



INTERNATIONAL COMMITTEE OF THE RED CROSS

SPECIAL **F**UND FOR THE **D**ISABLED

Annual Report 2005



ICRC special fund for the disabled



SFD BUDGET AND APPEAL STRUCTURE

The **2005 budget of the ICRC Special Fund for the Disabled (SFD)** was based on the objectives set for the year and was designed to cover both field and headquarters activities from 1 January to 31 December 2005. Its structure was made up of five separate field budgets and the headquarters budget.

It is for this reason that the **2005 SFD Appeal** was divided into the following chapters:

General section on SFD policy and budget evolution;

Albania : activities of the SFD in Albania;

Ethiopia: activities of SFD Addis Ababa in Africa;

Libya : SFD activities planned in Libya;

Nicaragua: activities of the SFD Managua in Latin America;

Vietnam: activities of the SFD Ho Chi Minh City in Vietnam, Bangladesh, India and Timor-Leste.

The support to operational programmes by the **SFD's headquarters** in Geneva and the costs for financial management and administration was added on a *pro rata* basis to the five field budgets.

Donors were encouraged to support the SFD 2005 Appeal as a whole and to forward their contributions as soon as possible. Funds obtained were subject to standard SFD reporting (yearly Appeal, Annual and Mid-term Report), audit and financial review procedures (KPMG Annual Report). Ad hoc reports were produced, on special request only.

For further information on the SFD and related ICRC programmes see:

ICRC Special Fund for the Disabled: brochure published in English, French and German;

SFD 2005 Appeal;

SFD 2005 Mid-term Report;

KPMG 2005 Audit Report: publication expected in April 2006;

"Support for Life": ICRC Physical Rehabilitation Programmes for War-wounded 1979–2003: report (incl.graphs/tables/CD-ROM) and cross references to the SFD, published by the ICRC;

2005 Annual Report of the ICRC's Physical Rehabilitation Programmes: publication expected in April 2006;

ICRC 2005 Special Mine Action Appeal;

ICRC 2005 Special Mine Action Report;

ICRC 2005 Annual Report (publication expected in June 2006);

ICRC 2005 Emergency and headquarters Appeal

It is also useful to consult the ICRC's website, www.icrc.org, for further information on both ICRC and SFD physical rehabilitation activities.

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N.B.

The number of assisted patients is based on information provided by the assisted centres.

The financial figures were still un-audited at the time of publication of this annual report.

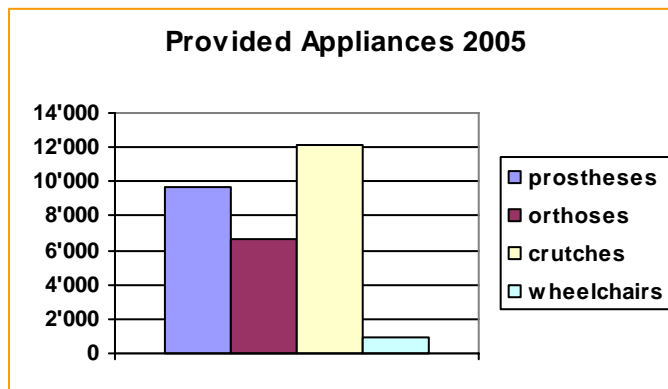
EXECUTIVE SUMMARY

The ICRC Special Fund for the Disabled (SFD) **aims** to ensure continuity of former ICRC programmes for populations affected by conflict or war and support other physical rehabilitation centres in low-income countries. Its immediate objectives are to maintain and increase access, quality and durability of rehabilitation services, through a combination of material/financial, technical and training support to assisted centres.

The Fund operates primarily out of **three regional bases** in Africa (out of Ethiopia), in Asia (out of Vietnam) and in Latin America (out of Nicaragua). The Albania project is supervised by the SFD headquarters. A plan of action jointly worked out by the Libyan Red Crescent and the SFD had been included in the 2005 budget but it could not be started for a variety of reasons.

In 2005, assistance provided by the Fund contributed to the rehabilitation of more than **16,000 persons** worldwide: 9,649 were fitted with prosthesis¹ and 6,707 with an orthosis.² Forty percent of the assisted amputees were mine victims. Also, 962 wheelchairs were provided in addition to 12,130 crutches.

Material, financial, technical and training support was provided to **53 physical rehabilitation centres** in 26 countries. These included newly started assistance projects in Djibouti, Madagascar, Malawi, Mozambique, Namibia, Zambia, El Salvador, Nicaragua and Vietnam.



To enhance patients' access to rehabilitation services, raw materials and components for the manufacture of prostheses and orthoses were given to most centres. The SFD provided reimbursements to certain centres for services provided to patients, notably in Vietnam and in Nicaragua.

To maintain and improve the quality of the services to patients and the **long-term functioning** of the centres, the SFD sponsored 13 local staff members from 5 centres to attend one- to three-year courses at regional schools in prosthetics and orthotics. In addition, ten one-month basic training courses for 56 participants from 19 countries were organized at the SFD regional training centre in Addis Ababa, Ethiopia. In addition, four regional seminars for professionals were organized in cooperation with prosthetic/orthotic schools in Mali, Morocco and Kenya. The technical support/ monitoring visits lasting at least two weeks to the centres included coaching, on-the-job training or refresher courses for local personnel.

The SFD participated in the **USAID/War Victims Fund evaluation** of the SFD's Africa programme out of Addis Ababa, Ethiopia, including five project visits in Ethiopia and in Kenya. The joint assessment was perceived as very useful by the participants. While the overall programme approach was considered strong in prosthetics and orthotics, further strengthening of physiotherapy and follow-up for patients were recommended.

The 2005 **financial situation** ended positively. The operational and non-operational expenditure of CHF 4,405,916 was covered by receipts derived from contributions and other income for a total amount of CHF 4,518,954 (un-audited figures).

¹ prosthesis : a device to replace a missing (part of a) limb

² orthosis : a device to support a malfunctioning (part of a) limb or body

INTRODUCTION

The ICRC's Special Fund for the Disabled (SFD) was **created in 1983** to ensure continuity of programmes of the ICRC operational programmes on behalf of people disabled as a result of conflict and to support physical rehabilitation centres in developing countries.

Physical rehabilitation deals with the provision of devices to assist disabled people (prostheses, orthoses, walking aids and wheelchairs) and appropriate physiotherapy. Physical rehabilitation is not an objective in itself, but an essential part of all measures needed to ensure the full integration into society of persons with disabilities.

When needed, the SFD helps **bridge the gap** between the ICRC's withdrawal from a country and the moment when the government or local institutions take over full responsibility for maintaining the patient services at ICRC-assisted rehabilitation centres. It also supports centres that have not been supported by the ICRC, using the technology and technical expertise developed by the ICRC to strengthen the quality and sustainability of rehabilitation services in low-income countries.

If partners ask for further help after ICRC assistance has ended, the SFD may provide follow-up physical rehabilitation assistance, thus promoting long-term services and **return on investment**. SFD specialists make regular visits to ensure that centres can produce enough prosthetic/orthotic devices to meet the needs of the disabled, develop and maintain a high standard of quality of the services provided to patients, and help train national counterparts to meet internationally recognized standards.

In 2001, the SFD became an **independent foundation** under Swiss law, opening its policy-making board also to non-ICRC members. At the end of 2005, the Board consisted of six ICRC members and three non-ICRC members. Operational decisions are taken by an Executive Committee composed of four members of the Board. It meets monthly with the SFD director who coordinates the regional projects.

SFD activities are not included in the ICRC's **budget**, but are funded independently through the SFD yearly appeals.³ However, both at headquarters and in field delegations, the ICRC provides the SFD with substantial logistical and administrative support.

The SFD's assistance is geared towards maintaining and increasing **access** to rehabilitation services, **quality** and **long-term functioning** of these rehabilitation services. This is mainly achieved through a combination of material, financial, and technical assistance as well as capacity building and training.

Using the standards, technology, and strategies developed by the ICRC, the SFD offers a level of technical support, training and materials that is adapted to and **enhancing the centres' growing autonomy**, thus helping centres expand their services to provide for the wider range of conditions that must be treated in peacetime. At the same time, in former ICRC projects, follow-up on the population affected by conflict is provided to ensure that their needs are still being met.



³ the SFD Appeal 2006 is available from sfd.gva@icrc.org and for donors, on the ICRC intranet site for donors.

2005 OVERVIEW OF ACTIVITIES

ACCESS TO SERVICES

Activities to improve access to physical rehabilitation services are structure-oriented (renovation of facilities, donation of prosthetic and orthotic materials, components, equipment, etc) and patient-oriented (reimbursement of transport and accommodation costs, covering the cost of services provided by centres, etc).

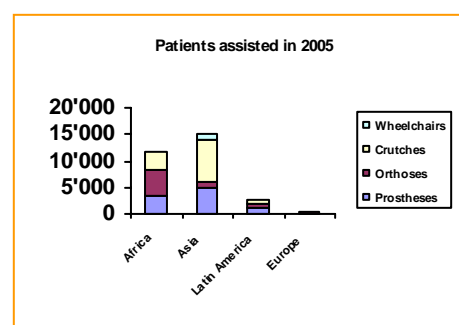
In 2005, the SFD assisted 9 additional centres compared to 2004, bringing the total to 53 centres in 26 countries. The newly assisted centres were mainly located in Africa (Djibouti, Madagascar, Malawi, Mozambique, Namibia and Zambia) in addition to Latin America (El Salvador and Nicaragua) and Asia (Vietnam). Assistance was coordinated by SFD specialists out of the three regional bases, in Ethiopia (Africa), Nicaragua (Latin America) and in Vietnam (Asia). The project in Albania is monitored by SFD headquarters in Geneva. Two additional projects planned with the Libyan Red Crescent Society could not be implemented for a number of reasons.

2005 overview of SFD-assisted centres (53)					
Europe (1)		Africa (34)		Latin America (5)	
Albania (1)		Ethiopia Regional Training Centre (1) Djibouti (1) Cameroon (1) Guinea-Bissau (1) Kenya (3) Madagascar (1) Malawi (1) Mali (8) Mauritania (1) Morocco (2) Mozambique (1) Namibia (1) Nigeria (2) Somalia (3) Tanzania (2) Togo (2) Zambia (1) Zimbabwe (2)		Nicaragua (3) Colombia (1) El Salvador (1)	
				Vietnam (9) India (1) Bangladesh (2) Timor-Leste (1)	
Orthopaedic appliances provided in 2005 (16,356)					
	Europe	Africa	Latin America	Asia	Total
Prostheses	138	3,477	1,216	4,818	9,649
Orthoses	118	4,961	575	1,053	6,707
Total	256	8,438	1,791	5,788	16,356

To promote accessibility to rehabilitation services, SFD support in Vietnam and in Nicaragua is mainly oriented towards financial reimbursements for treatments provided to individual patients (more than 5,000 patients) while SFD support in other countries is more oriented towards providing material support to decrease the centre's costs of services provided to patients.

The overall number of assisted patients, over 16,000, increased by over 10% compared to 2004. This was mainly due to the number of assisted centres in Africa, Latin America and in Asia which was greater than before. While the overall provision of prosthetic services to patients increased considerably, this was less outspoken for the provision of orthotic services in several centres.

Close collaboration in the identification, referral and follow-up of patients with National Red Cross Societies in some countries (e.g. Vietnam, Nicaragua) helped to improve access to rehabilitation services for destitute patients.



QUALITY OF SERVICES

In order to promote the quality of services to patients, the SFD promotes the implementation of ICRC-developed treatment- and management guidelines which are based on international guidelines. A multidisciplinary patient-management approach, including physiotherapy, is promoted in projects. In addition, emphasis is placed on training of local professionals through in-house courses and practical tutorials by SFD specialists and through sponsorships for local personnel to attend diploma courses at regional schools. The introduction of low-cost, good quality technology (awarded the 2004 Brian Blatchford Prize by the International Society of Prosthetics Orthotics (ISPO)) helps to guarantee the quality and durability of the appliances provided, at the lowest possible price.

In 2005, nine SFD expatriate prosthetists/orthotists working in the field made frequent support/monitoring visits to assisted centres to help assure/improve the quality of the services provided to patients through practical tutorials. Many centres were visited twice, while a full-time presence was maintained at the three regional bases.

The director and the SFD's head of regional Africa programme in Addis Ababa, Ethiopia, participated in an evaluation of the SFD programmes in Africa, which was jointly carried out with two representatives of the Patrick Leahy War Victims Fund. While the overall programme approach was deemed strong in prosthetics and orthotics, it was recommended that physiotherapy and follow-up of patients be enhanced with the primary aim of further improving the quality of the services provided by the SFD-assisted centres.

Also in Ethiopia, 56 trainees participated in ten one-month training courses which were organized at the SFD's regional training centre in Addis Ababa. The SFD training courses were further professionalized. A new training manual on management of prosthetic/orthotic services was developed in 2005 which deals with workshop, patient, stock and human resources management and cost calculation for prosthetic/orthotic services. Prosthetic and orthotic manufacturing guidelines and Powerpoint presentations were extensively used and revised. In addition, four seminars were organized at regional schools in Mali, Morocco and Kenya during the year, on "The manufacture of ICRC polypropylene trans-tibial and trans-femoral prostheses". The seminars lasted two weeks each, and were attended by 60 teachers, students and/or professionals.

In Nicaragua, the SFD organized a ten-day course in polypropylene technology for 10 candidates for a project in Haïti. A technical film on this technology was made during a visit by specialists from the University Don Bosco Prosthetic Orthotic School, El Salvador.

In Bangladesh, practical tutorials on prosthetics/orthotics and on gait training were organized by the SFD expatriate at the two supported centres during his two missions to the country.

Furthermore, the SFD sponsored a total of 13 trainees from assisted centres to attend regional schools for a one- to three-year training in prosthetics and orthotics.

Overview of SFD-sponsored trainees attending regional schools in prosthetics / orthotics			
	Africa (4)	Asia (8)	Europe (1)
Location of project	Zimbabwe 3 Kenya 1	Bangladesh (8)	Albania (1)
Location of school	Tanzania – Moshi	India – Bangalore (3) India – Vellore (5)	India – Bangalore

To further improve the quality of the SFD's approach and to face the increasing demands in Africa, the team of four expatriates in Addis Ababa was joined by an additional prosthetist/orthotist. Overall, the SFD employs 10 expatriates and 11 local staff for the management and monitoring of its projects.

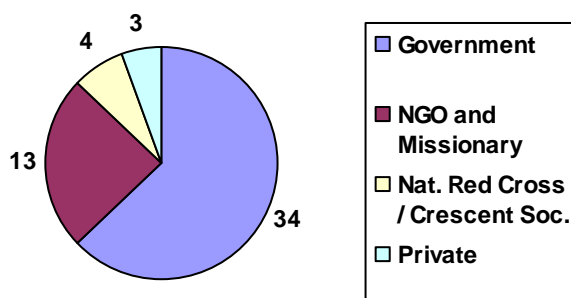
Two meetings with SFD heads of regional programmes took place in Geneva to discuss projects and to develop guidelines. Among others, the procedure for new SFD assistance requests was set up, including standard forms to be filled out. An assessment format for new requests was developed and tested in some projects.

The SFD also contributed to the formulation of the ICRC internal policy paper "Strategic and Operational Framework for ICRC Physical Rehabilitation Programmes", expected to be finalized in 2006.

LONG-TERM FUNCTIONING OF SERVICES

In order to promote the long-term functioning of assisted projects, the SFD works from the beginning with a national partner. The SFD has a long-term approach, considered essential for capacity building. Long-term functioning of services depends on financial, technical and organizational considerations. Financially, the use of polypropylene technology helps to lower the running costs of the centres. Organizationally, coaching and the introduction of management tools (stock management, patient management and treatment protocols, etc) supports and reinforces the national capacity. Technically, the training of professionals (prosthetists/orthotists and physiotherapists) helps to ensure the quality and long-term functioning of the services provided.

Project Partners 2005



During 2005, all projects were run in close collaboration with national partners. The illustration indicates the main project partner, taking into account that frequently more than one partner was involved. Two thirds of the SFD-assisted centres were run by governmental authorities.

Preparations have been made to gradually introduce cooperation agreements with supported centres which cover a few years, with yearly output milestones.

The first short-term management training module in prosthetic and orthotic services was organized at the SFD's regional training centre in Addis Ababa, Ethiopia, for managers of supported centres.

During the year under review, the SFD director, accompanied by the SFD head of regional programme, made four monitoring/assessment missions to the assisted physical rehabilitation centres in Albania, Bangladesh, Nicaragua and in India.

Meetings were held with the Albanian authorities to discuss a solution for the deteriorating condition of the building in which the National Prosthetic Centre is housed; the Albanian authorities decided to prepare a proposal for a new building.

The two SFD-assisted centres visited in Bangladesh showed a large degree of autonomy, with an increasing number of patients assisted in spite of decreasing SFD support.

In India, the SFD decided to assist two additional centres in Vellore and in Bangalore which showed a good level of autonomous functioning.

Systematic project monitoring led to an early project review mission in Nicaragua. The newly established centre CAPADIFE functioned with full technical autonomy. Yet, efforts to increase financial support from other organizations were only partly successful and planned socio-economic activities could not be started. This led to a review of the tri-partite agreement at the end of the year. The development of a viable future cost-recovery strategy for CAPADIFE was prioritized and partly implemented in 2005. A database with several hundred potential financial sources to be contacted was established. Several events were organized to make the public more aware of the centre's work, including activities covered by television and radio. A web page is being created with support from the American University in Managua and various pamphlets and stickers have been produced.

FINANCIAL OVERVIEW

As at 31 December 2005, the SFD budget amounted to CHF 4,875,690 (for breakdown see annex 4). No budget extension was required during the year. A plan of action jointly worked out by the Libyan Red Crescent and the SFD had been included in the 2005 budget but it could not be started for a variety of reasons.

Operational expenditure for the entire year amounted to CHF 4,350,196. As a result, the implementation rate (expenditure versus budget) reached almost 90%. Without taking into account the Libya budget the implementation rate for all the other programmes has been well over 100%. Non-operational expenditure and audit fees amounted to CHF 55,720. The total of operational and non-operational expenditure thus amounted to CHF 4,405,916.

In 2005, CHF 4,079,060 were received or firmly pledged, thanks to the continued and generous support from the donors. To this income derived from contributions could be added gains from revenues and other income amounting to CHF 439,895. This meant that the 2005 expenditure could be met by the recorded total income of CHF 4,518,954.

OUTLOOK FOR 2006

In 2006, the SFD expects to slightly increase the number of supported projects to 55 projects in 27 countries, pursuing the promotion of better access to rehabilitation services, of the quality of the services provided and of the long-term functioning of the rehabilitation services. Following assessments made during 2005, additional projects are planned in India (Bangalore) and in Latin America (Cuba).

Furthermore, the SFD will also start to collect data to help determine the effectiveness and impact of the assistance on the patient. In addition, the SFD will start promoting and developing physiotherapy services in assisted centres, starting with some pilot projects in Africa.

A separate SFD web page is due to be created during 2006.



ACTIVITIES BY REGION

EUROPE

Albania



SFD assistance in Albania

National partner: Ministry of Health

Location of projects: National Prosthetic Orthotic Centre (NPOC), Central University Military Hospital, Tirana

Beginning of SFD assistance: 2004

Assistance provided in 2005:

raw materials and components
technical and clinical support (2 missions)
sponsorship of 1 student

Services to patients in 2005:

prostheses: 138
orthoses: 118

SFD expatriates: one, part-time

2005 Budget: CHF 75,645

2005 Expenses: CHF 59,889 (un-audited figure)

General

The SFD assists one centre in Europe, the National Prosthetic Orthotic Centre (NPOC) located within the Central University Military Hospital in Tirana. The SFD's support is aimed at improving access to the services for the disabled, improving the quality of the services offered, and looking for solutions for the sustainability of the centre. It pursues its objectives through the following activities:

Material assistance:

To improve access, the SFD mainly donates imported materials (equipment, raw materials and prosthetic/orthotic components) to the supported physical rehabilitation centres. Donation of imported materials also guarantees a certain degree of quality in the prosthetic/orthotic appliances manufactured.

Technical assistance:

Monitoring through regular follow-up visits is offered, providing physical rehabilitation centres with technical and managerial advice.

Capacity building and promotion of long-term functioning:

Training of local technicians is provided, through practical tutorials and through sponsorships to attend regional schools in prosthetics and orthotics, with the aim of improving the quality of the services and keeping the technical knowledge of the staff up to date.

The centre was assisted by the ICRC from 2001 to 2003 and afterwards by the SFD. Since 2001, the NPOC has provided 778 prostheses to amputees (25% mine victims) and 656 orthoses to other persons with disabilities.



Technical and training support

One of the most pressing problems over the the last few years has been the rapidly deteriorating condition of the NPOC building. To promote the long-term functioning of the rehabilitation services at the centre, the SFD prosthetist/orthotist together with the SFD director met with officials from the Ministry of Defence and the Ministry of Health to discuss solutions for the premises. Following that, the authorities decided to prepare a proposal for co-funding a new NPOC building, in close collaboration with the Ministry of Health and with the Albanian Mine Action Committee, AMAE. A first proposal was under revision by the end of the year under review. At the same time, the Ministry of Health made a commitment to spend US\$ 50,000 a year for buying raw materials and orthopaedic components, eliminating the need for material SFD assistance as from 2006.

A second technical mission by the SFD prosthetits/orthotist included a visit to the newly established repair centre in Kukes. This represents an essential step in the promotion of services to the patients of northern Albania, including some 100 amputees who lost a limb in a landmine explosion. The National Prosthetic Centre is due to take over responsibility of the Kukes employees as from 2006.

During both visits, to enhance the quality of the services to patients, the SFD prosthetist/orthotist provided on-the-job training in prosthetics and orthotics.

To promote the quality of services to patients and the long-term functioning of the centre, the SFD continued financing the tuition in prosthetics/orthotics for the Albanian participant, now in his second year. The departure of a second participant for training was delayed for administrative reasons and has been rescheduled for the summer of 2006.

Albania: overview of SFD-sponsored training at regional schools

Assisted centre	Number of students	Training started	Training end (planned)	Name of the school	Type of training (i.e. ISPO Cat.II, etc)
NPOC	1	Sep. 2004	Dec. 2006	Mobility India, Bangalore, India	Prosthetics and orthotics course

Material support

To improve access to the centre and enhance services for patients, raw materials and components were provided to allow a production of some 250 prosthetic/orthotic appliances.

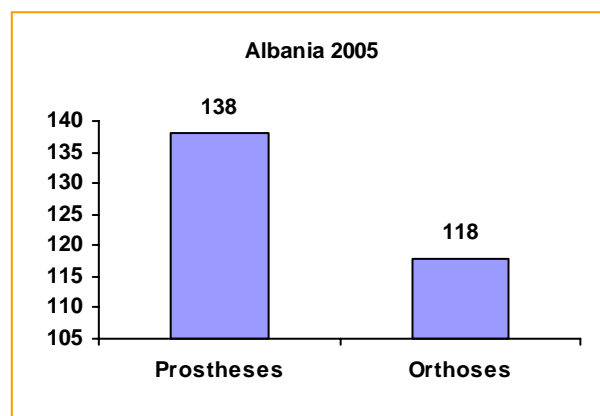
Patients assisted

With assistance from the SFD, patients treated at the NPOC were fitted with 138 prostheses and 118 orthosis.

Outlook for 2006

In 2006, the SFD will promote and support:

- the quality of services by providing two technical support missions;
- the long-term functioning of services by providing technical advice to the authorities for the completion of the project proposal to improve the building of the NPOC, and assist in the submission of the proposal to third parties for funding; the SFD will also continue sponsoring the Albanian participant for the third year of his three-year course in Bangalore, India in prosthetics/orthotics and sponsor a second Albanian participant for the first year of his training course.



AFRICA



SFD assistance in Africa

Regional Base: Prosthetic Orthotic Centre, Addis Ababa, Ethiopia

Assisted projects: 34 projects in 18 countries : Cameroon (1), Djibouti (1), Ethiopia (1), Guinea Bissau (1), Kenya (3), Madagascar (1), Mali (8), Malawi (1), Mauritania (1), Morocco (2), Mozambique (1), Namibia (1), Nigeria (2), Somalia (3), Tanzania (2), Togo (2), Zambia (1), Zimbabwe (2)

Assistance provided in 2005:

raw materials and components (31 centres)
technical and clinical support (37 missions to 24 centres)
one month refresher courses (10 for 56 participants from 19 countries)
seminars (4 technical seminars for 60 participants)
sponsorship (4 students)

Services to patients in 2005:

prostheses: 3,477
orthoses: 4,961
crutches: 3,197

SFD personnel:

five expatriate ortho prosthetists
five national administrative and technical personnel

2005 Budget: CHF 2,061,213

2005 Expenses: CHF 2,133,820 (un-audited figure)

General

The SFD's regional base for Africa is located at the Prosthetic Orthotic Centre (POC) in Addis Ababa, Ethiopia. The SFD provides support to physical rehabilitation centres in Africa, with the aim of improving access to services for the disabled, improving the quality of the services offered, and looking for solutions for the sustainability of the centres. The challenge is not only to increase the capacity of physical rehabilitation services, but also to prevent that existing structures stop functioning or that they be under-utilized. The SFD in Addis Ababa achieves its objectives through the following activities:

Material assistance:

To improve access to the services, the SFD mainly donates imported materials (equipment, raw materials and prosthetic/orthotic components) to the supported physical rehabilitation centres. Donation of imported materials also guarantees a certain degree of quality in the prosthetic/orthotic appliances manufactured.

Technical assistance:

Monitoring through regular follow-up visits is offered, providing physical rehabilitation centres with technical and managerial advice.

Capacity building and promotion of long-term functioning:

The SFD's regional training centre at the POC trains local staff with the aim of improving the quality of the services and keeping the technical knowledge of the staff up to date. The SFD also organizes seminars on various subjects, such as training in management tools, promotion of cost-recovery strategies etc.

Since 1995, the SFD in Addis Ababa has supported 53 physical rehabilitation centres in 25 African countries, thereby facilitating the rehabilitation of tens of thousands of people with disabilities, including the fitting of patients with some 36,000 prostheses and some 32,000 orthoses.

Technical and training support

To improve the quality of services to patients a total of ten refresher one-month courses was organized at the SFD regional training centre in Addis Ababa. This benefited 56 participants from 19 different countries. Two thirds of the participants came from SFD-assisted centres while fourteen technicians were sponsored by other humanitarian organizations.

A total of six training modules are now available:

- A. Manufacture of ICRC polypropylene lower-limb prostheses
- B. Manufacture of ICRC polypropylene lower-limb orthoses
- C. Clinical methods for lower-limb prosthetic fitting
- D. Clinical methods for lower-limb orthotic fitting
- E. Manufacture of ICRC polypropylene upper-limb prostheses
- F. Management in prosthetic and orthotic fitting



Participants to the first SFD Management course, including managers, administrators and workshop leaders from Somalia, Zimbabwe, Mali, Mauritania, Tanzania, Guinea Bissau, and Malawi.

SFD training courses were further professionalized. A new training manual on management of prosthetic/orthotic services was developed in 2005 which deals with workshop, patient, stock and human resources management and cost calculation for prosthetic/orthotic services. Prosthetic and orthotic manufacturing guidelines and Powerpoint presentations were extensively used and revised.

In addition, four seminars were organized at regional schools in Mali, Morocco and Kenya during the year, on "The manufacture of ICRC polypropylene trans-tibial and trans-femoral prostheses". The seminars lasted two weeks each, and were attended by 60 teachers, students and/or professionals from the countries in which the seminars took place. Curricula were designed for each seminar, and participants received a certificate of attendance.

To promote the long-term functioning of the centres, the SFD sponsored training courses lasting several years at regional prosthetics and orthotics schools for four young African technicians for a Category I or for an ISPO Category II programme.

Ethiopia: overview of SFD-sponsored training at regional schools

Assisted centre	Number of students	Training started	Training end (planned)	Name of the school	Type of training (i.e. ISPO Cat. II, etc)
Kikuyu Orthopaedic Centre in Nairobi, Kenya	1	2004	2008	Tanzania Training Centre for Orthopaedic Technologists, TATCOT	ISPO Cat. I
Parirenyatwa Orthopaedic Centre in Harare, Zimbabwe	1	2004	2007	TATCOT	ISPO Cat. II
Parirenyatwa Orthopaedic Centre in Harare, Zimbabwe	1	2005	2008	TATCOT	ISPO Cat. II
Parirenyatwa Orthopaedic Centre in Harare, Zimbabwe	1	2005	2008	TATCOT	ISPO Cat. II

A total of 37 visits was carried out from Addis Ababa to 24 physical rehabilitation centres in 15 countries. The aim of these missions was to provide training to local staff, and to enable monitoring and evaluation of the SFD's support together with the partner, as well as discussions about possible future support. During the technical visits, most technicians attended a two-week on-the-job training module in both prosthetic and orthotic fitting of patients. In addition, four new projects were evaluated in Mozambique, Malawi, Djibouti and Zimbabwe.

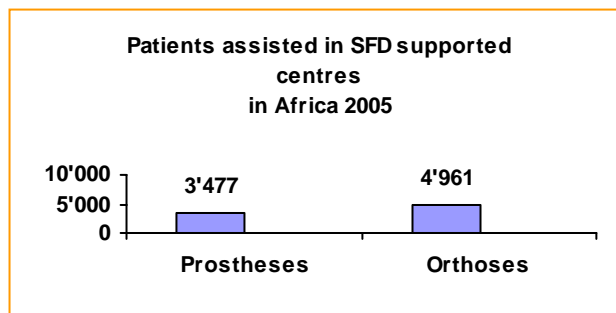
Material support

Material donations were made to 31 assisted centres in 16 countries. The assistance consisted mostly of prosthetic and orthotic components and some equipment. This helped to lower the running costs of the centres and resulted in better access to services for patients.

Patients assisted

The SFD's support contributed to the rehabilitation of amputees and other patients with more than 8,300 orthopaedic appliances (prosthesis or an orthosis) in the supported centres.

According to internationally accepted standards, a prosthetic/orthotic technician should be able to fit on average about six to eight patients per month with a prosthesis or orthosis. In a number of projects, this figure is not attained. This shortfall is due to several reasons, e.g. seasonal fluctuations (harvest, rainy season), weaknesses in the referral system or an inherited large working force not adapted to the present situation. Where possible, the SFD aims to assist these centres to increase their productivity.



USAID's War Victims Fund Evaluation

USAID's War Victims Fund has been contributing to the ICRC Special Fund for the Disabled since 1996, primarily supporting the African programmes, which are carried out from Ethiopia.

Representatives from the War Victims Fund and from the SFD visited Ethiopia and Kenya to get first-hand information about the SFD African regional centre and to visit some specific SFD-assisted centres in Kenya. In addition to reviewing documents and conducting site visits, the team spent much of its time talking to SFD staff about how decisions were made, why one intervention was chosen over another, and how services could be improved. This was an interesting process for all involved; ensuring the quality and sustainability of services for the disabled, reviewing the processes for training staff, implementing programmes and moving programmes towards sustainability are common goals of the two organizations.

The Special Fund for the Disabled's prosthetic and orthotic credentials were found to be strong and it was concluded that putting more emphasis on physiotherapy and on follow-up of patients would further enhance the programme.

Outlook for 2006

In 2006, the SFD will promote and support improvements in the following fields.

- Access to services, by continuing to provide material support to the assisted centres. In addition, some assessment visits will be carried out to new projects.
- The quality of services, by continuing to provide monthly training courses at the regional SFD training centre in Addis Ababa for local staff from the assisted centres in Africa. This will be complemented by two support/monitoring visits per assisted centre by an SFD expatriate specialist. These visits will also focus on future assistance, taking into account recent achievements and, where necessary, on the reasons for the lack of progress. During these visits, the SFD will also start to collect data to help determine the effectiveness and impact of the assistance on the patients. In addition, the SFD will start promoting and developing physiotherapy services in assisted centres, starting with some pilot projects.
- The long-term functioning of services by continuing to sponsor training courses at regional prosthetics and orthotics schools for local staff from assisted centres; by organizing courses in the use of management tools for senior personnel; by promoting cost-recovery strategies in the assisted centres and by continuing to assist regional schools in prosthetics/orthotics.

Cameroon

In 2005, 223 physically disabled people received new orthopaedic devices at the "**Centre d'appareillage fonctionnel Jamot**" (Centre Jamot) in Yaoundé. One local technician attended a one-month training course in SFD Addis Ababa on the manufacture of polypropylene lower-limb orthoses. The SFD also conducted one follow-up visit to the Centre Jamot during which the SFD prosthetist/orthotist demonstrated the manufacture of different lower-limb prostheses, checked that the techniques learned in Addis Ababa had been applied, and held discussions with the team on future support and collaboration.

Djibouti

An SFD assessment visit to Djibouti took place in 2005 to look into ways of providing assistance through the **Centre National d'Appareillage et de Rééducation Fonctionnelle, Peltier Hospital**, Djibouti, instead of through Addis Ababa, Ethiopia. In the past, this centre had received assistance from Handicap International, but it is now hardly used. The building and equipment are starting to deteriorate. One of the main problems identified is the lack of qualified local personnel. An SFD assistance proposal with the authorities is being discussed.

Guinea-Bissau

In 2005, the SFD signed an agreement with the "**Casa Amiga do Deficiente**" (CAD) in Bissau to cover 15% of the costs of prosthetic/orthotic services for 300 patients, the first of its kind for SFD assistance in Africa. During the year, 34 new prostheses and 11 new orthoses were delivered to patients, which is below the capacity of the CAD. The SFD donated polypropylene components and raw materials and made one follow-up visit to the CAD. Its director attended a one-week management course at the SFD's centre in Addis Ababa. The SFD plans support to introduce standard stock keeping procedures in 2006.

Kenya

In 2005, 102 physically disabled people received new orthopaedic devices (70 prostheses and 32 orthoses) at the **Kangemi Rehabilitation Centre** in Kangemi. One local technician attended a one-month training course in Addis Ababa on the manufacture of lower-limb orthoses. The SFD conducted two follow-up visits and one on-site training session on the manufacture of lower-limb orthoses for the local technicians. In addition, a short physiotherapy assessment visit was made at the Centre during the period under review.

In 2005, 596 physically disabled people received new orthopaedic devices (233 prostheses and 363 orthoses) at the **Kikuyu Orthopaedic and Rehabilitation Centre (KORC)**. Two national technicians attended an SFD one-month training course in Addis Ababa on the manufacture of lower-limb orthoses and prostheses. The SFD conducted two follow-up visits. During its first visit in 2005, the SFD drew attention to the benefit of physiotherapy services for patients. A three-week physiotherapy assessment visit was made to the Centre, aiming to integrate the physiotherapy services into the prosthetic/orthotic services. In 2006, the SFD aims to continue the integration process of physiotherapy services into the fitting of patients with prostheses and orthoses.

In 2005, 362 physically disabled received new orthopaedic devices (78 prostheses and 284 orthoses) at the **Kenya Medical Training College (KMTc)**. Four school instructors attended various SFD one-month courses in Addis Ababa. The SFD conducted one follow-up visit and conducted a workshop on the manufacture of ICRC polypropylene trans-tibial prostheses for 29 students and instructors. Some of the weaknesses and challenges observed are due to the limited budget and the high number of students enrolled compared to the school's training capacity, in addition to the need to upgrade the instructors' professional skills. The SFD's support alone has not been sufficient to tackle these challenges and support will be reconsidered if no progress is made in 2006.



Madagascar

During 2005, the **Foyer Akanin'ny Marary Centre (FAM)** in Ambositra provided patients with 11 new prostheses and 103 new orthoses; thereby increasing its production by almost 50% as compared to the previous year. This was partly made possible by employing two Togolese prosthetic/orthotic technologists in the summer of 2005 as temporary staff to reinforce the team. In addition, materials were donated by the SFD to increase the production capacity. The SFD conducted two follow-up visits on the spot and two of the local technicians attended a one-month course at the SFD regional training centre in Addis Ababa on the manufacture of ICRC lower-limb polypropylene orthoses. At present, the workshop is being renovated and extended. In 2006, the SFD will work on improving the technical skills of the technicians, increase the prostheses production capacity, and offer support on some administrative issues such as stock management.



Malawi

In 2005, following a request from the Ministry of Health to resume its assistance to the **Queen Elizabeth Central Hospital (QECH)** in Blantyre, the SFD made an assessment visit. The main difficulty for the QECH at present is the procurement of orthopaedic materials, as funds allocated through the Ministry are insufficient. In the last quarter of 2005, the SFD made a donation of polypropylene components and raw materials. Two Norwegian prosthetists/orthotists attended a course in Addis Ababa on lower-limb prostheses and orthoses to get acquainted with the ICRC polypropylene technology and to be able to train local technicians. During the last two months of the year, 66 physically disabled received new orthopaedic devices (46 prostheses and 20 orthoses). Two national technicians attended a short training course at the SFD regional training centre in Addis Ababa on the manufacture of lower-limb prostheses and on management. Another problem for QECH is insufficient technical personnel, and SFD has already agreed on principle to sponsor one person to attend a 3-year diploma course in prosthetic/orthotic technology at TATCOT in 2006.



Mali

In 2005, the **Centre National d'Appareillage Orthopédique du Mali (CNAOM)** and the six regional centres produced 101 new prostheses and 224 new orthoses. During the year under review, the SFD made two technical follow-up visits, and organized a seminar on the manufacture of ICRC upper-limb prostheses and on ICRC lower-limb orthoses for 8 technicians from the various centres. Three technicians attended a one-month training course at the SFD regional training centre in Addis Ababa on the manufacture of ICRC polypropylene lower-limb orthoses. Towards the end of the year, the CNAOM initiated extensive renovation and extension of its facilities.

In 2005, the **Centre d'appareillage orthopédique Père Bernard Verspieren** in Bamako produced 30 prostheses and 83 orthoses. Moreover, it started an outreach programme for patients living in remote areas, using a workshop truck. The centre's director attended a one-week SFD management course in Addis Ababa. The SFD donated orthopaedic polypropylene components and raw materials and it covered the cost of the electric installation for the new centre. The SFD made one follow-up visit to the Centre: the new building was visited and a plan of action was made for the collaboration between the centre and the SFD for the next two years. The SFD will continue providing support by donating polypropylene components, training local staff and follow-up visits.



Mauritania

In 2005, 394 disabled people received new prostheses and orthoses at the **Centre National d'Orthopédie et de Réadaptation Fonctionnelle (CNORF)**. The CNORF also extensively renovated its facilities. The SFD provided the CNORF with orthopaedic polypropylene components and raw materials. Two technicians and the administrator attended SFD technical- and management courses in Addis Ababa and an SFD orthoprosthesis carried out 2 follow-up visits on the spot. During the visits, SFD provided training for the technical team, helped rearrange of the workshop set up, and in improve the stock-keeping system.

Morocco

In 2005, the SFD, jointly with the **Centre FORMA**, organized 2 workshops in Marrakech on the manufacture of ICRC polypropylene lower-limb prostheses. These were attended by 23 participants altogether. As part of the agreement between the Centre FORMA and the SFD, the school has gradually been taking over more responsibilities in the organization of the workshops. The final aim being that FORMA takes the lead in such seminars in future. One of the FORMA instructors also attended an SFD one-month training course in Addis Ababa on the manufacture of ICRC polypropylene upper-limb prostheses. A future challenge for the school is to import independently the polypropylene components at present donated by the SFD.

In 2005, the SFD made 2 follow-up visits to the **Centre Régional de Rééducation et d'Orthopédie – Oued Nache** (CRRO) in Oujda, during which the low productivity of services was discussed. Among others, it was found that patients are dissatisfied with the quality and with the costs of the services which are still unaffordable for many. A plan of action was designed together with the Ministry of Health and includes: increasing output, finding sponsors for poor patients, improving information to patients and to reducing the waiting time for the delivery of services to patients .

Mozambique

The SFD started supporting the **Centro Ortopédico Jaipur/CVM in Manjacaze** in 2005, by sending orthopaedic components and polypropylene materials. After reception of the materials by the Centre, the SFD organized a training workshop at Manjacaze to teach local technicians the polypropylene technology. During the last four months of the year, 28 physically disabled people received new orthopaedic devices (26 prostheses and 2 orthoses). One national technician also attended a one-month training course on the manufacture of lower-limb prostheses at the SFD regional training centre in Addis Ababa.



Namibia

In 2005, 301 physically disabled people received new orthopaedic devices (130 prostheses and 171 orthoses) at the Orthopaedic Centre/Rundu Intermediate Hospital. Orthopaedic materials and components were donated and the SFD made one follow-up visit. The problem of access to services for the patients will be the main point to address during the next visit.

Nigeria

During 2005, 291 physically disabled people received new orthopaedic devices (144 prostheses and 147 orthoses) at the **centre of the National Orthopaedic Hospital Enugu (NOHE)**. One local technician attended a training course on the manufacture of lower-limb orthoses in Addis Ababa. During the follow-up visit to the Centre, the SFD prosthetist/orthotist recommended improvement on the quality of prosthetic and orthotic services, on staff performance, on store organization and on the condition of the main physical rehabilitation equipment and facilities.

In 2005, the Centre provided patients with 143 new orthopaedic devices (89 prostheses and 54 orthoses) at the **Marist Brothers' Rehabilitation Centre** in Uturu. The SFD donated polypropylene components and material. No follow-up visit by the SFD prosthetist/orthotist took place this year but the visit in 2004 indicated that the quality of services needed improvement.

Somalia

In 2005, 181 patients received new orthopaedic devices (79 prostheses and 102 orthoses) at the **Somali Red Crescent (SRCS) Rehabilitation Centre in Galkayo**. One short follow-up visit was made in 2005. During the visit, the SFD prosthetist/orthotist suggested that standard forms and documents to register patient data be used in all three SRCS physical rehabilitation centres.

In 2005, 289 patients received new orthopaedic devices (197 prostheses and 92 orthoses) at the **SRCS Rehabilitation Centre in Hargeisa**. Four technicians attended a one-month course at the SFD regional training centre in Addis Ababa on the manufacture of lower-limb prostheses and orthoses, clinical methods for lower-limb orthoses and management of physical rehabilitation centres. Two follow-up visits were made in 2005. During the visits, the SFD prosthetist/orthotist conducted two trainings sessions on the manufacture of lower-limb orthoses in polypropylene and the clinical aspects of trans-femoral and through-knee prostheses, and manufacture of partial foot prostheses. The training benefited 18 technicians from the 3 SRCS Centres.



During 2005, 376 patients received new prosthetic devices (235 prostheses and 141 orthoses) at the **SRCS Rehabilitation Centre in Mogadishu**. Five technicians attended a one-month course at the SFD regional training centre in Addis Ababa on the manufacture of lower-limb prostheses, the manufacture of lower-limb and orthoses, clinical methods for lower-limb orthoses, clinical methods for lower-limb prostheses and management of physical rehabilitation centres. One follow-up visit was made in 2005. During the visit, the SFD prosthetist/orthotist reported that the centre was functioning in a satisfactory manner.

Tanzania

In 2005, five technicians from the **Tanzania Training Centre for Orthopaedic Technologists (TATCOT)** in Moshi and from the regional centres where its students do their internship participated in short-term technical and management courses at the SFD regional training centre in Addis Ababa. The SFD expatriate made one follow-up visit to TATCOT. The SFD presently sponsors 4 young Africans to follow diploma (3) and degree (1) courses in prosthetics and orthotics at TATCOT.

In 2005, The **Kilimanjaro Christian Medical Centre (KCMC)** Orthopaedic Centre in Moshi provided disabled people with 295 new prostheses and 605 new orthoses. The SFD donated polypropylene, components and raw materials and made a follow-up visit. The Centre is running at maximum capacity and the quality of its services is satisfactory. One problem for the KCMC is the limited space in the workshop. Two technicians and the head of department attended technical- and management courses at the SFD regional training centre in Addis Ababa.



Togo

In 2005, the **Centre National d'Appareillage Orthopédique et de Kinésithérapie (CNAO)** in Lomé provided patients with 269 new prostheses and 821 new orthoses, a significant increase compared to 2001. The SFD conducted one follow-up visit during the year and made recommendations related to technical matters. In 2006, SFD will continue to offer its support to CNAO in the same way as in 2005, but more focus will be put on training of Togolese technicians, and several CNAO technicians will be invited to the SFD regional training centre in Addis Ababa to take one-month technical refresher courses.

The **École Nationale des Auxiliaires Médicaux (ENAM)** in Lomé. In 2005, the SFD donated additional components and made a technical support/monitoring visit to the school. Technical recommendations were made and collaboration was discussed. In 2006, the SFD will provide short courses for 6 local members of staff at its regional training centre in Addis Ababa and the SFD specialist will make two technical support missions to the school.

Zambia

In 2005, the **University Teaching Hospital (UTH) Orthopaedic Centre** in Lusaka provided its patients with 122 new prostheses and 157 new orthoses. The SFD donated materials and made one follow-up visit. The quality of the services provided is good. One technician participated in a course at the SFD regional training centre in Addis Ababa on the manufacture of ICRC polypropylene upper-limb prostheses.

Zimbabwe

In 2005, the **Bulawayo Orthopaedic Centre at the Bulawayo Group of Hospitals** delivered 80 new prostheses and 536 new orthoses to patients. The SFD is currently sponsoring one technician from the Centre to attend a -three-year diploma course in prosthetic/orthotic technology at TATCOT, Tanzania. Another technician and the manager of the Centre attended SFD short courses at the SFD regional training centre in Addis Ababa on clinical methods for lower-limb prosthetic fitting and on management. The SFD conducted one follow-up visit to Bulawayo during the year. The quality of the services is good. One problem, however, is the difficulty for patients to access services, which is mainly due to the scarcity of public transport.

In 2005, the **Parirenyatwa Orthopaedic Centre at the Parirenyatwa Group of Hospitals** produced 308 new prostheses and 432 new orthoses. The SFD donated polypropylene components and raw materials and made a follow-up visit. The quality of the services to patients is good. Two technicians and the deputy manager attended training courses at the SFD regional training centre in Addis Ababa on clinical methods for lower-limb prostheses fitting, on the manufacture of ICRC upper-limb prostheses in polypropylene and on management. The SFD also sponsored an additional technician to attend a three-year diploma course at TATCOT.



LATIN AMERICA



SFD assistance in Latin America

Regional Base: Managua, Nicaragua

Assisted projects: 5 projects in 3 countries : Nicaragua (3), Colombia (1), El Salvador (1)

Assistance provided in 2005:

financial support
technical and clinical support
practical tutorials

Services to patients in 2005:

prostheses:	1,216
orthoses:	575
crutches:	686
wheelchairs	144

SFD personnel:

one expatriate orthoprosthodontist and one part-time management consultant
one national administrative personnel

2005 Budget: CHF 789,706

2005 Expenses: CHF 828,875 (un-audited figure)

General

The SFD's regional base for Latin America is located at the CAPADIFE centre in Managua, Nicaragua. The SFD's efforts have long focused on improving the situation of persons with physical disabilities in Nicaragua itself, but the regional support activities are now on the increase. The SFD provides support to physical rehabilitation centres with the aim of improving access to the services for the disabled, improving the quality of the services offered, and looking for solutions for the sustainability of the centres. The SFD in Managua achieves its objectives through the following activities:

Material/financial assistance:

To improve access to services, the SFD reimburses supported centres the treatment costs for destitute patients, including physiotherapy, fitting of an orthopaedic appliance, transport, accommodation and food. Depending on the situation, the SFD also donates imported materials (equipment, raw materials and prosthetic/orthotic components) to the supported physical rehabilitation centres. Donation of imported materials also guarantees a certain degree of quality of the prosthetic/orthotic appliances manufactured.

Technical assistance:

Monitoring through follow-up visits is offered, providing physical rehabilitation centres with technical and managerial advice. The SFD employs a part-time management consultant in addition to the prosthetist/orthotist.

Capacity building and promotion of long-term functioning:

Training of the local technicians is provided, with the aim of improving the quality of the services and keeping the technical knowledge of the staff up to date. The SFD also develops cost-recovery strategies together with the partners in order to promote the long-term functioning of the centre.

Since 1995, the SFD in Managua has supported 7 physical rehabilitation centres in 4 Latin American countries.

Nicaragua

CENAPRORTO, Managua

Between 1984 and 1993, the ICRC built a physical rehabilitation workshop at CENAPRORTO, Managua and assisted 1,718 amputees with 2,893 prostheses, and 4,667 other people with disabilities with 8,032 orthoses. It also provided a three-year training course for 12 people.

Between 1994 and 1998, the centre received material and part-time technical support from the SFD. The delivery of services to patients at CENAPRORTO progressively decreased in quantity and in quality during that period.

In 1999, MINSA and the SFD agreed on a CENAPRORTO restructuring plan following the recommendations of an external consultancy report. The SFD placed a full-time specialist at the centre and a part-time management consultant to support the local staff and management. The centre was successfully reorganized (running costs decreased by 20%; productivity and quality increased). Nevertheless, attempts to significantly raise its production to meet the existing needs were unsuccessful as was the attempt to turn CENAPRORTO into a private foundation. This led to the creation in 2004 of a second centre in Managua, the CAPADIFE (see later).

Training and technical support

As in the previous years, the centre showed good management and technical autonomy. To maintain and further improve quality of services to patients, the SFD prosthetist and management consultant continued providing part-time—coaching to the technical staff and to the management.

Material and financial support

To improve access to rehabilitation services for patients, the SFD reimbursed the CENAPRORTO for the fitting of patients with 92 prostheses and 43 orthoses, representing 21% of its total 2005 production. There was no need for material assistance as this is financed by the centre out of the income from the reimbursements by various organizations. In addition to the SFD, others like the Organization of American States (OAS) and the national Social Services (INSS) also reimburse costs of services to patients. The Ministry of Health does not contribute to the centre's running costs, apart from having made available the building/land. A positive development this year was the decision of the National Council for the Disabled, CONARE, to participate for the first time in reimbursing the Centre for providing services to patients (119 prostheses).

Patients assisted

In all, CENAPRORTO provided amputees and other people with disabilities with 411 prostheses and 279 orthoses. There was a decrease in orthotic production this year, mainly because of lack of funding; orthoses are frequently more expensive than prostheses. Some forty percent of the assisted persons had been amputated following injuries from anti-personnel mines or unexploded ordnance (UXO).

Outlook for 2006

In 2006, the SFD will promote and support:

- access to services by continuing to provide financial support to CENAPRORTO;
- the quality of services by periodical technical support by the prosthetist/orthotist and the management consultant;
- the long-term functioning of services by supporting the Centre's efforts to diversify sources of funding.

CENAPRORTO

National partner: Ministry of Health

Location of project: Centro Nacional de Producción de Ayudas Técnicas y Elementos Orthoprotésicos (CENAPRORTO), Managua

Beginning of SFD assistance: 1994

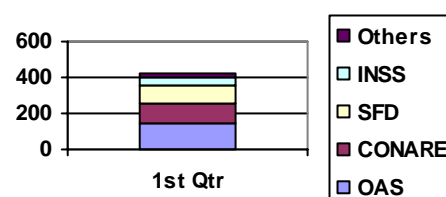
Assistance provided in 2005:

financial support: reimbursement of patient services for 135 patients
technical and clinical support (part-time)

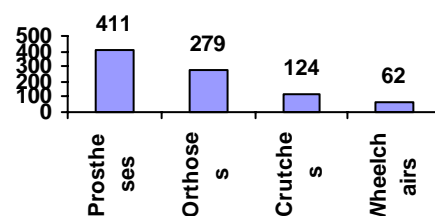
Services to patients in 2005:

prostheses: 411
orthoses: 279
crutches: 124
wheelchairs: 62

Prostheses reimbursements in 2005



CENAPRORTO 2005



CAPADIFE, Managua

In order to complement the production of the CENAPRORTO, a tripartite agreement was signed in May 2004 between the SFD, the American NGO Polus Center and the Foundation for Rehabilitation Walking Unidos (FURWUS) to establish – with the approval of the Ministry of Health – a second rehabilitation centre in Managua. As a result, adequate facilities were rented and furnished with SFD-sponsored tools and machinery. On 22 October 2004, the new centre called “Different Abilities Programme” (CAPADIFE) was officially opened. The newly established centre functioned with full technical autonomy. Yet efforts to increase financial support from other organizations were only partly successful and planned socio-economic activities could not be started. This led to a review of the tripartite agreement at the end of the year.

Training and technical support

The CAPADIFE local technical staff (1 with an ICRC certificate, 2 with ISPO Category II diplomas) functioned with full technical autonomy, providing good quality services to patients. The 3 benchworker assistants completed their on-the-job training.

Educational and promotional videos were made at CAPADIFE with teachers from the University Don Bosco School, San Salvador.

SFD support was provided to the management of the centre, which still needs further strengthening. Accountancy-, stock- and patient management have all been computerized and function satisfactorily.

A ten-day introduction course in polypropylene technology was organized for 10 participants from the Healing Hands for Haiti Foundation and from the Range of Motion project, both supporting a project in Haiti.

The development of a viable future cost-recovery strategy for CAPADIFE was prioritized and partly implemented during the year. A database with several hundred potential financial sources to be contacted was established. Events were organized to make the public more aware of the centre's work, including activities covered by television and radio. A web page is being created with support from the American University in Managua; various pamphlets and stickers have been produced.

Material and financial support

The SFD financed 74% of CAPADIFE's running costs, the remainder being paid by mainly the INSS (13%) and the Organization of American States (5%); other organizations participated to a lesser degree. Although the SFD succeeded in reducing its financial participation from 89% to 75% during the year, this was still significantly higher than the planned 50%; this was due to a lack of income expected from other sources. A cost-recovery system for patients was introduced, but only two out of 243 patients contributed partly to the costs of their prosthesis. The majority of patients were considered too poor for a contribution, especially those coming from rural areas.

Patients assisted

Coordination with the Nicaragua Red Cross Society (NRCS) and with other local NGOs and associations for the disabled for identification and referral of persons with disabilities in the rural areas and for donation/lending of walking aids and wheelchairs has been working well. Many disabled, living in remote places, have problems of access. Some 80% of the patients coming from rural zones are

CAPADIFE

National partner: Foundation for Rehabilitation Walking Unidos (FURWUS)

Location of project: Capacidades Diferentes (CAPADIFE), Managua

Beginning of SFD assistance: 2004

Assistance provided in 2005:

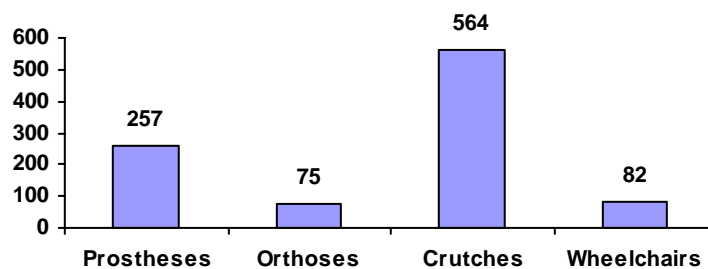
financial support: reimbursement of patient services for 241 patients
technical and clinical support

Services to patients in 2005

prostheses: 257
orthoses: 75
crutches: 564
wheelchairs: 82



CAPADIFE 2005



referred by NRCS. The main problem encountered with the NRCS branches is the limited resources (vehicle in very bad shape or out of order, lack of money for spare parts and/or for fuel) and visiting some areas is very difficult. Fitted patients are satisfied with an average rating of 6 on a scale of 7 in systematically organized random patient interviews.

Outlook for 2006

In 2006, the SFD will promote and support:

- access to services by continuing to provide financial support to CAPADIFE;
- the quality of services by technical support by the prosthetist/orthotist;
- the long-term functioning of services by supporting the Centre's efforts to diversify sources of funding, with the additional assistance from a management consultant. Also, short-term training courses at the centre, for participants from other assisted centres in the region will be developed and implemented. Two technicians will be sponsored for an upgrading course at the University Don Bosco (UDB), San Salvador, to reinforce the number of qualified local professionals in Nicaragua.

WALKING UNIDOS, León

FURWUS is a Nicaraguan non-governmental organization (NGO) based in León City (Nicaragua) since 1988, which provides rehabilitation services with prostheses, orthoses and auxiliary orthopaedic aids. The organization also promotes and implements support programmes for vocational and rehabilitation projects for the disabled population of Nicaragua. Established in 1999, its Walking Unidos Clinic manufactures and fits above- and below- knee and upper-extremity prosthetic limbs and orthoses (braces). The clinic also provides prosthetic repairs, adjustments and foot replacements. Services to the poor are provided at modest or no cost.

During 2005, the SFD reimbursed the clinic for the fitting of 18 prostheses (27%) out of a total of 67 delivered prostheses to amputees during the year.

WALKING UNIDOS

National partner: Foundation for Rehabilitation Walking Unidos (FURWUS)

Location of project: WALKING UNIDOS, León

Beginning of SFD assistance: 2005

Assistance provided in 2005: financial support: reimbursement of patient services for 18 patients

Services to patients in 2005:

Prostheses: 67



San Salvador

University Don Bosco, El Salvador

The University Don Bosco (UDB) houses 4,500 students; it became a WHO-collaborating centre in 2003. The school in prosthetics and orthotics enrolls 25 students from Latin America each year, totalling 60 students over three years, including drop-out rate. In addition, 70 students take the distance learning programme; they come from Brazil (30) and from other Latin American countries as well as from Angola.

To increase the overall access to quality prosthetic services for low-income amputees, the SFD and the UDB School agreed to introduce the polypropylene technology in the curriculum.

During 2005, the SFD provided the required components and technical support. In addition, some UDB teachers accompanied by an audio-visual team visited the SFD base at the CAPADIFE centre in Nicaragua to be introduced to the polypropylene technology and to produce a technical video.

UNIVERSITY DON BOSCO

National partner : University Don Bosco

Location of project: University Don Bosco School, El Salvador

Beginning of SFD assistance: 2005

Assistance provided in 2005:

Material support (KIT 100)
Technical support

Colombia

The Bogotá-based CIREC (Centro Integral de Rehabilitación de Colombia) provides integrated rehabilitation services to amputees and other persons with disabilities. CIREC produces about 500 lower-limb prostheses and 3,000 orthoses a year in its facility. The centre also provides medical services, physical and occupational therapy, psychological support, and direct financial assistance if necessary. Forty-five percent of the employees at CIREC are people with a disability.

CIREC was assisted by the SFD from 1992 to 1994, mainly to introduce the polypropylene technology, and has received periodical SFD assistance since, including sponsorship of local staff for courses in prosthetics/orthotics.

In 2005, the SFD donated raw materials and components to improve access to services for patients at CIREC. The SFD specialist also assessed other physical rehabilitation centres in the country as possible treatment centres for persons with disabilities, especially victims of mine and unexploded munitions, referred by the ICRC.

CIREC

National partner: Centro Integral de Rehabilitación de Colombia (CIREC)

Location of project: CIREC, Bogota, Colombia

Beginning of SFD assistance: 1992

Assistance provided in 2005:

material support
technical support

Services to patients in 2005

prostheses : 481
orthoses : 221

Other activities in the region

An SFD visit was organized to a centre in Port au Prince (Haiti) which is supported by Healing Hands for Haiti (HHH). As a result a 10-day introductory course at CAPADIFE in the use of ICRC polypropylene components was held for ten participants from HHH and from the Range of Motion Project (ROMP). The polypropylene technology is due to be introduced in Haiti in early 2006.

A technical follow-up visit was organized to two centres in Choluteca and Tegucigalpa, (Honduras), on the use of polypropylene components.

An assessment mission was organized to the National Centre of Orthopaedic Technique and the prosthetic/orthotic Laboratory of the Frank Pais Hospital Compound Havana, (Cuba). A project proposal regarding collaboration in the prosthetics/orthotics field is being prepared for 2006.

A feasibility study was carried out in Guatemala on the Derribando Barreras project in close collaboration with the Spanish and the Guatemalan National Red Cross Societies as well as a local NGO ASPROPADIFE.

A visit was organized to the rehabilitation centre "Dra. Adriana Rebaza Flores", in Lima (Peru) to evaluate the technical capacities and needs. This resulted in an assistance proposal for 2006 for the benefit of persons with disabilities, especially victims of mine and unexploded munitions, referred by the ICRC.

Two presentations on ICRC and SFD physical rehabilitation activities in the region were given at international conferences in Orlando (Florida) and in Ciudad Antigua (Guatemala).

ASIA



SFD assistance in Asia

Regional Base: Ho Chi Minh Centre, Ho Chi Minh City, Vietnam

Assisted projects: 13 projects in 4 countries : Vietnam (9), Bangladesh (2), India (1), Timor-Leste (1)

Assistance provided in 2005:

financial support
technical and clinical support
practical tutorials
sponsorships

Services to patients in 2005

prostheses : 4,818
orthoses : 1,053
crutches 8,245
wheelchairs 818

SFD personnel

two expatriate orthoprosthodontists
five national administrative personnel

SFD Budget 2005: CHF 789'706

SFD Expenses 2005: CHF 1,327,612 (un-audited figure)

General

The SFD's regional base for Asia is located at the Ho Chi Minh Rehabilitation Centre (HCMC) in Ho Chi Minh City, Vietnam. The SFD's efforts have long focussed on improving the situation of destitute persons with physical disabilities, especially amputees, in Vietnam itself, although regional support activities are now on the increase. As elsewhere, the SFD provides support to physical rehabilitation centres with the aim of improving access to the services for the disabled, improving the quality of the services offered, and looking for solutions for the sustainability of the centres. The SFD in Ho Chi Minh City achieves its objectives through the following activities:

Material/financial assistance:

To improve access, the SFD reimburses supported centres the cost of treatment for destitute patients, including physiotherapy, fitting of an orthopaedic appliance, transport, accommodation and food. Depending on the situation, the SFD also donates materials (equipment, raw materials and prosthetic/orthotic components) to the physical rehabilitation centres it supports.

Technical assistance:


Monitoring through follow-up visits is offered, providing physical rehabilitation centres with technical and managerial advice.

Capacity building and promotion of long-term functioning:

Training of the local technicians is provided, through practical tutorials and through sponsorships to attend regional schools in prosthetics and orthotics, with the aim of improving the quality of the services and keeping the technical knowledge of the staff up to date.

Since 1995, the SFD in Ho Chi Minh City has supported 13 physical rehabilitation centres in 4 countries.

Vietnam

	<p>SFD assistance in Vietnam</p> <p>National partners: Ministry of Labour, Invalids and Social Affairs (MoLISA) Ministry of Health (Kontum) Vietnamese Red Cross Society (VNRC)</p> <p>Location of projects: Ho Chi Minh City (1995); Da Nang (1998); Quy Nhon (1998); Can Tho (1998); Vinh (1999); Thanh Hoa (1999); Kontum (1999); Hanoi (2004); Thai Nguyen (2005)</p> <p>Beginning of SFD assistance: 1995</p> <p>Assistance provided in 2005: financial support technical and clinical support, monitoring practical tutorials</p> <p>Services to Patients in 2005 prostheses: 4,453 crutches: 6,696 wheelchairs: 487 tricycles: 54 CP chairs: 34</p>
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General

The estimated number of amputees in Vietnam is conservatively estimated at around 80,000 (0,1 % of the population), based on extrapolation of registered amputees and on a 1994 SFD survey.

The SFD's assistance primarily targets the "destitute amputees", i.e. those who are not or only partially supported by MoLISA and who do not have the means to pay for the services.

Yearly tri-partite cooperation agreements between the MoLISA, the VNRC and the ICRC/SFD provide for the fitting of destitute amputees by the MoLISA centres and the amputee identification, registration and post-fitting follow-up by the VNRC and its nation-wide grassroots network. A follow-up/monitoring scheme is included to ensure quality, feedback and good use of the prostheses. The scope of the services has gradually expanded from the Ho Chi Minh City area in the South to prosthetic/orthotic centres located closer to the central and the northern areas of Vietnam.

As more and more patients have received treatment, the general trend in 2005 was a decrease in the number of new patients identified and hence of the prostheses provision, except in Thai Nguyen, the latest centre to adopt the polypropylene technology. Nevertheless, even after 10 years of SFD service (1995–2005) in the Ho Chi Minh Centre, the proportion of new patients⁴ among the SFD-assisted destitute patients remained fairly high (50%). Over half of the fitted amputees (65%) were suffering from war-related amputation.

By the end of 2005, the SFD was assisting nine physical rehabilitation centres covering 59 provinces (with likewise 59 Red Cross branches) out of a total of 64 provinces. This makes the SFD the principal actor among assistance organizations in Vietnam in prosthetic service provision.

Since the beginning of its action in 1995, the SFD has reimbursed the assisted centres in Vietnam for the provision of 24,649 prostheses to destitute amputees. In addition, 2,294 wheelchairs were distributed during this period.

⁴ New patients: patients fitted for the first time by the SFD project, regardless of whether or not they have received a prosthesis from other sources before.

Training support

A follow-up inquiry was undertaken on the two-week refresher course in physiotherapy which the SFD organized in early 2004 in the Ho Chi Minh City rehabilitation centre. The twenty participants from 17 establishments/organizations in Vietnam provided positive feedback, expressing a high degree of appreciation for such courses.

Two practical tutorials in the manufacture of trans-femoral prostheses were organized for the technical staff of the Kontum Centre by qualified personnel from the Quy Nhon Centre.

A two-week orientation course on polypropylene technology was organized in the SFD-assisted centre in Ho Chi Minh for an expatriate prosthetist/orthotist from Deutsche Entwicklungs Dienst (DED).

In addition, SFD staff prepared the training programme which was later implemented at the four assisted centres in Bangladesh and in India.

Technical support

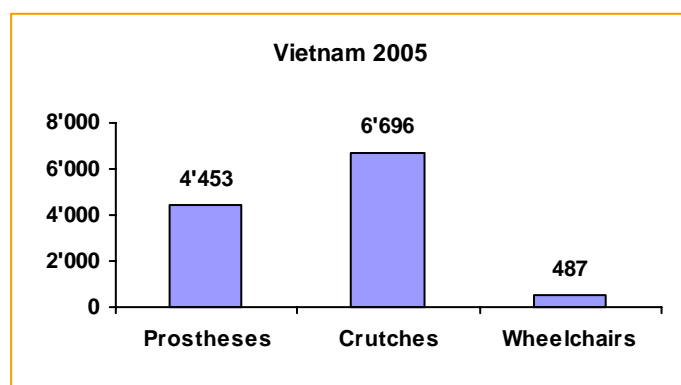
Thanks to continued training and monitoring, the polypropylene prosthesis technology has been well accepted and mastered by the major prosthetic/orthotic centres in Vietnam

The SFD Ho Chi Minh continued being involved in introducing or testing various technical appliances. A modest start was made to apply the ischial containment socket technique in some centres. Trials of orthotic kits imported from Mobility India showed advantages (good quality) as well as limitations (not suitable for all cases). Following a previous assessment in 2004, the International Society for Prosthetics and Orthotics (ISPO) completed its tests on 80 trans-tibial prostheses fitted with two kinds of Jaipur rubber feet. Amputees were fitted with these prostheses at the HCM Centre under SFD supervision. Fitting and alignment checks are part of the protocol and the results are expected to be published in 2006. The SFD continued the clinical testing of 40 modified CREquipement's prosthetic feet from Switzerland with a final review scheduled for 2006.



Patients assisted and financial support

The 4,470 prostheses which were fitted to patients during the year included 63 prostheses for children below 15 years (1,5%) and 643 prostheses for women (14,5%). 2,875 Prostheses (65%) were for war wounded, mainly due to mines. The SFD reimbursed the various centres for the provision of 3,603 prostheses to amputees. This represented 95% of the intended 2005 target. Monitoring of the quality of the services provided to patients by the assisted centres was carried out through systematic monitoring/support visits by the SFD expatriate.



The Centres in Ho Chi Minh City and in Can Tho again played a major role in the results of the project, with implementation rates of 104% and 110% respectively. Hanoi also contributed with 114% but faced various problems in terms of internal organization and quality control. Da Nang succeeded in maintaining its provision of prostheses, both quantitatively and qualitatively. This Centre, together with Ho Chi Minh Centre, ensured the supply of polypropylene components to the relevant agencies all over the country. The Thai Nguyen Centre, although a newcomer to the polypropylene technology (cooperation started in mid-August), proved to be a reliable partner with a high monthly average of prostheses provided (29 devices a month) and ensured quality, as shown by three consecutive monitoring visits. A general slow-down of the patient identification by the Red Cross branches in

its catchment area resulted in a decrease in the number of assisted persons at the centres in Quy Nhon, Vinh and Thanh Hoa

By mid-December, ten more provinces in the north had signed cooperation contracts with the SFD, thus expanding access for destitute patients to centres assisted by the SFD to 59 provinces or Red Cross branches out of a total of 64, covering 92% of Vietnam's territory.

Overview of SFD-sponsored services for patients in Vietnam

Ortho Centre (by order of cooperation date)	Objective	Implementation in 2005			Monitoring visits	Total of prostheses checked
	Monthly provision of prostheses	Monthly average provision	Total provision in 2005 *	Achievement rate		
Ho Chi Minh	80	83	1,000	104%	Permanent presence	1'000
Da Nang	60	55	657	91%	3	50
Can Tho	60	66	795	110%	3	32
Quy Nhon	40	30	357	74%	2	50
Vinh	20	13	150	63%	2	28
Thanh Hoa	20	6	76	32%	2	31
Kon Tum	10	9	112	93%	2	0
Ha Noi	25	28	341	114%	4	64
Thai Nguyen**		29	115		3	18
Yearly total	(315 x 12 mo. =) 3,780		3,603	95%	21	1,273

(*) Total provision of prostheses in 2005 to SFD-sponsored amputees, excluding the prostheses for non SFD-assisted patients in Ho Chi Minh City.

(**) Thai Nguyen was initially not foreseen in the 2005 planned objectives.

Preparations for a pilot project to start assisting also non-amputee motor disabled people during 2005 showed the need for further trials with modified internal organizational procedures.

Outlook for 2006

In 2006, the SFD will promote and support improvements in the following fields.

- Access to services by continuing to provide financial support to 9 assisted centres. Some 3,000 amputees are expected to benefit from rehabilitation services including a prosthesis while the mobility of some 800 other patients should improve by the provision of a wheelchair. A pilot project for non-amputee motor disabled people will start in Thai Nguyen and in Danang for some 40 patients and includes community follow-up. The SFD will assist in creating additional production capacity in the Dak Nong and Quang Ngai centres.
- The quality of services through technical support by the prosthetist/orthotist. An acceptable quality of the devices will be maintained through follow-up visits to patients by the VNRC. More than half of the assisted patients will be seen within a year after their fitting. Quality monitoring on appliances provided and wheelchairs will also be done partly through outreach activities to the central and northern West Highlands. Treatment protocols, techniques and technology in the rehabilitation centres will be maintained through regular visits to the supported centres by expatriate SFD personnel. All patients fitted by the SFD in HCMC will be checked out by SFD personnel. Assessment tools have been developed and an outcome/impact study will be implemented.
- The long-term functioning of services will be addressed by emphasizing to the authorities the right to equal access to services for all persons with disabilities, notably to MoLISA. Ways of benefiting from the improving economy, for instance by local cost-sharing for services delivered to patients are due to be explored.

Bangladesh

BRAC Limb and Brace Fitting Centre (BLBC), Dhaka

General

There are an estimated 100,000 persons with lower-limb amputation in Bangladesh. A minority is served by only an estimated ten prosthetic/orthotic workshops. Every year, some 20,000 children are born with a mental or physical disability. Educational structures in prosthetics/orthotics are lacking.

The Bangladesh Rural Advancement Committee (BRAC) is the largest NGO in Bangladesh with activities in many sectors. In 2000, it added a physical rehabilitation component to its programme and the SFD was requested to provide assistance in the setting up of this service at the BRAC Limb and Brace Fitting Centre (BLBC).

The SFD's support has consisted of advice on workshop design and patient management guidelines, purchase of materials, components, equipment and various forms of training for national personnel. The SFD's technical support is provided by specialists through several visits a year out of HCMC.

The structure of the centre was further improved during the year with the inclusion of a store, a patient- and a staff dormitory.

Technical and training support

The SFD expatriate prosthetist/orthotist effected three monitoring and support missions lasting two weeks each in 2005. Activities included check-up of equipments and machines, training and practical demonstrations in various prosthetic manufacturing techniques; training in gait training and management support.

One trainee rejoined the centre after successfully completing a one-year prosthetic training course in India. As the BLBC medical doctor completing higher studies in the UK did not return to the project as planned, the management of the centre has been taken over by another medical doctor.

BRAC: overview of SFD-sponsored trainees at regional schools

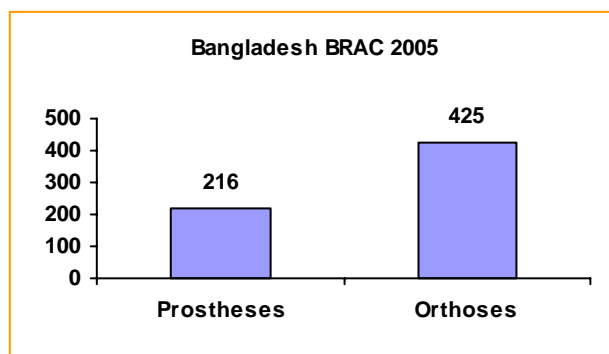
Number of trainees	Training started	Training end (planned)	Name of the school	Type of training (i.e. ISPO Cat.II, etc)
1	June 2004	June 2005	Mobility India Bangalore, India	Prosthetics course
3	August 2004	January 2007	CMC Vellore, India	Prosthetics and orthotics course

Material support

In 2005, the SFD financed material supplies to help fit some 600 patients.

Patients assisted

Since the centre started functioning, there has been a high influx of patients. In 2005, patients were rehabilitated, and fitted with 216 prostheses and 425 orthoses. The return of one technician from training in June helped to increase the number of assisted patients, especially amputees (+62% compared to 2004). One of the problems is the high fluctuation in patient flow, owing to weather conditions, transport problems, holidays etc.. In that respect, the opening of a new BLBC satellite centre in Mymensingh at the end of the year represents an improvement. This centre will provide only physiotherapy and orthotic services.



BLBC

National partner: Bangladesh Rural Advancement Committee (BRAC)

Location of project: BRAC Limb and Brace Fitting Centre (BLBC), Dhaka

Beginning of SFD assistance: 2002

Assistance provided in 2005:

material support
technical and clinical support (3 missions)
educational support: sponsorships (4) and practical tutorials

Services to patients in 2005

prostheses: 216
orthoses: 425

Outlook for 2006

In 2006, the SFD will promote and support:

- access to services by providing material support to fit patients with some 250 prostheses and 400 orthoses;
- the quality of services through technical support including mentoring of returning trainees by the prosthetist/orthotist during one month; in addition, one technician will attend a one-month technical training course in the ICRC supported centre in Battambang (Cambodia) and in the SFD-assisted centre in Ho Chi Minh City (Vietnam);
- the long-term functioning of services by providing scholarships for 3 students to continue participating in a two-and-a-half-year course in prosthetics/orthotics in Vellore, India; their return is planned for January 2007.



The Centre for the Rehabilitation of the Paralysed (CRP), Dhaka

General

Founded in 1979 in response to the desperate need for services for patients suffering from spinal injury, the Centre for the Rehabilitation of the Paralysed (CRP) has developed into an internationally respected organization. The CRP focuses on a holistic approach to rehabilitation, recognizing that all aspects of the rehabilitation process are vital for its success, including physical rehabilitation, psychological and economic rehabilitation as well as planned discharge to a safe and accessible home environment. Recently, CRP started the construction of a building for the production of wheelchairs and hospital equipment. This also includes an orthotic workshop to assist the persons suffering from paralysis, the majority being children.

The SFD's support has consisted of advice on workshop design and patient management guidelines, purchase of materials, components, equipment and various forms of training for national personnel. The SFD's technical support is provided by specialists based in Vietnam through several missions a year of decreasing duration over the years.

Technical and training support

The SFD expatriate prosthetist/orthotist made three monitoring and support missions lasting two weeks each in 2005. Activities included check-up of equipments and machines, training and practical demonstrations in various orthotic manufacturing techniques; training in gait training and management support.

One of the trainees rejoined the centre in June 2005 after successfully completing a one-year orthotic course in India. The second trainee is not scheduled to return until the beginning of 2007. Two additional technicians started their respective formal training courses this year in India.

CRP: overview of SFD-sponsored training at regional schools

Number of students	Training started	Training end (planned)	Name of the school	Type of training (i.e. ISPO Cat.II, etc)
1	June 2004	June 2005	Mobility India Bangalore, India	Orthotics course
1	August 2004	January 2007	CMC Vellore, India	Prosthetics and Orthotics course
1	June 2005	June 2006	Mobility India Bangalore, India	Orthotics course
1	August 2005	January 2008	CMC Vellore, India	Prosthetics and Orthotics course

CRP

National partner: Centre for the Rehabilitation of the Paralysed (CRP) (independent organization)

Location of project: CRP, Dhaka

Beginning of SFD assistance: 2002

Assistance provided in 2005:

material support
technical and clinical support (3 missions)
educational support: sponsorships (4) and practical tutorials

Services to patients in 2005

prostheses: 0
orthoses: 200

Material support

The SFD financed material supplies to help with the fitting of some 200 patients.

Services for patients

The orthotic services to patients started effectively this year with the return of the first qualified technician from training in India. There was a significant increase compared to last year.

Outlook for 2006

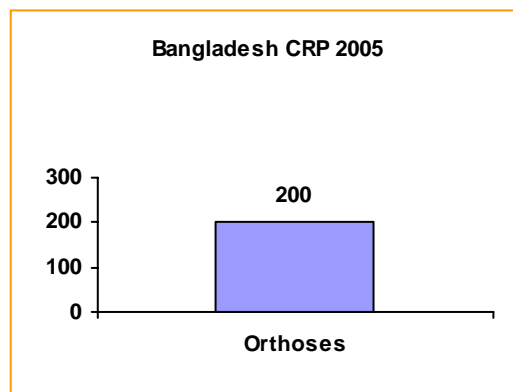
In 2006, the SFD will promote and support:

access to services by providing material support to fit patients with some 250 orthoses;

the quality of services through technical support including mentoring of returning trainees by the prosthetist/orthotist during one month; in addition, one assistant physiotherapist will attend a one-month training course in the ICRC-supported centre in Battambang (Cambodia);

the long-term functioning of services by providing scholarships for 3 students to continue their two-and-a-half-year course in prosthetics/orthotics (2) in Vellore, India and in a one-year course in orthotics in Bangalore, India (1).

In addition, following an assessment visit during 2005, the SFD will provide Mobility India in Bangalore with financial and technical support for its School in Prosthetics and Orthotics and for its provision of services to patients.



India

General

The Christian Medical College (CMC) offers a two-and-a-half-year course in prosthetics and orthotics. The SFD started assisting the CMC in 1997 by introducing polypropylene technology in its workshop. Since then, it has assisted the CMC with periodical material and technical support. The last technical support mission was in 2003. Thanks to the good working relationships, four students from the two SFD-assisted projects in Bangladesh could be given a place at the CMC school for Prosthetics and Orthotics, at short notice (3 in 2004 and 1 in 2005).

Technical support

An assessment visit was made during 2005 to discuss SFD assistance and prepare the 2006 objectives.

Material support

The SFD supported the CMC prosthetic/orthotic school with materials, including components for the polypropylene technology module in its curriculum.

Outlook for 2006

In 2006, the SFD will promote and support:

access to services by providing material support for the prosthetic/orthotic training course and for the fitting of patients;

the quality of services through two technical support/monitoring missions by the SFD expatriate prosthetist/orthotist.

CMC	
National partner:	Christian Medical College (CMC)
Location of project:	CMC, Vellore
Beginning of SFD assistance:	1996
Assistance provided in 2005:	Material support
Services to patients in 2005	
	prostheses: 112
	orthoses: 382

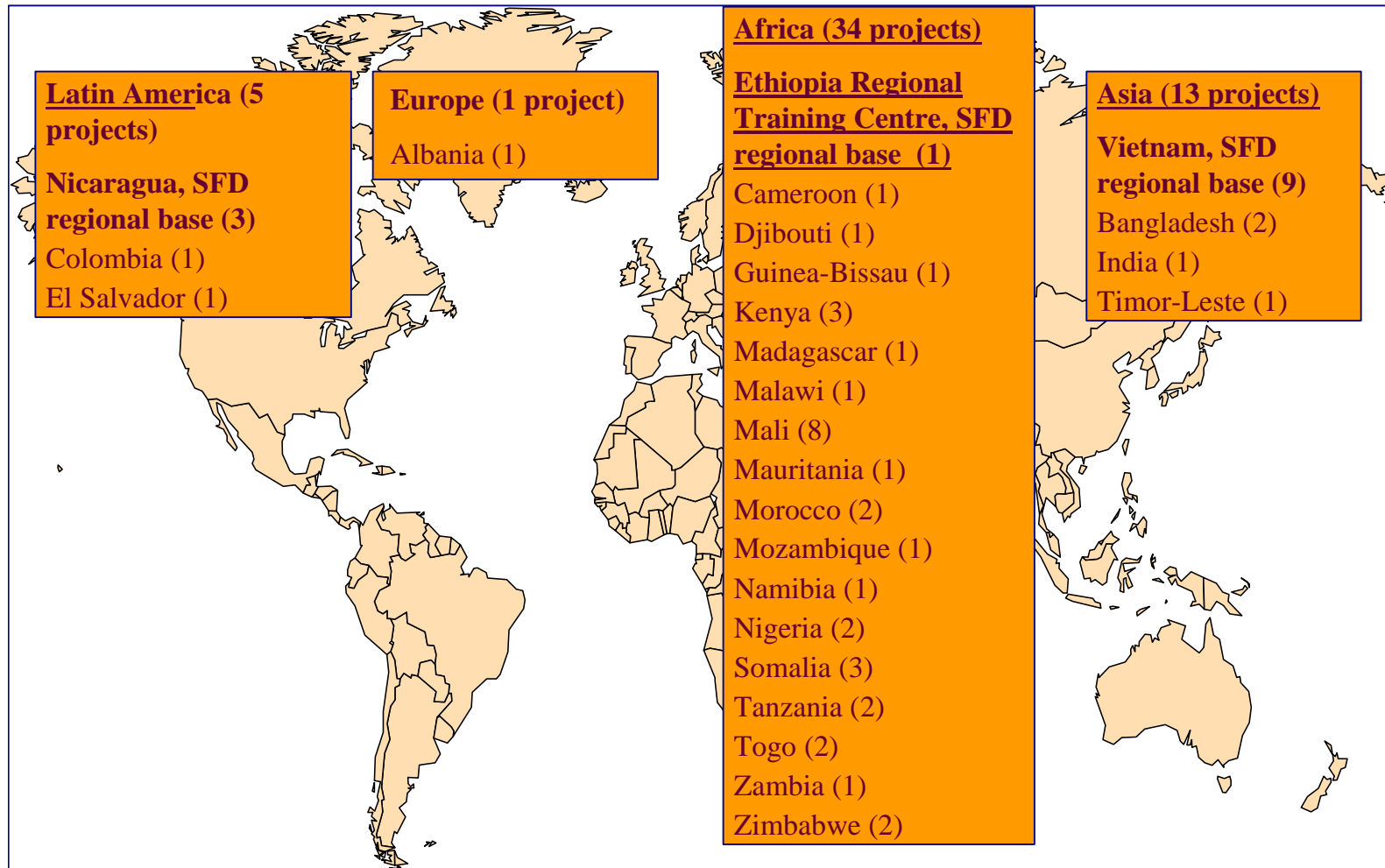


Timor-Leste

A planned technical support/monitoring visit during 2005 to the ASSERT Foundation Centre in Dili, Timor-Leste on the use of SFD-donated prosthetic and orthotic components for up to 400 appliances had to be rescheduled for 2006, owing to time constraints.

ANNEX 1: 2005 OVERVIEW OF SFD-SUPPORTED CENTRES

2005: 26 COUNTRIES / 53 CENTRES



ANNEX 2: 2005 OVERVIEW OF PROVIDED APPLIANCES IN SFD-SUPPORTED CENTRES

Country // Description	Cameroon	Ethiopia	Guinea Bissau	Kenya	Madagascar	Malawi	Mali	Mauritania	Morocco	Mozambique	Namibia	Nigeria	Somalia	Tanzania	Togo	Zambia	Zimbabwe	TOTAL AFRICA	Columbia	Nicaragua	TOTAL L. AMERICA	Albania	TOTAL EUROPE	Bangladesh	India	Timor-Leste	Vietnam	TOTAL ASIA	GRAND TOTAL
Total number of prostheses delivered	62	38	34	381	11	46	131	307	114	26	130	511	379	528	269	122	388	3477	481	735	1216	138	138	216	112	37	4453	4818	9649
Total number of orthoses delivered	161	35	11	679	103	20	307	85	138	2	171	335	276	692	821	157	968	4961	221	354	575	118	118	625	382	46	0	1053	6707
Total number of crutches delivered	52	0	54	1492	16	0	130	9	0	0	234	59	531	96	150	8	366	3197	0	688	688	0	0	157	1352	40	6696	8245	12130
Total number of wheelchairs delivered	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	144	144	0	0	295	35	1	487	818	962

ANNEX 3: 2005 OVERVIEW OF SFD HUMAN RESOURCES

OVERVIEW OF SFD HUMAN RESOURCES 2005					
	Africa	Asia	Latin America	Headquarters	Total
Expatriate personnel	1 head of regional programme 4 prosthetist/orthotists	1 head of regional programme 1 prosthetist/orthotist	1 head of regional programme 1 management consultant (10%)	1 director 1 assistant (80%)	10
National personnel	3 technical 3 non-technical	0.25 technical 5 non-technical	1 non-technical		12

ANNEX 4: 2005 OVERVIEW OF SFD BUDGET AND EXPENDITURE

(in Swiss francs; un-audited figures)

ICRC Special Fund for the Disabled

Budgets and expenditure 2005 (in Swiss francs; non-audited figures)

	Albania			Ethiopia Reg. for Africa			Libya**			Nicaragua Reg. for Latin America			Vietnam (incl. Bangladesh)** Reg. for Asia			Total		
	Expenditure	Budget	impl. rate*	Expenditure	Budget	impl. rate*	Expenditure	Budget	impl. rate*	Expenditure	Budget	impl. rate*	Expenditure	Budget	Impl. rate*	Expenditure	Budget	impl. rate*
	01.01.05 31.12.05	2005		01.01.05 31.12.05	2005		01.01.05 31.12.05	2005		01.01.05 31.12.05	2005		01.01.05 31.12.05	2005		01.01.05 31.12.05	2005	
Material & Financial Assistance	26'051	34'193	0.76	568'485	754'000	0.75	0	490'000	0.00	355'965	399'500	0.89	666'826	737'641	0.90	1'617'327	2'415'334	0.67
Transportation Cost for material	3'076	2'000	1.54	93'109	38'000	2.45	0	10'000	0.00	19'291	10'000	1.93	14'773	14'100	1.05	130'249	74'100	1.76
Staff Related Cost, including training/tuition programmes	25'550	34'000	0.75	1'136'821	941'552	1.21	0	15'000	0.00	241'742	207'836	1.16	459'297	432'053	1.06	1'863'410	1'630'441	1.14
Premises/Equip/Supplies, Audit	0	0		110'512	174'054	0.63	0	20'000	0.00	139'738	113'500	1.23	71'171	84'865	0.84	321'421	392'419	0.82
Operational Programme support, financial management & administration at headquarters	5'212	5'452	0.96	181'976	153'607	1.18	0	43'244	0.00	72'139	58'870	1.23	115'545	102'223	1.13	374'872	363'396	1.03
Total Cash	59'889	75'645	0.79	2'090'903	2'061'213	1.01	0	578'244	0.00	828'875	789'706	1.05	1'327'612	1'370'882	0.97	4'307'279	4'875'690	0.88
Expenditure services				42'917												42'917		
Sub-Total	59'889	75'645	0.79	2'133'820	2'061'213	1.04	0	578'244	0.00	828'875	789'706	1.05	1'327'612	1'370'882	0.97	4'350'196	4'875'690	0.89
Audit fees																7'400		
Total	59'889	75'645	0.79	2'133'820	2'061'213	1.04	0	578'244	0.00	828'875	789'706	1.05	1'327'612	1'370'882	0.97	4'357'596	4'875'690	0.89

* Actual expenditure versus budget

** The plan of action worked out in late 2004 by the Libyan Red Crescent and the SFD could not be started in 2005 for a variety of reasons.

LIST OF DONORS IN 2005 TOTAL CONTRIBUTIONS CHF 4,079,060

Government of Norway
Patrick J. Leahy War Victims Fund through USAID
Swiss Red Cross Humanitarian Foundation
Norwegian Red Cross
Government of Switzerland
The OPEC Fund for International Development
Government of Canada
Japanese Red Cross
Government of Liechtenstein
Red Cross of Monaco
Turkish Red Crescent
German Red Cross
Irish Red Cross
Pro Victimis Foundation
Various private donors

Geneva, 10 March 2006



ICRC Special Fund for the Disabled

Donations can be made into the SFD's bank account.

Our bank is :

UBS SA

Zürich – Switzerland

BIC: UBSWCHZH80A

IBAN CH13 0024 0240 6291 1600 W