



INTERNATIONAL COMMITTEE OF THE RED CROSS

**S**PECIAL **F**UND FOR THE **D**ISABLED  
**Annual Report**



**2004**



## SFD BUDGET AND APPEAL STRUCTURE

The **2004 ICRC Special Fund for the Disabled (SFD) budget**, based on the objectives set for the year was designed to cover both field and headquarters activities from 1 January to 31 December 2004. Its structure was made up of four separate field budgets and the headquarters budget.

It is for this reason that the **2004 SFD Appeal** was divided into the following chapters:

**General section** on SFD policy and budget evolution;

**Albania** : activities of SFD in Albania;

**Ethiopia**: activities of SFD Addis Ababa in Africa;

**Nicaragua**: activities of SFD Managua in Central America;

**Vietnam**: activities of SFD Ho Chi Minh City in Vietnam, India and Bangladesh.

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

During the year, one adjustment to the initial budgets was submitted to the SFD Board for approval. The appeal documents were adapted accordingly.

Donors were encouraged to support the SFD 2004 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.

The SFD programmes had also been included in the ICRC Special Mine Action Appeal 2004.

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

- ICRC Special Fund for the Disabled: brochure published in English, French and German;
- SFD Appeal 2004
- SFD Mid-term Report 2004;
- KPMG 2004 Audit Report: publication expected in April 2005;
- "Support for Life": ICRC Physical Rehabilitation Programmes for War-wounded 1979-2003: report (incl.graphs/tables) and cross-references to the SFD, published by the ICRC;
- 2004 Annual Report of the ICRC's Physical Rehabilitation Programmes;
- ICRC 2004 Mine Action Special Appeal;
- ICRC 2004 Mine Action Special Report;
- ICRC 2004 Annual Report (publication June 2005);
- ICRC 2004 Emergency and Headquarters Appeals.

It is also useful to consult the ICRC's website, [www.icrc.org](http://www.icrc.org), for further information on both ICRC and SFD 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 non-audited at the time of publication of this annual report.*

## 1. EXECUTIVE SUMMARY

### ICRC Special Fund for the Disabled (SFD) Annual Report 2004 Executive Summary

The ICRC Special Fund for the Disabled (SFD) aims at ensuring continuity of former ICRC programmes for the war-disabled and supporting 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 mainly out of three regional bases in Ethiopia (for Africa), in Vietnam (for Asia) and in Nicaragua (for Latin America).

In 2004, assistance provided by the Fund contributed to rehabilitating more than 15,000 persons worldwide, 8,580<sup>1</sup> were fitted with a prosthesis and 7,123<sup>2</sup> with an orthosis. Forty percent of the assisted amputees were mine victims.

Material, financial, technical and training support was provided to 44 physical rehabilitation centres in 19 countries. These included newly started assistance projects to seven additional centres in Albania, Guinea-Bissau, Nicaragua, Somalia, Togo 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. Workshop equipment was delivered and installed in centres in Nicaragua and in Bangladesh. The SFD provided reimbursements to certain centres for services provided to patients, notably in Vietnam and in Nicaragua.

To maintain and improve the quality and durability of services for patients, the SFD sponsored 12 national personnel from 7 centres to attend one- to three-year courses at regional schools in prosthetics and orthotics. In addition, ten one-month basic training courses for fifty technicians from 20 countries were organized at the SFD regional training centre in Addis Ababa, Ethiopia. In addition, three regional seminars for professionals were organized in cooperation with prosthetic/orthotic schools in Togo, Morocco and Kenya. Technical support visits of at least two weeks duration to all centres included coaching, on-the-job training or refresher courses for national personnel.

The 2004 financial situation ended less positive compared with previous years. The actual expenditure of Sfr. 4,090,622 exceeded the income derived from contributions and other income by Sfr. 448,823. This shortfall had to be covered by an allocation taken from the unrestricted reserves of the SFD (all figures are non-audited).

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<sup>1</sup> prosthesis : a device to replace a missing (part of a) limb

<sup>2</sup> orthosis : a device to support a malfunctioning (part of a) limb

## 2. INTRODUCTION

The ICRC's Special Fund for the Disabled (SFD) was created in 1983 to help ensure the continuity of support for physical rehabilitation services for the war-disabled.

The SFD helps bridge the gap between ICRC's withdrawal from a country and the moment when the government or local institutions take over full responsibility for maintaining the 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.

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 2004, the Board consisted of five 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 appeal<sup>3</sup>. 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 or increasing access to, and quality and durability of rehabilitation services. This is mainly achieved through a combination of material/financial assistance, technical assistance and capacity building/training.

If partners ask for further help after ICRC assistance has ended, 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 local counterparts to meet internationally recognized standards.

Using the standards, technology, and strategies developed by the ICRC, the SFD offers a level of technical advice, training and materials that is adapted to 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, follow-up on the war-disabled is provided to ensure that their needs are still being met.

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<sup>3</sup> the SFD Appeal 2005 is available from [sfd.gva@icrc.org](mailto:sfd.gva@icrc.org) and for donors, in the ICRC intranet site for donors.

### 3. GENERAL

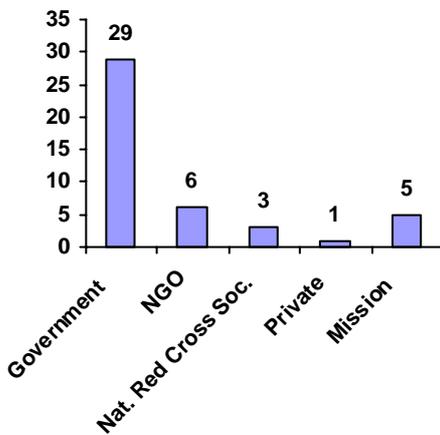
#### 3.1 Projects

Most SFD activities are managed by three regional centres, located in Ethiopia, Nicaragua and Vietnam. In 2004 the SFD supported 44 projects in 19 countries.

Overview of SFD-assisted projects 2004			
Europe (1)	Africa (28)	Latin America (3)	Asia (12)
Albania (1)	Ethiopia Regional Training Centre (1) Cameroon (1) Guinea-Bissau (1) Kenya (3) Mali (8) Mauritania (1) Morocco (2) Nigeria (2) Somalia (3) Tanzania (2) Togo (2) Zimbabwe (2)	Nicaragua (2) Colombia (1)	Vietnam (8) India (1) Bangladesh (2) Timor-Leste (1)

Eight new projects were assisted in 2004: Albania (Tirana; formerly ICRC-assisted), Somalia (Mogadishu and Galkayo), Togo (Lomé: CNAO), Vietnam (Hanoi), Nicaragua (Managua: Walking Unidos), Guinea-Bissau (Bissau, casa Amiga do Deficiente), Timor-Leste (Dili: ASSERT). One SFD project was terminated in Honduras (Cholutera).

Project Partners 2004

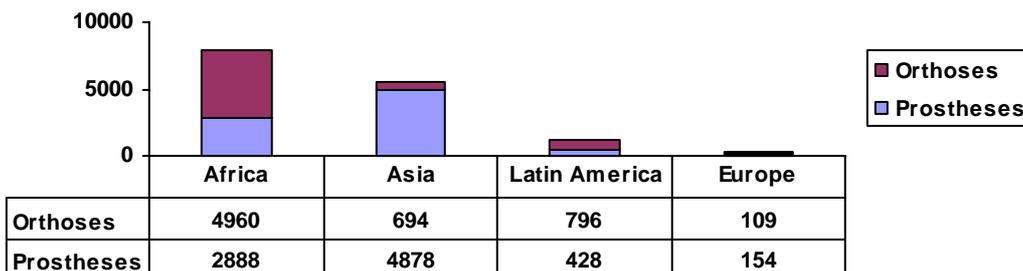


Two thirds of the SFD assisted centres are run by governmental authorities.

#### 3.2 Services for patients

This year, SFD assistance benefited a significant number of non-amputees as well. This was made possible by the provision of material assistance (orthotic components) and specific training in basic orthotics. More than 14,000 persons with disabilities were fitted with either a prosthesis or an orthosis in the assisted projects.

Patients assisted in 2004



In Africa and Europe, availability of services for patients is increased through material assistance to the centres, while in Asia and Latin America the normal practice is to reimburse services provided.

### 3.3 Training

The SFD sponsored a total of 12 trainees from assisted centres to attend regional schools for a one- to three-year training in prosthetics and orthotics.

<b>Overview of SFD-sponsored trainees attending regional schools</b>				
	Africa (2)	Asia (8)	Latin America (1)	Europe (1)
Location of project	Zimbabwe 1 Kenya 1	Vietnam 1 Bangladesh (7)	Colombia 1	Albania (1)
Location of school	Tanzania	Vietnam India United Kingdom	El Salvador	India

In Ethiopia, fifty trainees participated in various one-month training courses which were organized at the SFD's regional training centre in Addis Ababa. During the year, training manuals were produced in prosthetics, orthotics and in clinical methods. In addition, three regional seminars were organized in cooperation with regional schools in Togo, Morocco and Kenya on the manufacture of polypropylene lower-limb prostheses. These seminars were attended by 72 professionals.

In Vietnam, a two-week seminar in physiotherapy for lower-limb amputees was organized for 20 physiotherapists from 17 establishments.

In addition, on-the-job training (clinical and technical mentoring) was provided to national personnel in all 44 assisted projects during regular technical two-week or longer support visits.

### 3.4 Human resources

The SFD directly employs less than twenty persons (10 expatriates and 8,5 posts for national personnel) for the management and monitoring of its projects. During the year, two SFD ortho-prosthetists from the Ethiopia programme, who were transferred to work on other ICRC projects, were replaced as well as the SFD director who retired in September.

<b>Overview of SFD human resources</b>					
	Africa	Asia	Latin America	Headquarters	Total
Expatriate personnel	1 head of regional programme 3 ortho-prosthetists	1 head of regional programme 1 ortho-prosthetist	1 head of regional programme 1 management consultant (10%)	1 director 1 assistant (80%)	10
National personnel	2 technical 3 non-technical	3,5 non-technical			8.5

### 3.5 Headquarters support

During the year, nine Executive Committee meetings were organized and two Board meetings. In addition, a two-day meeting with the three SFD regional project leaders was organized to exchange information and harmonize the project approach in the different regions.

Missions ex-headquarters		
Month	Country	Purpose
April	Mozambique	Assessment
August	Hong Kong	ISPO World Congress
September	Ethiopia	Conference
September	Libya	Assessment
December	USA	World Bank Disability Conference
December	Nicaragua	Monitoring
December	El Salvador	Assessment

A start was made with updating SFD project guidelines.

Project visits by both SFD Board members and the Director were made to Ethiopia, Mozambique, Libya, Nicaragua and to El Salvador.

The International Society of Prosthetics and Orthotics (ISPO) nominated the ICRC for the Brian Blatchford Prize "in recognition of its innovative achievements, particularly in the design

and development of the polypropylene prosthetic system, which over the years has become a standard for appropriate and low-cost prosthetic services in developing countries". In the name of the ICRC, the SFD director took reception of the price at the ISPO World Congress in Hong Kong.

### 3.6 Financial overview

As at 31 December 2004, the **SFD budget amounted to Sfr. 4,163,767** (for breakdown see table in annex c.); one budget extension of Sfr. 235,300 was required during the year to begin a new programme in Mozambique (c.f. budget Ethiopia).

**Actual operational expenditure for the entire year amounted to Sfr. 4,090,622** (implementation rate expenditure versus budget = 98.2%).

In 2004, **Sfr. 3,655,634 were received or firmly pledged**, thanks to the continued and generous support from the donors for the project.

In further taking into account the use of a donor restricted contribution brought forward from 2003 (- Sfr. 15,466) and the carrying over of another donor restricted contribution into 2005 (+ Sfr. 29,301), the overall shortfall amounted to Sfr. 448,823. It had to be covered by an allocation taken from the general reserve of the SFD.

The result of non-operating activities amounted to Sfr. 111,988 (equal total income of Sfr 168,595 on gain on securities and on foreign exchange minus bank charges and audit fees of Sfr. 56,607).

### **3.7 Outlook for 2005**

- In 2005, the SFD will assist up to 50 projects, covering five more countries. Following assessments in 2004, projects are planned in Mozambique and in Libya. In addition, the SFD will assist former ICRC projects in Namibia and in Zambia. A new project is also planned in collaboration with the School in Prosthetics and Orthotics at the University of Don Bosco in El Salvador.
- It will be essential to maintain a sound balance between the demands and the financial means available. The SFD's intervention strategy will be re-assessed and management tools such as project guidelines and procedures will be improved to streamline the administrative and management structure.

## 4. ACTIVITIES BY REGION

### 4.1 Albania

<b>Beginning of SFD assistance (1998, 1999), 2004</b>	
<b>Implementing partner</b>	<b>Albania National Prosthetic Centre (ANPC), Ministry of Health</b>
<b>Location of the centre</b>	<b>Tirana Central University Military Hospital, Ministry of Defence</b>
<b>Technical personnel</b>	<b>7</b>
<b>Graduated personnel (Cat. II)</b>	<b>0</b>
<b>Assistance provided 2004</b>	<b>raw materials and components; technical and clinical support; sponsorship of 1 student.</b>
<b>Statistics 2004</b>	<b>prostheses 154 orthoses 109</b>
<b>Budget 2004</b>	<b>CHF 69'300</b>
<b>Expenses 2004</b>	<b>CHF 45'691</b>



### General

The Albanian National Prosthetic Centre opened in 1952 and is located within the Central University Military Hospital in Tirana. This central hospital has three main institutes: the Military Hospital, the Military Research Institute and the National Trauma Centre. The prosthetic centre is directly attached to the National Trauma Centre. It is the only centre providing prosthetic/orthotic appliances (prostheses, orthoses and orthopaedic shoes) to the physically disabled in Albania. While located within a military hospital, the centres' services mainly benefit civilians. The total number of staff is nine, including one director (orthopaedic surgeon), five technicians, two shoemakers and one cleaner. A part-time physiotherapist from the adjacent hospital is available for gait training.

From 1993 to 2000, the Swiss Red Cross assisted the centre. In 1997, the ICRC polypropylene technology was introduced to help diminish the centre's running costs. The SFD assisted the centre between 1998 and 1999 with part-time technical and material support. Between 2000 and 2003, the ICRC assisted the centre with material and educational support. In addition, through the Albanian Red Cross, patients with landmine injuries were provided with transport, accommodation and food during their period of fitting. In 2004, following the ICRC's withdrawal from Albania, the SFD took over the providing of assistance to the Albanian National Prosthetic Centre.



During 2004, a deterioration of the condition of the building was observed, caused by renovation/extension work to other buildings within the same compound. As a result, disabled people found it very difficult to gain access to the building, while severe humidity caused accelerated deterioration of materials and equipment. Discussions were started with the Albanian authorities to improve the conditions for workers and patients.

### Technical and clinical support

The SFD ortho-prosthetist carried out two two-week missions to provide on-the-job training in prosthetics and orthotics. In addition, several options to improve the conditions of the premises were prepared in close cooperation with the head of the Albanian National Prosthetic Centre.

### Training support

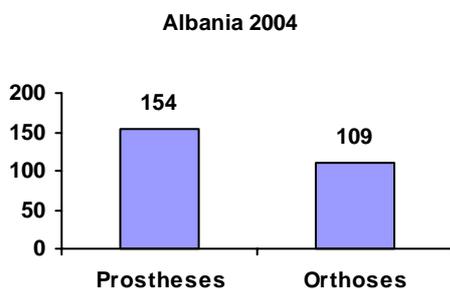
- During the year, two technicians were selected for training in prosthetics/orthotics in India. One technician left for a two-and-a-half-year course in prosthetics/orthotics, sponsored by the SFD. A second technician is scheduled to be sent in 2005.

#### *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)
ANPC	1	Sep. 2004	Dec. 2006	Mobility India, Bangalore, India	Prosthetic and Orthotic course

### Material support

Raw materials and components were provided to the centre to allow a production of some 350 prosthetic/orthotic appliances.



### Patients assisted

In total, some 950 patients, including 154 amputees, received various kinds of assistance from the centre. There were no new amputees due to mine injury registered in 2004.

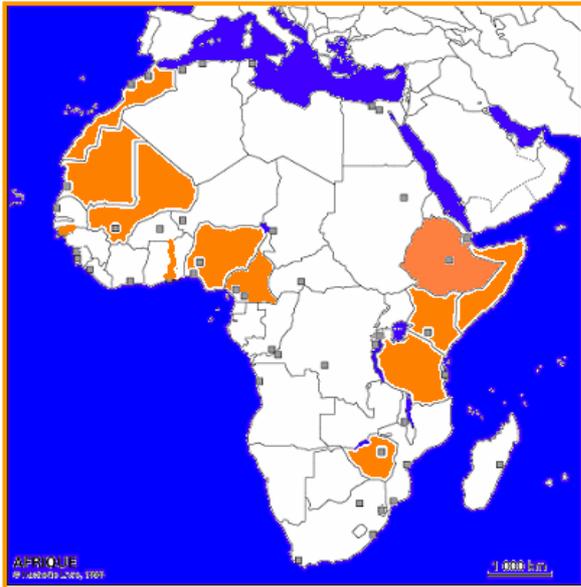
### Outlook for 2005

- Continue the technical support visits (3 x 2 weeks).
- Provide material assistance for the production of about 350 prosthetic/orthotic appliances.
- Provide scholarships for two technicians in prosthetics/orthotics in India. Assist the centre in finding a solution for the problems arising from the poor state of the premise

## 4.2 Ethiopia, regional delegation for Africa

<b>Beginning of SFD assistance 1993</b>	
<b>Implementing partner</b>	<b>ICRC Special Fund for the Disabled</b>
<b>Location of the centre</b>	<b>Prosthetic/Orthotic Centre, Addis Ababa, Ethiopia</b>
<b>Assistance provided 2004</b>	<b>raw materials and components to 31 centres in 13 African countries; technical and clinical support to 25 centres in 11 African countries; 10 one-month refresher courses in Addis Ababa for 54 technicians; 3 seminars in Togo, Morocco and Kenya for 72 technicians; sponsorship of 2 students for 3 years study to ISPO Cat. II level.</b>
<b>Patients assisted 2004</b>	<b>prostheses 2,888 orthoses 4,960</b>
<b>Budget 2004</b>	<b>CHF 1,862,314</b>
<b>Expenses 2004</b>	<b>CHF 1,884,051</b>

### General



The physically disabled are often the poorest among the population, and governments do not have the means to provide them with adequate assistance to reintegrate them into the society.

Although no official figures exist regarding the number of disabled in need of physical rehabilitation services in Africa, they are many more than the physical rehabilitation services can offer help to. Moreover, the quality of those services is presently often below standards. This is mainly due to the lack of professionals and the lack of financial means to

modernize or simply to maintain the existing old structures and equipment, and to purchase the necessary raw materials for the manufacture of the prosthetic/orthotic appliances.

At present, the ICRC Special Fund for the Disabled (SFD) in Addis Ababa is among the very few humanitarian agencies to provide support to physical rehabilitation centres in Africa, 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 those centres.

As explained above, the challenge resides not only in increasing the Physical Rehabilitation services' capacity, but also in keeping the existing structures afloat.

The SFD in Addis Ababa achieves its objectives through the following activities, carried out in partnership with several physical rehabilitation centres in Africa:

Material assistance: The SFD donates imported materials (equipment, raw materials and prosthetic/orthotic components) to the supported physical rehabilitation centres. These donations significantly affect the running costs of the physical rehabilitation centres and also prevent discontinuity in the provision of services, thereby improving access to them for the disabled (cost of services goes down, while production increases). Donation of imported materials also guarantees a certain degree of quality of the prosthetic/orthotic appliances manufactured, as locally made components are replaced with imported modern technology;

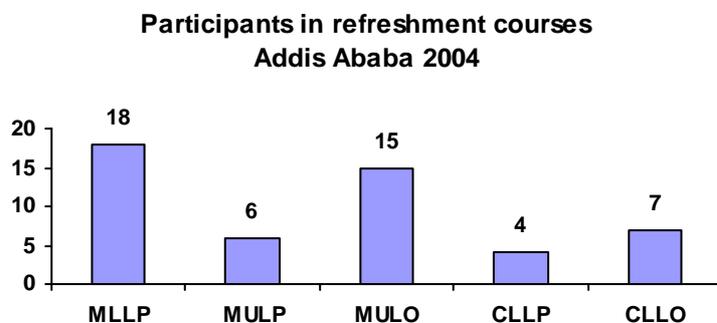
Technical assistance: monitoring through follow-up visits, providing physical rehabilitation centres with technical and managerial advice;

Capacity building: training of the local technicians, with the aim of improving the quality of the services and keeping the staff motivated and their technical knowledge up to date.

Since 1995, the SFD in Addis Ababa has offered its support to 49 physical rehabilitation centres in 21 African countries, thereby facilitating the fitting of about 33,000 amputees and 27,000 other disabled people with prostheses and orthoses.

### Technical and training support

A total of ten refresher one-month courses were organized at the SFD regional training centre in Addis Ababa, which benefited 50 technicians from 20 different countries.



Seventeen technicians were sponsored by other humanitarian organizations.

In addition, four first ICRC-mission expatriate ortho-prosthetists took part in the introductory course.

Technical Reference Manuals were created or completed on the following subjects:

- Manufacture of lower-limb prostheses in polypropylene (MLLP);
- Manufacture of upper-limb prostheses in polypropylene (MULP);
- Manufacture of lower-limb orthoses in polypropylene (MULO);
- Clinical methods for lower-limb prostheses fitting (CLLP);
- Clinical methods for lower-limb orthoses fitting (CLLO).

Translation from English into French of all manuals and presentations has started and will be completed in 2005.



In addition, three seminars were organized at regional schools in Togo, Morocco and Kenya during the year, on "The manufacture of ICRC polypropylene trans-tibial and trans-femoral prostheses". The three seminars lasted two weeks each, and were attended by 72 teachers, students and/or professionals from the countries in which the seminars took place. Terms of reference were designed for each seminar; participants received a certificate/attestation of attendance.

In 2004, the SFD sponsored training courses at regional prosthetics and orthotics schools for two young African technicians for a Category I and for an ISPO Category II programme. The aim being to reinforce the assisted centres' labour force and to improve the quality of services in the mid and long term.

#### *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)
Parirenyatwa Orthopaedic Centre in Harare, Zimbabwe	1	2004	2007	TATCOT	ISPO Cat. II
Kikuyu Orthopaedic Centre in Nairobi, Kenya	1	2004	2008	TATCOT	ISPO Cat. I

A total of 32 missions were carried out from Addis Ababa to 25 physical rehabilitation centres in 11 countries. The aim of these missions was to provide on-the-job training and coaching to national personnel, and enable monitoring and evaluation of the SFD's support together with the partner as well as discussions about possible future support. In addition, two new projects were evaluated for future assistance in Mozambique and in Madagascar.

During the technical visits, most technicians received a two-week on-the-job training in both prosthetic and orthotic fitting of patients.

A new method for finishing the polypropylene trans-tibial prostheses, developed at the Addis Ababa Prosthetic and Orthotic Centre (POC) training programme by ICRC colleagues, was tested during SFD training courses. The method will be described in the last OrthoLetter, published by the World Health Organisation / International Society for Prosthetics and Orthotics (see also <http://www.ispo.ws/>). A similar method will be developed in 2005 by the POC regarding trans-femoral calf cosmetic.

### **Material support**

In view of the overwhelming needs of non-amputees for prosthetic/orthotic appliances, this year the SFD started with also providing orthotic sidebars and raw materials for the manufacture of orthoses. These were supplied in addition to the usual materials and components for the manufacture of prostheses. Orthotic sidebars manufactured locally are

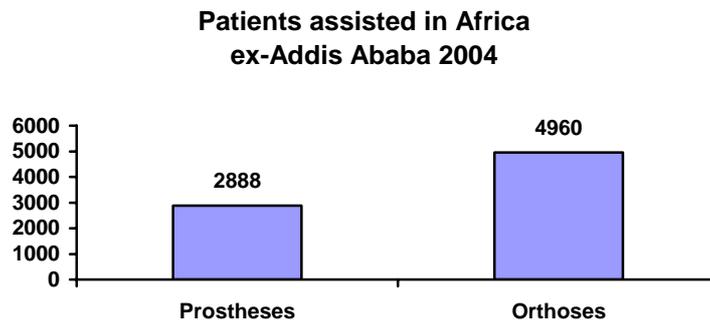
often of poor quality and limited durability. The importation of higher quality sidebars should contribute to improving the services' quality and increasing the lifespan of the orthoses manufactured.

### Patients assisted

The SFD's support contributed to fitting more than 7,500 patients with either a prosthesis or an orthosis during the year 2004. This exceeded the planned objectives for 2004 by 50%, partly as a result of increased number of assisted centres and partly because of increased technical and material support provided to each centre.

As mentioned earlier, an important increase in the number of assisted patients with an orthoses was made possible thanks to material assistance in the form of orthotic components accompanied by relevant training sessions for national personnel in the use of these components.

According to internationally accepted standards, an average technician should be able to assist about six to eight patients per month with a prosthesis or orthosis. In a number of projects, this figure is not attained and the SFD aims to assist these centres to increase their productivity.



### Outlook for 2005

The objectives for the year 2005 are similar to those of the previous years:

- Technical assistance through regular follow-up visits.
- Donation of imported materials.
- Training of the local personnel.

The total number of assisted projects is expected to rise with plans for additional projects in Libya, Mozambique, Zambia and in Namibia. Technical and training support will also be given to the planned project in Libya.

The SFD will continue to promote among its national partners the idea of improving the sustainability of the supported prosthetic/orthotic centres.

## Overview of projects assisted from Addis Ababa

### 1. Cameroon – "Centre Jamot" – Yaoundé

Beginning of SFD assistance	1995
Managed by	Private
Number of technical staff	2 (+1 apprentice)
Number of graduated staff (Cat. II)	0
Average monthly production	22 prosthetic/orthotic appliances (7 prostheses and 15 orthoses)

#### Activities in 2004

Number of visits	2
Activities during the visits	Signing of a Memorandum of Understanding for 2004 Preparation of order of material for 2004 On-the-job training Cost calculation for trans-tibial and trans-femoral prostheses
Technicians trained in Addis Ababa	2 (in 1 lower-limb orthoses manufacture and 1 in lower-limb prostheses manufacture)
Material support	Yes

N.B. Production increased by 17% compared to 2003  
Assistance will continue in 2005

### 2. Guinea-Bissau – "Casa Amiga do Deficiente"

Beginning of SFD assistance	2004
Managed by	NGO
Number of technical staff	2 (+1 shoemaker)
Number of graduated staff (Cat. II)	1 (Lomé)
Average monthly production	33 prosthetic/orthotic appliances (23 prostheses and 10 orthoses)

#### Activities in 2004

Number of visits	1
Activities during the visit	Signing of a Memorandum of Understanding for 2004 Inventory of SFD donated material Installation of new equipment for PP prostheses manufacture Modification/ improvement in the workshop' setup Prepare new order of material for 2005 Meeting with ministry of war veterans
Technicians trained in Addis Ababa	1 (in lower-limb prostheses manufacture)
Material support	Yes

N.B. Production is 4 times higher than what it was in 2003 !  
Assistance will continue in 2005

### 3. Kenya – "Kangemi Rehabilitation Centre" – Nairobi

Beginning of SFD assistance	1993
Managed by	Missionary
Number of technical staff	2
Number of graduated staff (Cat. II)	1 (TATCOT)
Average monthly production	11 prosthetic/orthotic appliances (8 prostheses and 3 orthoses)

#### Activities in 2004

Number of visits	1
Activities during the visit	Signing of a Memorandum of Understanding for 2004 Setting up a crutch production unit with donation of equipment including an injection machine and moulds for crutch handles and tips manufacture

Technicians trained in Addis Ababa  
 Material support

Repair of a damaged oven for thermoforming and crutch manufacture  
 1 (in clinical methods for lower-limb orthoses fitting)  
 Yes

N.B.

Production remained the same as in 2003  
Assistance will continue in 2005

#### 4. Kenya – "Kenya Medical Training College" – Nairobi (P&O School)



Beginning of SFD assistance  
 Managed by  
 Number of technical staff  
 Number of graduated staff (Cat. II)  
 Average monthly production

1998  
 Governmental (Ministry of Health)  
 8 instructors  
 8 (Graduated from KMTC – Nairobi)  
 68 prosthetic/orthotic appliances (18 prostheses and 50 orthoses)

#### Activities in 2004

Number of visits  
 Activities during the visits

2  
 Signing of a Memorandum of Understanding for 2004  
 Advice on set-up and on store keeping  
 Seminar on ICRC polypropylene trans-tibial and trans-femoral and prostheses for 44 students

Technicians trained in Addis Ababa

3 (in 1 lower-limb orthoses manufacture, and 2 in clinical methods for lower-limb orthoses fitting)

Material support

N.B.

Yes  
 SFD support was substantially increased in 2004, especially as regards technical support and training  
 KMTC is willing to improve its training level and eventually to be recognized by the ISPO as a level II P&O training centre– supported by TATCOT and the present ISPO president.  
Assistance will continue in 2005

## **5. Kenya – "Kikuyu Orthopaedic Rehabilitation Centre" – Nairobi**

Beginning of SFD assistance	1995
Managed by	Missionary (Presbyterian Church)
Number of technical staff	3 (in December): 1 expatriate prosthetist and 2 nationals – 1 technician left during the year and has not been replaced; another one was sent to TATCOT and has not been replaced.
Number of graduated staff (Cat.II)	1 (South Korean missionary)
Average monthly production	60 prosthetic/orthotic appliances (11 prostheses and 49 orthoses)
<u>Activities in 2004</u>	
Number of visits	1
Activities during the visit	Signing of a Memorandum of Understanding for 2004 Provision of technical advice, demonstration of trans-femoral alignment and corset cast taking Instructions on safety measures when using machines Organization of scholarship for one technician to attend TATCOT (started Cat. I training in September 2004, due to end in July 2008)
Technicians trained in Addis Ababa	1 (in lower-limb orthoses manufacture)
Material support	Yes
<u>N.B.:</u>	Production increased by 76% compared to 2003 One technician sponsored for a 4-year (Cat. I) degree programme at TATCOT – will be the only Cat. I trained person in Kenya. <u>Assistance will continue in 2005</u>

## **6. Mali – "Centre National d'Appareillage Orthopédique du Mali" (CNAOM) – Bamako, and 6 Regional Centres in Sikasso, Kayes, Tombouctou, Gao, Mopti and Ségou**

Beginning of SFD assistance	1997
Managed by	Governmental (Ministry of Social Development, Solidarity and Elderly Persons)
Number of technical staff	17 (14 Cat. II; 3 technicians) + 3 shoemakers and 2 welders
Number of graduated staff (Cat. II)	14 (Lomé)
Average monthly production	37 prosthetic/orthotic appliances (9 prostheses and 28 orthoses – 70% produced in CNAOM Bamako and 30% in the 6 regional Centres)
<u>Activities in 2004</u>	
Number of visits	2 (CNAOM) and 1 (Regional Centres)
Activities during the visits	Signing of a Memorandum of Understanding for 2004 Establishment of contacts with Handicap International office in Bamako Delivery of the annual order of materials and complete stock inventory, preparation of new order of material for 2005 Improvements to the workshop set-up, in the cast taking and thermoforming rooms (in Bamako) Installation and briefing on alignment jig for trans-tibial and trans-femoral (in Bamako) Demonstration of patient-fitting (in Bamako)
Technicians trained in Addis Ababa	2 (from Bamako and Sikasso – in lower-limb orthoses manufacture)
Material support	Yes
<u>N.B.</u>	Production increased by 67% compared to 2003, but is still below expectations, compared to those of the AEDR Centre in Bamako (see below) The newly appointed Director, Mr Bagayoko, has been invited to Addis Ababa to get an in-depth briefing about the SFD and its training Centre <u>Assistance will continue in 2005</u>

## **7. Mali – "Centre d'Appareillage Père Bernard Verspieren" – Bamako**

Beginning of SFD assistance 2003  
 Managed by NGO: Association Entraide pour le Développement Rural (AEDR)  
 Number of technical staff 3  
 Number of graduated staff (Cat. II) 1 (Lomé)  
 Average monthly production 7 prosthetic/orthotic appliances (3 prostheses and 4 orthoses)

### Activities in 2004

Number of visits 2  
 Activities during the visits  
 Signing of a Memorandum of Understanding for 2004  
 Taking delivery of SFD-donated material and installation of new equipment  
 Modification of the workshop set-up  
 Training in the manufacture of polypropylene trans-tibial and trans-femoral prostheses  
 Repair of vacuum pump  
 1 (in lower-limb orthoses manufacture)  
 Technicians trained in Addis Ababa Yes  
 Material support Good partnership, with serious and reliable partner  
 N.B. Lack of qualified technicians and lack of space are important constraints for the Centre. A new workshop should be built in 2005, with some donors' funds  
Assistance will continue in 2005

## **8. Mauritania – "Centre National d'Orthopédie et de Réadaptation Fonctionnelle" (CNORF) – Nouakchott**

Beginning of SFD assistance 1999  
 Managed by Governmental (Ministry of Health)  
 Number of technical staff 6 (December) +2 shoemakers (One technician left during the year).  
 Number of graduated staff (Cat. II) 2 (Lomé)  
 Average monthly production 25 prosthetic/orthotic appliances (17 prostheses and 8 orthoses)

### Activities in 2004

Number of visits 2  
 Activities during the visits  
 Signing of a Memorandum of Understanding for 2004  
 Advice on stock management and introduction of a computerized stock control system; improvement of storage area: manufacture of shelves  
 Reminder of use of alignment jig for trans-femoral and trans-tibial prostheses  
 Demonstration on amputees fitting, various amputations  
 1 (in lower-limb orthoses manufacture)  
 Technicians trained in Addis Ababa Yes  
 Material support Production remained the same as in 2003  
 N.B. Assistance will continue in 2005

**9. Morocco, – "Institut de Formation pour Carrières de Santé " (IFCS)  
Projet FORMA (P&O School) – Marrakech**



<i>Beginning of SFD assistance</i>	2003
<i>Managed by</i>	Governmental (Ministry of Health)
<i>Number of technical staff</i>	3 instructors and 4 assistants
<i>Number of graduated staff (Cat. II)</i>	3 Cat. I (BUFFA-German nationals) and 4 Cat. II (IFCS – Marrakech)
<i>Average monthly production</i>	3.5 prosthetic/orthotic appliances (3 prostheses and 0.5 orthoses)
<u>Activities in 2004</u>	
<i>Number of visits</i>	1 (seminar)
<i>Activities during the visit</i>	2-week seminar on the manufacture of polypropylene prostheses, for 10 Moroccan professionals Defining of the plan of action for 2005
<i>Technicians trained in Addis Ababa</i>	1 (in lower-limb prostheses manufacture)
<i>Material support</i>	Yes
<u>N.B.</u>	<u>Assistance will continue in 2005, but will be reduced (transfer of responsibility)</u>

**10. Morocco – "Centre de Réhabilitation de Oujda" – Oujda**

<i>Beginning of SFD assistance</i>	2003
<i>Managed by</i>	Governmental (Ministry of Health)
<i>Number of technical staff</i>	4
<i>Number of graduated staff (Cat.II)</i>	3 (graduated from Marrakech and from Rabat)
<i>Average monthly production</i>	23 prosthetic/orthotic appliances (2 prostheses and 21 orthoses)
<u>Activities in 2004</u>	
<i>Number of visits</i>	No visit in 2004
<i>Activities during the visits</i>	Not applicable
<i>Technicians trained in Addis Ababa</i>	0
<i>Material support</i>	Yes
<u>N.B.</u>	Production was lower than expected 1 technician was invited to attend the seminar in Marrakech on the manufacture of ICRC polypropylene trans-tibial and trans-femoral prostheses <u>Assistance will continue in 2005</u>

**11. Nigeria – "National Orthopaedic Hospital Enugu" – Enugu**

*Beginning of SFD assistance* 1997  
*Managed by* Governmental (Ministry of Health)  
*Number of technical staff* 13  
*Number of graduated staff (Cat. II)* 4 (graduated from TATCOT)  
*Average monthly production* 20 prosthetic/orthotic appliances (11 prostheses and 9 orthoses)

Activities in 2004

*Number of visits* 1  
*Activities during the visits* Drafting of a Memorandum of Understanding for 2004  
Taking delivery of the annual order of material  
Advice on stock management  
Demonstration of trans-tibial manufacture  
*Technicians trained in Addis Ababa* 3 (2 in lower limb prostheses manufacture; 1 in clinical methods for lower limb orthoses fitting)  
*Material support* Yes  
N.B. Production increased by 20% compared to 2003  
Assistance will continue in 2005



## **12. Nigeria – “Marist Brothers' Rehabilitation Centre” - Uturu**

Beginning of SFD assistance	1994
Managed by	Missionary
Number of technical staff	3 (+ 1 leather worker and 2 welders)
Number of graduated staff (Cat.II)	1
Average monthly production	6 prosthetic/orthotic appliances (3 prostheses and 3 orthoses)

### Activities in 2004

Number of visits	1
Activities during the visits	Signing of the Memorandum of Understanding for 2004 Demonstration of trans-tibial cast taking, rectification and alignment Advice on setting up a gait-training area

Technicians trained in Addis Ababa 1 (in lower-limb prostheses manufacture)

Material support Yes

N.B. Production sank by 50% compared to 2003

Assistance will continue in 2005

## **13. Somalia, Somali Red Crescent Society (SRCS) Hargeisa**

Beginning of SFD assistance	Norwegian Red Cross (NORCROSS) assisted project. SFD provides technical monitoring
Managed by	Somali Red Crescent Society
Number of technical staff	7
Number of graduated staff (Cat. II)	1
Average monthly production	20 prosthetic/orthotic appliances (14 prostheses and 6 orthoses)

### Activities in 2004

Number of visits	2
Activities during the visits	Technical follow-up of activities; advice and patients' fitting.
Technicians trained in Addis Ababa	8 (including the Somalia technical coordinator for the 3 prosthetic/orthotic centres in the region): 4 in lower-limb prostheses manufacture; 2 in lower-limb orthoses manufacture; 1 in upper-limb prostheses manufacture; 1 in clinical methods for lower-limb orthoses fitting)

Material support 0

N.B. NORCROSS project, supervised by an SFD ortho-prosthetist

## **14. Somalia, Somali Red Crescent Society (SRCS) Galcaio**

- Not visited in 2004.
- An average of 13 prosthetic/orthotic appliances (6 prostheses and 7 orthoses) was produced monthly.
- 1 technician took part in SFD training in Addis Ababa, in the manufacture of lower-limb orthoses.

## **15. Somalia, Somali Red Crescent Society (SRCS) Mogadishu**

- Not visited in 2004.
- An average of 27 prosthetic/orthotic appliances (16 prostheses and 11 orthoses) was produced monthly.
- 6 technicians took part in SFD training in Addis Ababa: 2 in lower-limb prostheses manufacture ; 2 in lower-limb orthoses manufacture; 1 in upper-limb prostheses manufacture; 1 in clinical methods for lower-limb orthoses fitting

### **16. Tanzania – "Tanzanian Training Centre for Orthopaedic Technologists" (TATCOT) – Moshi**

<i>Beginning of SFD assistance</i>	1995
<i>Managed by</i>	Governmental; Good Samaritan Foundation of the Evangelic Lutheran Church of Tanzania
<i>Number of technical staff</i>	8
<i>Number of graduated staff (Cat. II)</i>	8
<i>Average monthly production</i>	23 prosthetic/orthotic appliances (16 prostheses and 7 orthoses)
<u>Activities in 2004</u>	
<i>Number of visits</i>	0
<i>Activities during the visits</i>	No visit was conducted in 2004
<i>Technicians trained in Addis Ababa</i>	2 (1 upper-limb prostheses manufacture, 1 clinical methods for lower-limb prostheses fitting)
<i>Material support</i>	Yes
<u>N.B.</u>	<u>Assistance will continue in 2005.</u>

### **17. Tanzania – "Kilimanjaro Christian Medical Centre" – Moshi**

<i>Beginning of SFD assistance</i>	1998
<i>Managed by</i>	Governmental; Good Samaritan Foundation of the Evangelic Lutheran Church of Tanzania
<i>Number of technical staff</i>	5
<i>Number of graduated staff (Cat. II)</i>	5
<i>Average monthly production</i>	47 prosthetic/orthotic appliances (21 prostheses and 26 orthoses)
<u>Activities in 2004</u>	
<i>Number of visits</i>	0
<i>Activities during the visits</i>	No visit to KCMC in 2004
<i>Technicians trained in Addis Ababa</i>	2 (1 in lower-limb orthoses manufacture and 1 in clinical methods for lower-limb orthoses fitting)
<i>Material support</i>	Yes
<u>N.B.</u>	Production remained the same as in 2003 <u>Assistance will continue in 2005</u>

### **18. Togo – "École Nationale des Auxiliaires Médicaux" (ENAM) – Lomé**

<i>Beginning of SFD assistance</i>	2003
<i>Managed by</i>	Governmental (Ministry of Public Health + Ministry of Technical Education and Professional Training)
<i>Number of technical staff</i>	3 instructors (1 instructor passed away in 2004)
<i>Number of graduated staff (Cat. II)</i>	3
<i>Average monthly production</i>	7 prosthetic/orthotic appliances (4 prostheses and 3 orthoses)
<u>Activities in 2004</u>	
<i>Number of visits</i>	1 (seminar)
<i>Activities during the visit</i>	2-week seminar on the manufacture of ICRC polypropylene trans-tibial and trans-femoral prostheses, for 18 participants (teachers, students and technicians from CNAO -Lomé) .
<i>Technicians trained in Addis Ababa</i>	1 (in lower-limb prostheses manufacture)
<i>Material support</i>	Yes
<u>N.B.</u>	The ENAM has made considerable efforts to improve its training level, and received the accreditation from the ISPO in July 2004. <u>Assistance will continue in 2005</u> <u>Also assisted by Handicap International</u>

## **19. Togo – "Centre National d'Appareillage Orthopédique" (CNAO) Lomé**

Beginning of SFD assistance 2004  
 Managed by Governmental (Ministry of Public Health)  
 Number of technical staff 16  
 Number of graduated staff (Cat. II) 2 Cat. I (BUFFA) and 14 Cat. II graduated from ENAM and 1 shoemaker  
 Average monthly production 1 30 prosthetic/orthotic appliances (32 prostheses and 98 orthoses)

### Activities in 2004

Number of visits 1  
 Activities during the visits Meeting with the Centre's representatives  
 Visit of the premises

Technicians trained in Addis Ababa 1 (in lower-limb prostheses manufacture)

Material support Yes

N.B. Assistance will continue in 2005

Also assisted by Handicap International

## **20. Zimbabwe – "Bulawayo Group of Hospitals" – Bulawayo**

Beginning of SFD assistance 1996  
 Managed by Governmental (Ministry of Health)  
 Number of technical staff 15  
 Number of graduated staff (Cat. II) 5  
 Average monthly production 43 prosthetic/orthotic appliances (9 prostheses and 34 orthoses)

### Activities in 2004

Number of visits 2  
 Activities during the visits Patient-fitting; demonstration of through-knee fitting.  
 Development of a system of stock control including consumption of materials

Technicians trained in Addis Ababa 2 (in clinical methods for lower-limb prostheses)

Material support Yes

N.B. Production increased by 16% compared to 2003

Assistance will continue in 2005

## **21. Zimbabwe – "Parirenyatwa Group of Hospitals" – Harare**

Beginning of SFD assistance 1997  
 Managed by Governmental (Ministry of Health)  
 Number of technical staff 20  
 Number of graduated staff (Cat. II) 7  
 Average monthly production 59 prosthetic/orthotic appliances (25 prostheses and 34 orthoses)

### Activities in 2004

Number of visits 1  
 Activities during the visit Teaching of proper use of the alignment jig for trans-tibial and trans-femoral prostheses  
 Demonstration of cast taking of trans-femoral amputee using prefabricated brims

Technicians trained in Addis Ababa 2 (in upper-limb prostheses manufacture)

Material support Yes

N.B. Production decreased slightly compared to 2003

Assistance will continue in 2005

### 4.3 Nicaragua, regional delegation for Latin America

<b>NICARAGUA - CENAPRORTO</b>	
<b>Beginning of SFD assistance</b>	<b>1994</b>
<b>Implementing partners</b>	<b>Ministry of Health</b>
<b>Location of the centre</b>	<b>Centro Nacional de Producción de Ayudas Técnicas y Elementos Orthoprotésicos (CENAPRORTO), Managua</b>
<b>Technical personnel</b>	<b>10</b>
<b>Graduated personnel (Cat. II)</b>	<b>0</b>
<b>Assistance provided 2004</b>	<b>financial support technical and clinical support</b>
<b>Statistics 2004</b>	<b>prostheses 407 orthoses 788 wheelchairs 97 crutches 146</b>
<b>Budget 2004</b>	<b>CHF 810,611 (global budget including CAPADIFE)</b>
<b>Expenses 2004</b>	<b>CHF 698,522</b>



#### General

In 1984, the ICRC started a project in cooperation with the Ministry of Health (MINSAL) at the rehabilitation centre of Managua (CENAPRORTO) on behalf of the war-disabled. Assistance included construction of the building and installing of the equipment, followed by regular material assistance, training of personnel and implementation of services to patients over the following years. In 1988, twelve Nicaraguan students graduated after a three-year ICRC-conducted course in prosthetics and orthotics.

Following the ICRC's withdrawal from Nicaragua in 1994, the SFD supported CENAPRORTO through yearly technical visits, material assistance and training. In view of declining services to patients, in 2000 the MINSAL decided to restructure the administration of CENAPRORTO. The SFD sent a full-time ortho-prosthetist to work at CENAPORTO, assisted by a part-time SFD management consultant to assist in the restructuring over the next few years. The support also included renovation of the building, training and material support. Increase in quantity and quality of services to patients was obtained, as well as a decrease in the costs these services.



The reorganization at CENAPRORTO implemented over the last four years has been partly successful. This has allowed the SFD to gradually diminish its assistance in management support (down from 90 days/year to four days/year) and in technical support (down from full-time assistance to 10%). The SFD's financial assistance to CENAPRORTO decreased slightly.

CENAPRORTO gradually assisted a greater number of persons with disabilities over the years. The increase was especially marked for patients needing orthoses.

On the other hand, CENAPRORTO did not succeed in increasing its capacity to meet existing needs. There is a lack of progress in diversifying CENAPRORTO's sources of financial support. Seventy percent of its funding still comes from the outside, with up to 30% being provided by the National Institute for Social Security (INSS). The MINSA does not contribute to the centre's running costs, apart from having made available the building/land.

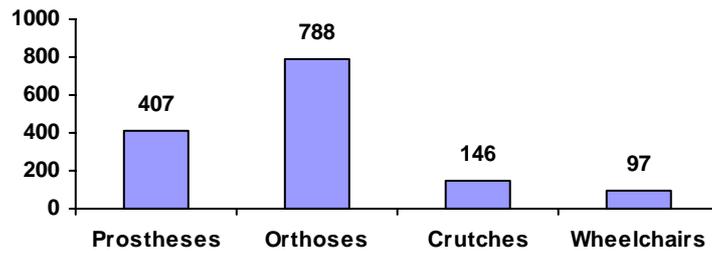
### **Training and technical support**

Part-time on-the-job training and coaching support was provided to the technical staff and the management by the SFD prosthetists and the SFD management consultant.

### **Material and financial support**

The SFD reimbursed the CENAPRORTO for the fitting of patients with 119 prostheses and 60 orthoses. For the first time, there was no need for material assistance: the centre independently ordered raw materials and components, which were financed out of the reimbursement funds. In addition to the SFD, other organizations like the Organization of American States also contributed to the functioning of the centre by reimbursing costs of services to patients. This significantly raised the total number of assisted patients. In addition to the international organizations, the Ministry of Social Security covers about 25 % of the total running costs. Unfortunately, CENAPRORTO has not benefited from funds available for disabled persons, allocated by the National Council for Rehabilitation.

### CENAPRORTO 2004



#### Services for patients

All told, CENAPRORTO provided amputees and other persons with disabilities with 407 prostheses and 788 orthoses. Forty percent of the assisted persons had been amputated following injuries from anti-personnel mines or unexploded ordnance (UXOs).

The SFD purchased nearly 100 wheelchairs for distribution from a local foundation which employs mainly persons with disabilities.

#### Outlook for 2005

- Reimbursements to CENAPRORTO for services provided to patients for up to 120 patients.
- Support to the Centre's efforts to diversify sources of funding including a future MINSA contribution.



<b>NICARAGUA - CAPADIFE</b>	
<b>Beginning of SFD assistance</b>	<b>2004 (October)</b>
<b>Implementing partners</b>	<b>Foundation for Rehabilitation Walking Unidos (FURWUS)</b>
<b>Location of the centre</b>	<b>CAPADIFE, Managua</b>
<b>Technical personnel</b>	<b>7</b>
<b>Graduated personnel (Cat. II)</b>	<b>1</b>
<b>Assistance provided 2004</b>	<b>financial support</b> <b>technical and clinical support</b>
<b>Statistics 2004 (November &amp; December)</b>	<b>prostheses 21</b> <b>orthoses 8</b> <b>crutches 28</b>



## General

In order to complement the production of the CENAPRORTO and with Ministry of Health's (MINSa) approval, a tri-partite agreement was signed in May 2004 between the SFD, the POLUS Centre (a Foundation based in the USA) and the Nicaraguan Foundation for Rehabilitation Walking Unidos (FURWUS), to start a complementary prosthetic/orthotic centre in Managua as an independent foundation. The new project, Capacidades Diferentes (CAPADIFE), also aims at developing socio-economic inclusion activities for persons with disabilities.

## Training and technical support

Intensive support was given to the local foundation for starting a new centre. Buildings located in an appropriate place in Managua were rented in May and prepared for physical rehabilitation activities: workshop, physiotherapy room, lodging and offices. Qualified technical personnel was hired, including two technicians who in December 2003 had completed an SFD-sponsored three-year course in prosthetics and orthotics in El Salvador. Following the installation of the equipment, the centre officially opened on 22 October 2004, admitting the first patients for treatment.

### *Latin America: overview of SFD-sponsored training at regional schools*

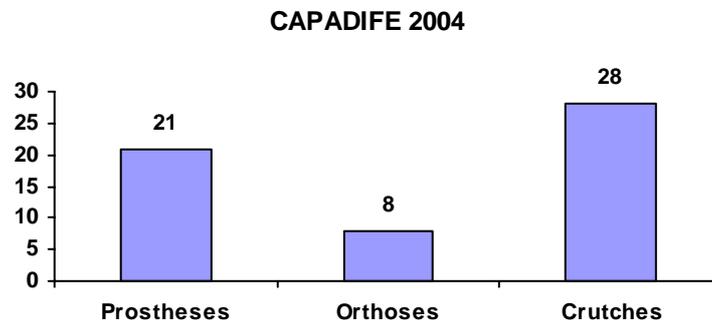
Assisted Centre	Number of trainees	Training Started	Training End (Planned)	Name of the School	Type of Training
CAPADIFE, Nicaragua	2	01.2001	12.2003	UDB/GTZ, El Salvador	ISPO Cat. II
CIREC, Colombia	1	01.2002	12.2004	UDB/GTZ, El Salvador	ISPO Cat. II

## Material and financial support

Machines, equipment, raw materials and components for the newly established centre arrived mid-September.

## Services for patients

The first patients were admitted late October, following the opening of the centre. Several hundred individuals are on the waiting list for a prosthesis in Nicaragua, mainly registered by the National Red Cross Society.



### **Outlook for 2005**

- Provide technical and material support to CAPADIFE to strengthen the centre's technical, managerial and financial sustainability.
- Assist up to 230 patients with prostheses or orthoses.

### **Other regional activities**

The SFD ortho-prosthetist assessed the Centro Integral de Rehabilitación de Colombia (CIREC) in Bogotá, Colombia and prepared an order for material assistance in 2005.

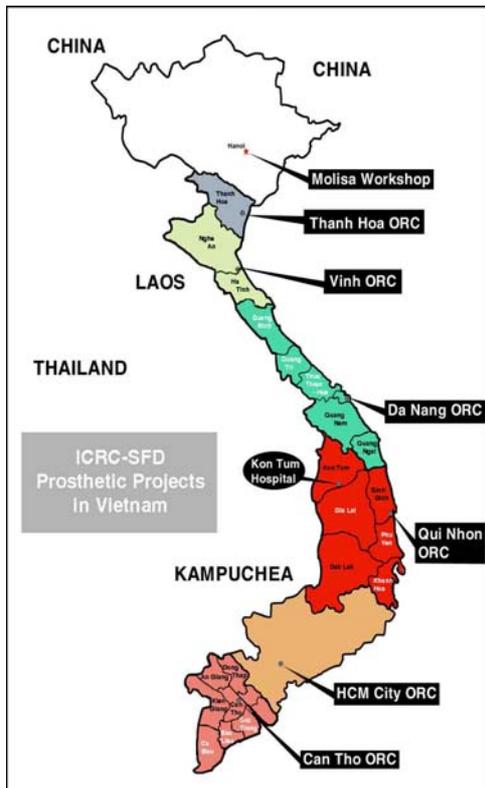
In addition, two assessment missions were carried out to Mexico and Guatemala in connection with migrant workers who not infrequently become amputees as victims of train accidents during the long journey through Central America. This project is still under study.

Another visit to the University of Don Bosco in San Salvador resulted in the preparation of a cooperation agreement to provide some material and technical support to the P&O School, starting in 2005.



#### 4.4 Vietnam, regional delegation for Asia

<b>VIETNAM</b>	
<b>Beginning of SFD assistance</b>	1995
<b>Implementing partners</b>	Ministry of Labour, Invalids and Social Affairs (MOLISA) Ministry of Health (Kontum) Vietnamese Red Cross Society (VNRC)
<b>Location of the centres</b>	Ho Chi Minh City (1995) Da Nang (1998) Quy Nhon (1998) Can Tho (1998) Vinh (1999) Thanh Hoa (1999) Kontum (1999) Hanoi (2004)
<b>Technical personnel</b>	HCMC 10
<b>Graduated personnel (Cat II)</b>	HCMC 1
<b>Assistance provided 2004</b>	financial support technical and clinical support; refresher course in physiotherapy
<b>Statistics 2004</b>	prostheses 4,646 orthoses unknown : the SFD is not directly involved
<b>Budget 2004</b>	CHF 1,207,749
<b>Expenses 2004</b>	CHF 1,211,794



#### 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 targets the "destitute amputees", i.e. those who are not supported by the State and who do not have the means to pay for the services.

The tripartite cooperation between the MOLISA, the VNRC and the ICRC/SFD provides 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 feedback, quality 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.

In 2005, the SFD is planning a pilot project to assist also people with motor disabilities who are not amputees.

### Training support

The most important training session carried out in the country was a two-week Refresher Physiotherapy Course (09–20.02.2004), which focused on gait training for lower-limb amputees. A total of twenty physiotherapists came from 17 establishments/organizations in Vietnam (6 working with the Ministry of Health and 11 with the Ministry of Labour, Invalids and Social Affairs (MoLISA) and 3 from the Bangladesh Rural Advancement Committee (BRAC) centre in Bangladesh). All the participants passed the theoretical and practical final tests. The course was organized by an ICRC/SFD expatriate physiotherapist, with the assistance of the SFD project staff in Ho Chi Minh City. This training was highly appreciated by the local partners and authorities.

A five-day visit (28.3–01.4.04) to Phnom Penh was sponsored for six Vietnamese people: an administrative assistant from SFD Ho Chi Minh City, two technicians from Ho Chi Minh City Rehabilitation Centre, the director and a technician of Da Nang centre and an official from the MOLISA Rehabilitation Desk in Hanoi. The purpose of the visit was to learn of new developments in the polypropylene component manufacture. In addition, the Cambodia Trust and American Red Cross workshops were visited.

International Society for Prosthetics and Orthotics (ISPO) World Congress in Hong Kong (01-08.08.2004): besides the participation of the two SFD expatriate prosthetists, two Vietnamese directors of MOLISA Prosthetic/orthotic Centres in Da Nang and Ho Chi Minh City were invited by the SFD to attend the congress.

A five-day orientation visit to the Ho Chi Minh City prosthetic/orthotic workshops was organized in September for the trainee of Kontum Workshop, after his Vietcot Cat.II Prosthetist-Orthotist graduation.

An orthotist from the Ho Chi Minh City Rehabilitation Centre was sent to the MOLISA Centre for Children with motor disabilities for a three-week on-the-spot training session in making polypropylene orthoses. This training was done in view of the provision of orthotic devices to non-amputee persons with motor disabilities planned for 2005.

#### *Vietnam: overview of SFD -sponsored training at regional schools*

Assisted Centre	Number of trainees	Training Started	Training End (Planned)	Name of the School	Type of Training (i.e. ISPO Cat.II, etc)
Kontum	1	Sep 2001	July 2004	VIETCOT, Hanoi	ISPO Cat.II

### 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. It has also gained an official position in the MOLISA Institute of Orthopaedics and Rehabilitation Science and is spreading out to the remaining part (31%) of the country.

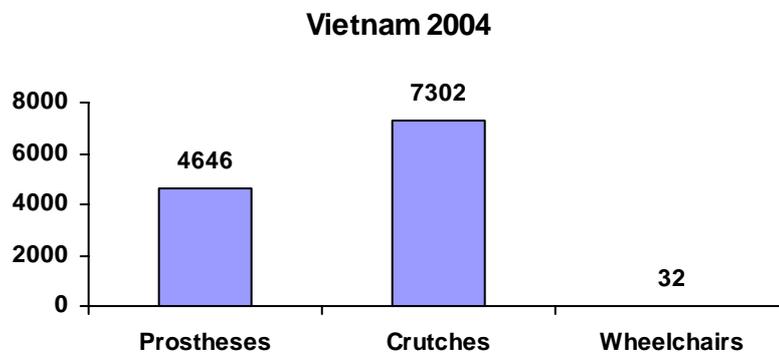
A start was made towards transferring the importation and supply of polypropylene for the centres from the SFD to the Da Nang centre.



The one-year development stage of a locally-made hook for an upper extremity prosthesis came to its conclusion when the first batch was put in use. It constitutes an improvement to the services for upper-limb amputees. Besides its low cost, this hook has two other prominent characteristics: it is light and strong, owing to the use of the aluminium injection casting technique.

The SFD Ho Chi Minh was also involved in introducing or testing various technical appliances. Orthotic kits imported from Mobility India showed potential but more trial is needed. As part of an International Society for Prosthetics and Orthotics (ISPO) assessment, the SFD expatriate was involved in testing a sand casting system and in an ongoing 18 months trial of polypropylene prostheses using a Jaipur rubber foot. The SFD also started clinical testing of 40 modified CREquipements prosthetic feet from Switzerland.

## Patients assisted and financial support



The SFD reimbursed the various centres for the provision of 3,908 prostheses to amputees. This represented 103% of the intended 2004 target.

Monitoring of the quality of the services provided to patients was carried out through checking by the SFD expatriate of over one third of the provided prostheses.

The Centres in Ho Chi Minh, Da Nang, Can Tho and Qui Nonh showed a high implementation rate in the number of assisted persons.

The Centres in Vinh, Thanh Hoa, Kon Tum and Hanoi had a relatively low production for destitute amputees. This was partly due to the performance of some Provincial Red Cross Branches in referring patients and partly due to the fact that in some areas most destitute

amputees have now been fitted with a first prosthesis. In Kon Tum, the number of assisted amputees rose during the second semester, after the return of a qualified ortho-prosthetist from training in Hanoi.

*Overview of SFD-sponsored services for patients in Vietnam*

Prosthetic/orthotic Centre	Objective	Implementation in 2004			Technical control: Total of prostheses checked in 2004
	Monthly provision of prostheses	Monthly average provision	Total provision in 2004 *	Achievement rate	
Hồ Chí Minh	80	96	1,153	120%	1,153
Đà Nẵng Quảng Ngãi	60	79	947	132%	146
Cần Thơ	60	62	749	104%	68
Quy Nhơn	40	54	648	135%	73
Vinh	20	4	51	21%	0
Thanh Hóa	20	14	165	69%	18
Kon Tum	10	8	100	83%	0
Hà Nội	25	14	95	32%	30
Yearly total	( 315 x 12 mo. =) 3,780		<b>3,908</b>	<b>103%</b>	1,488

## Outlook for 2005

Main objectives for 2005:

- Identify of at least 3,500 amputees through the VNRC, according to SFD criteria, reimburse treatments, and ensure the quality of the devices.
- On the basis of random and selected patient checks, reporting and improvement of identified shortcomings.
- Start of a pilot project in Binh Dinh province (Qui Nhon workshop) along the same lines as above but this time for motor disabled persons other than amputees.
- Focus on the remaining provinces in the North to provide prostheses, with a possible involvement of the Thái Nguyên Orthopaedic and Rehabilitation Centre for motor-disabled children in the SFD project.
- Prepare a project evaluation on patient outcome in close cooperation with SFD Geneva and possibly another external partner.

## Other projects in Asia

The SFD experts based in Vietnam also follow projects elsewhere in Asia.

### Bangladesh

<b>Bangladesh Rural Advancement Committee Limb and Brace Fitting Centre (BLBC)</b>	
<b>Beginning of SFD assistance</b>	<b>2002</b>
<b>Implementing partners</b>	<b>Bangladesh Rural Advancement Committee (BRAC)</b>
<b>Location of the centres</b>	<b>BRAC Limb and Brace Centre (BLBC), Dhaka</b>
<b>Technical personnel</b>	<b>6</b>
<b>Graduated personnel (Cat. II)</b>	<b>None</b>
<b>Assistance provided 2004</b>	<b>technical and clinical support</b> <b>educational support: sponsorships and on-the-job training</b>
<b>Statistics 2004</b>	<b>prostheses 133</b> <b>orthoses 416</b>
<b>Budget 2004</b>	<b>CHF 213,793</b>
<b>Expenses 2004</b>	<b>CHF 250,563</b>



#### 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.

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).



#### Technical and training support

Two one-month mission for on-the-spot technical support were provided in March 2004 and in September 2004 by the SFD expatriate ortho-prosthetist.

On-the-job training for the 6 prosthetic/orthotic technicians, the physiotherapist and the medical doctor in charge included the following topics:

- Patient assessment;
- Casting/modification/manufacturing trans-tibial (PTB-SC) and trans-femoral;
- Casting/modification/manufacturing ankle foot orthosis and knee ankle foot orthosis;
- Prosthesis/orthosis first fitting check-up. Gait training. Prosthesis/orthosis finishing and delivery check-up;
- Store keeping management;
- Management advice/coaching.

*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	Prosthetic course
3	August 2004	January 2007	CMC Vellore, India	Prosthetic and Orthotic course
1	September 2003	January 2005	NCPO, Strathclyde University, Glasgow, UK	MPhil in Prosthetics and Orthotics

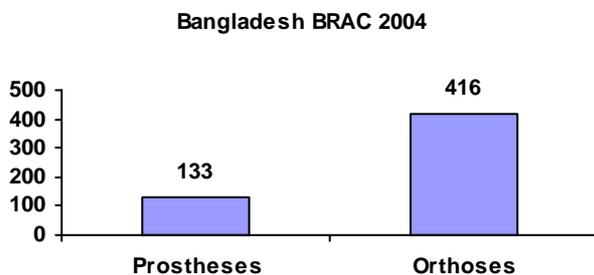
The patient services were enhanced as a result of improvements in the production workshop (six new work benches and tools), casting room, prosthetic/orthotic fitting room and the gait-training area. However, a store, patient- and a staff dormitory are still lacking.

**Material support**

SFD-ordered raw materials and components for the centre arrived in June 2004 in good condition.

**Services for patients**

Since the centre started functioning, there has been a high influx of patients. The quality of the services provided to patients at the centre benefited from the return in June 2004 of four persons from their one-year training in prosthetics (2) and in orthotics (2) at the Mobility India school, in Bangalore. Nevertheless, more experience and coaching are still needed to achieve and consolidate the desired level of services.



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A total of 133 prostheses and 416 orthoses were produced. The majority of the patients needing orthoses are babies and children with clubfeet and other deformities.

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## Outlook for 2005

The main objectives are:

- The continuation of the technical assistance (two BRAC missions totalling six weeks).
- Educational assistance (selection of 3 BRAC candidates for a two-and-a-half year course in prosthetics/orthotics at the Christian Medical Centre in Vellore, India and one for a one-year course in prosthetics or orthotics at the Mobility India school/clinic in Bangalore, India) and material assistance. The return in January 2005 of the medical doctor from an SFD- sponsored Masters Degree in Strathclyde, UK, will be beneficial, especially to reinforce the centre's management. Another student will return from his one-year studies at the Mobility India school/clinic, Bangalore, in June 2005.



## Centre for the Rehabilitation of the Paralysed

### BANGLADESH - CRP

<b>Beginning of SFD assistance</b>	<b>2004</b>
<b>Implementing partners</b>	<b>Centre for the Rehabilitation of the Paralysed (CRP)</b>
<b>Location of the centre</b>	<b>Dhaka</b>
<b>Technical personnel</b>	<b>2</b>
<b>Graduated personnel (Cat II)</b>	<b>None</b>
<b>Assistance provided 2004</b>	<b>technical and clinical support</b>
<b>training</b>	<b>educational support: sponsorships and on-the-job</b>
<b>Statistics 2004</b>	<b>prostheses     none</b>
	<b>orthoses        27</b>

### General

The CRP is the only well-administered centre in Bangladesh offering services for persons with paralyses only. Its physiotherapy course has been recognized by the government. Recently, it started the construction of a building for the production of wheelchairs and hospital equipment; it also includes an orthotic workshop to assist the persons suffering from paralysis, the majority being children.

### Technical and training support

Two one-month missions for on-the-spot technical support were carried out in June/July 2004 and in November/December 2004 by the SFD expatriate ortho-prosthetist based in Vietnam. On-the-job training for the two prosthetic/orthotic technicians included the following topics:

- Ankle foot orthosis made of polypropylene: patient assessment, patient file, plaster casting/measurement procedure, plaster mould rectification, plaster mould alignment, vacuum moulding of the polypropylene, trim line, preparation of the polypropylene shell, initial fitting procedure and finishing.



- Knee ankle foot orthosis made of polypropylene: patient assessment, patient file, plaster casting/measurement procedure, plaster mould rectification, plaster mould alignment, vacuum moulding of the polypropylene, position of the orthosis, trim line, preparation of the polypropylene shells, initial fitting procedure and finishing.
- Management advice/coaching.

A store and a gait-training area are still lacking.

*CRP: overview of SFD- sponsored training at regional schools*

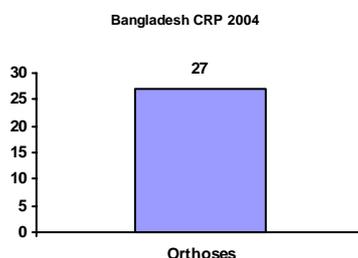
Number of students	Training Started	Training End (Planned)	Name of the School	Type of Training (i.e. ISPO Cat.II, etc)
1	July 2004 with delay	June 2005	Mobility India Bangalore, India	Orthotic course
1	August 2004	January 2007	CMC Vellore, India	Prosthetic and Orthotic course

### Material support

The SFD orders arrived in June and July 2004. After the partner had completed the construction of the CRP workshop in May 2004, the SFD provided and installed all equipment, machines, tools and materials for the production of polypropylene orthotics.

### Services for patients

The production started in June/July 2004, first of ankle foot orthoses (AFOs) and in November 2004 of knee ankle foot orthoses (KAFOs). As the two technicians are not qualified, services to patients are for the time being limited to relatively simple appliances.



### Outlook for 2005

The main objectives are:

- The continuation of the technical assistance (two CRP missions totalling six weeks).
- Educational assistance (selection of 1 CRP candidates for a two-and-a-half-year course and one for a one-year course in India) and material assistance. The return of one SFD-sponsored student from his studies in India in June 2005 will be beneficial to the services to patients.

### Other activities

During 2004, prosthetic and orthotic components for up to 400 appliances were provided to the newly established ASSERT Foundation Centre in Dili, Timor-Leste. A monitoring visit by specialists based in Vietnam is scheduled for 2005.