaccination, sanitation, and de-mining programs, these interventions act to prevent further incidence of disabilities.

The mechanisms USAID has employed to implement its targeted activities on behalf of the disabled are varied.

- USAID has funded some recent major projects representing relatively large sums of money directed specifically to individuals disabled as a result of conflict.
- USAID has implemented a large number of small, targeted projects in many countries and regions which directly support the needs of specific disabled populations, dating back to the 1960s.
- USAID has provided large institutional strengthening grants as well as grants through large umbrella or PVO co-financing projects to increase the capability of U.S. PVOs and local NGOs to serve the disabled.
- USAID has provided grants and contracts to U.S. and international PVOs, local NGOs, U.N.-related agencies, the U.S. Peace Corps, and host-government ministries to implement activities to assist the disabled.
- USAID has provided orthopedic and prosthetic equipment as part of many projects and, in at least one case, through a commodity import program.
- USAID Missions have used discretionary monies to target specific disabled populations.
- In some cases, USAID has provided for the needs of the disabled by specific targeting within general programming.

Several active USAID participant training activities have not only been designed to provide training in fields relevant to the disabled, but also, in a number of cases, specifically recruited disabled individuals for training.

Under the Caribbean and Latin American Scholarship Program (CLASP) I and II, participants received training in special education, administration of special education, rehabilitation counseling, corrective therapy, occupational therapy, occupational therapy assisting, physical therapy, and rehabilitation service. The Central American Scholarship Program (CASS) specifically aims to recruit disadvantaged minority groups from within countries. Selection of deaf participants from schools for the deaf and through deaf-directed NGOs have been a special focus. Participants have received training in American Sign Language, computers and desktop publishing. In the NIS, the Special Initiatives Project and the Exchange and Training Project have trained disabled individuals in addition to facilitating linkages between organizations assisting the disabled in the United States and the NIS.

Some USAID activities directed to the disabled appear to be the result of Congressional interest and earmarking.

For example, Congress mandated assistance to Nicaragua in response to the civil war. Congress also initiated the War Victims' and Displaced Children and Orphans' Funds, the

source of many currently active projects. USAID's Child Survival and Vitamin A programs, key to the prevention of disabilities, are also the result of earmarking.

Findings -- Beneficiaries

The war-wounded have been major target beneficiaries under Agency activities to assist the disabled.

USAID has funded major projects directed specifically to the war-wounded during or after periods of civil conflict. Most often these activities take the form of prosthetic and rehabilitation services projects. In recent years, USAID interventions designed to assist the war-wounded have been implemented (or are currently underway) in Nicaragua, El Salvador, Mozambique, Uganda, Liberia, Vietnam, Cambodia, Lebanon, Afghanistan, and others. In several of these countries the Agency has operated a number of related activities over many years. In El Salvador, Nicaragua, and Lebanon, the Agency has been involved in a number of related activities, not only providing rehabilitation services and prosthetics, but also helping establish an infrastructure designed to address the needs of the disabled.

During the 1980s, the Latin American and Caribbean region appears to have been the biggest beneficiary of USAID attention to persons with disabilities.

The LAC region appears to have been the biggest beneficiary in part because of the large number of prosthetics and related services projects implemented in response to civil conflict in El Salvador and Nicaragua. However, there are a number of activities dating from the mid-1980s which suggest a more expanded approach to addressing the needs of the disabled. Several important activities were supported in Ecuador to help improve the national system to address the needs of handicapped persons, including the mentally handicapped in that country. Under USAID funding, several Honduran NGOs were able to develop modest sources of income; one from the production of wheelchairs, canes and crutches, the other from the export of prosthetic and orthotic devices.

Beginning in 1989, USAID started funding specific activities directed to the war-wounded through the Congressionally-mandated War Victims' Fund. This funding has, in particular, been directed to Africa and South East Asia.

Under the War Victim's Fund, \$5 million is available annually to NGOs to assist them in responding to very specific needs of civilians injured by war and civil strife. The upgrading of prosthetic/orthotic services in recipient countries has made up the majority of activities funded, though in some cases vocational or income generating projects have also been supported. Since its inception, more than \$35 million has been allocated in 14 countries. Mozambique and Vietnam received the most funding -- about \$7 million each - - followed by Ethiopia, Laos, Lebanon, and Uganda, which received in the range of \$2 to \$4 million each.

In a number of its demobilization/reintegration projects the Agency has also specifically targeted the needs of disabled ex-combatants.

A report from a January 1995 USAID-sponsored workshop, "Other Country Experiences in Demobilization and Reintegration of Ex-Combatants," noted that programs benefitting the disabled have been implemented in Ethiopia, Mozambique, Namibia, Uganda, Zimbabwe, as well as in Nicaragua and El Salvador. In that report, USAID is listed among the donors for the two Latin American programs. Because so many of the Agency's demobilization/reintegration projects are very recent and the literature so sparse, few of the details of the African projects could be provided in this review.

Specific disabled populations have benefitted from USAID funding, including the blind, the mentally handicapped, and disabled orphans. These activities are scattered over time and place.

Next to the orthopedically disabled, the blind seem to have benefitted the most from USAID assistance in the form of funding for large PVOs through institutional strengthening and operating program grants to carry out treatment and prevention activities throughout the world. These PVOs have undertaken projects in Vitamin A supplementation, nutritional improvement, and river blindness prevention, as well as direct ophthalmological and surgical interventions.

In a few scattered activities the mentally handicapped have also received USAID support.

USAID has funded the training of special education teachers and policy-makers and provided training, technical assistance, and equipment to organizations that work with special needs children.

Sometimes these activities are components of a larger teacher training activity, or a stand-alone activity, and have been implemented in many different countries. Special education teacher training has been a component of a number of USAID teacher training projects, dating back to the 1970s. USAID has also supported organizations working with special needs children, including Instituto del Nino y la Familia (INNFA) and Fundacion de Asistencia Sicopedagogica a Ninos y Adolescentes Retardos Mentales (FASINARM) in Ecuador, American Near East Refugee Aid, Catholic Relief Services, and the Society for the Care of the Handicapped in the West Bank/Gaza.

Very few activities were identified which specifically addressed the issue of the developmentally delayed or emphasized the need for early childhood stimulation.

Isolated USAID activities in the West Bank/Gaza and in Latin America, especially Ecuador, emphasized the importance of early childhood stimulation and development, or the early detection of at-risk children. To address the needs of the presumably large number of individuals who are surely experiencing developmental delays resulting from a

lack of early childhood education and development and malnutrition, a new Global/HCD activity, PROGENY, is being designed to address this problem for future generations.

Findings -- Activities

The most prominent types of USAID interventions designed to meet the needs of disabled individuals involve activities directly targeting populations with disabilities.

Within this broad category are several categories of USAID intervention: (1) major projects representing relatively large sums of money directed to victims of civil conflict, and (2) smaller projects addressing the needs of specific categories of disabled persons in the general population.

USAID has implemented a large number of smaller projects in many countries and regions which directly support the needs of disabled persons in the general population.

Conceptually, these interventions can be divided into five broad areas of USAID involvement: (1) projects designed to develop the capacity of countries to provide services for the disabled; (2) projects designed to provide for the immediate needs of specific disabled populations; (3) projects designed to provide vocational education or training to special needs populations; (4) income generation activities; and (5) research.

In addition to specific interventions targeting disabled populations, there are examples in which the Agency has provided for the needs of the disabled through some of its general programming.

This is most evident in Agency participant training activities, especially in LAC and the NIS, and to a lesser extent in some of its education and electoral assistance programs.

USAID activities serving the disabled have generally been designed to meet the physical needs of the disabled; however, activities have, at times, included advocacy-building, awareness campaigns, and economic and political integration of the disabled.

USAID has advocated for the rights of the disabled and supported awareness campaigns in El Salvador, Mozambique, and Lebanon. Political participation has been supported by ensuring access to polling places in a number of USAID-sponsored electoral assistance projects. In the NIS, USAID has provided several grants to enable the All Russian Society for the Disabled to receive training in leadership, disability awareness, and media and public education. Economic participation has been encouraged in a number of instances through vocational education programs within demobilization/reintegration activities. Vocational training has also occurred outside the context of war-related projects. An interesting example of the economic integration of disabled persons was the establishment of the Honduran Rehabilitation Association, which employed disabled persons and produced prosthetics for export.⁴ In Lebanon, USAID funds have supported vocational training and employment of the disabled in workshops and businesses that

make wheelchairs and prosthetic devices, modify automobiles to be driven by paraplegics, and sell handicrafts to the general public.

USAID has served the disabled by strengthening the institutions and systems which serve these populations.

USAID has sought to develop the capacity of countries to provide services for disabled populations by: (1) strengthening the ability of U.S. PVOs and local NGOs to provide assistance; (2) providing grants, commodities, and technical assistance to rehabilitation centers or hospitals, directly; and (3) upgrading a rehabilitation system. USAID has provided institutional strengthening grants to several large U.S. PVOs to increase their internal capacity to provide assistance to disabled persons and to implement specific programs. A number of local NGOs have also received grants directly from USAID. Likewise, a number of local NGOs have received grants through large umbrella or PVO co-financing projects. In an interesting hybrid of the usual umbrella project in the NIS, the USAID grant program links local NGOs with U.S. PVOs through 46 partnerships with the aim of enhancing the capabilities of the Russian indigenous organizations. Eleven of the 46 partnerships established are aimed at meeting the needs of the disabled. These activities are described in more detail in Annex III. Under the American Schools and Hospitals Abroad program, grants were provided to hospitals in China, Korea, and Israel. In a number of its projects, USAID provided commodities to assist the disabled, including in its commodity import program in Egypt.

Under the Displaced Children and Orphans' Fund psychological interventions are being supported in several countries to assist persons traumatized by widespread civil strife.

USAID has funded psychological interventions in El Salvador, Nicaragua, Mozambique, Lebanon, and the former Yugoslavia to help persons cope with the traumatic effects of widespread violence and destruction.

USAID has directly and indirectly funded research which has benefitted the disabled in many settings.

Under grants from Appropriate Technology International (ATI)⁵ a wheelchair appropriate to Third World countries was developed. During the early 1980s several workshops were held to train others in the manufacture of wheelchairs and a 1986 evaluation found that several of these enterprises were successful. The War Victims' Fund has helped to introduce this chair in Cambodia and Vietnam. Much was learned about more durable prostheses design under USAID funding for post-war projects.

The Agency has also funded a number of studies on the cause, prevention, and treatment of disabling diseases and implemented numerous resultant projects throughout the world based on the findings.

Following the precedent established by the host government's Social Reform Agenda, USAID/Manila has specifically included the disabled as a category eligible for funding as a disadvantaged group under one of its Results Packages.

One of USAID/Manila's Results Packages is intended to provide financial assistance to eligible grantees to undertake activities that support the formation of coalitions of disadvantaged and under-represented groups in pursuit of the objective of "effective participation of disadvantaged groups in the public policy arena." The Mission's Grant Competition Guidelines for Application specifically lists the disabled as a disadvantaged group -- consistent with the Government of the Philippines Social Reform Agenda.

Findings -- Tracking and Data Collection

USAID does not track project beneficiaries by disability, thus it is not possible to get a completely accurate accounting of Agency activities supporting the disabled.

It is relatively easy to identify USAID activities directed specifically to the disabled. But since the Agency does not track by disability it is not well equipped to fully represent how in its general activities the disabled are also benefitting. For example, some would argue that if we build a school in a village, we are increasing the opportunity for all children, including the disabled, to attend. Perhaps similar arguments can be made across all USAID sectors.

Some types of activities are not always captured by the Agency's central document and projects databases and thus were impossible to identify and address in this review.

A 1991 report on U.S. foreign assistance to the disabled by the General Accounting Office (GAO)⁶, which surveyed 77 USAID Missions (53 Missions responded), found that Missions' discretionary funds were often the source of small amounts of money given to community groups and organizations helping the disabled. When seen in their entirety these activities could represent a significant category of Agency intervention.

USAID's decentralized organizational structure and use of a variety of mechanisms to fund programs further complicates the task of trying to get an accurate accounting of activities supporting the disabled.

To our best knowledge, this paper is the first attempt ever by the Agency to pull together information and documentation on the gamut of USAID activities designed to serve the disabled. In order to gather information for this review, a variety of data sources were used; each, however, has its own limitations.

Because of the limitations associated with any database, the projects which tend to be uncovered in the Development Information System are the large projects directed specifically to the disabled. The database does not track well: (1) USAID projects which have a component directed to disabled persons; (2) grants made under large umbrella or

PVO co-financing projects; or (3) activities funded with discretionary monies. The latter two mechanisms seem to have been used in a number of cases to target the disabled.

A second important source of USAID activity information, the Agency's Budget database, has limited utility for this review.

The Agency assigns activity (AC) and special interest (SI) codes to describe the objectives of its projects. Activity codes place a program in its development context (i.e., agribusiness, water resources management, etc.). Special Interest codes describe project characteristics, such as institutional mechanisms for delivery or geographical distribution of beneficiaries. The Agency currently has only one AC/SI code relevant to the disabled - "HEPR: Prosthetics/Medical Rehabilitation." Activities which fall under this category represent only one small part of the potential assistance that can be directed to the disabled.

III. Major International USAID Programs Directed to Populations with Disabilities

The most easily recognizable types of USAID interventions designed to meet the needs of disabled individuals involve activities targeted directly to populations with disabilities. Within this broad category there are two categories of USAID interventions: (A.) major projects representing relatively large sums directed to victims of civil conflict, including major demobilization and reintegration programs; and (B.) activities addressing the needs of people with disabilities in the general population, which tend to be smaller and more targeted. Though category B interventions outnumber category A interventions, the former types of interventions are often greater in scope and magnitude.

A. Addressing the Needs of Victims of War or Civil Strife

A major category of USAID intervention aimed at persons with disabilities involves assistance targeted to the victims of war, usually including both combatants and civilians disabled as a direct result of the conflict. Assistance is provided either during the period of conflict or immediately thereafter. Often, but not always, this intervention provides an opportunity for the general disabled population to be treated as well as the direct victims of the conflict. The focus of these activities is generally on meeting the needs of amputees, i.e., the provision of prosthetics, physical rehabilitation, and related services; which is as might be expected, as Allan Randlov, former Manager of USAID's War Victims' Fund, suggests:

the most serious disabling injury that is commonly survived in developing countries is a limb wound and an amputation, in war time in developing countries, anyone whose injury is more serious than an amputation is not likely to live long (this includes head injuries, spinal cord injuries, chest/abdomen wounds).⁷

In addition, the Congressionally-mandated War Victims' Fund, which had been a major source of funding for recent USAID activities to serve the disabled, dictates that emphasis be placed on the provision of artificial limbs.

Recent USAID interventions to assist the war-wounded have been implemented (or are currently underway) in Nicaragua, El Salvador, Mozambique, Uganda, Liberia, Vietnam, Cambodia, Lebanon, and Afghanistan. In several of these countries the Agency is operating a number of related activities. In Vietnam and Lebanon, the earliest activities date back to the 1970s. Projects in Africa tend to be more recent and are usually funded through the War Victims' and Displaced Children and Orphans' Funds, as are some recent activities in SE Asia. In some cases, the Agency is not just providing rehabilitation services and prosthetics, but is involved in establishing an infrastructure to address the needs of the disabled, including developing the local capacity to produce prosthetics, expanding the network of hospitals and rehabilitation centers, strengthening local or regional organizations that work with the handicapped, and developing public awareness campaigns to improve the image of the handicapped in society.

In some cases, assistance to the war-wounded has also occurred within the context of larger demobilization/reintegration projects. These programs are specifically aimed at demobilizing and reintegrating soldiers into the civilian community after a period of major conflict. Some demobilization and reintegration projects have components targeting the war-wounded.

Beginning in 1989, USAID also began to fund activities directed to the war-wounded through its War Victims' Fund. Five million dollars is available annually to NGOs to assist them in responding to very specific needs of people injured in war and civil strife. The majority of activities funded have been for the upgrading of prosthetic/orthotic services in recipient countries, though in some cases vocational or income generating projects have also been supported.

A country-specific discussion of USAID interventions addressing the needs of individuals disabled as a result of war or civil strife can be found in Annex II and in Table A, as well as brief discussions of the War Victims' and Displaced Children and Orphan's Funds, and the few demobilization/reintegration projects with available documentation.

B. Addressing the Needs of People with Disabilities in the General Population (Those disabilities not directly attributable to war or conflict)

USAID has implemented a large number of projects which directly support the needs of specific disabled populations in many countries and regions. Some of these activities are described in more detail in Annex III and Table C.

USAID interventions implemented to address the needs of the disabled in the general population can be divided into five broad areas of involvement: (1) projects designed to develop the capacity of countries to provide services for the disabled; (2) projects providing for the immediate needs of specific disabled populations; (3) projects designed to provide vocational education or training to special needs populations; (4) income generation activities; and (5) research.

USAID seeks to develop the capacity of countries to provide services for the disabled by: (a) strengthening the institutional capacity of U.S. PVOs and/or local NGOs to assist disabled persons; (b) providing grants, commodities, or technical assistance to rehabilitation centers or hospitals themselves; or (c) implementing activities directed toward upgrading rehabilitation systems.

Institutional strengthening grants and PVO umbrella or co-financing projects are used in many cases to strengthen the capacity of PVOs/NGOs. Several large U.S. PVOs have received grants from USAID over the years to increase their internal capacity to provide assistance to disabled persons and to implement specific programs. As is the case across USAID activities, institutional or development grants directed to U.S. PVOs include significant institutional strengthening components for local NGOs. USAID assistance has also been provided directly to local NGOs to strengthen their ability to serve disabled persons.

In some cases, USAID provided assistance in the form of grants, technical assistance, or commodities, directly to institutions serving various disabled populations. In a few instances the Agency provided assistance on a broad front in order to strengthen the rehabilitation infrastructure of a nation. This appears most clearly in the cases of multiple interventions in El Salvador and Nicaragua. This kind of intervention has also occurred on a different scale in other countries. Ecuador represents a case in point.

A scattering of other USAID activities were designed to meet the physical, political, and economic needs of disabled persons directly. Currently, a number of interesting activities are being undertaken in the New Independent States: the NIS Special Initiatives Project and the Exchange and Training (NET) Project. Under the latter, grants were provided to the World Institute on Disability to provide training to the All Russian Society for the Disabled in leadership, disability awareness, and media and public education. (See Annex III for a more detailed description of the Special Initiatives Project, and the following section of the report for more details on the NET Project.)

IV. General International USAID Activities

The activities described thus far are those specifically targeted to the disabled. To get a fuller picture of USAID's experience in meeting the needs of persons with disabilities, it is necessary to examine some of the Agency's general activities and see to what extent the disabled can and/or do benefit. Conceptually, the disabled can benefit from general USAID assistance in three ways:

- 1.) by being targeted beneficiaries within regular USAID programs;
- 2.) through programs that either directly, or indirectly prevent or mitigate disabilities;
- 3.) by being among the general beneficiaries of USAID programs.

USAID prevention activities are described in more detail in Section V. Most of the Agency's activities are designed with the goal of improving the lives of people in developing countries, and thus are aimed at preventing the disabling effects of poverty, malnutrition, and disease.

In a practical sense the third category of how the disabled can benefit from regular USAID programming is the most difficult to prove. As reiterated throughout this paper, since USAID does not track by disability, it is next to impossible to know how often the disabled benefit. Theoretically, the disabled might benefit from all of the activities undertaken by USAID. For example, if the Agency builds a school in a village, does this not provide a greater opportunity for a disabled student to attend school? Or if USAID builds a health clinic, is this not an opportunity for a disabled person to receive better medical care, or for the entire village to have better access to medicine and services which might prevent a disability from occurring in the first place? Without a means to track USAID programs in terms of their

effects on the disabled, there is no way of knowing with any certainty how many disabled individuals have benefitted from them, or how many disabilities were prevented.

Conversely, advocates for the disabled suggest that the disabled do not benefit from regular USAID programs. They argue that the disabled are often hidden away and do not participate in community activities. Because of this the disabled do not have access to USAID resources and unless the Agency specifically targets them, they will continue to be marginalized.

This section of the paper describes examples in which the needs of the disabled are addressed within the context of current USAID general activities. These include Agency participant training activities, especially in LAC and the NIS, and to a lesser extent some of its education and electoral assistance programs.

Through its participant training programs, USAID has not only provided training in fields relevant to the disabled, but also in some cases sponsored training for disabled persons. Again, since it is programs that are tracked and not disabilities, exact figures are hard to come by. The evidence is mostly anecdotal. Information concerning these activities was gathered from discussions with a few of the contractors involved in managing training programs. In the case of the Caribbean and Latin American Scholarship Program (CLASP) "Individual Program Exit Report Summaries"⁸ were reviewed.

Under CLASP I and II, participants received training in special education, administration of special education, rehabilitation counseling, corrective therapy, occupational therapy, occupational therapy assisting, physical therapy, and rehabilitation services.⁹

A review of some program exit reports indicates that under CLASP II/El Salvador, at least four groups of El Salvadorans completed an eight-week training program in "Vocational Rehabilitation for the Physically Challenged" at the World Institute on Disability during 1993 and 1994. The objectives of those programs were:

- "to encourage rehabilitation workers to acquire the necessary tools to allow them to introduce vocational rehabilitation into communities;
- to help participants develop skills that will allow them to train other professionals, individuals, and community groups;
- to teach participants new skills and about different states of vocational rehabilitation for people who have already received physical therapy."

A fifth group from El Salvador completed an eight-week training program in "Vocational Rehabilitation" at the University of South Florida, in 1994. One of the stated objectives of that program was "to provide training in the rehabilitation of the disabled and people with mental retardation."

Under CLASP I/Honduras one group completed an eight-week training program, "Rehabilitation for the Visually Impaired," at the World Institute on Disability.

There is additional anecdotal evidence from Latin America:

- Under the Central American Peace Scholarship (CAPS)/Panama program, a group of hearing impaired students undertook a two-year degree program at Mount Aloysius College in Pennsylvania;
- Through the Central American Scholarship (CASS) program, USAID sponsored two-year degree programs for several groups of disabled students (primarily the hearing impaired): one group at St. Petersburg Junior College and three groups at Mount Aloysius College. Programs included training in sign language and computer applications. Special education training was also provided at Harris-Stowe State College.

USAID has also funded U.S.-based and in-country training for disabled individuals under projects in the NIS. In the fall of 1994, under the NIS Exchange and Training (NET) Project (Project No. 110-0012), two groups of 20 Russians each from the All Russian Society of the Disabled (ARSD) received month-long training at the World Institute on Disability (WID). The participants were recruited by ARSD from their chapters all across Russia. The purpose of the training was to familiarize disabled leaders of ARSD with the ideas and programs of the "Independent Living" movement, and equip them with the knowledge, skills, and attitudes necessary to accomplish the goal of ARSD. The follow-on training for these groups took place in Sochi, Russia, in the fall of 1995. Trainers from WID, in some cases disabled individuals themselves, came to conduct workshops on legal issues pertinent to disability and share their experiences in working with legislators and the government.

In addition, in FY 1994, 55 participants from 37 Russian organizations that work with the disabled took part in U.S.-based training courses available for NGO leaders. One group of 25 participants, under a program entitled "Management of Pension and Welfare Systems," visited, among other things, sheltered workshops which train the mentally and physically handicapped to work; an employment retaining center and job bank for individuals with disabilities; a privately-owned prosthetics company; and a university hospital which designs and produces prostheses. They also met with an insurance company to discuss disability insurance plans.

Under the Institutional Partnership component of NET, managed by IREX, World Institute on Disability received a second \$1.3 million grant to continue work with ARSD to exchange ideas and expertise, provide training in management, leadership, skills, disability awareness, and media and public education.

WID has also implemented several activities under a World Learning-managed cooperative agreement, the Special Initiatives Project (Project No. 110-0001): (1) to strengthen the institutional capacity of ARSD by providing management and advocacy training, and (2) to

improve the business and communication capabilities of the for-profit businesses linked to ARSD. More project details can be found in Annex III.

In some USAID-sponsored electoral assistance projects, attention was paid to the special needs of disabled voters. The International Foundation for Electoral Systems (IFES) has been involved in several USAID electoral assistance projects and has been active in producing training materials for poll workers in a number of countries. Training manuals for poll workers in the Congo, Mali, Guinea, Togo, Honduras, and Guyana contain sections which refer to provisions in the electoral law for providing assistance to blind and elderly voters. IFES has also recently produced a "Presiding Officer's Manual: A Guide for Polling Day Procedures" for Bangladesh, which outlines the provision of the electoral law on assistance to blind or incapacitated voters.

USAID has also funded the training of special education teachers, administrators, policy-makers, and other groups that work with special needs children in many countries. Under the Exchanges and Training Project, 1993-1997, USAID is providing short-term U.S. training for private and public sector leaders in the NIS in areas which include special education. Dating back to the 1960s, training for special education teachers has been included as a component of some broader teacher training activities. For example, a special education training component has been a part of the Egyptian Basic Education Project, the Botswana Primary Education Improvement II Project, and the Swaziland Teacher Training Project. Additional activities addressing the needs of disabled persons under general programs are noted in Annex III.

V. Major USAID Prevention Programs

USAID activities across many sectors are designed to improve the lives of people throughout the world, and in one sense can be thought of as disability prevention. Other Agency activities, however, are more deliberately preventative in design.

One major area of USAID prevention work has been in the treatment and prevention of blindness. Blindness prevention under USAID has taken a couple of different tracks: Vitamin A projects and River Blindness projects. Several current Vitamin A projects are underway:

Development Support: Vitamin A for Health Project -- a Health Office project to develop national programs to prevent blindness, morbidity, and mortality in pre-school children due to Vitamin A deficiency;

Private and Development Cooperation: Vitamin A -- to support efforts to eliminate and/or alleviate Vitamin A deficiency in developing countries through the provision of discrete grants to PVOs.

Helen Keller International and the International Eye Foundation have been among the largest recipients of USAID funds to support such activities. Both PVOs have received numerous institutional strengthening grants and have worked to design low-cost eye treatments and ophthalmology training centers; design preventative educational programs; and collect data on types, frequencies, and the impact of eye disease. Other recipients of USAID funding to reduce the incidence of blindness include the River Blindness Foundation and Eye Care, Inc.

USAID has sought to eliminate another major source of blindness -- onchocerciasis or river blindness -- by funding a variety of bilateral and regional projects. Examples include: *Africa Regional:* Onchocerciasis Control Program; and *Sahel Regional:* Onchocerciasis Control Phase III.

USAID has also undertaken a variety of major health activities to reduce the incidence of disabilities. Areas of emphasis include: immunizations for measles, polio, diphtheria, whooping cough, tetanus, and tuberculosis; nutrition, including school feeding and food for work programs; micronutrient supplementation; maternal and child health; sanitation; and HIV/AIDS prevention and control.

Beyond the health sector, USAID has funded activities to improve workplace conditions, occupational health and safety, and worker's compensation; training for engineers and building planners in safe/earthquake resistant building; training for disaster preparedness; demining; and more.

VI. Conclusion

It is clear from this report that USAID has supported a wide range of activities targeting persons with disabilities. However, other than the broad trends identified as "Findings," it is difficult to observe a consistent pattern to these activities; they are scattered over time, place, and objective.

Despite this apparent lack of consistent pattern, some interesting and innovative efforts are clearly underway. These efforts could serve as examples to other USAID Missions and programs. Of particular note are USAID/Manila's explicit inclusion of the disabled as a category eligible for funding as a disadvantaged group; the efforts to build advocacy and management capabilities of local organizations representing the disabled through organizational linkages in the NIS; awareness campaigns and economic and political integration activities in El Salvador, Mozambique, and Lebanon; and the concerted effort under some LAC and NIS activities to actively recruit disabled persons for training. With this in mind, it is hoped that this paper will serve as more than an historical record of activities, but rather as a stimulus for further Agency efforts and interest in meeting the needs of persons with disabilities, within the context of participatory development.

End Notes

- . The Development Information System (DIS) is USAID's computerized database which provides information on the Agency's projects and documents. Currently, there are nearly 9,000 project records and 88,000 documents in DIS.
2. For a more detailed discussion of the research methodology used for this review, please see Annex I, "Scope and Methodology."
- . Meant to include "activities in support of medical rehabilitation including provision of prostheses, training of technicians, vocational rehabilitation, administrative support and facility improvements."
- . Because of poor management, this organization went bankrupt in 1995.
5. ATI has been funded by a series of grants from USAID since its creation by the U.S. Congress in 1977.
- . General Accounting Office. Foreign Assistance: Assistance to Disabled Persons in Developing Countries. Washington, DC: GAO, 1991.
- . Comments provided during review of this paper.
- . A summary of results from questionnaires given to participants after completing their training in order to evaluate their experience and the program.
- . These titles follow the IEE classification of training fields.

ANNEXES

Annex I Scope and Methodology

This review relied on the information contained in the Agency's Development Information System (DIS). As with any database, there are limitations: first, a database is only as thorough as its input. If an activity was not entered into the DIS, there is no way of retrieving information on it.

Second, since we were relying on the projects as they were abstracted and indexed in DIS, projects which had a heavy emphasis on meeting the needs of persons with disabilities were more likely to be indexed and described as such, and therefore more likely to be retrieved than projects which had only a small component directed toward this special population. The projects which were identified from the database searches tended to be larger activities and activities directed specifically to disabled segments of the population. Critics may argue that projects directed specifically to the disabled are only one part of the solution; the Agency must also make its general activities accessible to the disabled. There is evidence that the Agency is doing this in some areas, but since the Agency does not track by disability, it is difficult to know with confidence how often.

Third, since this review relied on projects as they were described in the database, and in project papers and grant agreements, the descriptions of activities contained more or less reflect the projects as they were planned. In some cases, it was possible to confirm the occurrence of activities by reviewing project evaluations or through feedback from Missions, but extensive ground-truthing was beyond the mandate of this exercise.

There are several types of Agency activities which *suggest* USAID involvement in supporting the needs of persons with disabilities, but it was not feasible under the constraints of this study to confirm whether all of these possibilities fit within the study criteria. For example, in Armenia, USAID provided assistance to the disabled in response to a 1988 earthquake. This objective was clearly stated in the DIS project description and this project was included in this review. The Agency has also provided assistance in response to earthquakes in Nicaragua (1972), Guatemala (1976), El Salvador (1986) and in other countries. In the project and document abstracts for these interventions, no specific reference was made to assisting the disabled, but such an intervention is entirely possible, as evidenced by USAID involvement in Armenia. It was not possible to review all of the documentation associated with these projects, and there is no guarantee that assistance to the disabled would have been specifically spelled out in that documentation. At this time, it might be possible to say only that providing assistance to the disabled after a natural disaster has been an area in which the Agency has been involved and could be in the future.

Similarly, there are several USAID sectors of emphasis which suggest themselves as areas in which the special needs of the disabled could have been, or might be taken into consideration.

It was not within the scope of this study to investigate every sector of USAID activity. Microenterprise development is one area we did initially try to research in more depth. Several USAID microenterprise specialists were contacted and although they could not point to activities which targeted the disabled, they did suggest that the focus of their work is the enterprise and the entrepreneur, not the disability. There are cases in which disabled entrepreneurs would have been likely to benefit from USAID projects, but the disability -- or not -- was not the focus. In the case of USAID's participant training activities, information on disabled beneficiaries rested with the contractors themselves and rarely in the documentation available on DIS. This might also be the case with microenterprise programs, as well as with most Agency activities. By virtue of their closeness to project beneficiaries, the implementing contractors may have more information on who they are. Because of the limitations of the study it was not possible to contact implementing contractors across sectors.

In addition, there are a number of USAID projects with rather nondescript titles, such as "Relief and Rehabilitation" or "Relief and Reconstruction." Some of these specifically target the rehabilitation of the health sector, which again would hint at assisting the disabled. Without an extensive and laborious review of project documentation it is impossible to confirm assistance directed specifically to this segment of the population. Again, these projects suggest an area of past -- or perhaps future -- USAID involvement in assisting the disabled.

Except for the Armenian earthquake project, the kinds of activities described above were not generally included in this review.

Interestingly, the DIS clearly articulates in the project abstracts for the *Caribbean and Latin American Scholarship Program II/Jamaica* (Project No. 532-0169) and the *Central American Peace Scholarship Program II/Belize* (Project No. 505-0047) that the aim of CLASP is to target 70 percent of the participant training slots for persons who are from socially and economically disadvantaged groups, *including the disabled*. However, it was not possible to verify this kind of emphasis in the documentation available.

Annex II
Select USAID Activities
Addressing the Needs of
Victims of War or Civil Strife

One major category of USAID intervention aimed at persons with disabilities involves assistance targeting the victims of war, usually including both combatants and civilians disabled as a direct result of the conflict. Assistance is provided either during the period of conflict or immediately thereafter. Often, but not always, this intervention provides an opportunity for the general disabled population to be treated, as well as the direct victims of the conflict.

I. Projects Addressing the Needs of Victims of War or Civil Strife

The mobilization of resources for the war-wounded during times of major conflict usually focuses on meeting the needs of amputees, i.e., the provision of prosthetics, physical rehabilitation, and related services. In recent years, USAID interventions to assist the war-wounded have occurred (or are currently underway) in Nicaragua and El Salvador in Latin America; in Mozambique, Uganda, and Liberia in Africa; in East Asia, in particular in Vietnam and Cambodia; and in Lebanon and Afghanistan. In several of these countries the Agency is operating a number of related activities, in some cases over many years. In several instances, USAID has been involved extensively in a number of related activities, not just providing rehabilitation services and prosthetics, but in establishing infrastructure to address the needs of the disabled.

For example, in El Salvador, USAID has provided assistance directly to meet the needs of amputees under the *Knights of Malta Prosthetic Devices Program* (Project No. 519-0342) and the *Strengthening of Rehabilitation Services Project* (Project No. 519-0346), as well as under the *Medical Referral Program* (Project No. 519-0343). Teleton Foundation Pro-Rehabilitation, the Salvadoran Institute for Rehabilitation of Invalids (ISRI), and eight of its rehabilitation centers received funding, equipment, and technical assistance under Project No. 519-0346 and the *Program and Development Support -- Health Project* (Project No. 519-0178) to support activities ranging from establishing community rehabilitation centers, to developing awareness campaigns, and increasing the production of prosthetics.

Under the Survival Assistance to Victims of Civil Strife in Central America (CASA) program to provide for the victims of the Nicaraguan civil war, the Honduran Rehabilitation Association (AHR) was established. USAID supported the export of prosthetic and orthotic devices under this activity and extended that support under the *Honduras -- Export Promotion Services Project* (Project No. 522-0207). A 1991 final report found that HRA not only works with the disabled, but it is one of the largest employers of disabled workers in Honduras.¹

A country-specific discussion of USAID interventions addressing the needs of individuals disabled as a result of war or civil strife follows. (See also Table A.)

Latin America and the Caribbean

Nicaragua

A large-scale effort to support the needs of disabled individuals in Nicaragua developed from the need to assist the victims of civil strife in that country. Public Law 100-276, which took effect April 1, 1988, provided \$47.9 million to USAID to support peace and democracy in Central America. This amount included \$17.7 million to aid children who were physically injured, orphaned, or displaced by the Nicaraguan civil strife.

In April 1988, USAID established the Task Force on Humanitarian Assistance in Central America to implement P.L. 100-276 assistance efforts. One program authorized under P.L. 100-276, *The Central American Reconciliation: Humanitarian Assistance Project* (Sub-Project No. 594-0000.02), was designed to provide humanitarian assistance in the form of food, clothing, shelter, medical supplies, and medical services to the Nicaraguan Resistance. The program was implemented through grants to U.S. PVOs, including:

Dooley Foundation/INTERMED-U.S.A. (DF/I) -- to provide medical and rehabilitation services to Nicaraguan Resistance combatants and their families. DF/I recruited medical teams, including therapists and dental specialists and provided supplies and equipment to support medical care at four facilities. One of those facilities was a convalescent center for cases requiring physical or psychiatric rehabilitation.

International Medical Corps -- to provide specialized medical services, including prosthetics, rehabilitation, and therapy to members of the Nicaraguan Resistance in Honduras and to the Yatama Indian resistance organization.

USAID's *Central American Reconciliation: Children's Survival Assistance Program* (Project No. 594-0003), also under the auspices of P.L. 100-276, provided medical care and other relief specifically for children under 17 years of age who were victims of Nicaraguan civil strife. Under this project, grants were provided to:

World Rehabilitation Fund (WRF) -- to provide prosthetic/orthotic devices and other rehabilitative services, including identifying and diagnosing cases, fabrication of devices and fitting, ambulation training, and adjustment counseling for patients and families.

National Association of Partners of the Americas (NAPA) -- to strengthen private institutional ability to provide health care and rehabilitative services through NAPA's network of clinics, dispensaries, and orphanages.

Pan American Development Foundation (PADF) -- to enable private Nicaraguan hospitals to provide surgical services.

Project HOPE -- to provide medical and other relief, including the establishment of health stations and the provision of medical supplies to other PVOs working at other private clinics.

Catholic Relief Services (CRS) -- to provide medicines and medical supplies to enable CRS health clinics to provide medical care.

Congress authorized a follow-on program under P.L. 101-215 to provide medical care and other relief to adults as well as children. The activities under 594-0003 were continued and expanded in 1990 under the newly Congressionally-mandated program, ***Survival Assistance to Victims of Civil Strife in Central America (CASA)***. Under this program, USAID made grants to:

Pan American Development Foundation (PADF) -- to upgrade the capacity of San Jose Hospital to provide surgical and intermediate care for noncombatant victims of the civil strife (Project No. 524-0303).

World Rehabilitation Fund -- to provide prosthetic and orthotic devices and other rehabilitation services to persons in Nicaragua who are noncombatant victims of the civil strife. Targeted outputs included identification and diagnosis, fabrication of and fitting assistance with artificial limbs and braces, physical training and assistance in ambulation, and self-care and support training for patients and relatives (Project No. 524-0302).

As activities were prohibited in Nicaragua, several programs were moved to Honduras in 1990 to aid noncombatant victims of the Nicaraguan strife under the auspices of the CASA program. Grants were made to:

World Rehabilitation Fund (1990) -- which established the Honduran Rehabilitation Association (HRA), a local NGO, to aid noncombatant victims of the Nicaraguan strife (Project No. 522-0380).

Pan American Development Foundation (1990) -- to provide orthopedic and reconstructive surgery to aid noncombatant victims of the Nicaraguan strife (Project No. 522-0379).

Also in 1990, a grant was provided to the **National Association of Partners of the Americas** to address the medical and psychological needs of 15,000 children orphaned by the war (Project No. 522-0305). Included under this activity were funds to supply child development toys and educational materials, and training for mental health professionals and orphanage staff in trauma identification and treatment, counseling, and recreational therapy.

El Salvador

In El Salvador, extensive USAID involvement with the disabled occurred, again, as a direct result of civil conflict. A two-year operating program grant was made to the El Salvadoran Association of the Knights of Malta (ANESOM) for the ***Knights of Malta Prosthetic Devices Program*** (Project No. 519-0342) in 1987. The grant was made to ANESOM to conduct a "crash" program to fit approximately 500 civilian lower-limb amputees with a pre-fabricated, modular, temporary prosthesis, know as the Third World Leg.

In 1987, the Teleton Foundation Pro-Rehabilitation (FUNTER) received a six-year operating program grant under the ***Strengthening of Rehabilitation Services Project*** (Project No. 519-0346) to establish and support private and public rehabilitation services for the disabled, especially amputees, in El Salvador. The main activities of this project included: (1) construction and operationalization of a privately operated prosthetic manufacturing workshop;

(2) strengthening the rehabilitation, educational and vocational training courses offered by eight centers of the Salvadoran Institute for Rehabilitation of Invalids (ISRI) for the physically, sensorially, and mentally disabled; and (3) an awareness campaign to improve the image of the handicapped in Salvadoran society.

Also in 1987, a one-year operating program grant was awarded under the ***Medical Referral Program*** (Project No. 519-0343) to Project HOPE to develop a program to refer Salvadoran civilians injured in the civil war, especially children, for free treatment in U.S. hospitals. The project specifically targeted victims of landmine explosions, other war-related victims, and severe burn cases. Project HOPE worked in coordination with the Salvadoran Ministry of Health, the Human Rights Commission, ISRI, and the Teleton Foundation Pro-Rehabilitation, as well as the temporary prosthetic project under ***Program and Development Support -- Health*** (Project No. 519-0178, which lasted from 1976-1988). Under the Program and Development Support Health project, a grant was provided to enable ISRI to purchase the equipment and technical assistance needed to expand production at its prosthetics workshop and to better equip its Department of Physical Therapy, Occupational Rehabilitation, and Vocational Rehabilitation.

In 1992, \$166 million in new funds was budgeted for the ***Peace and National Recovery Project*** (Project No. 519-0394), and another \$50 million increase was made in a 1993 amendment. This project represents a major integrated effort by USAID to promote peace and stability and to begin the process of national rehabilitation once a conflict has ended; as such it may have more in common with the African “demobilization/reintegration” projects discussed in the next section. The thrust of the project is not necessarily directed at the disabled, but at all victims of the conflict, both civilian and combatant. Disabled persons benefit from the overall efforts to normalize the country and through specific programs aimed at those populations. The project has five components: (1) immediate relief in the conflictive zones; (2) assistance to ex-combatants; (3) social and economic reactivation in the conflictive zones; (4) land transfer; and (5) the restoration of the public service infrastructure. Specific programs include: support to war wounded, TA for surgical procedures, prosthetic devices, treatment for post-war traumatic disorders, as well as campaigns to educate the public in identifying landmines; landmine removal; and activities important in the prevention of disabling injuries.

The USAID Mission in El Salvador has been involved with providing prosthetics and reconstructive surgery for victims of the civil war for a number of years. In 1994, together with the War Victims’ Fund, the Mission planned a new project, the ***War Victims Project*** (Project No. 519-0419). This project provided for a large grant to one organization (World Rehabilitation Fund won the competition), which then makes smaller grants to local groups providing rehabilitation services that include surgery, prosthetics and orthotics, and vocational rehabilitation.

Africa

Mozambique

Starting in 1989, USAID began to undertake the ***Prosthetics Assistance Project*** (Project No. 656-0215) in Mozambique to strengthen that country's capacity to treat and rehabilitate civilian war victims through support in the areas of planning, prosthetic production, health worker training, clinical treatment, income generation activities, and access to services. The project was implemented by the Ministry of Health, various PVOs, and a local NGO, the Mozambican Association of the Disabled. Funding was received from USAID's centrally-funded War Victims' Fund. Under this activity subgrants were provided to:

International Committee of the Red Cross (ICRC) -- to support its prosthetic rehabilitation and prosthesis production programs and to provide training.

Handicap International (HI) -- for its rehabilitation centers in three areas and to provide training for physical therapist assistants and basic level orthopedic technicians. HI also runs orthopedic workshops, hostels, and vocational training centers at five sites.

Health Volunteers Overseas -- received a sub-grant to provide long- and short-term services of orthopedic surgeons, physicians, prosthetists/orthotists, and physical therapists and to provide training.

Save the Children Federation -- implemented an activity to construct transit centers (hostels) to accommodate persons awaiting and receiving treatment.

Mozambican Association of the Disabled (ADEMO) -- developed written materials on handicap laws, and booklets to assist the disabled in their pursuit of equal rights employment, education, and training; and supported income generating activities, which provided modest resources and employment for the disabled.

The Mission also used funds under this activity to plan, coordinate, and run an inter-ministerial and PVO rehabilitation committee, conduct surveys, and hire Mission project managers and technical experts.

Save the Children Federation received a grant in 1989 to establish a nationwide documentation, tracing, and reunification program for displaced and unaccompanied children in Mozambique under the ***Assistance for Traumatized Orphans Project*** (Project No. 656-0210). These activities were continued under the ***Mozambique: PVO Support Project*** (Project No. 656-0217) when Save the Children Federation received a grant to expand its Children of War Family Tracing Program to neighboring countries; to initiate a pilot intervention and enrichment program for traumatized children; and to replicate these activities in Zimbabwe.

Uganda

Between 1989 and 1996, Health Volunteers Overseas and the British Red Cross implemented the ***Physical Rehabilitation for the Disabled Project*** (Project No. 617-0121) to provide technical assistance in the manufacture of artificial limbs and braces for those injured during the civil war and by polio. Funding was provided under the War Victims' Fund. The British

Red Cross renovated a building to be used as a hostel for patients coming to town for treatment (which is maintained by the Uganda Red Cross), and also provided training for prosthetic and orthotic technicians. The project provided assistance to surgeons from Health Volunteers Overseas and included renovation of a guest house where the Health Volunteers Overseas surgeons could stay while on duty in Uganda; trained medical students, prosthetists, and orthotists; established a post graduate program in orthopedic surgery; rebuilt a destroyed orthopedic workshop in rural Uganda; and renovated and equipped an orthopedic operating theater in Kampala. The project also provided reference books to the medical school at the main university in Uganda.

Liberia

UNICEF received two grants from USAID/Monrovia at the end of FY 1994 to provide support to war-affected youth and to children and others physically disabled during the conflict. Project implementation was delayed for most of 1995 due to security concerns. In the *Rehabilitation of War Victims in Liberia* (Project No. 669-0217), UNICEF expects that in 1996, two orthopedic workshops will be built and equipped, ten orthopedic technicians will receive short-term training, and 90 community-based rehabilitation personnel will be trained. Under the *War Affected Youth Support Project* (Project No. 669-0218), UNICEF hopes to have ten project sites operational by the end of 1996. Funds were provided by the War Victims' and Displaced Children and Orphans Funds.

Ethiopia

Under the *Humanitarian Prosthetics Project* (Project No. 663-0001) between 1991 and 1994, USAID facilitated the reintegration of civilians who had been injured as a result of the civil war through the funding of medical and other related assistance, including the provision of prostheses and vocational rehabilitation and training. The project outputs included the renovation and equipping of orthopedic wards and operating theaters in the Addis Ababa University teaching hospital; establishment of the Prosthetic/Orthotic Center, a prosthetic component manufacturing unit, which now exports components throughout the region; and orthopedic training. Funding came under the War Victims' Fund with specific grants to:

Handicap International -- support for rehabilitation and orthotic services for disabled persons, mainly refugees from Somalia.

International Committee of the Red Cross -- to increase production of leg prostheses at four workshops and to allow the opening of a fifth workshop.

Medecins du Monde -- including among other things, to bring specialists in maxillo-facial, orthopedic, and plastic surgery; to renovate orthopedic wards and surgical facilities; and to improve teaching in the Department of Orthopedic Surgery at the Medical School.

The *Orphans Assistance Project* (Project No. 663-0002), funded under the Displaced Children and Orphan's Fund, was implemented between 1990 and 1995 by an indigenous NGO, Christian Relief and Development Association, to provide resources for longer term assistance to displaced, orphaned, and unaccompanied children for reunification, transition to

community-based homes, and/or institutional support. Along with financing a number of income-generating projects, this activity supported the expansion of an orthopedic workshop and mobile programs for the treatment of children with polio.

No information exists on DIS for the *Emergency Assistance for the Reintegration and Rehabilitation of Former Government Soldiers Project* (Project No. 986-1007.0093-01).

Asia and the Near East

Asia Regional

For the years 1990 and 1991, a grant was provided under the War Victims' Fund to World Vision Relief and Development for the Asia/Near East Regional *Laos Prosthetics/Rehabilitation Project* (Project No. 398-0370). The project's focus was to provide prosthetic and rehabilitative services to persons maimed through war-related injuries. Activities focussed on training doctors and opening rehabilitative clinics. Also intended under this activity were vocational training of the handicapped and development, production, and dissemination of materials to inform individuals about the dangers of unexploded bombs and landmines.

As a follow-on to the Laos Prosthetic/Rehabilitation Project, in 1992, USAID initiated the A/PRE Regional *Asia Regional Rehabilitation and Prosthetics Project* (Project No. 499-0014) to provide medical and related assistance, including prostheses and vocational rehabilitation and training, for civilian victims of war in Southeast Asia. Although the Agency's Development Information System (DIS) indicates a SE Asia regional focus, the database only contains details of grants made to two organizations working in Vietnam:

Prosthetic Research Foundation -- to expand the prosthetic services provided at its clinic in Hanoi, Vietnam;

World Vision Relief and Development -- to expand its comprehensive rehabilitative services in Vietnam focussing on outreach, prosthetics production, and training. WVRD operates in four government rehabilitation centers, reaching some 20 provinces, or about half of Vietnam's estimated 4 million handicapped adults. Project will extend rehabilitative services by establishing community-based rehabilitation centers.

The East Asia Regional *Rehabilitation and Prosthetics Project* (Project No. 410-0002), a follow-on to the 1991 Asia Regional *Rehabilitation and Prosthetics Project* (Project No. 499-0014), between 1992 and 1996 was to provide prosthetic devices and rehabilitation services to persons injured due to civil strife and warfare in Vietnam, Cambodia, and Laos. The project consisted of four grants:

Health Volunteers Overseas (HVO) -- focusing on the medical and surgical aspects of rehabilitation, HVO worked to improve the quality of rehabilitation services and care at the provincial level by strengthening the skills of faculty members at medical, nursing, and physical therapy schools around the country, and by encouraging the development of institutional relationships between U.S. schools and Vietnamese counterparts.

World Rehabilitation Fund (WRF)/Vietnam Assistance for the Handicapped (VNAH) -- to improve the capacity of the Can Tho Orthopedic Center in Vietnam.

Vietnam Veterans of America Foundation -- to establish a prosthetic clinic; training of prosthetic technicians and wheelchair manufacturers; conduct vocational training in fish farming for the disabled in Cambodia.

World Vision Relief and Development -- to expand its ongoing program to help amputees and their families to improve their quality of life in Laos.

Additional activities funded may include:

Prosthetic Research Foundation -- to set up the first computerized prosthetic workshop in a developing country in Hanoi; funds to purchase component parts; perform outreach programs so that people outside Hanoi have access to limbs.

Vietnam Veterans of America -- to introduce the use of modern techniques of brace making at a teaching hospital in Hanoi.

World Vision Relief and Development -- to allow WVRD to work with three orthopedic centers in Vietnam, establish outreach programs, and begin a program of training and general improvements so as to increase prosthetic production.

Funding for 499-0014 and 410-0002 came from the USAID's centrally-funded War Victims' Fund.

Republic of South Vietnam

From 1967 until 1976, USAID funded the **National Rehabilitation Institute Project** (Project No. 730-0351) to provide assistance to Vietnam's National Rehabilitation Institute to improve rehabilitation services for severely disabled veterans and non-veterans. The World Rehabilitation Fund assisted in the project implementation.

The **Public Health Technical Support Project** (Project No. 730-0375) was a series of technical support projects which ran between 1967 and 1975. Part of the project provided funding for additional technical advice to the National Rehabilitation Institute, its branches and provincial centers, and paraplegic center; continuation of monitoring of construction and equipping of ten satellite provincial hospital rehabilitation centers; and provided a coordinator of handicapped children activity.

Between 1970 and 1976, USAID provided assistance to the **National Center for Plastic and Reconstructive Surgery** (Project No. 730-0403) established by Children's Medical Relief International at the Cho Ray Hospital in Saigon to broaden and expand its services. This project originated under 730-0347.

The **Child Care Project** (Project No. 730-0417) between 1974 and 1976 assisted Vietnamese families to care for their children and, where possible, supported orphanages, adoption and related child care services. There was additional project emphasis on strengthening the institutional capability of the Government of Vietnam Ministries of Health and Social Welfare, and in particular GVN's general childcare, handicapped children, and orphans programs.

For ten years beginning in 1966, the *War Victims Relief and Rehabilitation Project* (Project No. 730-0307) project was to help provide emergency relief to refugees and war victims in South Vietnam, especially in priority areas and in areas where South Vietnam's Ministry of Health, Social Welfare, and Relief (MHSWR) had insufficient resources.

The International Committee of the Red Cross (ICRC) received grants in 1973 and 1975 under the Asia Regional *ICRC Indochina Operational Group* (Project No. 498-0245) to provide emergency relief and assistance to refugees, displaced persons, and other war victims in Vietnam, Laos, and Khmer Republic.

Between 1992 and 1995, the East Asia Regional *Assistance to Displaced Children and Orphans in Vietnam* (Project No. 410-0001) project aimed to meet the humanitarian needs of displaced children in Vietnam, i.e., children living, or at risk of living, outside of permanent family care, including street children, orphans, and handicapped children, living in or at risk of living in institutions. With funding from the Displaced Children and Orphans' Fund, the project supported the work of U.S. PVOs:

World Vision Relief and Development -- to fund social, educational, and vocational programs for displaced children.

Holt International Children's Services -- to provide child care and support for rehabilitation centers, orphanages, and the National Pediatric Burn Center.

World Concern and East Meets West Center -- to provide vocational training.

Health Education Volunteers

Cambodia

The *Assistance for Children and Civilian Victims of War Project* (Project No. 442-0102) is an umbrella project, begun in 1990 to provide grants to international relief agencies and U.S. PVOs to undertake projects to provide assistance to children and civilian victims of war in Cambodia. Among the grants provided under this project were:

CARE -- for the Bakan Integrated Rehabilitation and Child health project addressing the health, nutrition, and rehabilitation needs of children and civilian victims of Cambodia's civil war in the Bakan District. Regarding rehabilitation services, CARE in conjunction with the Hilton/Perkins International Program will work with communities and their disabled members to facilitate the integration of the disabled into, and their acceptance by, society.

American Red Cross -- to increase the provision of prostheses and related medical services to amputees.

United Nations Children's Fund (UNICEF) -- to support the expanded program of immunization and improve conditions for disabled and orphaned or abandoned children. Under this activity UNICEF will first assess the condition of physically disabled children and those suffering from psychological trauma as a result of armed conflict. UNICEF will also provide rehabilitative services, as well as conduct an awareness campaign highlighting among parents, the community, and policy-makers the special needs of disabled children.

International Catholic Migration Commission -- to provide basic and vocational education and other assistance, i.e., childcare, counseling, and credit, to widows and other female war victims.

Vietnam Veterans of America Foundation began a project in Phnom Penh that assisted people with multiple disabilities and their families to find housing and work, and made artificial limbs using the Jaipur prosthetic technique from India. In 1992, the War Victims' Fund began supporting the project, ***Cambodia PVO Co-Financing Project*** (Project No. 442-0112), which allowed VVAF to train more prosthetic technicians, expand prosthetic production, and begin the only workshop in Cambodia that makes wheelchairs.

Lebanon

Beginning in 1991 (and extended until 12/96), a \$2.2 million grant was made under the War Victims' Fund to the World Rehabilitation Fund for a comprehensive program to upgrade prosthetic and orthotic services for civilian victims of civil strife in Lebanon (***Prosthetic and Orthotic Services***, Project No. 268-0350). Major focus activities included professional training, service and product upgrading, development of professional standards, and integration of prosthesis/orthotics with other rehabilitative services. Specific activities will include: establishment of a two-year prosthetic and orthotic professional technologist training program at the American University of Beirut; support the development of a national reference library on rehabilitation; provide equipment and supplies to non-profit service providers, and increase the professional networking of practitioners in these areas.²

Beginning in 1993, under the ***Lebanon Relief and Redevelopment Project*** (Project No. 268-0360), World Rehabilitation Fund was funded to continue and expand efforts begun under Project No. 268-0342 to provide emergency rehabilitative services to persons injured in the civil war. One sub-project has supported vocational training, special education, mainstreaming, management of rehabilitation institutions and services, social integration of the disabled, and continuing education and awareness-raising activities. These activities specifically included: (1) special training courses at Lebanon's three universities, as well as special short-term seminars, to enhance the rehabilitative skills of health and education professionals; (2) provision of equipment and TA to over 80 rehabilitative organizations; (3) expansion of the four existing Community-Based Rehabilitation Services projects which train disabled persons and/or their families to administer rehabilitative treatment in the home, and initiate four more; (4) continuation of activities of the Resource Unit for Mental Health of Children, which designs community programs for children with severe emotional problems associated with the war. This project has helped to catalyze the formation of the Lebanese Committee for Learning Disorders and the National Committee for Children with Special Needs.

The World Rehabilitation Fund also received funding to improve orphan care in Lebanon under the Displaced Children and Orphan's Fund. WRF was tasked with helping to (1) develop a national policy and administrative structures for orphan care; and (2) develop and upgrade services for orphans. As part of its efforts to upgrade services for orphans, WRF

will coordinate this activity with other WRF programs to provide disabled orphans with rehabilitative services and help children with learning disabilities.

The **Lebanon Relief Assistance Project** (Project No. 268-0342), between 1984 and 1993, supported emergency relief efforts in Lebanon under three programs: (1) International Committee for the Red Cross to provide medicines and health care; (2) U.N. Secretary General, Lebanon Relief Assistance under the United Nations Trust Fund to provide food and clothing; and (3) additional assistance to displaced persons by other organizations and other PVOs.

Under the third program, grants were provided to several organizations, including the World Rehabilitation Fund which received funding to provide emergency rehabilitative services to persons injured in the war.

In 1978, a one-year grant was provided to the Government of Lebanon to administer rehabilitation treatment to civil war amputees under the **El Kafa'at Prosthetist Training Course Project** (Project No. 268-0301). Under the project two Arabic-speaking instructors were provided to the Shwayri Rehabilitation Institute in El Kafa'at to conduct a one-year training course for ten Lebanese from the six major rehabilitation facilities in the country.

A ten-year grant was provided to the Government of Lebanon in 1978 to restore health services disrupted by Lebanon's civil war under the **Health Sector Rehabilitation Project** (Project No. 268-0305). Under this activity, a vocational rehabilitation sub-project was to be implemented by the Ministry of Labor and Social Affairs (MOLSA). A 1983 amendment provided additional funds, including an operating program grant to the World Rehabilitation Fund for the construction of three rehabilitation centers and to equip three others. A national plan for the reconstruction and resupply of rehabilitation centers, and training for rehabilitation personnel were also slated for development under this activity.³

In 1979, a seven-year grant was provided to the Government of Lebanon under the **Reconstruction and Rehabilitation Project** (Project No. 268-0313). The project originally aimed to provide support to the Government of Lebanon through the involvement of Catholic Relief Services and other Catholic organizations in order to strengthen governmental capabilities and increase access to professional health, educational, and social welfare services which had been drastically reduced by the 1975-1976 civil war. One area of priority assistance was going to be the reparation of damaged social welfare institutions and related equipment, and assistance to those institutions which provided increased care to Lebanese war victims.

Afghanistan

Under USAID's **Afghan Humanitarian Relief Project** (Project No. 306-0206) assistance was provided for air- and sea-lifts of humanitarian supplies and evacuation of war-wounded for treatment in 16 other countries.

The American National Red Cross contributed \$200,000 in 1993-1994 from money received under the War Victims' Fund for renovations in Jalalabad Hospital, the primary sources of orthopedic surgery and care for landmine victims in eastern Afghanistan. Four hundred twenty thousand dollars from the War Victims' Fund was also provided to Handicap International between 1990 and 1992 to establish four prosthetic rehabilitation centers attached to NGO hospitals. The grant provided funds for construction, equipment and supplies, and staff training for each of the centers.

II. War Victims' and Displaced Children and Orphans Funds

Congress initiated and USAID established in 1989 the War Victims' and Displaced Children and Orphans' Funds. Both Funds are managed from Washington, under the centrally-funded *Health Resources Support II Project* (Sub-Project No. 936-6004.50). There is one direct hire manager who works in the Environmental Health section of the Office of Population, Health, and Nutrition. The manager works with USAID Missions, other USAID offices, and the State Department for countries in which USAID does not maintain a USAID Mission to develop and implement projects. Funds are usually transferred to a country or regional Mission which writes the grant agreements and manages the projects.

The War Victims' Fund, initiated by Congress and established by USAID in 1989, annually receives \$5 million in earmarked funds, used to respond to the needs of civilians injured by war and civil strife in countries around the world. The program has emphasized provision of artificial limbs to civilian victims of civil strife as per Congressional legislation. However, legislation was expanded in 1991 to allow, in certain circumstances, funding for comprehensive programs of medical, physical, and vocational rehabilitation. Funds may also be used to design and evaluate programs. Whenever possible, support has been directed to expansion, improvement, and sustainability of existing programs, rather than initiating new ones.

Between 1989 and 1995, the War Victims' Fund has supported activities in 14 countries, totalling more than \$35 million. Total funding for a country ranges from over \$7 million for both Mozambique and Vietnam, to \$120,000 for Mali. Ethiopia, Laos, Lebanon, and Uganda have all received between \$2 and \$4 million each. El Salvador and Cambodia received slightly under \$2 million each. At least 20,000 limbs are made and fitted over an average twelve-month period. In addition, thousands of medical professionals and technicians have received training.

As noted, the War Victims' Fund has primarily emphasized provision of artificial limbs and the requisite rehabilitation services to amputees. In addition, the Fund has provided assistance in the form of reconstructive surgery for women who were raped and mutilated during the civil war in Soviet Georgia. The Fund has supported small, income-generating projects, i.e. a "cattle bank" and growing produce for urban sale, in rural areas in Laos. In Liberia, the Fund provided more than \$1 million to UNICEF to help the Benedict Menni Rehabilitation Center

for Children in Monrovia and the Ganta Methodist Hospital to provide mainly prosthetics and orthotics through the provision of training and equipment.

USAID's Displaced Children and Orphans' Fund was established by Congress in 1988 to provide direct humanitarian assistance for orphans and other children displaced by natural or man-made disasters. Since 1993, \$10 million has been appropriated each year for this Fund. Over the years, the Fund has broadened its focus and now targets three categories of children: unaccompanied children affected by war, street children, and children orphaned as a result of HIV/AIDS. The poverty, isolation, and trauma these children endure are not without their disabling effects.

Programs funded include the provision of health, education, and vocational training, legal and psychological counseling, and the strengthening and enforcement of policies and legislation protecting children's rights. In recent years, a significant area of assistance has been in the documentation, tracing, and re-unification of unaccompanied children in Angola, Liberia, Rwanda, Mozambique, and the former Yugoslavia.

Between 1989 and 1995, approximately \$40 million has been provided to programs in more than 25 countries. The largest recipients include Mozambique (\$7 million), Vietnam (\$6 million), Guatemala (\$3.8 million), and Brazil, Angola, and Uganda \$3 million each.

III. Demobilization/Reintegration Activities

This category of USAID intervention refers specifically to programs aimed at demobilizing and reintegrating soldiers back into the civilian community after a period of major conflict. There seems to be a recent trend toward large demobilization and reintegration projects, particularly in Africa. This differs from activities already described, in that they are directed specifically to the disabled.

Demobilization/Reintegration projects appear to target ex-combatants in general, and some have components targeting the war-wounded. This distinction gets somewhat blurred when trying to understand the Latin American experience, where funding is provided for programs both for civilians and for recent ex-combatants. In Nicaragua, the *Central American Reconciliation: Children's Survival Assistance Program* (Project No. 594-0003) and the programs under the *Survival Assistance to Victims of Civil Strife in Central America* (Project Nos. 524-0304, 524-0303, 522-0380, and 522-0379) were targeted to noncombatants. On the other hand, the *Central American Reconciliation: Humanitarian Assistance Project* (594-0000.02) specifically targeted the Nicaraguan Resistance. In El Salvador, there are also some projects targeting non-combatants, and others targeting ex-combatants. Further complicating the picture is the reality that in times of conflict, or immediately thereafter, it may not be possible to distinguish between non-combatants and combatants (or ex-combatants).

In Africa, USAID has, or is implementing, demobilization and reintegration projects in several countries, most notably the *Mozambique Demobilization/Reintegration Support Project* (Project No. 656-0235) and the *Uganda Demobilization and Reintegration Project* (Project No. 617-0135). However, there is scant information available in the USAID DIS on these African activities, therefore it is hard to determine how much of the activity was directed toward the disabled.

In a report prepared by Creative Associates from a January 1995 USAID-sponsored workshop, *Other Country Experiences in Demobilization and Reintegration of Ex-Combatants*, the author notes that programs benefitting the disabled have occurred in Ethiopia, Mozambique, Namibia, Uganda, and Zimbabwe, as well as in Nicaragua and El Salvador. However, only in the case of the two Latin American programs is USAID listed as a donor.

End Notes

- . U.S. Agency for International Development. *Project Assistance Completion Report: World Rehabilitation Fund Project (Part of the Central American Survivor's Assistance [CASA] Project)*. Washington, DC: USAID. 1994. (PD-ABL-068)
- . No evaluations appear on DIS.
- . No evaluations of this activity appear on DIS, only some early Progress/Interim Reports, so it is hard to know how successful the project was in fulfilling its target goals.

Annex III
Select USAID Activities
Addressing the Needs of People with Disabilities
in the General Population

The U.S. Agency for International Development has implemented a large number of projects in many countries and regions which directly support the needs of specific disabled populations. The activities are scattered over time and place.

Conceptually, interventions to address the needs of the disabled in the general population can be divided into three broad areas of USAID involvement: (1.) projects which seek to develop the capacity of countries to provide services for the disabled; (2.) projects providing for the immediate needs of specific disabled populations; (3.) projects designed to provide vocational education or training to special needs populations; (4.) income generation activities; and (5.) research.

I. Strengthening the Rehabilitation Infrastructure

This category of USAID intervention includes those activities: (a) directed at strengthening the institutional capacity of U.S. PVOs and/or local NGOs to assist disabled persons; (b) grants, commodities, or technical assistance provided to rehabilitation centers or hospitals themselves; or (c) activities directed toward upgrading a rehabilitation system.

A. Strengthening the institutional capacity of PVOs/NGOs to assist disabled populations

Assistance to strengthen the capacity of PVOs/NGOs has been provided through two mechanisms: (1) institutional strengthening grants and (2) PVO umbrella or co-financing projects.

(1) Institutional Strengthening Grants

- (a) Over the years several large U.S. PVOs received grants from USAID to increase their internal capacity to provide assistance to disabled persons and to implement specific programs. Major recipients of institutional strengthening grants include: Goodwill Industries of America, Helen Keller International, and the International Eye Foundation. A description of grants received and activities undertaken by these organizations can be found in Annex IV and Table B. A more comprehensive list of organizations receiving USAID funding for projects addressing the needs of the disabled is included as Annex VI.
- (b) As is the case across USAID activities, institutional or development grants directed to U.S. PVOs include significant institutional strengthening components for local NGOs.

For example, the 1986 matching grant to Goodwill Industries of America (Project No. 938-0277) was aimed in part at strengthening the institutional capacity of three regional vocational rehabilitation associations in Africa, the Caribbean, and Latin America, which Goodwill Industries, itself, helped to start up.

- (c) USAID assistance has also been provided directly to local NGOs to strengthen their ability to serve disabled persons. The Honduran Foundation for the Rehabilitation and Integration of the Handicapped (FUHRIL), a Honduran umbrella PVO, received a two-year grant (1985-1986) under the *FUHRIL Institutional Strengthening Project* (Project No. 522-0305) to strengthen its capacity to provide rehabilitation and employment services to the handicapped; to conduct public awareness campaigns; and to strengthen its funding base.

The El Salvadoran NGO, Teleton Foundation Pro-Rehabilitation (FUNTER) received a six-year operating program grant under **Strengthening of Rehabilitation Services Project** (Project No. 519-0346) to establish and support public and private rehabilitation services.

(2) PVO umbrella or co-financing projects

Funding to support the work of U.S. PVOs and local NGOs has also been provided through large PVO umbrella or co-financing projects. These projects seek to increase the capacity of indigenous organizations to participate in and to direct their own development. These kinds of activities may represent a mechanism which could easily target organizations representing the disabled. The centrally-located Development Information System (DIS) tends not to capture all of the sub-projects funded out of these large projects, so again it is hard to know how often organizations representing the disabled benefit under these kinds of projects. A few examples follow.

PVO Co-Financing Projects

Under the Thailand *PVO Co-Financing II: Strengthening Participatory Institutions and Resources in Thailand Project* (Project No. 493-0342) a \$449,000 grant was made to Helen Keller International to strengthen and expand educational and vocational services for the blind.

Under both the *Cambodia -- PVO Co-Financing Project* (Project No. 442-0112) and the *Cambodia -- PVO Co-Financing II Project* (Project No. 442-0120) USAID funded prosthetic and medical rehabilitation services. See project description in Annex II and Table A.

Under the Sri Lankan *PVO Co-Financing II Project* (Project No. 383-0101) the Colombo Friend-in-Need Society received a grant to increase production of artificial limbs at its four workshops. Under this same activity, *Terre des Hommes* received \$250,000 to identify unaccompanied children in displaced persons camps and provide emergency medical care and food. Under this project the children are placed in children's homes where they receive

vocational training in a home-style environment. When the children are 18 they leave the home and receive assistance in identifying work.

In 1991 and 1994 \$284,875 was awarded to Helen Keller International through ***Philippine: PVO Co-Financing II and III***, to provide local NGOs with TA on Vitamin A blindness prevention. HKI also received funding under contract with CARE, financed under PL-480 monetization.

Under ***PVO Co-Financing III***, \$325,000 was provided to Microlink, a Philippine NGO, for assisting the disabled and other disadvantaged groups in establishing small and micro enterprises, focusing on handicraft production. Microlink also received a start-up grant of \$50,000 from USAID in 1986.

PVO/NGO Umbrella Projects

Funded within the Asia Regional **Private and Voluntary Organizations Project** (Project No. 498-0251) was the Comprehensive Rehabilitation for the Disabled and Blind activity in Nepal. In the early 1980s, USAID provided assistance to the Nepal Disabled and Blind Association for the transformation of the Kagendra New Life Center from a custodial to a rehabilitative center. Project activities focused on improving the Center's general and vocational education programs as well as upgrading its medical rehabilitation program, which included the addition of a prosthetic/orthotic production unit and a physiotherapy unit and the provision of staff training.

In May 1992, under the ***New Independent States Special Initiatives Project*** (Project No. 110-0001), World Learning received a \$25,200,000 grant from USAID to conduct a partnership grants program through December, 1996. The grants program links local NGOs with U.S. PVOs through 46 partnerships with the aim of enhancing the capabilities of the Russian indigenous organizations. Through the umbrella grant to World Learning, USAID provides support to a number of projects that contribute to the institutional development of organizations that provide services to people with special needs. Eleven partnerships which fall within a broad classification of disabilities are described below (the U.S. PVO first, the local NGO second).

Access Exchange International/Moscow Charity House -- to develop outside access for low-income, disabled persons and the frail elderly in Moscow. This program also includes a transportation support network, including alternative systems in the form of special vehicle.

Center for Attitudinal Healing/Center for Psychological Support -- to offer training to hospitals and voluntary organizations to develop the skills to provide emotional support to people with chronic and life-threatening illness and disabilities, and to their families.

The Fountain House/The Human Soul Foundation -- to establish a network of Clubhouse programs for the rehabilitation of severely and persistently mentally ill citizens.

Goodwill Industries of America/Local Goodwills in Moscow, St. Petersburg, and Rybinsk -- to establish self-sustaining, donated goods retail facilities through which vocational rehabilitation programs will be carried out.

International Research & Exchange Board/Center for Curative Pedagogics -- to create a computer communications network among NGOs which work with children's health care and disabilities.

Operation Smile International/Operation Smile St. Petersburg and Moscow -- to establish private volunteer medical services organizations that will provide safe reconstructive surgery.

Project Harmony/Palace of Youth and Creativity, Petrozavodsk -- focus on the establishment of a permanent resource and training center and on organizing an educational and training program which will serve the needs of disabled children's organizations.

Wheeled Mobility Center, San Francisco State University Foundation/Novosibirsk Regional Sports Club "Finist" -- to establish a series of privately-owned wheelchair building enterprises.

World Institute on Disability/All Russian Society of the Disabled -- to develop the network and community base throughout Russia of the All-Russian Society for the Disabled (ARSD) and to strengthen the overall institutional capacity of ARSD by providing management and advocacy training of the emerging disabled leaders. ARSD translated, edited, and published 15,000 copies of the Russian edition of *Disabled Village Children*. A second grant to WID went to improving the business and communication capabilities of the for-profit businesses linked to the All-Russian Society for the Disabled. This activity involves training seminars and establishment of a communication network between disabled-owned and staffed businesses with ARSD's central and regional offices.

International Rescue Committee/Compassion Center -- to establish a medical support structure to provide health care to ex-prisoners of conscience and other victims of persecution and their families.

Salvation Army World Service Office/Salvation Army of Russia and Moscow Charity House -- to establish a network of services for the elderly.

The Eastern and Central Europe *Private Sector Humanitarian Initiatives Project* (Project No. 180-0032) was designed to support NGO/PVO humanitarian and development initiatives in Eastern and Central Europe. Under this project grants were provided to a number of PVOs/NGOs including:

Project Concern International -- to develop local capacity in Romania to care for orphaned children, decrease the number of children incorrectly placed in institutions, provide specialized medical care, and manage 17 institutions for the severely handicapped.

Operation Smile -- to support a two-year program to provide reconstructive surgery and related health care to deformed and disfigured children in Romanian institutions.

Feed the Children -- Larry Jones International Ministries -- to improve living conditions and care in five institutions for the disabled in Romania.

American Jewish Joint Distribution Committee -- to improve social services for the elderly and handicapped in Hungary and Czechoslovakia.

Polish American Congress Charitable Foundation -- to upgrade and renovate rehabilitation centers and homes for disabled children and adults (including the elderly) in Poland, which will also include provision of equipment and medicine for the facilities and the development and distribution of literature on the needs of the disabled.

International Eye Foundation -- to support a program for blindness prevention and public eye health in Bulgaria, including the establishment of the Center for Sight, which provides out-patient ophthalmologic care and surgical services, and training.

World Vision Romania -- for the Handicapped Services Project in Romania.

World Vision Relief and Development -- in 1991 to expand its existing programs in Romania by (1) establishing three institutions as model comprehensive health, social and rehabilitative service programs for handicapped children and adults; (2) provide comprehensive care to 5,000 handicapped persons; (3) establish alternatives to institutional care; (4) develop locally appropriate training materials for personnel working with the disabled; (5) training; (6) establish professional societies and linkages with U.S. counterparts.

Delphi Research Associates -- to develop the capacity of community self-help organizations in Poland to provide social services to vulnerable groups, including the provision of grants to local groups for pilot activities addressing the needs of the elderly, the handicapped, and disadvantaged children.

Brother's Brother Foundation -- to improve the level of care for disadvantaged persons in Hungary and Romania.

B. Upgrading Rehabilitation Centers or Hospitals

In some cases, USAID provided assistance in the form of grants, technical assistance, or commodities, directly to institutions serving various disabled populations.

Several activities to upgrade rehabilitation centers were supported through the centrally-funded **American Hospitals and Schools Abroad** program:

- Mt. David's Crippled Children's Hospital received a nine-year grant beginning in 1977 to provide the facilities, equipment, and personnel needed to expand its services. The hospital is a private institution supported by the Holy Land Christian Mission and provides free treatment for poor children who have orthopedic disabilities. The grant will support the establishment of two satellite clinics as well as a home visit physiotherapy service (Project No. 298-0144); this same hospital benefitted again when a 1979 grant was provided to Holy Land Christian Mission to support the Mt. David Crippled Children's Hospital and allow it to be able to expand its services (Project No. 913-0286).
- a grant was made to the American Bureau for Medical Aid to China to assist the Cheng Hsin Rehabilitation Center, Taiwan. The center provides corrective surgery, prostheses, physiotherapy, and occupational therapy for handicapped children (Project No. 913-0235).
- a grant was made to the Medical Benevolence Foundation to support the Presbyterian Medical Center at Jeonju, Korea. The grant was used to procure medical equipment, including equipment for physical therapy (Project No. 913-0242).

Several projects were undertaken in Grenada, following the 1983 U.S. intervention. Under the 1984-1986 **Relief and Reconstruction Project** (Project No. 543-0010.01) the Richmond

Hill Mental Hospital was rehabilitated as an interim measure until a 26-bed acute psychiatric unit and an 80-bed facility for longer-term care were completed. Technical assistance for the improvement of community mental health services and associated on-the-job training were also provided, including in areas such as psychiatry, psychiatric supervision, psychiatric nursing education, and therapeutic activities.

The 1991 GAO, *Foreign Assistance: Assistance to Disabled Persons in Developing Countries*, cited earlier, noted that \$3.4 million was provided under an Egyptian commodity import program for orthopedic and prosthetic equipment.

C. Upgrading a Rehabilitation System

In several instances USAID provided assistance on a broad front in order to strengthen the rehabilitation infrastructure of a particular country. This appears most clearly in the cases of multiple interventions in El Salvador and Nicaragua. This kind of intervention occurred on a different scale in other countries as well.

Ecuador represents a case in point. A number of activities carried out in Ecuador in the mid-1980s seem more comprehensive in terms of addressing the needs of the handicapped. The Ecuadorean NGO, *Instituto del Nino y la Familia (INNFA)* received two grants from USAID in the mid-1980s to help to improve the national system's ability to deal with handicapped persons, including the mentally handicapped, in that country. Under the *Special Education Resource Centers Project* (Project No. 518-0045) implemented between 1983 and 1985, a grant was provided to INNFA to support the development of the Quito Special Education Resources Center, the second of three centers making up a planned national system of resource centers for the blind, deaf, mentally retarded, and handicapped. Funding was provided for TA and training from the University of Idaho and Galluadet University.

Under the **Child, Family, and Community Development Project** (Project No. 518-0061), implemented between 1985 and 1987, an operational program grant was again provided to INNFA to implement a program to improve the quality of life for Ecuadorean children through child and family policy research and advocacy, community and institutional mobilization and program R&D. Specific activities developed and enhanced INNFA's ability to influence government policy, facilitate inter-institutional collaboration and mobilize grassroots support for a network of local child welfare programs. The project also sponsored research to identify at-risk children, including those with handicaps.

In 1987, the Fulbright Commission received funding (under *Latin American and Caribbean Training Initiatives II*, Project No. 597-0640) to upgrade the staff of schools and programs that educate the disadvantaged in Ecuador. Participants were included from child care, early childhood, and special education programs.

An operating program grant was provided between 1978 and 1982 to *Fundacion de Asistencia Sicopedagogica a Ninos y Adolescentes Retardados Mentales (FASINARM)* under the

Vocational Education for Disadvantaged Youth Project (Project No. 518-0010) to increase the availability of vocational training and placement services for Ecuador's disadvantaged and handicapped children and youth. The project had three components, with objectives under each exceeded: (1) vocational training and placement; (2) personnel; and (3) Resource and Technical Assistance Center (RTAC). The USAID-funded Resources and Technical Assistance Center became one of the most complete centers for information on special education. RTAC acquired and translated special education materials recommended by professionals in the field, and has carried out exchanges of information and resources with other special education centers. Within Ecuador, an Instructional Resources Center (IRC) was established to facilitate training of special education staff in Ecuador and other Latin American countries. At the time of a 1983 evaluation, the IRC was the main source of information on special education in Ecuador.¹

Under the ***LAC Regional: Partners of the Americas Project*** (Project No. 598-0436) the National Association of Partners of the Americas received a grant in 1985 to provide assistance to handicapped people, their families, and their communities in Latin America through a program of technical cooperation between professionals, parents, and community leaders from the fields of special education and rehabilitation. Latin American and U.S. experts and community leaders were exchanged. They focused on seven priority areas: (1) development of parent groups and self-help groups of disabled people; (2) job creation and vocational development of disabled young people; (3) development of resource centers; (4) early detection and intervention; (5) training of special education teachers, therapists, health personnel and technicians in community-based approaches to rehabilitation; (6) public education campaigns; and (7) appropriate technology and materials development.

II. Providing for the Immediate Needs of the Disabled Population (Disabilities not resulting from war or civil conflict.)

A. Addressing specific needs

Following the orthopedically disabled, the blind seem to have benefitted the most from USAID assistance. The blind have benefitted from USAID funding of large PVOs through institutional strengthening and operating program grants to carry out treatment and prevention activities throughout the world. (See Annex II or Table B for more details.) The River Blindness Foundation, Eye Care, Inc., as well as Helen Keller International and the International Eye Foundation, have been the recipients of grants under centrally-funded projects such as the Health Office's *Development Support: Vitamin A for Health* (Project No. 936-5116) and the Office of Private and Voluntary Cooperation's *Vitamin A Project* (Project No. 938-0284) and *Private and Development Cooperation: Matching Grants to PVOs* (Project No. 938-0158). Bilaterally-funded nutritional blindness projects have also been implemented. Various onchocerciasis/river blindness projects, for example, the *Africa Regional: Onchocerciasis Control Program* (Project No. 698-0485) or the *Sahel Regional: Onchocerciasis Control Phase III* (Project No. 625-0966) have sought to eliminate another major source of blindness. Under Thailand's *PVO Co-Financing II: Strengthening Participatory Institutions and Resources in Thailand Project*, cited earlier, a grant was made to Helen Keller International to strengthen and expand educational and vocational services for the blind. Between 1984 and 1988, Project ORBIS received several grants from the Office of Private and Development Cooperation (Project No. 938-1337) to help fund medical education programs around the world. Project ORBIS uses an aircraft converted into a surgical suite and classroom to share sight restoration techniques with eye surgeons worldwide.

The mentally handicapped have also been the recipients of USAID support in a few instances. As noted, several activities to rehabilitate a mental hospital and improve mental health services have occurred in Grenada. The *Mental Health Services Project* (Project No. 538-0149), implemented between 1986 and 1988, provided an operating program grant to Project HOPE to improve mental health services (MHS) in Grenada. Assistance was provided to the Ministry of Health to establish in-patient and community-based MHS. Project HOPE provided a team of medical specialists that included a psychiatric nurse, a psychiatric social worker, and a psychiatric therapeutic activities specialist. These experts:

- trained mental health and nursing attendants.
- expanded MHS clinics to include daycare, create radio and video public information regarding mental health.
- developed psychiatric nursing policies and procedures.
- augmented the MOH's ability to deal with deinstitutionalized mental health patients and to maintain these persons within the community.
- developed a therapeutic activities program for in-patients and out-patients.

Subprojects under the *West Bank/Gaza Development Program* (Project No. 398-0159) provided grants to fund the Village Inreach and the Mothers Home Care/Early Intervention programs which also targeted the mentally handicapped. One sub-project, the Village Inreach Program in 1984, supported Catholic Relief Services efforts to develop an institutional capacity in the West Bank and Gaza to provide community inreach services to handicapped persons, including children, who are outside the service structure of existing programs. Overall objectives included: (1) establishment of a system to identify, assess, and refer 800 handicapped persons in need of services; (2) initiate a community-based training program for individuals working with the handicapped, including program staff, parents, teachers, medical personnel, and individuals working for charitable organizations; (3) establish service programs for handicapped children and their parents. To these ends, CRS upgraded and staffed two resource training centers and developed standardized teaching curricula and a training manual for village inreach personnel.²

A second subproject in 1986, Mothers Home Care/Early Intervention Program, supported efforts of the Society for the Care of the Handicapped (SCHC), a Palestinian PVO, by establishing a Mothers' Home Care and Early Outreach Program. SCHC provided home teachers to inform parents of handicapped children about the need for and benefits of early infant stimulation, good nutrition, child rearing practices, behavior management, and child development.³

Also under this project, American Near East Refugee Aid (ANERA) received a grant to provide technical assistance, training, and equipment to non-profit organizations in a variety of sectors, including special education.

Under the *West Bank/Gaza Development Program* (Project No. 294-0159) a grant was made in 1993 to the Society for the Care of the Handicapped to continue and consolidate the home learning and rehabilitative services it provides to communication-impaired, mentally handicapped children, and other at-risk children in the West Bank and Gaza Strip. Operation Smile, International also received a grant under this activity to provide reconstructive surgery for children with cleft lips and other disabilities.

The Handicapped Services Project is being implemented in Romania by World Vision Relief and Development under the *Private Sector Humanitarian Initiatives Project* (Project No. 180-0032). The focus of the activity is to provide appropriate services to handicapped children and adults in institutions for the handicapped. Also in Romania, in 1990, under the *Romanian Children Relief Project* (Project No. 186-0001) grants were provided to:

United Nations Children's Fund -- for assistance to sick and disabled children in orphanages and other institutions.

Private Agencies Cooperating Together (PACT) -- to help Romanian orphanages address the immediate health needs of their children and to facilitate the adoption of institutionalized children.

USAID has also funded the training of special education teachers, administrators, and policy-makers and others that work with children with special needs in a wide variety of countries. Sometimes these activities are components of a larger teacher training activity; sometimes they stand alone outside the formal school system. Some current activities include:

NIS Exchanges and Training Project, 1993-1997; to include short-term U.S. training for private and public sector leaders in the Newly Independent States in areas which include special education.

Egyptian Basic Education Project (Project No. 263-0139) a 1986 amendment included a new activity to "assist handicapped persons." A second amendment, dated 1993, planned to continue support to the Ministry of Education in the area of special education.

Special education training activities date back to the 1960s and include:

Botswana Primary Education Improvement II Project, 1986-1991; included a short-term U.S. training component in special education.

Swaziland Teacher Training Project, 1978-1988; included addition of a topic on special education to existing pre-service courses.

Education Sector Loan, 1973-1976; one component to include undergraduate education in special education.

Regional Office of Central America and Panama (ROCAP) *Regional Education Planning and Research Project* (Project No. 596-0029) between 1969-1973 where USAID provided assistance to special education projects and sponsored training for teachers of the blind, deaf, and mentally retarded.

A 1971 loan to Panama (Project No. 525-0145) called for the development of guidance programs and improvement of programs for handicapped and retarded children.

Nepal: Teacher and Technical Education Project (Project No. 367-0060; 1954-1975), technical assistance was provided to prepare primary education level programs for handicapped children.

B. Addressing needs of persons disabled as a result of natural disasters

In 1990, under the *Armenian Earthquake Relief Program* (Project No. 155-0001) grants were provided to: the World Rehabilitation Fund, Inc.; Armenian General Benevolent Union and Armenian Relief Society of North America -- for plastic surgery; and Project HOPE/Armenian Consortium -- to establish a pediatric rehabilitation unit in a general hospital.

These grants were to provide medical treatment, education, and vocational training to help Armenia recover from the earthquake of December 1988. One component of the program included training of nurses and health workers, in areas such as physiotherapy, prosthetics, and occupational therapy.

USAID has provided relief after a number of earthquakes; it is unclear from the database how often assistance was specifically targeted to the disabled.

III. Providing Vocational Education/Training

Vocational training activities are often tied to larger projects. This is the case in some of the larger projects following civil conflict, or in demobilization and reintegration programs. In a few instances, vocational training activities stood on their own. As noted, an operating program grant was provided between 1978 and 1982 to *Fundacion de Asistencia Sicopedagogica a Ninos y Adolescentes Retardados Mentales (FASINARM)* to increase the availability of vocational training and placement services for Ecuador's disadvantaged and handicapped children and youth.

Under the ***Rural Services for Displaced Children Project*** (Project No. 532-0094) an operating program grant was given to PVO, Ltd. in 1982 to provide health, special education, and vocational development services to handicapped children in rural Jamaica. A 1984 evaluation found that the project had achieved or surpassed many of its objectives, including workshops on topics related to early identification, pre-natal care, and remedial tactics for professionals and parents; immunization, nutrition, and family planning counseling; hearing, educational/physiotherapy, and vision screenings, as well as referrals for pre-school and school-age children; and provided support to existing community-based programs. A mobile unit established under the project was especially effective in expanding the coverage of services and presenting information to non-literate rural populations through films and discussions.

IV. Income Generation Activities

Income generation activities and vocational training for the disabled have been part of several USAID activities. In some cases these activities have been effective in generating modest sources of income. In 1985, the Honduran Foundation for the Rehabilitation and Integration of the Handicapped (FUHRIL) received a grant under ***FUHRIL Institutional Strengthening Project*** (Project No. 522-0305) to provide rehabilitation and employment services to the handicapped. A 1989 final report notes that under this activity, FUHRIL developed a modest source of income from a wheelchair, cane, and crutch fabrication shop which is staffed and managed by handicapped workers, and from shops it has taken over from World Rehabilitation.

Under the Survival Assistance to Victims of Civil Strife in Central America (CASA) program to provide for the victims of the Nicaraguan civil war, the Honduran Rehabilitation Association (AHR) was established. USAID supported the export of prosthetic and orthotic devices under this activity and extended that support under the **Honduras -- Export Promotion Services Project** (Project No. 522-0207). A 1991 final report on WRF found that HRA not only works with the disabled, but it is one of the largest employers of disabled workers in Honduras.

V. Research

Under grants from Appropriate Technology International (ATI)⁴ a wheelchair appropriate to Third World countries was developed during the early 1980s. Support consisted of a technical assistance grant to Ralf Hotchkiss, the designer, and subgrants to implementing organizations in Guatemala, Honduras, Colombia, and Peru. Between 1981 and 1983 several workshops were held to train others in the making of wheelchairs. Participants from several of the workshops established their own wheelchair production enterprises. A 1986 evaluation found that five of these enterprises (two in Bolivia, one in Paraguay, one in Mexico, and one in the Philippines) were successfully manufacturing ATI/Hotchkiss-type wheelchairs, without assistance from ATI. In addition to providing mobility to handicapped persons living in the Third World, the project design of this activity sought to embody two additional concepts -- providing employment opportunities and credit facilities for the handicapped. The wheelchair was designed so that handicapped persons could be involved in all phases of the production process, and thus benefit not only from the greater mobility the wheelchair provides, but also from the employment opportunity. The War Victims' Fund has helped to introduce this chair in Cambodia and Vietnam. USAID also funded publication of the manual *Independence through Mobility: A Guide to the Manufacture of the ATI/Hotchkiss Wheelchair*.

Much was learned about the design of more durable prostheses under USAID funding for post-war projects. USAID evaluations of its experiences in Mozambique and El Salvador note the lessons that were learned in improving the design and technology of prostheses for better wear in developing country settings.

The Agency has also funded a number of studies on the cause, prevention, and treatment of disabling diseases. Based on the findings, numerous projects to combat the diseases were implemented throughout the world. In 1986, USAID funds were used to publish *Community-Based Rehabilitation of the Rural Blind: A Training Guide for Field Workers*, based on experience in Indonesia. The manual, produced by Helen Keller International, has been distributed widely and is available in English and French. The World Institute on Disability, working with the All Russian Society for the Disabled, translated into Russian *Disabled Village Children*.

The International Society for Prosthetics arranged and conducted international conferences on appropriate technology for prosthetics in developing countries. One conference was held in Cambodia, the other in Washington, DC.

End Notes

. U.S. Agency for International Development. *Developing a Program to Help Children and Youth with Vocational and Special Educational Needs*. Washington, DC: USAID, 1983. (XD-ANN-802-A).

. See *Evaluation of the Home Based Rehabilitation Program for Disabled Children in the West Bank and the Gaza Strip* (XD-AAY-502-A) or companion evaluation summary, PD-AAY-502.

- . See evaluation XD-AAY-502-A or companion piece PD-AAY-502.
- . ATI has been funded by a series of grants from USAID since its creation by the U.S. Congress in 1977.

Annex IV
**Description of Activities Undertaken by Select USAID Institutional Strengthening and
Implementation Grant Recipients**

I. Goodwill Industries of America (GIA)

Beginning in 1976, Goodwill Industries of America received a series of grants from USAID centrally-funded offices to strengthen its ability to carry out development activities, as well as to carry out specific programs to assist the disabled.

In 1976, GIA received a three-year Development Program Grant, *Population and Humanitarian Assistance: Goodwill Industries of America* (Project No. 932-0082) to strengthen the capacity of GIA to hire and retain the staff needed to plan, implement and evaluate vocational rehabilitation programs for the physically, mentally, and socially disabled in Latin America and Africa.

Goodwill Industries received three grants from Private and Development Cooperation:

- in 1979, GIA received a three-year institutional development grant to increase its capacity to undertake development activities in lesser developed countries (Project No. 938-0149).
- GIA received funding in 1983 to increase the income possibilities of mildly handicapped youths in seven LDCs (Project No. 938-0239).
- in 1986, Goodwill Industries received a matching grant for a program to increase the employment and vocational training opportunities for disabled persons in select LDCs through: (1) technology transfer; and (2) capacity-building programs. GIA worked with Partnership with Industry (PWI) in specific countries and assisted with institutional strengthening of three rehabilitation associations in Africa, the Caribbean, and Latin America (Project No. 938-0277).

In 1979, the *Panama -- Goodwill Rehabilitation Center Project* (Project No. 525-0203) was undertaken to strengthen and expand the Goodwill Industry's Rehabilitation Center in order to improve the chances for a healthier and more productive life for Panama's physically and mentally handicapped.

II. Helen Keller International (HKI)

Helen Keller International (HKI) has received USAID support for over 20 years. HKI's work is divided into disease specific categories, including both treatment and prevention; rehabilitation; education and training; and eye care. Disease specific categories include trachoma, onchocerciasis, Vitamin A deficiency, and cataracts. The main area of USAID funding has been Vitamin A grants which began in 1976 to address nutritional blindness in Bangladesh, Burkina Faso, Niger, the Philippines, Indonesia, and Cambodia. Matching grants since 1981 have allowed HKI to work in the areas of primary eye care and rehabilitation in

Morocco, Niger, Peru, the Philippines, Mexico, Cambodia, and Tanzania. In the early 1990s, HKI received funding for onchocerciasis control for Burkina Faso and Niger. Since 1990, HKI has also been involved in the treatment of congenital and traumatic cataract in Morocco, Mexico, and the Philippines. HKI has also worked with the Vietnam Veterans of America Association in employing disabled Cambodians to make treadle pumps for home gardens and irrigation. In addition, with USAID funding HKI published in both French and English the following manuals:

Community-Based Rehabilitation of the Rural Blind: A Training Guide for Field Workers and

Onchocerciasis and Mectizan: Training Activities for Community Health Workers.

HKI received three grants from USAID's office, Private and Development Cooperation, to support efforts to treat and prevent blindness:

- in 1981, HKI received a three-year matching grant to enable it to improve the quality of life in selected LDC's through the prevention and treatment of blindness (Project No. 938-0185).
- HKI received a grant in 1985 to reduce child morbidity, mortality, and blindness related to Vitamin A deficiency in Indonesia and Bangladesh, through Vitamin A supplementation and education programs (Project No. 938-0506).
- also in 1985, HKI received a three-year matching grant to integrate the eye care and basic rehabilitation services into the rural health and social systems of selected countries through the provision of TA, training and, equipment (Project No. 938-0269).

In addition in 1989, HKI received a grant, *Helen Keller International: Disaster Preparedness* (Project No. 388-0083) to establish a nutritional/health surveillance system in flood-prone areas of Bangladesh to help reduce the incidence of nutritional blindness and other disaster-related illnesses and nutrition deficits among Bangladeshi children. The project was a follow-on to a pilot surveillance system initiated by UNICEF and local NGOs in 1988.

III. International Eye Foundation (IEF)

Throughout the 1970s and the 1980s, the International Eye Foundation also received a number of USAID grants to support efforts to treat and prevent blindness.

USAID's Office of Population and Humanitarian Assistance provided:

- a ten-year grant in 1970 to implement preventative and curative ocular health care programs in integrated health delivery systems, serving the rural and urban poor in 12 countries in Asia, Latin America, and Africa (Project No. 932-0016).

- a six-year grant in 1971 to assist in the transfer of U.S. ophthalmological technology and surgical expertise to developing countries (Project No. 932-0035).
- a four-year Development Program grant in 1975 to strengthen its program development and management capability, at home and abroad (Project No. 932-0072).

USAID's Office of Private and Development Cooperation also provided two grants during the 1980s:

- to support efforts to conduct research into the prevalence, etiology, and geographic distribution of eye disease; carry out training in preventative and curative eye care; and conduct operational research into the development of community-based programs in the prevention of blinding eye diseases, IEF received a three-year grant in 1985 (Project No. 938-0270).
- a 1981 grant to support the development of preventative and curative eye care programs (Project No. 938-0174).

Specific recent areas of intervention include Vitamin A deficiency, onchocerciasis control, primary eye care, surgical interventions, and the provision of training and equipment.

IEF received funding from the USAID Office of Nutrition:

- between 1991 and 1995 for the establishment of a Guatemalan Vitamin A Training Center which included a Vitamin A resource library and the development of Vitamin A training materials and training seminars.
- in 1993 and 1994 for the provision of local management, administrative, and technical services for a national coordinated strategy for the prevention and control of Vitamin A deficiency in Honduras; and a nutrition monitoring system (1994-1995);
- in 1992 and 1993 for the development of Vitamin A-rich weaning foods.
- between 1990 and 1993 to study intrahousehold consumption of Vitamin A-rich foods, Vitamin A content of indigenous foods, and training of local personnel.

IEF received funding from the USAID Office of Health for onchocerciasis control in Guatemala.

IEF has received funding for Vitamin A distribution and nutrition education from the USAID PVC office for work in Guatemala, Honduras, and Malawi. They also received a PVC matching grant in 1993 to provide ophthalmologists and equipment in six countries, and another grant (1995-1998) to increase the quality and quantity of ocular surgery performed on children through PVOs/NGOs.

In addition, IEF implemented blindness prevention and treatment activities in Africa in Cameroon (*Cameroon River Blindness Project* -- 631-0091), Malawi (*Private and Development Cooperation: International Eye Foundation Project* -- 938-0501), Guinea (an operating program grant under *Guinea Integrated Eye Health Project* -- 675-0205), Kenya (*Kenya Blindness Prevention Project* -- 615-0173 and *Kenya Blindness Prevention Project*,

Phase II -- 615-0203); and in the Caribbean in Grenada (an operating program grant under ***Grenada Blindness Prevention Project*** -- 538-0120) and the Eastern Caribbean (***Caribbean Eye Care Project*** -- 538-0111 and ***Inter-Island Eye Care Services Project*** -- 538-0056).

For an ***Ophthalmic Training Program*** (Project No. 519-0188), IEF received an Operating Program Grant to expand eye care and prevention services offered by El Salvador's Ministry of Health (1970-1970).

Annex V
Persons Contacted for "Disabilities" Review

Persons contacted via e-mail:

Carolyn Weiskirch, PPC/HR
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USAID

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Elizabeth Hunt, G/EG/MD
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Pat Jordan, PPC/CDIE/E/POA
Diane Proutty, Institute for International Research and AFR/SD/HRD

Contractors

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Patrick Collins, Academy for Educational Development
Ray Kennedy, Director, Resources Center, International Foundation for Electoral Systems
Danutta Lockett, Creative Associates
Edward Lawrence, Catholic Relief Services

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Annex VI
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USAID Missions

USAID/San Salvador, Sonia Caceres
USAID/Moscow, Marina V. Grigorieva
USAID/Kampala, Annie Kaboggoza-Musoke
USAID/Maputo, Mussa Calu
USAID/Managua, Karen Hilliard
USAID/Manila, Jose Garzon
USAID/Tegucigalpa, Liza Valenzuela
USAID/Beirut, Pirie Gall
USAID/Jakarta, Widjaja Mashud

Contractors/PVOs

Academy for Educational Development, Patrick Collins
Aguirre International, Tom Judy
IFES, Ray Kennedy
International Eye Foundation, John Barrows
World Institute in Disability, Todd Groves
World Vision Relief and Development, Cheryl Stock
Helen Keller International, Meredith Tilp
Catholic Relief Services, Ian Mac Nairn

Annex VII
Recipients of USAID Contracts or Grants
for Disabilities-Related Activities

United States

Armenian General Benevolent Union
31 West 53rd Street, 10th Floor
New York, New York 10019
Phone: (212) 765-8260
Fax: (212) 7658208

Access Exchange International
Adventists Relief and Development Agency (ARDA), Inc.
12501 Old Colombia Pike
Silver Spring, MD 20904-6600
Phone: (301) 680-6380

American Jewish Joint Distribution Committee, Inc
711 Third Avenue
New York, New York 10017
Phone: (212) 687-6200

American Red Cross
National Head Quarters
17th and D Streets, NW
Washington, DC 20006
Phone: (202) 639-3306

Baja Orthotics and Prosthetics
205 Church Street
Chula Vista, CA 92010

Brother's Brother Foundation
824 Grandview Avenue
Pittsburgh, PA 15211
Phone: (412) 431-1600
Fax: (412) 431-9116

CARE International
151 Ellis Street
Atlanta, GA 30303
Phone: (404) 681-2552

Catholic Near East Welfare Association (CNEWA)
1011 First Street
New York, New York 10022-4195
Phone: (212) 826-1480

Catholic Relief Services (CRS)
209 West Fayette Street
Baltimore, MD 21201-3443
Phone: (410) 625-2220

Christian Children's Fund, Inc.
P.O. Box 26484
Richmond, VA 23294-3725
Phone: (804) 756-2700

Center for Attitudinal Healing
33 Buchanan Drive
Sausalito, CA 94965
Phone: (415) 331-6161

Delphi Research Associates
Dooley Foundation/Intermed-USA
420 Lexington Ave., Suite 2428
New York, New York 10170
Phone: (212) 687-3620

East Meets West Foundation
P.O. Box 77247
San Francisco, CA 94107
Phone: (415) 896-6632

Eye Care, Inc.
1412 28th Street, NW
Washington, DC 20007
Phone: (202) 638-3816

Feed the Children -- Larry Jones International Ministries
P.O. Box 36
Oklahoma City, Oklahoma 73101-0036
Phone: (405) 942-0228

The Fountain House
Gallaudet University
Goodwill Industries of America
9200 Wisconsin Ave.
Bethesda, MD 20184-3896
Phone: (301) 530-6500

Health Volunteers Overseas
1001 Connecticut Avenue, NW
Suite 725
Washington, DC 20036
Phone: (202) 296-0928

Helen Keller International, Inc.
90 Washington Street
15th Floor
New York, New York 10006
Phone: (212) 943-0890

Holt International Children's Services
P.O. Box 2880
Eugene, Oregon 97402
Phone: (503) 687-2202

International Committee of the Red Cross
17 Avenue De La Paix
1211 Geneva 10

International Eye Foundation
7801 Norfolk Avenue
Bethesda, Maryland 20814
Phone: (301) 986-1830
Fax: (301) 652-8516

International Human Assistance Programs
360 Park Avenue South
New York, New York 10010

International Medical Corps
12233 West Olympic Blvd, Ste. 280
Los Angeles, CA 90064-1052
Phone: (213) 474-3927
Fax: (213) 474-1677

International Rescue Committee
122 East 42nd Street, 12th Floor
New York, New York 10168-1289
Phone: (212) 551-3000
Fax: (212) 551-3189

International Society for Prosthetics
C/O University of Texas Southwestern Medical Center
5323 Harry Hines Blvd.
Dallas, TX 75235-8883

Knights of Malta

Mercy Corps International
3030 SW First Avenue
Portland, Oregon 97201
Phone: (503) 242-1032

National Association for Partners of the Americas (NAPA)
1424 K Street, NW
Washington, DC 20005

New Transcendy Foundation
1901 N. Fort Meyer Drive, Suite 1017
Arlington, Virginia 22209

Handicap International (HI)
Operation Smile, International
717 Boush Street
Norfolk, VA 23510
Phone: (804) 625-0375

Pan American Development Foundation (PADF)
1889 F Street, NW
Washington, DC 20006
(202) 458-3969

Peace Corps/ Bolivia
Av. 15 de Septiembre 4913 (Obrajes)
La Paz, Bolivia

Polish American Congress Charitable Foundation
5711 North Milwaukee Avenue
Chicago, IL 60646
(312) 763-9944

Private Agencies Cooperating Together (PACT)
777 United Nations Plaza
New York, New York 10017
Phone: (212) 697-6222
Fax: (212) 692-9448

Project Concern International
3550 Afton Rd., P.O. Box 81123
San Diego, CA 92123
Phone: (619) 279-9690
Fax: (619) 694-0294

Project Harmony
Project HOPE
Millwood, VA 22646:
Contact: Leslie Mancuso
Acting Director, Medical Operations
International Health Education Division
(703) 837-2100

Prosthetic Research Foundation
720 Broadway, Ste.
Seattle, Washington, 98122
Phone: (206) 328-3116

River Blindness Foundation

One Sugar Creek Place, 14141
Southwest Freeway, Suite 6200
Sugar Land, TX 77478
Phone: (713) 491-1600

Salvation Army World Service Office

P.O. Box 269
Alexandria, VA 22313
Phone: (703) 684-5528
Fax: (703) 684-5536

Save the Children

54 Wilton Road
Westport, CT 06880
Phone: (203) 226-7271
Fax: (203) 454-3914

Seventh Day Adventists

United Methodist Committee on Relief

475 Riverside Drive, #1374
New York, New York 10115
Phone: (212) 870-3816

Vietnam Assistance to the Handicapped

P.O. Box 6554
Maclean, VA 22106
Phone: (703) 847-9582

Vietnam Veterans of America Foundation

2001 S Street, NW
Suite 740
Washington, DC
Phone: (202) 483-9222

Wheeled Mobility Center at San Francisco State University

2233 California Street
Berkeley, CA 94703
Phone: (510) 548-3652

World Concern

19303 Fremont Avenue North
Seattle, WA 98133
(206) 546-7201

World Institute on Disability

510 16th Street, Suite 100
Oakland, CA 94612-1500
Phone: (510) 763-4100

World Rehabilitation Fund, Inc.

386 Park Avenue South, Suite 500
New York, New York 10016-4901
Phone: (212) 725-7875

World Vision Relief and Development, Inc.

919 West Huntington Drive
Monrovia, CA 91016
Phone: (818) 357-7979
Fax: (818) 358-2896

Young Men's Christian Association (YMCA), International Division

101 N. Wacker Drive, Suite 1400
Chicago, IL 60606
Phone: (312) 977-0031
Fax: (312) 977-9063

International

Benedict Minni Center, Liberia

Christian Relief and Development Association -- Ethiopia

Colombo Friend-in-Need Society

171 Sir James Peiris Mawatha
Colombo 2

El Salvadoran Association of the Knights of Malta (ANESOM)

Ganta Methodist Hospital

Honduran Foundation for the rehabilitation and Integration of the Handicapped
(FUHRIL)

International Labor Organization

4, Route des Morillons
CH - 1211 Geneva 22
Switzerland

Ikemeleng Remedial Education Center

P.O. Box 30401
Wibsey
South Africa 1717

Mae Fah Luang (Thai Hill Crafts)

195 Phya Thai Rd.
Bangkok, 10500, Thailand

Medecins du Monde

Mozambican Association of the Disabled (ADEMO)

POWER

Self Help Association of Paraplegics (Soweto)

PO Box 39492
Booysens 2016
South Africa

Society for the Care of the Handicapped
Box 146
Gaza City
Teleton Foundation Pro-Rehabilitation (FUNTER) -- El Salvador
United Nations Children's Fund (UNICEF)
YMCA/Lebanon

Russia

All Russian Society for the Disabled
Center for Curative Pedagogics
Center for Psychological Support
Compassion Center
The Human Soul Foundation
Local Goodwills in Moscow and St. Petersburg
Moscow Charity House
Novosibirsk Regional Sports Club "Finist"
Operation Smile in St. Petersburg
Palace of Youth and Creativity, Petrozavodsk
Salvation Army of Russia

TABLES

Table A
Select USAID Activities Addressing the Needs of the War-Wounded

Country	Project Number	Title	FY	Focus
El Salvador	519-0346	Strengthening of Rehabilitation Services - OPG	1987-92	Grant to the Teleton Foundation Pro-Rehabilitation (FUNTER) to establish and support public and private rehabilitation services in El Salvador. The project targeted 10,000 civil war victims, including approximately 1,000 amputees. Components included: establishment of a privately operated prosthetic manufacturing workshop; establishment of a patient support fund; strengthening of rehabilitation, educational, and vocational training courses at eight centers of the Salvadoran Institute for Rehabilitation of Invalids (ISRI); and initiation of a public awareness campaign regarding the handicapped.
El Salvador	519-0343	Medical Referral Program	1987	Grant to Project Hope to establish (in cooperation with the Salvadoran Ministry of Health, the Human Rights Commission, ISRI, and the Teleton Foundation Pro-Rehabilitation) a referral program for injured civilians. Seriously injured Salvadorans were to be matched with offers for free medical assistance from US medical institutions, and logistical preparations were to be provided.
El Salvador	519-0178	Program Development and Support - Health	1976-88	Overall project to support USAID's programs in agriculture, rural development, and nutrition. One component provided a grant to the Salvadoran Institute for Rehabilitation (ISRI) to expand production in its prosthetics workshop, and to upgrade its Departments of Physical Therapy, Occupational Rehabilitation, and Vocational Rehabilitation.

Country	Project Number	Title	FY	Focus
El Salvador	519-0342	Knights of Malta Prosthetic Devices Program	1987-88	Grant to the El Salvadoran Association of the Knights of Malta (ANESOM) to conduct a “crash” program to fit 500 civilian lower limb amputees with preliminary prosthetic devices.
El Salvador	519-0394	Peace and National Recovery	1992-97	Project to support national reconciliation by promotion of social, economic and political development in zones of conflict. Social and economic rehabilitation receive a majority of project funds, and include rehabilitation of the handicapped; support for ex-combatants and war-wounded; a comprehensive campaign to identify landmines and unexploded ordnance; and TA for surgical procedures, prosthetic devices, and post-war traumatic disorders.
El Salvador	519-0419	War Victims	1994	The USAID Mission in El Salvador has been involved with providing prosthetics and reconstructive surgery for victims of the civil war for a number of years. Together with the War Victims’ Fund , the Mission planned a new project involving a large grant to one organization, the World Rehabilitation Fund. WRF will make smaller grants to local groups providing rehabilitation services that include surgery, prosthetics and orthotics, and vocational rehabilitation.

Country	Project Number	Title	FY	Focus
Nicaragua	594-0000.02	Central American Reconciliation: Humanitarian Assistance	1990-	Provide grants to U.S. PVOs for humanitarian assistance to the Nicaraguan Resistance, as authorized by Congress under P.L. 100-276. Activities include rehabilitation services for combatants and their families; assistance to a convalescent center for physical or psychiatric rehabilitation; and medical services and supplies (including prosthetics).
Nicaragua	594-0003	Central American Reconciliation: Children's Survival Assistance Program	nd	Provide medical care and relief for children under 17 affected by Nicaraguan civil strife through grants to PVOs. Activities include provision of prosthetic devices, rehabilitation, medicine and immunizations, assistance for burn victims, and surgical services that include orthopedic and plastic/burn surgery.
Nicaragua	524-0303	Survival Assistance for Civilian Victims of Civil Strife in Central America/PADF	1990	Under CASA, a grant to the Pan American Development Foundation (PADF) to upgrade the capacity of San Jose Hospital to provide services and immediate care to non-combatant victims of civil strife.
Nicaragua	524-0302	Survival Assistance for Civilian Victims of Civil Strife in Central America/WRF	1990	A grant provided under CASA to the World Rehabilitation Fund (WRF) to provide prosthetic and orthotic services to non-combatant victims of civil strife.

Country	Project Number	Title	FY	Focus
Honduras	522-0380	Survival Assistance to Victims of Civil Strife in Central American/WRF	1990-94	Grant to WRF to supply comprehensive rehabilitation services to approximately 1,000 victims of the Nicaraguan civil strife, but which ultimately reached over 2,000 people. Services included case identification and diagnosis; manufacture and fitting of prosthetic/orthotic devices; physical training and ambulation assistance; personnel and family support training; professional seminars; public information programs; and the establishment of a rehabilitation library. These activities were moved to Honduras because they were prohibited in Nicaragua.
Honduras	522-0379	Survival Assistance to Victims of Civil Strife in Central America/PADF	1990-91	Grant to the Pan American Development Foundation (PADF) to provide medical care, prosthetics, rehabilitation, medicine, immunizations, and other relief to noncombatants of Nicaraguan civil strife. These activities were moved to Honduras because they were prohibited in Nicaragua.
Nicaragua	524-0199	Community Rehabilitation Center	1980-81	Operational Program Grant to the New Transcentury Foundation (NTF) to establish a community rehabilitation center (Community Center for the Disabled -- CCD) in Managua to address the needs of the 100,000 citizens wounded and disabled by civil war. Goals were to create employable skills in the disabled through job counseling, vocational training, community integration, and independent living training.

Country	Project Number	Title	FY	Focus
Ethiopia	663-0001	Humanitarian Prosthetics	1991-94	Facilitated the reintegration of civilians injured during civil strife and warfare by funding medical and other related assistance. Primary activities included the strengthening of orthopedic and prosthetic services by renovating and providing equipment for orthopedic wards and operating theaters; providing orthopedic training; and supporting manufacture of prosthetic/orthotic devices. Funding came from the War Victims' Fund with grants to ICRC, Handicap International, and Medecins du Monde.
Ethiopia	663-0002	Orphans Assistance	1990-95	Provided resources for longer term assistance to orphaned and unaccompanied children for reunification, transition to community-based homes, and /or institutional support. The Displaced Children and Orphans Fund provided grants to the Christian Relief Development Association, which makes sub-grants to local organizations.
Liberia	669-0218	War Affected Youth Support	1994-	Grant to UNICEF under the Displaced Children and Orphans Fund .
Liberia	669-0217	Rehabilitation of War Victims in Liberia	1994-	A grant to UNICEF under the War Victims' Fund which will help the Benedict Menni Rehabilitation Center for Children in Monrovia and the Gants Methodist Hospital in rural eastern Liberia to provide mostly prosthetic and orthotic care.

Country	Project Number	Title	FY	Focus
Mozambique	656-0215	Prosthetics Assistance	1989-95	Project to strengthen capacity to treat and rehabilitate civilian war victims through assistance in planning, prosthetic production, income generation, health worker training, clinical services, and access to services. The project was funded under the War Victims' Fund and implemented by the MOH, and through subgrants to PVOs, including ICRC, Handicap Intl., Health Volunteers Overseas, and Save the Children, and a local NGO, the Mozambican Association of the Disabled (ADEMO).
Mozambique	656-0217	PVO Support Project	1990-95	Grants to PVOs to address three areas of need for persons displaced and otherwise affected by insurgency: basic humanitarian assistance, social welfare needs (especially health care), and economic need of those at-risk of absolute poverty. A grant to Save the Children expanded the Children of War Family Tracing Program and was used to develop an intervention program for traumatized children, originally started under the Assistance for Traumatized Children Project (656-0210). Originally Mission funded, later funded under the Displaced Children and Orphans Fund .
Uganda	617-0121	Physical Rehabilitation for the Disabled	1989-96	Provide technical assistance for the manufacture of prosthetics and braces for persons injured during the civil war and affected by polio. Under the War Victims' Fund , money was provided to the British Red Cross and the U.S. PVO, Health Volunteers Overseas, for training, TA, reconstruction and equipping of surgical theaters; renovation of a guest house for visiting surgeons; and a hostel for parents coming to town for treatment.

Country	Project Number	Title	FY	Focus
Asia/Near East Regional Laos	398-0370	Laos Prosthetics/Rehabilitation	1990-92	Grant to World Vision Relief and Development (WVRD) under the War Victims' Fund to help GOL meet the immediate needs of the handicapped and disabled, and help increase the National Rehabilitation Institute's capability in orthopedic and physical rehabilitation by improved training in "primary treatment." This would lead to a decrease in the number of war victims suffering permanent injuries and amputations and make later rehabilitation easier. Activity also includes vocational training for the handicapped and development, production, and distribution of material to inform and educate individuals on the dangers of unexploded bombs and landmines.
A/PRE Regional Vietnam	499-0014	Asia Regional Rehabilitation and Prosthetics	1991-97	A follow-on to project 398-0370 to expand an on-going comprehensive program of rehabilitation assistance in Vietnam. Includes activities to expand prosthetic production at four clinics; establish four community-based rehabilitation centers; gather baseline data on the number of handicapped individuals; do outreach through media communications regarding handicapped services; and provide training through a grant to World Vision Relief and Development. The Prosthetic Research Foundation also received a grant to expand prosthetic services at its clinic in Hanoi.

Country	Project Number	Title	FY	Focus
East Asia Regional	410-0002	Regional Rehabilitation and Prosthetics Project	1992-96	Follow-on to 499-0014, this project provided prosthetic devices and rehabilitation services to persons injured by civil strife and warfare in Vietnam, Laos, and Cambodia via grants to Health Volunteers Overseas and the World Rehabilitation Fund to work in Vietnam; to Vietnam Veterans of America Foundation to work in Cambodia; and to World Vision Relief and Development to continue to work in Laos. Funding came from the War Victims' Fund .
Vietnam (South), Republic of	730-0351	National Rehabilitation Institute	1967-76	Assisted Vietnam's National Rehabilitation Center to improve rehabilitation services for severely disabled veterans and non-veterans.
Vietnam (South), Republic of	730-0375	Public Health Technical Support	1967-75	Provided funding for two MOH officials to attend an eight week seminar at Johns Hopkins University on National Health Planning. Funding also provided for a coordinator of an activity for handicapped children, and continued TA to the National Rehabilitation Institute, its provincial centers and Paraplegic Center.
Vietnam (South), Republic of	730-0403	National Center for Plastic and Reconstructive Surgery	1970-76	Program originated under Project 730-0403, and broadened and strengthened services of the Plastic and Reconstructive Surgery Center established by Children's Medical Relief International.

Country	Project Number	Title	FY	Focus
Vietnam (South), Republic of	730-0417	Child Care	1974-76	Assisted Vietnamese families with child care, and supported orphanages and adoption services. Emphasis was also placed on strengthening institutional capabilities of Ministries of Health and Social Welfare, as well as programs for handicapped children and orphanages.
Vietnam (South), Republic of	730-0307	War Victims Relief and Rehabilitation	1966-76	Provided emergency relief to refugees and war victims, especially in areas in which the Ministry of Health, Social Welfare, and Relief lacked resources. A team of refugee relief specialists were also supported.
Asia Regional	498-0245	ICRC Indochina Operational Group	1973-75	Grant to the International Committee of the Red Cross's Indochina Operational Group to provide emergency assistance and relief to refugees, displaced persons, and other war victims in Vietnam, Laos, and the Khmer Republic, through provision of food, clothing, shelter, medical assistance, and other services deemed appropriate.
East Asia Regional Vietnam	410-0001	Assistance to Displaced Children and Orphans in Vietnam	1992-95	Project to meet the needs of displaced children in Vietnam, including street children, orphans, and handicapped children living in, or at risk of living in institutions. Grants to: the World Concern Development Organization, the East Meets West Foundation, Holt Intl. Children's Services, WVRD, and Health Education Volunteers, funded under the Displaced Children and Orphans Fund .

Country	Project Number	Title	FY	Focus
Cambodia	442-0102	Assistance for Children and Civilian Victims of War	1990-cont	Umbrella project provides grants to international relief agencies and U.S. PVOs to assist children and civilian war victims in Cambodia. A grant to CARE is used to ensure a better quality of life for persons with disabilities. Further, a grant to UNICEF addresses the needs of physically disabled persons and those suffering from psychological trauma resulting from conflict. UNICEF will also conduct public awareness campaigns to highlight the special needs of disabled children.
Cambodia	442-0120	Cambodia PVO Co-Financing II	nd.	Funds were provided for "Prosthetics/Medical Rehabilitation." No further information available.
Cambodia	442-0112	Cambodia PVO Co-Financing	1993-cont	Vietnam Veterans of America Foundation began a project in Phnom Penn that assisted people with multiple disabilities and their families to find housing and work and made artificial limbs using the Jaipur prosthetic technique from India. In 1992, the War Victims' Fund began supporting the project, which allowed VVAF to train more prosthetic technicians, expand prosthetic production, and begin the only workshop in Cambodia that makes wheelchairs.

Country	Project Number	Title	FY	Focus
Lebanon	268-0360	Lebanon Relief and Redevelopment	1993-96	Follow-on to Project 268-0342 broadening the original relief activities to include redevelopment -- especially assistance to displaced persons and rebuilding of villages. Grants provided to the World Rehabilitation Fund to: 1) expand efforts under 268-0342 including expansion of Community-Based Rehabilitation Services projects and a Resource Unit for the Mental Health of Children; 2) improve orphan care by various activities, including provision of physical rehabilitation aids and assistance for learning disabilities. This activity has catalyzed the formation of the Lebanese Comm. for Learning Disorders and the National Comm. for Children with Special Needs.
Lebanon	268-0350	Prosthetic and Orthotic Services	1991-96	Grant to World Rehabilitation Fund under the War Victims' Fund to implement a comprehensive program to improve prosthetic and orthotic services for civilian victims of civil strife.
Lebanon	268-0342	Lebanon Relief Assistance	1984-93	Under this program WRF received funding to provide emergency rehabilitation services to persons injured in the war.
Lebanon	268-0313	Reconstruction & Rehabilitation/CRS PVO	1979-84	Grant to GOL supported and strengthened its ability to address the needs of displaced, injured, homeless and orphaned citizens and children. Catholic Relief Services assisted in repairing social service institutions that addressed these issues.

Country	Project Number	Title	FY	Focus
Lebanon	268-0305	Health Sector Rehabilitation	1978-88	Grant to GOL to restore health services interrupted by civil war. One subproject examined existent disabilities in the population and devised a plan to meet the needs of those people. A 1983 amendment to the project provided a grant to the World Rehabilitation Fund to reconstruct and re-equip rehabilitation centers for the handicapped, and devise a National Plan for the establishment of rehabilitation centers.
Lebanon	268-0301	El Kafa'at Prosthetist Training Course	1978	Grant to GOL's Ministry of Labor and Social Affairs to provide rehabilitation for civil war amputees. A 12 month course on prosthetics and orthotics was provided by the World Rehabilitation Fund for 10 Lebanese from major rehabilitation facilities. In addition, an integrated rehabilitation and skills training program was developed for the handicapped by a local NGO. Approximately 600 amputees were expected to benefit.
Afghanistan	??	War Victims' Fund	1990-94	The American National Red Cross contributed funds they received under the War Victims' Fund for renovations of Jalalabad Hospital. Additional War Victims' Fund monies were provided to Handicap International between 1990 and 1992 to establish four prosthetic rehabilitation centers attached to NGO hospitals.

Country	Project Number	Title	FY	Focus
Afghanistan	306-0206	Afghan Humanitarian Relief	1987-90	Project to provide humanitarian supplies and medical evacuation services to war-wounded Afghans. Critically injured persons were airlifted biweekly out of Pakistan on DOD flights to receive pro-bono medical treatment in the U.S. and elsewhere. The flights also imported USAID-financed supplies such as clothing and medicine.
Armenia	155-0001	Armenia Earthquake	1990-95	In 1990, World Rehabilitation Fund opened a prosthetic workshop in Armenia's capital in response to an earthquake. Beginning in 1993, WRF began to receive funding from the War Victims' Fund , as the disabled people coming to the workshop were no longer earthquake victims, but victims of the Armenian civil war.

Table B
Description of Activities Undertaken by
Select Recipients of USAID
Institutional Strengthening and Implementation Grants

Country	Project Number	Title	FY	Focus
Latin America and Africa	932-0082	Population and Humanitarian Assistance: Goodwill Industries of America	1976-78	Development Program Grant to Goodwill Industries of America (GIA) to develop a staff needed to plan, implement and evaluate vocational rehabilitation programs for the physically, mentally, and socially disabled in Latin America and Africa.
Worldwide	938-0149	Private and Development Cooperation: Goodwill Industries of America	1979-81	Institutional Development Grant provided to GIA to increase its capacity to address development problems in LDCs.
Worldwide	938-0239	Private and Development Cooperation: Goodwill Industries of America	1983-86	Assisted GIA in increasing income possibilities for mildly handicapped young adults in seven LDCs. Regional seminars were held in West Africa, the Caribbean, and Latin America to address income generation for the handicapped.
Worldwide	938-0277	Private and Development Cooperation: Goodwill Industries of America	1986-89	Matching grant to GIA to increase employment and vocational training opportunities for disabled persons in select LDCs through technology transfer and capacity building programs.
Panama	525-0203	Goodwill Rehabilitation Center	1979	Strengthened and expanded the Goodwill Industry's Rehabilitation Center, which provided opportunities the physically and mentally handicapped to lead healthier and more productive lives.
Worldwide	938-0185	Private and Development Cooperation: Helen Keller International	1981-84	Matching grant to enable Helen Keller International (HKI) to implement four integrated, low-cost, primary health care programs that address such issues as blindness prevention.

Country	Project Number	Title	FY	Focus
Worldwide	938-0506	Private and Development Cooperation: Helen Keller International	1985-87	Grant to reduce child morbidity, mortality and blindness due to Vitamin A deficiency in Indonesia and Bangladesh.
Worldwide	938-0269	Helen Keller International Matching Grant	1985-87	A three-year matching grant to integrate eye care and basic rehabilitation services into the rural health systems of select countries.
Bangladesh	388-0083	Helen Keller International - Disaster Preparedness	1989-92	Grant to establish a nutritional/health surveillance system in flood-prone areas to reduce the incidence of nutritional blindness and disaster-related illnesses.
Niger	683-0277	Helen Keller International - Niger River Blindness	1991	Grant to HKI for a pilot program to prevent the recurrence of river blindness (onchocerciasis). Principal activities include epidemiological surveillance and ivermectin distribution.
Tanzania, Morocco, Niger, Sri Lanka, Philippines, Peru		Helen Keller International - Program for Integrated Eye Care	1989-93	Strengthening institutional capacity of HKI headquarters and six country offices by providing TA, training, equipment, monitoring and evaluation expertise so that these six developing countries can progressively integrate sustainable eye care services into the primary health care system. Sub-project: Morocco: Sight Restoring Surgery for Children.
Tanzania, Morocco, Sri Lanka, Philippines, Mexico	938-0158	Helen Keller International - Program for Integrated Eye Care	1993-95	To integrate eye care services into health care delivery systems in the targeted countries. HKI will train existing health care workers in primary eye care, pediatric ophthalmic surgery and administration, equip health facilities with ophthalmic equipment and supplies, and foster community involvement in the planning, implementation, and evaluation of eye health services.

Country	Project Number	Title	FY	Focus
Philippines	938-0500	Helen Keller International - Private and Development Cooperation: Child Survival Fund	1994-97	HKI to assist the government in saving lives and reducing morbidity and disability associated with micronutrient deficiencies and malnutrition in children and women.
Worldwide	938-0284	Vitamin A Technical Assistance Program (VITAP)	1988-93	To assist local and international NGOs to implement Vitamin A-related activities in developing countries with a deficiency problem. This includes TA, training, and educational materials development.
Morocco	608-0249	National Prevalence Survey on Eye Disease and Blindness	1991-92	Conduct a survey on eye disease and blindness.
Indonesia		Helen Keller International : Social Marketing of Vitamin A (SOMAVITA I)	1990-91	Social marketing to increase community awareness of Vitamin A capsule distribution.
Indonesia	497-0364	Helen Keller International : Expansion of Vitamin A Supplementation and Nutrition Education under PVO Co-Financing III (SOMAVITA II)	1991-94	Social marketing, Vitamin A capsule distribution, promotion of Vitamin A-rich foods.
Worldwide	932-0016	Population and Humanitarian Assistance: International Eye Foundation	1978-88	Ten year grant to the International Eye Foundation (IEF) to implement preventative and curative ocular health care programs in 12 countries in Asia, Latin America, and Africa. Voluntary U.S. ophthalmic surgeons conducted training.
Worldwide	932-0035	Population and Humanitarian Assistance: International Eye Foundation	1971-76	Grant to IEF to transfer U.S. ophthalmological technology and surgical expertise to developing countries.

Country	Project Number	Title	FY	Focus
Worldwide	932-0072	Population and Humanitarian Assistance: International Eye Foundation	1975-78	Development Program Grant to IEF to strengthen capabilities of programs that implement eye treatment and ophthalmology training centers, preventative educational programs, and conduct data collection on eye diseases in developing countries.
Worldwide	938-0270	Private and Development Cooperation: International Eye Foundation	1985-87	Supported IEF efforts to conduct research on the prevalence, etiology, and geographic distribution of eye disease. Training was provided for preventative and curative eye care, and operational research on the development of community-based programs for the prevention of blinding eye diseases was implemented.
Worldwide	938-0174	Private and Development Cooperation: International Eye Foundation	1981-84	Matching grant to IEF to support programs that provide preventative and curative eye care.
Cameroon	631-0091	Cameroon River Blindness: International Eye Foundation	1991	Grant to IEF to assist in a pilot program to introduce and maintain ivermectin distribution in Dja et Lobo Division, an area of hyper-endemic onchocerciasis transmission.
Malawi	938-0501	Private and Development Cooperation: International Eye Foundation	1985	Grant to IEF to increase the local capacity to prevent and treat eye and other childhood diseases in the Lower Shire Valley of eastern Malawi. Primary activities included establishment of village-level capacity to administer Vitamin A to children and lactating mothers, and treatment of trachoma.
Guinea	675-0205	Guinea Integrated Eye Health: International Eye Foundation	1984	Operational Program Grant to IEF to increase and develop specialty and primary eye care programs.
Kenya	615-0173	Kenyan Blindness Prevention	1976-79	Project to increase the effectiveness of medical care and blindness prevention programs in an existent mobile unit project.

Country	Project Number	Title	FY	Focus
Kenya	615-0203	Rural Blindness Prevention, Phase II: International Eye Foundation	1980-81	Served as a follow-on project to 615-0173 (above) to assist IEF to develop a capacity within the MOH to identify, refer, treat, and prevent eye disease and injuries. Primary activities include establishment of two community eye care projects, training and data collection.
Caribbean Regional	538-0111	Caribbean Eye Care: International Eye Foundation	1983	Grant to IEF to conduct eye care programs in several Eastern Caribbean countries. Activities included a training program to qualify physicians as Intermediate Eye Care Specialists, and TA to integrate primary and secondary eye care services into the health delivery system.
Caribbean Regional	538-0120	Grenada Blindness Prevention: International Eye Foundation	1984	Served as a follow-on project to 538-0111 (above), which was interrupted by military intervention. Operational Program Grant to IEF to address blindness prevention in Grenada. Activities included training of physicians, nurses and primary health care workers in preventative and curative health care.
El Salvador	519-0188	Ophthalmic Training Program: International Eye Foundation	1970	Operational Program Grant provided to IEF to expand the MOH's eye care and prevention services.

Table C
Select USAID Activities
Addressing the Needs of People with Disabilities
in the General Population

Country	Project Number	Title	FY	Focus
Caribbean Regional	538-0149	Mental Health Services Project	1986-88	Operational Program Grant to The People to People Health Foundation (Project Hope) to improve mental health services by assisting the MOH establish inpatient community mental health services programs, and by providing appropriate training.
Costa Rica	515-0160	Special Education	1980	Provided pre-vocational and vocational training for the physically and mentally disabled.
Ecuador	518-0010	Vocational Education for Disadvantaged Youth	1978-82	Operational Program Grant for the Fundacion de Asistencia Sicopedagogica a Ninos y Adolescentes Retardos Mentales to increase availability of vocational training and placement services for disadvantaged and handicapped youths and children. Primary activities included vocational education for handicapped children and youth; training for personnel; the establishment of three new special education centers; and the establishment of a media resource center that archives material on training of disadvantaged children and youth.
Ecuador	518-0045	Special Education Resource Centers Project	1983-85	Grant to the Instituto del Nino y la Familia (INNFA) to support the development of the Quito Special Education Resources Center -- the second of three centers in a national system of resource centers for the blind, deaf, mentally handicapped, and otherwise handicapped.

Country	Project Number	Title	FY	Focus
Ecuador	518-0061	Child, Family and Community Development	1985-87	Operational Program Grant to INNFA (see above) to increase the quality of life for children through family policy research, advocacy, community and institutional mobilization, and program R&D.
Grenada	543-0010.01	Relief and Reconstruction	1984-86	Subproject assisted the Ministry of Health to 1) replace the Richmond Hill Mental Hospital damaged in the 1993 U.S. intervention, and 2) upgrade the acute, long-term, and community- based mental health care delivery systems. The project was implemented by the MOH and was to construct two facilities, train mental health workers, and provide psychotropic drugs.
Honduras	522-0305	FUHRIL Institution Strengthening	1985-86	Grant to strengthen the capacity of the Honduran Foundation for the Rehabilitation and Integration of the Handicapped (FUHRIL), provide rehabilitation and employment services for the handicapped, and implement public awareness and fundraising campaigns.
Jamaica	532-0086	Partners' Voluntary Technical Assistance Service	1982-83	Operational Program Grant to strengthen the capacity of the Jamaica/Western New York alliance of the Partners of the Americas to provide TA to nonprofit educational and social agencies in Jamaica that assist women and youths to find employment. One proposed component addressed preventative intervention through early detection and treatment of learning disabilities.

Country	Project Number	Title	FY	Focus
Jamaica	532-0094	Rural Services Development for Special Children	1982-83	Operational Program Grant to PVO Ltd. to provide health, special education, and vocational development services to handicapped children in rural Jamaica. Operations included prevention activities that relate to pre-natal care, and identification; immunization, nutrition, family planning counseling; and pre-school and school age services, including hearing, educational/physiotherapy, and vision screenings.
Paraguay	526-0506	Community Services	1977	Operational Program Grant provided to the National Council of Philanthropic Organizations to increase its capacity to initiate vocational education sub-projects for poor urban and rural women and the disadvantaged, including the handicapped.

Country	Project Number	Title	FY	Focus
Latin America Regional	598-0436	Partners of the Americas	1965-91	Program established to coordinate partnerships between U.S. states or regions and countries in Latin America/Caribbean. Under this program, a 1985 grant was given to the PATH program of the National Association of Partners of the Americas (NAPA) to provide assistance to handicapped persons, their families and communities. Over 40 experts were exchanged between the U.S. and Latin America who focused on development of parent and self-help groups; expansion of PATH resource centers; early detection and intervention; training of special education teachers, therapists, health personnel and technicians in a community-based approach to rehabilitation; public education campaigns; and technology and material development.
Near East Regional	298-0144	Mt. David Crippled Children's Hospital	1977-85	Grant provided to the Mt. David Crippled Children's Hospital in the West Bank to expand its physiotherapy program and services for poor children with orthopedic disabilities. Assistance included provision of facilities, equipment and personnel.

Country	Project Number	Title	FY	Focus
Near East Regional	398-0159.10	West Bank/Gaza Development	1986-cont	Subproject (originally 298-0180) to support CRS to develop institutional capability in the West Bank/Gaza to provide community inreach services to handicapped persons, incl. children. Activities include assessment and referral of 800 handicapped persons; initiation of community-based training programs for staff, paraprofessionals, teachers, parents, and medical, educational and charitable staff; est. of services for handicapped children and their parents in 40 villages; and assistance to 200 children in need of surgery or rehabilitation.
Near East Regional	398-0159.11	West Bank/Gaza Development	1986-cont	Subproject (originally 298-0182) that supports efforts of the Society for the Care of Handicapped Children (SCHC), a Palestinian PVO, to establish a Mothers' Home Care and Early Outreach Program. Home teachers train parents of handicapped children regarding the need for early infant stimulation, nutrition, behavior management, and child development.
West Bank/Gaza	294-0159	West Bank/Gaza Development	1979-cont	Grant provided to the Society for the Care of the Handicapped in the Gaza Strip (SCH) to continue its home learning and rehabilitative services for the communication impaired, mentally handicapped, and other at-risk children. Primary activities include home training programs for the communication impaired; technical training for an ear mold technician and hearing aid repair technician; and creation of a hearing and speech clinic.

Country	Project Number	Title	FY	Focus
New Independent States	110-0001	Special Initiatives	1992-97	One component of the project includes a cooperative agreement with World Learning to support NGO activities through 46 partnerships, including 11 with a focus on disabled persons. (See Annex III for specifics.)
New Independent States	110-0012	NIS Exchanges and Training	1991-96	Provide U.S. and in-country training to organizations in Russia, including the All Russian Society of the Disabled. (See project description in text.)
Armenia	155-0001	Armenian Earthquake	1990-95	Project provided grants to U.S. PVOs, (including World Rehabilitation Fund, Armenian General Benevolent Union/Armenian Relief Society of North America, and Project Hope Consortium) to provide medical treatment, education and vocational training for victims of the 1988 earthquake. Activities included training for nurses and health care workers, engineers and building planners, and in basic disaster preparedness. After 1993, the prosthetic workshop established by WRF in 1990 began to receive funding under the War Victims' Fund , to expand services to victims of the Armenian civil war.

Country	Project Number	Title	FY	Focus
East European Regional	180-0032	Private Sector Humanitarian Initiatives	1991-99	<p>Numerous grants are provided to NGO/PVOs in Eastern and Central Europe -- including 10 that address disabled populations and issues. Examples include: a grant to Project Concern International to address needs of orphaned children, and to manage 17 institutions for the severely handicapped in Romania; a grant to the International Eye Foundation to support blindness prevention and public eye health in Bulgaria, and establish the Center for Sight; and a grant to World Vision Relief and Development to 1) establish three model institutions which provide comprehensive health, social, and rehabilitative services for handicapped persons, 2) provide comprehensive care to 5,000 handicapped persons, 3) establish alternatives to institutional care, and 4) provide training.</p>
Romania	186-0001	Romanian Children Relief	1990-91	<p>Grants provided to the United Nations Children's Fund and Private Agencies Cooperating Together (PACT). The former assisted sick and disabled children in orphanages and other institutions through such means as health care support, and rehabilitation. In the latter, PACT led a PVO consortium that included Project Concern International (PCI) and World Vision Relief and Development (WVRD). They assisted with the immediate health needs and adoption of institutionalized children.</p>

Country	Project Number	Title	FY	Focus
Asia Regional	498-0251	Private and Voluntary Organizations	1976-85	Funded multiple PVO projects in Nepal, including the Comprehensive Rehabilitation for the Disabled and Blind activity, and the Improvement and Expansion of Services for the Visually Handicapped.
Cambodia	443-0105	Targeted Food Assistance	1991-93	Grant to the World Food Programme to provide emergency food aid. Food was targeted specifically at vulnerable groups, including the handicapped.
Philippines	492-0419	PVO Co-Financing III	1989-92	Grants were provided to Helen Keller International to provide local NGOs with TA on Vitamin A blindness prevention; and to Microlink, a Filipino NGO, to assist the disabled and other disadvantaged groups in establishing small and micro-enterprises, focusing on handicraft production.
Philippines	492-0367	PVO Co-Financing II	1984-88	Grant provided to Helen Keller International to provide local NGOs with TA in Vitamin A blindness prevention.
Sri Lanka	383-0101	PVO Co-Financing II	1987-95	Under this grant, funding was provided to the Colombo Friend in Need Society to increase production of artificial limbs at four workshops in Colombo, Galle, Jaffna and Kandy. Goals included production of 4,000 lower limbs, 600 upper limbs, 2,000 orthotic braces, 450 wheelchairs and 2,500 crutches.

Country	Project Number	Title	FY	Focus
Taiwan	913-0235	American Schools and Hospitals Abroad: Cheng Hsin Rehabilitation Center	1972-80	Grant to the American Bureau for Medical Aid to China assisted the Cheng Hsin Rehabilitation Center in Taipei with construction, equipment and supplies, and conducted exchange visits with American personnel. The Center provides corrective surgery, prosthesis, physiotherapy and occupational therapy for handicapped children.
Thailand	493-0342	PVO Co-Financing II: Strengthening Participatory Institutions and Resources in Thailand	1985-92	Follow-on project to 493-0296 that promoted PVO activities that address the needs of socio-economically disadvantaged groups in Thailand. A grant was provided to Helen Keller International to strengthen and expand educational and vocational services for the blind.
Mali	688-0247	PVO Co-Financing	1992	In Mali, an operating program grant was provided under the War Victim's Fund to World Vision Relief and Development in 1992 for a program to assist the Malian Physical Rehabilitation Services to be able to provide more comprehensive rehabilitation services both for persons with severe trauma, such as victims of civil disturbances, and for the disabled population in general. Under this grant WVRD provided the services of two physical therapists for two years who worked in the major hospital, and trained other therapists.