

In 2003, the ICRC Special Fund for the Disabled



- provided financial and material assistance to 35 physical rehabilitation centres in 16 countries through its three regional delegations in Ethiopia, Nicaragua and Vietnam.
- delivered a total of 6,923 prostheses and orthoses to amputees through these centres.
- introduced the ICRC/SFD polypropylene technology to all these centres. This prevented importing costly ready-made components from abroad or using less suitable local materials.
- organized various tuition programmes for local and expatriate prosthetic technicians in the three SFD regional delegations and sponsored training courses at specialized schools.

SPECIAL FUND FOR THE DISABLED Annual Report 2003

Budget 2003:

in Swiss francs	Ethiopia	Nicaragua	Vietnam (incl. Bangladesh)	Total
Material & financial assistance	539,000	414,100	694,100	1,647,200
Cost for transportation of materials	104,848	26,600	16,000	147,448
Tuition & staff-related costs	742,207	219,914	499,960	1,462,081
Premises, equipment, general supplies & audit costs	238,360	105,368	92,760	436,488
Operational programme support, financial management & administration at headquarters	163,581	72,080	136,950	372,611
Total budget	1,787,996	838,062	1,439,770	4,065,828

SFD BUDGET AND APPEAL STRUCTURE

The **2003 ICRC Special Fund for the Disabled (SFD) budget** was based on the objectives set for the year and covered both field and headquarters activities from 1 January to 31 December 2003. Its structure was made up of three separate field budgets and the headquarters budget.

It is for this reason that the **2003 SFD Annual Report** is divided into the following chapters:

General section: historical background, 2003 highlights and 2003 financial situation;

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 by the **SFD headquarters** in Geneva and the costs for financial management and administration have been added on a pro rata base to the four field budgets.

During the year, no budget extensions were required. Any positive balance to be brought forward at the end of the year will be used in 2004. The 2003 audited financial situation showing both actual expenditure and income will be published in May 2004.

Funds obtained are subject to standard SFD reporting (yearly Appeal, Annual and Mid-term Report), audit and financial review procedures (KPMG Annual Report). Ad hoc reports are produced on special request only.

The SFD programmes were also included in the *ICRC Special Mine Action Appeal 1999-2003*. Donations specifically earmarked for the SFD and a proportionate amount of the unrestricted contributions received within the framework of this Mine Action Appeal helped mobilize additional financial support for the SFD.

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 Mid-term Report 2003;*
- *KPMG 2003 Audit Report:* publication expected in April 2004;
- *SFD Appeals 2003 and 2004*
- *ICRC Physical Rehabilitation Programmes for War-wounded 1979-2002:* report (incl.graphs/tables) and cross references to the SFD, published by the ICRC;
- *ICRC Special Mine Action Appeal 1999-2003;*
- *ICRC Special Report Mine Action 2002 and 2003 (publication expected for June 2004);*
- *ICRC Annual Report 2003 (publication June 2004);*

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

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GENERAL SECTION

HISTORICAL BACKGROUND

- The International Committee of the Red Cross set up the ICRC Special Fund for the Disabled (SFD) in 1983 in response to Resolution XXVII of the 24th International Conference of the Red Cross and Red Crescent (Manila 1981). Its objectives were to:
 - ensure the continuity of ICRC projects for the war-disabled in countries where the ICRC's mandate has ceased to apply;
 - assist the disabled in low-income countries by offering them limb-fitting techniques, which have been specially developed for war-disabled persons.
- In June 2000, the ICRC Assembly decided the SFD should become an independent foundation under Swiss law and opened its board to non-ICRC members. On 12 January 2001, the SFD was legally constituted and entered in the Geneva Trade Register as a new non-profit-making foundation.
- The statutes of the new foundation provide for a board of up to 15 members including six ICRC representatives.

2003 HIGHLIGHTS

- In 2003, the SFD Board co-opted Mr Solyaman Eleghmary, Secretary General of the Libyan Red Crescent to be the second National Society representative. The Board also invited Mr Lloyd Feinberg, the manager of the Patrick Leahy War Victims Fund (WVF) to join the Board in an expert capacity. The Board is now composed of 5 ICRC representatives, 3 non-ICRC members and one expert.
- The SFD 2003 budget was significantly higher (just over Sfr 4 million) than that of the previous year (Sfr 2.7 million). This increase was made possible thanks to more regular and increased contributions to the SFD Appeal, and it allowed the SFD to increase the total number of expatriate prosthetists (two in Ethiopia and one in Vietnam). This had a significant impact on the quality control and monitoring process (see below). In Africa for instance, all assisted projects were visited twice and for longer periods.
- A particular emphasis was put on quality and management control. Considerable improvements were observed in most assisted centres and virtually all recommendations formulated by the SFD's technicians during previous visits were implemented. Yet, the decision had to be taken to suspend assistance to some of the centres, which did not take the necessary measures. As a result, the number of projects did not significantly increase in 2003: 35 projects in 16 countries compared with 34 projects in an equal number of countries in 2002.
- Following an assessment by the SFD director a new project was initiated at the Prosthetics and Orthotics school of the Moroccan ministry of Health, in Marrakech.
- In conformity with their respective mandates, the decision was taken to hand over the physical rehabilitation programme of the ICRC in Albania to the SFD at the end of 2003. This project has therefore been included in the SFD Appeal 2004.
- The SFD 's expertise as well as its financial and material support have allowed an overall production of **6923 prostheses** and **orthoses** in 2003:

	<u>prostheses</u>	<u>orthoses</u>
• SFD assisted projects in Africa	1,502	-
• Vietnam	4,243	-
• Bangladesh / India	229	417
• Nicaragua and Central America	532	-
Total	6,506	417

2003 FINANCIAL SITUATION

As at 31 December 2003, the **SFD budget amounted to Sfr 4,065,828** (for breakdown see table on front page); no budget extensions were required during the year.

Actual expenditure for the entire year is estimated at Sfr 3,194,354 (audited figures will only be released in April 2004). The resulting relatively low implementation rate of 79% (expenditure versus budget) can be explained by the further streamlining of the management and administrative infrastructure, both in the field and at headquarters. Less expenditure also resulted from the late arrival of the additional expatriate SFD staff in their respective field locations.

In 2003, Sfr 3,048,377 (cash: 2,969,507 / services: 78,870) were received or firmly pledged, thanks to the continued and generous support from the donors.

ACTIVITIES BY REGIONAL PROGRAMME AND AT THE GENEVA HEADQUARTERS

ETHIOPIA AND OTHER SFD PROJECTS IN AFRICA

Overview

- The ICRC unit in charge of physical rehabilitation centres for the war-disabled began work in Ethiopia in 1979. Cooperation with the Prosthetic-Orthotic Centre (POC) in Addis Ababa, which is run by the ministry of Labour and Social Affairs (MOLSA), also dates back to that time.
- In view of the growing number of activities managed by the SFD, a training centre was set up in 1995 on the premises of the POC. SFD prosthetists based at the centre carry out yearly technical inspections of former ICRC centres and other prosthetic/orthotic centres in Africa, and supply training and equipment to the assisted projects.

Activities in 2003

- Over the year, 23 projects in 10 countries received assistance in the form of prosthetic/orthotic equipment and components worth Sfr 418,700.
- The projects were located in the following countries: Cameroon (1), Kenya (3), Mali (8), Mauritania (1), Morocco (2), Nigeria (2), Somalia (1), Tanzania (2), Togo (1), and Zimbabwe (2).
- These projects were visited at least once by an SFD prosthetist. The purpose of such inspections is to provide on-the-job training for the local technicians, check the state of the equipment, evaluate the needs in terms of prosthetic/orthotic materials, discuss management issues with local partners and select prosthetists to be sent to Addis Ababa for further training.
- On completion of the inspections, the SFD prosthetist reports findings and recommendations to the authority in charge of the workshop, pointing out what needs to be improved.

- The three projects in Kenya were supervised by a Nairobi-based expatriate prosthetist from the Norwegian Red Cross who was seconded to the SFD until June 2003.
- In 2003, the SFD further enhanced its cooperation with the Tanzanian Training Centre for Orthopaedic Technologists (TATCOT) in Moshi, Tanzania. It also initiated cooperation with the Ecole Nationale des Auxiliaires Médicaux (ENAM) in Lomé, and the Institut de Formation pour les Carrières de Santé (IFCS) in Marrakech, to introduce polypropylene technology into their curricula. To this end, the SFD donated prosthetic/orthotic equipment and raw materials to the three schools. Moreover, instructors from TATCOT and IFCS have already attended introduction courses in Addis Ababa and several training workshops were conducted in the Schools themselves. This introduction of the polypropylene technology in prosthetic/orthotic schools will further contribute to the familiarization with ICRC/SFD technology in Africa.
- Memoranda of understanding formalizing SFD assistance were signed and/or renewed in 2003 with the following centres:
 1. Centre Jamot in Yaoundé, Cameroon;
 2. Kangemi Rehabilitation Centre in Nairobi, Kenya;
 3. Kenya Medical Training College in Nairobi, Kenya;
 4. Kikuyu Orthopaedic Rehabilitation Centre in Nairobi, Kenya;
 5. Centre National d'Appareillage Orthopédique du Mali in Bamako, Mali;
 6. Centre National d'Orthopédie et de Réadaptation Fonctionnelle in Nouakchott, Mauritania;
 7. Tanzanian Training Centre for Orthopaedic Technologists (TATCOT) in Moshi, Tanzania.
- Similar agreements will be signed for all the other projects at the beginning of 2004.
- In addition, five prosthetic/orthotic centres, which had applied for SFD support, were assessed during the year: in Cape Verde, Madagascar, Nigeria (Lagos Orthopaedic Centre), Togo (Centre National d'Appareillage Orthopédique – CNAO in Lomé) and Guinea-Bissau. As a result of these assessments, proposals were made to the SFD Board to assist the projects in Togo, Madagascar and Guinea-Bissau as of 2004.
- The cooperation agreement between the SFD and the Ethiopian MOLSA, which was last signed in October 2002, will be renewed at the beginning of 2004. According to the terms of the agreement, the POC will again second two Ethiopian prosthetic/orthotic technicians to the SFD and will also provide patients for the SFD training sessions.

Statistics and quantitative level of production

- In 2003, the SFD's financial and material assistance contributed to the production of 3,665 prosthetic/orthotic devices (1,502 prostheses and 2,163 orthoses) by various partner organizations throughout Africa.
- Production figures decreased compared to those of 2002, i.e. 2,529 prostheses and some 5,500 orthoses. This is primarily due to the fact that some projects with high production figures were not assisted anymore by SFD Addis Ababa in 2003: e.g. Vellore (India) was transferred for supervision to SFD Vietnam and Damascus has been under ICRC coordination since the beginning of the year. The decrease is also a direct

consequence of the increased follow-up by the SFD through biannual visits of the centres, which resulted in the projects focusing more on the quality of their production rather than on the quantity only.

Training

During the year, 41 technicians attended training courses organized by SFD Addis Ababa:

- six one-month training courses were organized for 26 prosthetists from SFD-assisted projects and from projects assisted by other organizations (e.g. the ICRC, Handicap International and Motivation);
- short-term training sessions were also given to six instructors from Tanzania (a two-week course), two instructors from the IFCS School in Marrakech (a one-week course), three technicians from Zimbabwe (a two-week course), and four newly-recruited ICRC prosthetists (a two-week course);
- 79 patients received prosthetic/orthotic appliances during these training courses;
- the students came from Canada, the Democratic Republic of Congo, Ethiopia, Germany, Holland, India, Kenya, Mali, Mauritania, Morocco, Namibia, Norway, Sierra Leone, Spain, Sri Lanka, Tanzania, the United Kingdom and Zimbabwe.

Besides the courses provided at the SFD training centre in Addis Ababa, SFD-sponsored training sessions also took place at:

- the TATCOT school in Moshi, Tanzania: a 10-day course for 16 participants (TATCOT instructors and technicians of the Kilimanjaro Christian Medical College);
- the IFCS school in Marrakech, Morocco: a 10-day course for 17 participants (three instructors and 14 students);
- the Parirenyatwa orthopaedic Centre in Harare, Zimbabwe: a seven-day course for four participants;
- the Centre National d'Appareillage Orthopédique du Mali in Bamako (CNAOM): a 10-day course for 11 participants (five technicians from the CNAOM, and six from the regional centres);
- the Enugu Orthopaedic Hospital, Nigeria: an eight-day course for eight participants (one from the Lagos Orthopaedic Centre, two from the Uturu Rehabilitation Centre, and five from the Enugu Orthopaedic Hospital);
- the Centre Jamot in Yaoundé, Cameroon: two five-day training courses for a total of eight participants (six from the Centre Jamot and two from the Centre National).

All these training sessions were primarily focused on the manufacture of prostheses based on ICRC/SFD polypropylene technology, and the use of ICRC components.

The SFD in Addis Ababa also selected two candidates to receive a scholarship for a three-year course in prosthetics and orthotics at the Tanzanian Training Centre for Orthopaedic Technologists (TATCOT). The two candidates will start training in 2004.

Other activities

- The SFD invited the following project managers to Addis Ababa for in-depth briefing on how SFD training is organized:
 - Mr Harold Shangali, Director of TATCOT School in Moshi (Tanzania), and President Elect of the International Society for Prosthetics and Orthotics (ISPO);
 - Mr Hamidou Bagayoko, Director of the Centre National d'Appareillage Orthopédique du Mali (CNAOM);
- During the year, the SFD's premises were renovated and partially extended to further improve working conditions. Following regular power cuts during the dry season, the SFD imported a 250 KVA generator to be used by both the POC and the SFD.
- A construction project to build completely new SFD facilities was developed. The estimated building costs amount to some Sfr 240,000. However, the implementation of the project had to be adjourned for a variety of reasons.

Support for programmes of the ICRC and other organizations

- Four expatriate prosthetists working on ICRC projects were trained at the SFD training centre in Addis Ababa.
- Spare parts for elbow crutches were ordered from the ICRC at the POC and dispatched to the ICRC prosthetic/orthotic programmes in Angola, the Democratic Republic of the Congo and Zambia.
- At the request of the Norwegian Red Cross, the SFD sent spare parts for crutches to the Somaliland Red Crescent Society Orthopaedic Centre in Hargeisa.
- The SFD also sent spare parts for elbow crutches to an Italian NGO (AVSI) working in Uganda.

Staff

- Nine staff members, including four expatriates, were assigned to the SFD programme in Addis Ababa:
 - 1 head of programme
 - 1 executive secretary
 - 3 prosthetists-orthotists
 - 2 assistant technicians
 - 1 secretary
 - 1 cleaner
- During the first half of 2003, there was a team of two SFD expatriate prosthetists, helped by a Norwegian Red Cross prosthetist (secondment on a part-time basis). In October 2003, this Norwegian Red Cross prosthetist was replaced by an SFD prosthetist who, in addition to his duties at the SFD centre in Addis Ababa, supervised the Norwegian Red Cross prosthetic/orthotic programmes in northern Somalia.

NICARAGUA AND OTHER SFD PROJECTS IN CENTRAL AMERICA

Overview

- Nicaragua, with a population of nearly 4.8 million (1 million in Managua) and a GDP per capita of less than USD 500, is the second poorest country in Latin America and the estimated number of amputees stands at approximately 3,000. Although the number of accidents caused by landmines and other remnants of war has declined over the last decade, these weapons still claim some 20 victims a year.
- In 1984, in conjunction with the ministry of Health (MOH), the ICRC set up a physical rehabilitation centre in Managua for the many people who had lost a limb in the civil war.
- In 1988, after taking an ICRC sponsored three-year course in prosthetics and orthotics, 12 Nicaraguan students took their final examinations, which were supervised by representatives from the International Society for Prosthetics and Orthotics (ISPO).
- In 1993, the MOH took over the administrative and technical management of the centre then known as the Centro Nacional de Ayudas Tecnicas y Elementos Ortoprotésicos (CENAPRORTO).
- During the period of ICRC involvement in the project (1984-1993), the CENAPRORTO manufactured 2,901 prostheses for 1,709 amputees.
- After the ICRC withdrew in 1993 and up until 1998, the project continued to receive additional assistance in the form of yearly visits from an SFD expatriate prosthetist, donation of equipment and sponsorships for technical training.
- In 1999, after an external audit revealed management difficulties, the SFD, in agreement with the MOH, decided to proceed with administrative and technical restructuring of the centre by assigning an expatriate SFD prosthetist to the CENAPRORTO on a full-time basis. This restructuring was completed in 2001.
- In July 2001, the SFD signed a new agreement with the ministry of Health. Its main objectives were to optimize the management and administration of the CENAPRORTO, to further improve the quality of services and assistance for the patients and to look into ways of setting up a private foundation which would ensure the long-term continuity of the centre.
- In April 2002, an initial proposal to set up such a foundation was formally presented to the ministry of Health. In June, a negative answer was received: national legislation does not authorize the sale or donation of state-owned property and/or land. Various amended projects were subsequently drawn up, but to date no satisfactory solution for the creation of such a private foundation has been found.
- Between 1984 and 2003, the CENAPRORTO produced 6,523 prostheses and 23,449 orthoses for some 13,705 amputees and other disabled people (figures up to October 2003, for further details please see page 11).

Activities in 2003

- In January 2003, the SFD signed an agreement with the ministry of Health to carry on assisting the victims and supporting the CENAPRORTO for one more year. However, the SFD Board, increasingly concerned about the long-term management of the project, subsequently proposed to the newly appointed minister of Health to create a new centre – with the approval of the ministry of Health –, to be managed by new or existing local foundations. As the Minister was not opposed to this project, contacts were initiated with the Nicaraguan Red Cross and other local organizations that could become involved in the new foundation. The León-based foundation Walking Unidos, which approached the SFD representative at mid-year, confirmed its interest together with the Polus Center, a US-based NGO which already supports Walking Unidos. Simultaneously, the SFD notified the ministry that the cooperation agreement would be brought to an end as of the beginning of 2004. However, this does not mean that the SFD programme in Nicaragua will come to a sudden halt; 2004 will be a year of transition during which SFD sponsorship will gradually be transferred from the CENAPRORTO to the newly created private centre.
- Cooperation with the National Red Cross branches and associations for the disabled has helped establish relations between the CENAPRORTO and patients living outside Managua by facilitating their census, registration and transport.
- Cooperation with the León-based foundation Walking Unidos resulted in the SFD importing prosthetic/orthotic components from Switzerland worth Sfr 21,708 for the foundation, and in covering the cost of 33 prostheses produced by Walking Unidos (estimated value: Sfr 15,000). Cooperation with both Walking Unidos and Polus Center has been strengthened since they have been selected to be the SFD's major partners for the creation of a new workshop and physical rehabilitation centre in Managua.
- The SFD head of programme carried out a visit to the Vida Nueva centre in Choluteca (Honduras) to provide technical advice and organize support in terms of raw materials (polypropylene). Vida Nueva is a new prosthetic/orthotic facility created by the Polus Center and supervised by Walking Unidos. Its main purpose is to cover the needs of amputees and other disabled people in the south-west of the country.
- Cooperation with the NGO Handicap International, namely the coordination and standardization of the activities of both organizations in Nicaragua, has improved.

Training and advisory services

- Three out of five prosthetists who took a training course organized by the Centre for International Rehabilitation (CIR), Chicago, via the Internet successfully passed their final examinations in upper-limb-below-elbow prosthesis.
- Two Nicaraguan students sent by the SFD to the Don Bosco University in San Salvador also successfully passed their final exams, thus completing their three-year course. Don Bosco University trains students with the assistance of the German Association for Technical Cooperation (GTZ) to obtain the level II qualification recognized by the

International Society for Prosthetics and Orthotics (ISPO). These two students are supposed to resume their activity at the CENAPRORTO at the beginning of 2004.

- A student from the SFD-supported foundation Centro Integral de Rehabilitación de Colombia (CIREC) in Bogotá passed his second year exams at the Don Bosco University thanks to an SFD grant. One of his colleagues completed the three-year training and returned to the CIREC in January 2002 as a qualified prosthetist-orthotist, level II. (NB: CIREC benefited from ICRC assistance from 1992 to 1994, for the manufacture of prosthetic/orthotic components).

Statistics

In 2003, the CENAPRORTO manufactured 532 prostheses, compared with 473 in 2002, using ICRC technology and prosthetic/orthotic components. The production figures included appliances for 127 newly registered patients. The centre also manufactured 925 orthoses without significant direct support from the SFD (versus 935 in 2002), and registered 384 new patients. Orthoses range from lower limb braces to plantar supports for patients with paralysis or deformities.

Period	New patients for prostheses	Prostheses manufactured	New patients for orthoses	Orthoses manufactured
1984-1993 (ICRC)	1,709	2,901	4,677	8,032
1994-2002 (SFD)	889	3,195	6,019	14,652
2003	127	532	384	925
Total 1984-2003	2,725	6,628	11,080	23,623

Financial aspects

The decrease in the centre's expenses for management, administration and salaries, and the fact that it primarily used components from Geneva, further reduced the production cost for lower limb prostheses by 27% and by 62% for upper limb prostheses in comparison with the 1998 price list (before the restructuring of the centre).

	New prices Sfr	1998 price list	Difference
PP* transfemoral	512	702	- 27%
PP* transtibial	349	478	- 27%
PP* trans-humeral with hook	516	1,507	- 66%
PP* transradial with hook	345	837	- 59%

*PP : Polypropylene

Nota bene: for SFD reimbursements, the costs of components (about 25%) are deducted from the above prices. The cost of raw materials is considered a subsidy to the CENAPRORTO for the entire production of prostheses and orthoses.

In 2003, the centre was dependent on the following funding sources for the payment of prostheses:

N°	FINANCIAL SOURCES	Prostheses paid for	%
1	ICRC Special Fund for the Disabled	260	49 %
2	ORGANIZATION OF AMERICAN STATES (OAS or OEA)	113	21 %
3	SOCIAL SECURITY	116	22 %
4	CONCERN INTERNATIONAL PROJECT, OTHERS	36	7 %
5	PATIENTS THEMSELVES	7	1 %
	TOTAL	532	100%

In 2003, the overall SFD financial and material assistance came to almost Sfr 300,000:

- 48%: reimbursement to the CENAPRORTO for prosthetic & orthotic services (260 prostheses, 119 orthoses), plus accommodation, transport and food;
- 5%: reimbursement to Walking Unidos for prosthetic services (33 prostheses);
- 22%: raw materials and components from Geneva;
- 16%: 488 crutches and 128 wheelchairs given by the SFD to destitute people;
- 9%: SFD sponsorship to 3 students in the Don Bosco University.

Despite the efforts undertaken by the SFD since 2000, and although a total of 293 prostheses were donated to 287 patients in 2003 alone, the waiting list for SFD assistance still remains very long: 490 amputees for fitting of prostheses, 157 persons in need of orthoses and 509 handicapped people in need of a wheelchair.

Staff

- In 2003, the CENAPRORTO employed 27 people; 12 were directly involved in production (prosthetists, orthotists, physiotherapists, bench workers, social workers) and 15 in administrative work;
- The SFD had a full-time expatriate prosthetist based in Managua.

VIETNAM AND OTHER SFD PROJECTS IN ASIA

Overview

- This programme was set up by the ICRC in cooperation with the ministry of Labour, Invalids and Social Action (MOLISA) between 1988 and 1995. During this period, the ICRC's objectives were to supply amputees of the southern provinces with prostheses, and to set up a production unit of prosthetic/orthotic components at the physical rehabilitation centre of Ho Chi Minh City (HCMC). The total number of amputees in the country is estimated to be 75,000.
- When the ICRC withdrew in 1995, the project was followed up by the SFD for a second period, from 1996 to 2002, according to yearly agreements signed with the MOLISA.
- During this second period the aims of the SFD were to:
 - give destitute amputees (i.e. those receiving little or no support from the government or by other organizations) access to physical rehabilitation by covering the cost of manufacturing their prostheses;
 - introduce the ICRC prosthesis manufacturing technique based on the use of polypropylene to other MOLISA centres in Da Nang, Can Tho, Quy Nhon, Vinh and Thanh Hoa. This support was later extended to a private centre in Kontum, which was supported by the Swiss NGO Nouvelle Planète. This centre manufactures prosthetic/orthotic appliances for disabled people belonging to the ethnic minorities who live in the central highlands of the Qui Nhon province;
 - improve the quality of the prostheses and prosthetic/orthotic components manufactured at the centre in HCMC;
 - enable prosthetists from the MOLISA centres to receive further training in the basic principles and areas (anatomy, biomechanics and alignment) of prosthetics and orthotics;
 - formally train students with a grant from the SFD at the MOLISA school of Hanoi. This school receives support from the German Association for Technical Cooperation (GTZ) and provides training that is recognized by ISPO;
 - launch pilot projects involving the Vietnam Red Cross Society (VNRC) with a team of several hundred young volunteers and the prosthetic/orthotic centres of Da Nang and Can Tho. The aim was to identify and register destitute amputees in the six provinces served by the centre and to ensure their transport.

Activities in 2003

General aspects:

- The number of prostheses produced in the SFD-sponsored centres increased. An implementation rate of 98% was achieved in 2003: 3,399 prostheses were produced (total target was 3,460 prostheses).
- Cooperation with thirteen provincial Red Cross branches was significantly enhanced. The network of Red Cross volunteers has become an indispensable tool for carrying out follow-up visits to both urban and remote areas, to detect shortcomings in the use of prostheses and problematic cases and to refer them, subsequently, to the SFD prosthetists.

- Training activities were carried out to consolidate the skills of the staff and ensure the quality of the prostheses.

Patient management:

- the MOLISA's budget only covers the expenditure for prosthetic/orthotic fittings for the veterans and soldiers of the former North Vietnamese State. In spite of the existence since 1998 of an Ordinance on People with Disabilities, the remaining civilian population and the veterans of the former South Vietnamese army must pay for their devices. This group represents approximately 40% of the total number of amputees in the country. Prosthetic/orthotic devices are not covered by the insurance system. The cost of a below-knee prosthesis amounts to more than twice an average monthly salary, which explains why most amputees cannot afford to pay for their prosthetic/orthotic devices.
- In order to fit the largest possible number of destitute amputees with appliances and by taking advantage of the existing countrywide network of Red Cross volunteers, the SFD has extended its formerly bilateral cooperation with the MOLISA to the Vietnamese Red Cross Society (VNRC). After a successful trial period with the Da Nang Red Cross Provincial Branch in late 2001 a tripartite cooperation agreement was signed in 2002 and renewed in 2003. Since then, the VNRC has played a substantial and efficient role in the identification and registration of civilian amputees and veterans of the former South Vietnamese regime. It has also been responsible, on behalf of the SFD, for the payment of food and transport subsidies to the beneficiaries in order to facilitate their travel and stay during the fitting period in the regional prosthetic/orthotic rehabilitation centres.

Quality of the manufacture of prosthetic/orthotic devices:

- several factors render product quality an almost insurmountable problem in Vietnam, namely the piecemeal system of production, incomplete calculation of costs and low remuneration. The problem is further aggravated by the fact that, more often than not, emphasis is put on quantity rather than on quality.
- In an effort to overcome at least part of this problem, and to simultaneously simplify its own accounting procedures, the SFD HCMC has offered to pay 60 USD for a trans-femoral and 35 USD for a trans-tibial prosthesis to the centres in Da Nang, Qui Nhon and Thanh Hoa. The SFD further insisted that the MOLISA update and harmonize its pricing policy. Both objectives were achieved in the middle of the year with the result that the suggested prices for polypropylene devices were introduced in almost all centres. In addition, regular visits were paid by the SFD prosthetists to the seven cooperating centres to perform technical and quality controls. Some progress was also achieved thanks to the feedback on problematic cases received through the VNRC follow-up service.

Training

Besides the problems encountered in the fitting and alignment of the prostheses, there are shortcomings in gait analysis and gait training in all the workshops. This is particularly applicable for patients who have used old and worn-out devices for a long time and hence have gait deviations. Such poor alignment and poor fitting persist particularly in the Kontum province.

To overcome this problem a practical tutorial was carried out in Kontum under the guidance of the head of the MOLISA workshop of Qui Nhon and an experienced prosthetist. This two-

week tutorial took place in early October and was a first attempt to improve the quality of the production in this province. Further improvement is expected with the arrival of a newly-graduated local technician from the MoLISA school of Hanoi, towards mid-2004.

In December 2003, the SFD financially supported twenty-seven participants from seven provincial prosthetic/orthotic centres and an orphanage of HCMC to attend an ISPO-sponsored workshop in Hanoi, on the prosthetic/orthotic management of children affected by cerebral paralysis. The orphanage takes care of children with motor disabilities. In 2001 and 2002 the SFD donated mobility aids such as wheelchairs, crutches and feeding chairs specially designed for paralysed children, to the centre.

Statistics and quantitative level of production

In 2003, production in the seven SFD assisted workshops (six run by the MOLISA and one by the Health Department of Kontum Province) reached a record figure of 3,399 prostheses, including 2,659 devices produced for newly registered patients.

The centres in HCMC, Da Nang, Can Tho and Kontum now produce polypropylene prostheses only, though a few devices made of wood and resin are still being made in the remaining workshops for special types of prostheses needed for knee and ankle disarticulations, as well as in cases of short below-knee amputations.

Appliances for destitute amputees paid for by the SFD		
Prosthetic/orthotic centre	Amputees new to SFD	Prostheses made
Ho Chi Minh City	348	1,026
Da Nang	785	811
Can Tho	735	749
Qui Nhon	451	466
Vinh	133	137
Thanh Hoa	166	169
Kontum Workshop	41	41
Total 2003	2,659	3,399
ICRC 1998-1995	5,562	5,676
SFD 1996-2002	6,041	8,063
Grand Total 1988 – 2003	14,262	17,138

Besides producing SFD-sponsored prostheses for the destitute, the HCMC centre also manufactures prostheses paid for by the government for other amputees, namely veterans of the present regime. According to the figures made available to the SFD, the HCMC centre produced some 844 units in 2003. This means that, in 2003, the SFD contributed to the manufacture of 4,234 prostheses (3,339 + 844). For the period 1988-2003, the ICRC/SFD contributed to the manufacture of 32,147 prostheses for destitute amputees (17,138) and non-destitute amputees from HCMC (15,009).

Importation of polypropylene material

The successful importation of 2,800 polypropylene sheets was entrusted in 2003 to a local partner, the MOLISA Da Nang centre. This can be seen as the last step in the conversion to polypropylene technology. The Dan Nang centre was chosen for logistical reasons and because none of the other prosthetic/orthotic centres was capable of taking on this responsibility. However, some difficulties concerning customs clearance and tax exemption still persist.

Support to VNRC branches through delivery of SFD-sponsored wheelchairs

In all, 542 wheelchairs were donated to 18 Red Cross provincial branches for disabled persons in general. This gift was highly appreciated by the VNRC and it has been suggested to include such assistance in the SFD budget for 2004.

Donation of ICRC/SFD polypropylene components

State veterans are the only category of amputees benefiting from free of charge fittings in the MOLISA centres, while other prosthetic/orthotic workshops of the ministry of Health are confronted with little State funding. Civilian patients have to pay for their prostheses, hence the low production figures of these workshops.

In 2003, the SFD donated 25 trans-femoral component kits to the Qui Hoa leprosy hospital. At the request of the Vietnam Veterans Memorial Fund, a US-based NGO working in Vietnam, another 50 trans-femoral kits, 150 trans-tibial kits and 50 polypropylene sheets (sufficient to produce 200 prostheses) were given to the formerly Handicap International-assisted prosthetic/orthotic workshop in the General Hospital of Quang Tri, north of Da Nang.

Support for ICRC and other SFD prosthetic/orthotic programmes

The SFD took advantage of the low costs of locally produced materials to order and then forward commodities to ICRC and SFD projects in the region:

- 100 pairs of aluminium good-quality orthotic knee-joints for the SFD-sponsored programme in Dhaka (see below);
- 200 polypropylene "rocker" feet for Kunming;
- 80 ankle joints and 160 ankle upright aluminium pieces to Addis Ababa to be used for the SFD training programmes.

Staff

The SFD employs two expatriate prosthetists and four Vietnamese assistants. The MOLISA employs 80 people at the seven rehabilitation centres, including 51 prosthetists.

SFD support for the Christian Medical College (CMC) in Vellore, India

The SFD supports the CMC by supplying equipment, prosthetic/orthotic components and training. In 2003, two CMC trainees were sent to the SFD training centre in Addis Ababa to receive basic training in ICRC/SFD polypropylene technology. In 2003, the CMC produced 85 prostheses using the ICRC technology and 223 orthoses.

Support for Bangladesh (project included in the SFD budget for Vietnam)

Overview

In October 2001, the SFD Board gave a positive answer to a request for assistance from an NGO in Dhaka, the Bangladesh Rural Advancement Committee (BRAC). The request was to assist BRAC to set up a modern prosthetic/orthotic workshop for amputees and other disabled people in the capital, to supply prosthetic/orthotic components and to upgrade the skills of the personnel.

In addition, the SFD prosthetist who had carried out the initial assessment recommended that the Centre for the Rehabilitation of the Paralysed (CRP) be assisted in the field of orthoses production, since prosthetics and orthotics manufacturing are complementary activities.

BRAC is the biggest local NGO and was set up just after the war of independence in 1972, for all categories of victims of the conflict in particular the disabled who are numerous in a country of some 130 million inhabitants. BRAC employs about 56,000 people in all the districts of the country. It is a multifaceted organization, which promotes income generation for the poor, mostly landless rural people by means of micro-credits, health education and training.

According to a survey carried out by a local NGO, there are some 100,000 amputees in Bangladesh and some 10,000 new cases every year. The few existing prosthetic/orthotic services are unable to cope with the demand, neither in terms of quantity nor of quality. Furthermore, there is no school to provide training for local prosthetists.

SFD involvement in the project started in 2002 when two BRAC technicians were invited to the Christian Medical College (CMC) in Vellore (India) to familiarize themselves with ICRC/SFD technology used to manufacture polypropylene prostheses, the ICRC's prosthetic/orthotic components and its training programmes.

In December 2002, once the equipment had arrived from Geneva, the SFD prosthetist went to Dhaka to install a prosthetic/orthotic workshop in a rented building converted for the purpose by BRAC. He then began making prostheses with the two BRAC prosthetists who had been trained in Vellore. One of them, a physician, is the head of the workshop. About 10 amputees were fitted with prostheses during this initial period. The SFD prosthetist also helped select candidates for comprehensive training in 2003 in schools outside the country.

Activities in 2003

After a preliminary visit in April, two on-the-spot training courses were held by an HCMC-based SFD prosthetist: a six-week session in June/August and a four-week one in October/November.

Various components and tools were ordered from Geneva and Vietnam (hand-tools, aluminium orthotic knee-joints, casting brims, and so on) to supply the BRAC Fitting Centre.

External training was offered to the technical staff of BRAC including a one-year course for the physician/senior prosthetist in charge of the workshop, to get a masters degree in prosthetics and orthotics at the Strathclyde University in Glasgow, and a one-year training course for four BRAC workers in prosthetics at the "Mobility India" school in Bangalore.

During this second year of cooperation and in spite of the partial absence while training, of the head of the workshop and the four technicians, the BRAC prosthetic/orthotic workshop produced 144 prostheses and 417 orthoses in 2003.

ACTIVITIES IN GENEVA

- SFD Headquarters regularly monitors activities in the field and takes operational decisions based on proposals submitted to the director by the SFD heads of project in the field. He ensures that SFD activities are in harmony with ICRC physical rehabilitation projects and other activities, and drafts instructions and documents for the meetings of the Board and the Executive Committee (composed of 4 members of the Board including its chairman). The director also manages expatriate staff together with the head of the ICRC physical rehabilitation programmes and the ICRC Human Resources Division.
- In 2003, seven Executive Committee meetings and three Board meetings were held and the following decisions were taken by the Board:
 - In February, the revised fundraising strategy of the SFD was accepted;
 - in March, following his nomination by the ICRC Assembly, a new member,
 - Mr Walter Fuelleman, Deputy Director of ICRC Operations, was co-opted to replace Ms Françoise Krill;
 - in November, the Board accepted the 2004 SFD budget. This budget includes the follow-up of a former ICRC project in Albania as of the beginning of 2004;
 - in December, the SFD Board co-opted Mr Sulayman Eleghmary, Secretary General of the Libyan Red Crescent, to be the second National Society representative. The Board also invited Mr Lloyd Feinberg, the manager of the Patrick Leahy War Victims Fund (WVF), to join the Board in an expert capacity. The Board is now composed of 5 ICRC representatives, 3 non-ICRC members and one expert.
- In January, a member of the Board and the director made a field mission to Nicaragua to renew the cooperation agreement with the ministry of Health.
- In September, another member and the director made a mission to Vietnam to visit the SFD-assisted projects.
- The SFD director made two other missions. He went to Morocco to negotiate a new cooperation agreement with the ministry of Health. Later, together with an SFD prosthetist, he travelled to Mali to discuss SFD cooperation with its local partners (the ministry of Social Development and a local NGO) and with the ICRC's representative in the country.
- In October, the SFD Vice-Chairman attended the "National Societies Donor Forum" in Abu Dhabi where he presented the SFD's role and activities to representatives of some 30 National Societies.
- Also in October, a member of the Board and an Austrian SFD prosthetist paid a visit to the Austrian Ministry of Foreign Affairs, which has shown interest in supporting SFD activities in the future.

Geneva, 13 February 2004

