SFD BUDGET AND APPEAL STRUCTURE

The 2011 ICRC Special Fund for the Disabled (SFD) budget was based on the objectives set for the year and was designed to cover both field and headquarters activities from 1 January to 31 December 2011. Its structure was made up of four separate field budgets and the headquarters budget.

The 2011 SFD Appeal was therefore divided into the following chapters:

General section on SFD background, policy and budget evolution;
Europe: activities of the SFD in Europe/Central Asia;
Africa: activities of SFD Ethiopia in Africa;
Latin America: activities of SFD Nicaragua in Latin America;
Asia: activities of SFD Viet Nam in Asia.

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

During the year, no adjustments to the initial budgets were submitted to the SFD Board for approval.

Donors were encouraged to support the SFD 2011 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 (Ernst & Young Annual Report). Ad hoc reports were produced on special request only.

For more information on the SFD and related ICRC programmes, see:

- “To walk and work again”: ICRC Special Fund for the Disabled brochure available in English, French, German and Spanish;
- SFD 2011 Appeal;
- SFD 2011 Mid-term Report;
- Ernst & Young 2011 Audit Report;
- SFD 2012 Appeal;
- ICRC Physical Rehabilitation Programmes: Annual Report 2011;
- ICRC 2011 Special Report on Mine Action;
- ICRC 2011 Annual Report;
- ICRC 2012 Special Mine Action Appeal;

The ICRC/SFD's website, www.icrc.org/fund-disabled provides further information on both ICRC and SFD activities.

ICRC Special Fund for the Disabled Headquarters
19, avenue de la Paix
1202 Geneva
Switzerland
Tel: ++ 41 22 730 2357 / 2401
Fax: ++ 41 22 730 3787
Email: specialfund@icrc.org
www.icrc.org/fund-disabled
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The financial figures were still un-audited at the time of publication of this Annual Report.
EXECUTIVE SUMMARY

The ICRC Special Fund for the Disabled (SFD) aims to support physical rehabilitation services in low-income countries, giving priority to former projects of the International Committee of the Red Cross. Restoring and maintaining physical mobility remains the backbone of SFD-assisted projects. The SFD focuses on strengthening institutions and ensuring sustainability of physical rehabilitation services through capacity building, together with selected and reliable local partners.

In 2011, the SFD primarily operated from three regional bases situated in Africa (Ethiopia plus a new regional sub-office in Togo), in Asia (Viet Nam) and in Latin America (Nicaragua). The Tajikistan project was supervised by the SFD’s headquarters, and as of May 2011, by SFD Asia.

The number of expatriates had to be reduced in 2010, owing to budgetary constraints; fortunately, in 2011, the SFD was again able to include a full-time physiotherapist in its team bringing the number of field specialists back to ten and thereby enhancing its multidisciplinary approach at its supported projects and collaboration with regional physical rehabilitation schools.

In 2011, the SFD:

- provided material, financial, technical and training support to 59 projects in 27 countries;
- contributed to the rehabilitation of close to 15,000 disabled people worldwide, including the fitting of 19,560 appliances (i.e. 7,456 prostheses and 12,104 orthoses); in addition to material support, the SFD reimbursed the costs of 3,405 appliances (2,721 prostheses and 685 orthoses); overall, 21% of the assisted amputees were mine victims, with especially high percentages in Viet Nam and Nicaragua; the supported centres also distributed 425 wheelchairs and 3,752 pairs of crutches to people with disabilities;
- conducted 84 missions for technical support and monitoring to 48 (supported) centres; these missions lasted one to four weeks including coaching, on-the-job training and refresher courses for local personnel working at the centres, and reviews of appliances provided to beneficiaries; the SFD also met with high level national authorities and other actors to promote physical rehabilitation services;
- organized 21 refresher courses, on-site courses and seminars, lasting one to four weeks and benefiting 190 participants;
- sponsored scholarships for 8 students to attend multi-year prosthetic/orthotic training courses at 3 regional schools and sponsored an additional 10 technicians to reach the same professional level through a multi-year distance-learning course;
- organized a round-table conference with heads of regional offices on SFD general policy guidelines which resulted in some modifications; the SFD will strive to concentrate its resources on fewer and primarily well-functioning centres in favourable contexts, aiming at increased impact and structural improvements for the benefit of people with disabilities including mine incident survivors;
- took part in and contributed to various international events related to the promotion of professional standards and to the implementation of the Convention on the Prohibition of the Use, Production, Stockpiling and Transfer of Anti-Personnel Mines and on their Destruction.

The 2011 end-of-the-year financial situation compares favourably with those of previous years. Almost CHF 1.8 million could be carried over into 2012; two thirds of it remains earmarked for Haiti.

Operational expenditure for 2011 amounted to CHF 5,138,524. As a result, the implementation rate (operational expenditure versus budget) only reached 72% compared with 93% in 2010. The reasons for this are on the one hand the delay in the start of the reconstruction of the physical rehabilitation centre in Haiti, and on the other the ever increasing “strength” of the Swiss franc which resulted in lower expenditure for sums paid in US$ or currencies linked to the US$. Non-operational expenditure amounted to CHF 211,952. The total operational and non-operational expenditure thus amounted to CHF 5,350,476.

In 2011, CHF 6,444,444 was received or firmly pledged. To this income derived from contributions, non-operational receipts including gains from revenues amounting to CHF 174,604 were added. The balance brought forward from 2010 amounted to CHF 471,127.

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1 prostheses: a device to replace a missing (part of a) limb.
2 orthoses: a device to support a malfunctioning (part of a) limb or body.
INTRODUCTION

The ICRC Special Fund for the Disabled (SFD) was created in 1983 to ensure the continuity of former ICRC programmes for populations affected by conflict or war, and support other physical rehabilitation centres in low-income countries, and this remains its aim. Restoring and maintaining physical mobility form the backbone of SFD projects. The same objective is also stated in article 20 of the Convention on the Rights of Persons with Disabilities, calling upon its States Parties to “take effective measures to ensure personal mobility for persons with disabilities”. This is an essential, basic condition for helping people to walk and work again, and thus contributes towards the major Millennium Development Goals, i.e. poverty reduction and access to education. Furthermore, the SFD lays a strong focus on strengthening institutions and ensuring sustainability of physical rehabilitation services through capacity building, together with reliable local partners. This two-pronged approach is an essential characteristic of the SFD.

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

Where necessary, the SFD helps bridge the gap between the ICRC’s withdrawal from a country and the time when the government or local institutions take over full responsibility for maintaining services to people with disabilities at rehabilitation centres formerly assisted by the ICRC. It also supports centres that have not been supported by the ICRC, introducing the technology and technical expertise developed by the ICRC to strengthen the quality and sustainability of rehabilitation services in low-income countries.

Where partners ask for further help after ICRC assistance has ended, the SFD may provide follow-up physical rehabilitation assistance, thus promoting long-term services and return on investment. SFD specialists make regular support and monitoring visits to develop and maintain high standards in the quality of the services provided to people, and help train national counterparts to meet internationally recognized standards.

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

Like other development projects aiming to enhance national capacities, the SFD implements projects that stretch over several years.

At SFD-supported centres, the actual physical rehabilitation work is carried out by its local partner, with the SFD organizing regular follow-up visits over a number of years. From the start, project ownership is and remains with the partner. The coaching provided covers not only technical matters but also management, innovation and further development of services. The SFD directs advocacy efforts at the authorities concerned, and seeks to mobilize other actors and foster networking and cooperation with them.

The duration of SFD support is directly linked to the ability of the local partner to develop its own capacity to provide services to the population, and its ability to become self-sustaining.

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

In 2001, the SFD became an independent foundation under Swiss law, at the same time opening its policymaking board to non-ICRC members. At the end of 2011, the Board consisted of six ICRC members, two non-ICRC members and one expert with observer status. Operational decisions are taken by an Executive Committee composed of four members of the Board. It meets about eight times a year with the SFD director who coordinates the regional projects.

SFD activities are not included in the ICRC’s budget and are funded independently through the SFD’s yearly appeals. However, both at headquarters and in field delegations, the ICRC provides the SFD with substantial logistical and administrative support. Some direct ICRC expenditure coverage is usually received for SFD projects recently taken over from the ICRC (¼ cost coverage during the first year following the taking over, ½ during the second year and ¾ during the third year). The most recent example was the SFD project in Tajikistan.

This report describes the activities of the ICRC’s Special Fund for the Disabled in 2011 worldwide. Information on the ICRC’s Physical Rehabilitation Programme can be obtained from the 2011 ICRC PRP Annual Report (www.icrc.org).
ICRC SPECIAL FUND FOR THE DISABLED
PROGRAMMES IN 2011
GENERAL OVERVIEW OF ACTIVITIES

ACCESS TO SERVICES

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

In 2011, as in previous years, assistance was coordinated by SFD specialists working from three regional bases situated in Africa (Ethiopia and Togo), in Asia (Viet Nam) and in Latin America (Nicaragua). The Tajikistan project was supervised by SFD Geneva with support until May from the part-time ICRC/SFD coordinator based in Georgia, and afterwards from SFD Asia.

Overall, the SFD provided material, financial, technical and training support to a total of 59 projects in 27 countries. This contributed to the rehabilitation of some 15,000 people worldwide, including the fitting of 19,560 appliances (7,456 prostheses and 12,104 orthoses). In addition to material support, the SFD reimbursed the costs of 3,405 appliances (2,721 prostheses and 685 orthoses). The supported centres also distributed 425 wheelchairs and 3,752 pairs of crutches to people with disabilities.

The SFD provided support to 5 of the 24 States party to the 1997 Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction that have been identified as having significant numbers of mine survivors, namely El Salvador, Nicaragua, Peru, Senegal and Tajikistan in addition to Viet Nam. Close to 1,600 mine victims were fitted with prostheses, representing 21% of the total number of amputees assisted.

In Tajikistan, the State Enterprise Orthopaedic Plant (SEOP), with SFD support, assisted 1,346 persons with disabilities, including the fitting of 340 prostheses and 507 orthoses (20% for women and 32% for children). Most victims of the 2010 polio outbreak received timely and free assistance thanks to the pragmatic approach of the SEOP’s management team which used the orthotic materials donated by the SFD and charged no fees. The production of orthoses in 2011 rose to 351 devices, more than double the usual output.

In Africa, the SFD provided support to 20 physical rehabilitation centres and 3 regional schools in 13 different countries. At the end of 2011, the SFD suspended its assistance to one centre in Morocco and one in Zambia, while preparing to support one new project in Côte d’Ivoire (Abidjan). In 2011, the SFD assistance provided in Africa contributed to the fitting of 2,231 prostheses and 5,949 orthoses. The physically disabled people receiving orthotic treatment were mainly children (64%), followed by adult men (20%) and women (17%). Because fewer centres were supported, the total provision of services to beneficiaries slightly decreased compared to 2010.

In Latin America, the SFD provided support to 16 centres and 3 schools in 10 countries. The SFD support contributed to the rehabilitation and fitting of more than 2,400 persons with 2,033 prostheses and 5,330 orthoses (20% for women and 43% for children); 25% of the assisted amputees in Nicaragua were victims of mine incidents.

In Asia, the SFD assisted 15 physical rehabilitation centres and 1 prosthetic and orthotic school (VIETCOT Hanoi) in three different countries, namely 11 centres in Viet Nam, 3 in Laos and 2 in India. In the entire region, the SFD subsidized prosthetic/orthotic services that directly contributed to the physical rehabilitation of 2,598 disabled persons (16% for women and 6% for children) to whom 2,852 prostheses, 318 orthoses and 1,924 pairs of crutches were delivered. Furthermore, the SFD’s support – in terms of raw materials, equipment, technical coaching and professional scholarships – directly contributed to strengthening the technical capacity and professional expertise at the assisted centres.

APPLIANCES PROVIDED AT SFD-SUPPORTED CENTRES

![Appliances Provided](chart.png)
GENERAL OVERVIEW OF ACTIVITIES

QUALITY OF SERVICES

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

In 2011, the SFD organized 21 refresher courses, on-site courses and seminars benefiting 190 participants. SFD specialists conducted 84 missions for technical support and monitoring to 48 supported centres. These figures are significantly higher than last year, owing to the completion of the decentralization process of certain SFD activities from Ethiopia to Togo and to the employment of an SFD physiotherapist.

As in 2010, the SFD sponsored two technicians from Tajikistan to attend continuing education in Iran to enhance their clinical practice in lower-limb orthotics. In addition, during a five-week support/monitoring visit, an SFD specialist provided further training on the orthotic management of paralytic polio victims, and provided recommendations to the SEOP’s management to improve the workflow in the prosthetic/orthotic and physiotherapy departments.

In Africa, the SFD team conducted 44 follow-up visits (compared to 36 in 2010) to 18 physical rehabilitation centres in 11 countries. This included an assessment mission to two new centres in Côte d’Ivoire. A number of on-site training sessions were organized during these visits. These sessions benefited all local technicians; they usually lasted two weeks and addressed specific subjects (for example: trans-tibial cast taking, manufacture of lower-limb orthoses, clinical methods for AFO¹ and KAFO² orthoses, etc.). Twelve courses were organized in Addis Ababa and Lomé, benefiting 72 local technicians and 13 physiotherapists from 17 countries. The arrival of a new physiotherapist in early 2011 brought renewed specialized support with a focus on training and capacity development. Three physiotherapists from physiotherapy associations in Togo, Benin and the Democratic Republic of the Congo were co-sponsored to attend the World Congress on Physiotherapy (WCPT) in Amsterdam.

In Latin America, 1 two-week course on upper-limb prosthetics and 1 three-week course on orthotics were organized by the SFD. The courses were held at the University Don Bosco School (UBD) in San Salvador and were attended by 27 technicians from 10 different countries. Besides ensuring part-time presence at CAPADIFE (Capacidades Diferentes) in Nicaragua, SFD personnel made 13 support/monitoring visits to assisted centres in El Salvador, Guatemala, Haiti, Honduras, Nicaragua and Mexico. All visits focused on the preparation or consolidation of the use of ICRC/SFD polypropylene technology and the review of treatment guidelines with technical personnel. Technical support was also given at the visited centres to ensure appropriate implementation of the technology.

In Asia, 25 missions for technical support and monitoring of the quality of services were carried out by the SFD in the whole region. Around 5% of all patients directly subsidized by the SFD were assessed at random and quality issues addressed with the project partners concerned. The momentum in quality control that had been initiated in 2009 was kept high in 2010 and maintained throughout 2011 with all partners and at all levels. For example, in Viet Nam a pilot review of quality control procedures was successfully conducted with the management and executive staff of a major partner institution with a view to replicating the exercise in other centres. For its part, Mobility India built on the results of last year’s regional seminar at VIETCOT School in Hanoi to organize a national event with a view to reaching a consensus on prosthetic and orthotic quality control procedures in India. Equipment and tools were also provided and/or reimbursed to all assisted centres.

¹ AFO : Ankle-foot orthosis
² KAFO : Knee-ankle-foot orthosis.
GENERAL OVERVIEW OF ACTIVITIES

LONG-TERM FUNCTIONING OF SERVICES

In order to promote the long-term functioning of the projects it assists, the SFD works with a national partner right from the beginning. The SFD has a long-term approach, considered essential for capacity building. Long-term functioning of services depends on financial, technical and organizational considerations. Financially, the use of polypropylene technology helps to lower the running costs of the centres. Organizationally, coaching and the introduction of management tools (stock management, patient management and treatment protocols, etc.) support and reinforce national capacity. Technically, the training of professionals (prosthetists/orthotists and physiotherapists) helps to ensure the quality and long-term functioning of the services provided. The SFD also makes advocacy efforts directed at authorities, fosters networking and cooperation with, and mobilization of other actors.

To promote the long-term functioning of services, the SFD sponsored a total of 18 local staff members to attend one- to three-year courses in prosthetics and orthotics at five specialized regional schools in 2011, including ten technicians who took distance-learning courses (for details, see table).

In Tajikistan, the SEOP management slightly increased the salaries of its employees and successfully obtained the requested governmental financial resources for the timely purchase of supplies from abroad. However, SEOP’s negotiations to be granted import tax exemption for all prosthetic and orthotic materials have so far been unsuccessful and the SEOP had to pay a significant amount of import taxes for the latest order of materials placed abroad in August 2011. To ensure long-term sustainability of services and improve the provision of quality services, the SFD sponsored three Tajiks for a three-year scholarship in prosthetics/orthotics, starting in August 2011. Unfortunately, no progress was made in the planned decentralization of services to one or more satellite centres.

In Africa, the combination of training modules organized in Addis Ababa, seminars, on-site refresher training sessions and follow-up visits is a rewarding formula for most of the centres. Training to ISPO Category II level is undoubtedly the best strategy to achieve a lasting impact in the future, but repetition remains the key element for short- and medium-term improvements. The training modules are particularly effective to enhance the quality of the services, and regular participation in the various modules leads to overall positive results. With a view to longer-term improvements, four African candidates, including one woman, were sponsored by the SFD to attend multi-year courses in prosthetics and orthotics in Togo at the École Nationale des Auxiliaires Médicaux (ENAM, training in French). Mobilization of local authorities aimed at increasing their commitment, responsibilities and allocation of resources to physical rehabilitation was pursued throughout 2011 during field visits. This was also possible during the Fédération africaine des techniciens orthoprothésistes Pan African congress in Arusha, where contacts were made with high-ranking and senior officials from, just to name a few countries, Central African Republic, Mali, Tanzania and Zimbabwe (Ministers for Social Affairs) as well as Togo (Minister for Health).

In Latin America, the SFD management consultant undertook three support visits to CAPADIFE and CENAPORTO centres in Managua and Walking Unidos in León. His support still focused on reducing the running costs, introducing a cost-recovery system and creating further fundraising tools. In addition, the SFD sponsored an SGS (Société générale de Surveillance) benchmarking exercise for its local partner CAPADIFE in Nicaragua. This was highly appreciated by its management, which had been working to improve performance for years.

With support from the SFD, the construction of the new premises for the Healing Hands for Haiti Foundation progressed well and without major delays or accidents: by the end of 2011 the rough brickwork was completed and work had started on the finishing. This will allow the local partner HHHF to resume its services for Haitian people with disabilities in its own and well adapted building to address Haiti’s increased and growing needs, in May 2012.

In Asia, SFD technical staff provided individual coaching for six SFD-sponsored prosthetic and orthotic ISPO Cat.II graduates during their period of integration into practical work in Viet Nam. Unfortunately, one of the six resigned, finding the salary and working conditions more attractive elsewhere. The quality-assurance seminars at management level in the region are an example of the SFD’s strategy to bring about long-term and sustainable improvements in the provision of services. In India, promoting increased training expertise at Mobility India (MI) and Christian Medical College (CMC) training institutes was still the main focus.
## SFD-SPONSORED SCHOLARSHIPS IN 2011

<table>
<thead>
<tr>
<th>Assisted centre</th>
<th>Number of students</th>
<th>Training started</th>
<th>Training ending (planned)</th>
<th>Name of the school</th>
<th>Type of training (e.g. ISPO Category II, etc.)</th>
</tr>
</thead>
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<tr>
<td><strong>AFRICA</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Centre Père B. Verspieren, Bamako, Mali</td>
<td>1</td>
<td>2008</td>
<td>2011</td>
<td>ENAM</td>
<td>Prosthetics and orthotics, ISPO Cat. II</td>
</tr>
<tr>
<td>Centre Père B. Verspieren, Bamako, Mali</td>
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<td>2010</td>
<td>2013</td>
<td>ENAM</td>
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</tr>
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<td>ENAM</td>
<td>Prosthetics and orthotics, ISPO Cat. II</td>
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<td>SKAO Parakou, Benin</td>
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<td>2010</td>
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<td>ENAM</td>
<td>Prosthetics and orthotics, ISPO Cat. II</td>
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<td><strong>ASIA-CENTRAL ASIA</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ho Chi Minh Centre, Viet Nam</td>
<td>1</td>
<td>Sept. 2007</td>
<td>Jan. 2011</td>
<td>VIETCOT</td>
<td>Prosthetics and orthotics, ISPO Cat. II</td>
</tr>
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<td>SEOP, Tajikistan</td>
<td>3</td>
<td>2011</td>
<td>2014</td>
<td>VIETCOT</td>
<td>Prosthetics and orthotics, ISPO Cat. II</td>
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<td><strong>LATIN AMERICA</strong></td>
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<td>CENAPRORO, Managua, Nicaragua</td>
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<td>CAPADIFE, Managua, Nicaragua</td>
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<td>UDB</td>
<td>Prosthetics and orthotics, ISPO Cat. II (distance-learning)</td>
</tr>
<tr>
<td>La Trinidad hospital</td>
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<td>2009</td>
<td>2012</td>
<td>UDB</td>
<td>Prosthetics and orthotics, ISPO Cat. II (distance-learning)</td>
</tr>
<tr>
<td>La Trinidad, Nicaragua</td>
<td>1</td>
<td>2009</td>
<td>2012</td>
<td>UDB</td>
<td>Prosthetics and orthotics, ISPO Cat. II (distance-learning)</td>
</tr>
<tr>
<td>Fundación Hermano Miguel</td>
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<td>2009</td>
<td>2012</td>
<td>UDB</td>
<td>Prosthetics and orthotics, ISPO Cat. II (distance-learning)</td>
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<td>UDB</td>
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<tr>
<td>Asociación Dominicana de Rehabilitación (ADR)</td>
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<td>2011</td>
<td>2014</td>
<td>UDB</td>
<td>Prosthetics and orthotics, ISPO Cat. II (distance-learning)</td>
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<td>UDB</td>
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<tr>
<td>Instituto Nacional de Rehabilitación (INR) &quot;Dra. Adriana Rebaza Flores&quot;, Lima, Perú</td>
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<td>Prosthetics and orthotics, ISPO Cat. II (distance-learning)</td>
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<td>2012</td>
<td>2015</td>
<td>UDB</td>
<td>Prosthetics and orthotics, ISPO Cat. II (distance-learning)</td>
</tr>
</tbody>
</table>

ENAM: École Nationale des Auxiliaires Médicaux, Togo  
VIETCOT: Vietnamese Training Centre for Orthopaedic Technologists, Viet Nam  
UDB: University Don Bosco, El Salvador  
ISPO: International Society for Prosthetics and Orthotics

## GENERAL OVERVIEW OF ACTIVITIES

### HUMAN RESOURCES

Throughout 2011, the SFD employed prosthetic/orthotic expatriate specialists and one physiotherapist at its three regional bases: five in Africa, based in Addis Ababa (2) and Togo (3); two in Asia based in Ho Chi Minh City and 2 in Latin America based in Managua. In March, an expatriate specialist was hired to supervise the construction of the new rehabilitation centre for the SFD's partner Healing Hands for Haiti Foundation. The expatriate staff was assisted by 16 national staff, and by the SFD director and his part-time assistant at headquarters in Geneva.

The 2011 deployment of staff represented an increase of 2, which brought the team back to its former level; in 2010, owing to budgetary constraints, two positions had to be suspended. This was made possible by past and ongoing SFD measures to economize on the running of projects, the delocalization of part of the Ethiopia office to Togo and by an improved funding situation for the entire SFD budget since the beginning of 2011.
As at 31 December 2011 the global SFD budget remained at CHF 7,089,553 (for breakdown see annex III). No budget extension was required during the year.

Operational expenditure for the entire year amounted to CHF 5,138,524. As a result, the implementation rate (operational expenditure versus budget) only reached 72% compared with 93% in 2010. This was due to two facts. First, the start of the re-construction of the HHHF physical rehabilitation centre in Port-au-Prince was delayed; work could only begin in spring 2011. As a result, construction expenditure was considerably lower than budgeted. Second, the evolution of exchange rates – with an increasingly "strong" Swiss franc – had a great impact on the 2011 financial situation: most expenditure paid for in US$ or currencies linked to the US$ (e.g. HHHF building in Haiti) was significantly lower than the budget calculated in Swiss francs.

Non-operational expenditure, including bank fees, audit costs and exchange rate losses amounted to CHF 211,952. The total operational and non-operational expenditure thus amounted to CHF 5,350,476 compared with CHF 4,696,620 in 2010.

In 2011, CHF 6,444,444, i.e. CHF 1,576,744 more than in 2010 was received or firmly pledged. To this income derived from contributions, the non-operational receipts including gains from revenues amounting to CHF 174,604 were added.

The balance brought forward from 2010 amounted to CHF 471,127; it was entirely earmarked for the SFD budget in Haiti.

In conclusion, the 2011 end-of-the-year situation compares favourably with those of previous years. Almost CHF 1.8 million could be carried over into 2012; two thirds of it remains earmarked for Haiti.

In 2012, the SFD will:

- promote access to rehabilitation by providing financial, material, technical or training support to 54 centres in 26 countries thus contributing to the physical rehabilitation, including provision of prostheses, orthoses and other mobility devices, of an estimated 15,000 persons with disabilities;

- promote and improve the quality of the rehabilitation services provided by organizing various tuition programmes for local and expatriate technical personnel;

- start implementing certain strategy modifications, striving to concentrate resources on fewer and well-functioning centres in favourable contexts, aiming at increased impact and structural improvements in the services for people with disabilities including survivors of mine incidents. The SFD will also fund two socio-economic integration projects benefiting 50 – 100 people with disabilities;

- further enhance and apply priority criteria for existing and new projects to maintain a sound balance between continuing support of well-functioning projects, new demands and financial means available;

- enhance, further diversify and increase financial sources to ensure sufficient and sustainable financing of SFD projects in the long term.

For more details we refer readers to the SFD 2012 Appeal which was launched in February 2012.
**BACKGROUND**

The State Enterprise Orthopaedic Plant (SEOP) in Dushanbe, which is run by the Ministry of Labour and Social Protection (MLSP), is Tajikistan's only rehabilitation facility that provides people with disabilities with prosthetic and/or orthotic devices. For basic repairs to their devices, people from rural areas can be assisted at three satellite workshops located in Khorog, Khujand and Kulob.

Starting in 1999, the SEOP received material, financial, technical and educational support from the ICRC, with substantial initial involvement of the Canadian Red Cross. The building was renovated, machines and equipment installed, including a physiotherapy department, and personnel trained in prosthetics/orthotics (P&O) and in physiotherapy (PT). The Red Crescent Society of Tajikistan (RCST) played a role in identifying, referring and following up persons with impaired mobility through its local branches.

Between 1999 and 2008, ICRC support contributed to the rehabilitation of an estimated 2,200 persons with disabilities, including the fitting of some 2,800 prostheses and 750 orthoses.

At present, the SEOP has 2,900 registered users: 2,100 amputees and 800 non-amputees. Among the amputees, 18% suffer mobility impairments due to conflict-related injuries.
During 2008, the SEOP’s own funding efforts meant the ICRC was able to reduce its financial assistance for the transport and accommodation of patients. In addition, with coaching from the ICRC, the SEOP started mobilizing its own logistical and financial means to place its first order for imported materials and components. However, one of the most important and urgent problems has been building up staff loyalty. Of the eight initially trained technical staff, six had left the centre by 2008 (2 in 2004, 2 in 2005, 1 in 2007 and 1 in 2008).

Following the completion of ICRC support at the end of 2008, the SFD started assisting the centre in 2009, according to terms that require considerable input from the SEOP and from the MLSP, in particular in order to ensure staff loyalty and to provide and/or import materials.

**ACTIVITIES IN 2011**

**Access to physical rehabilitation**

Based on last year’s experience, the State Enterprise Orthopaedic Plant (SEOP) centre placed this year's annual order already in August. By ordering components for alternative technologies, the SEOP seeks to offer a wider range of prosthetic devices with increased provision of services.

In 2011, with SFD support, the SEOP assisted 1,346 people with disabilities, and provided 340 prostheses and 507 orthoses (20% for women and 32% for children). The MLSP continued to cover the expenses for transport and accommodation of patients coming from remote areas.

Nevertheless, for many people, especially for patients from remote regions in need of regular follow-up visits and renewal of devices, access to treatment remains difficult owing to the centralized provision of services and the long waiting list.

In June 2010, following the sudden outbreak of poliomyelitis, the ICRC-SFD donated an emergency shipment of bracing devices and in December raw materials to produce orthoses for the rehabilitation of up to three hundred paralytic polio victims. Despite the inability of the Ministry of Health to provide the victims of last year's polio outbreak with the necessary disability certificates allowing them access to free services at SEOP, most polio victims received timely and free assistance thanks to the pragmatic approach of the SEOP’s management team which used the orthotic materials donated by the SFD and charged no fees. The production of orthoses in 2011 rose to 384 devices, more than double its usual output.

**Quality of services to people with disabilities**

The SEOP employs technicians (two of whom have received formal training), six bench-workers, two assistant-physiotherapists and one repairs person in each of the three satellite workshops.

As in 2010, the SFD sponsored two prosthetic and orthotic technicians from the SEOP to attend a three-week upgrading course at the rehabilitation centre of the Iran Red Crescent Society (IRCS) in Tehran. The purpose of the training was to enhance their clinical practice in lower-limb orthotics and included theory and practice on lower-limb orthoses, with a specific focus on ankle-foot orthoses and knee-ankle-foot orthoses. In addition, during a five-week support/monitoring visit in early 2011, the SFD specialist provided further on-the-job training on the orthotic management of paralytic polio victims, and offered the SEOP’s management recommendations to increase the workflow in the prosthetic and orthotic and physiotherapy departments and the efficiency of the workshop store.

As the SEOP’s prosthetic technology is shifting towards the use of modular systems available on the professional market, the SFD specialist gave short on-the-job training and practical instructions on the use of these newly available components.

The SFD also selected three candidates for a three-year ISPO Cat. II prosthetic and orthotic course at VIETCOT (Hanoi, Viet Nam) in 2011. Their training started in October.
Long-term functioning of physical rehabilitation centres

Despite Tajikistan’s difficult economic situation, the MLSP, with support from the European Commission Budgetary Support Programme, allowed the SEOP to preserve its budget and therefore to function without additional financial assistance from the SFD or others.

Early in 2011, the SEOP management slightly increased the salaries of the employees and successfully obtained the requested governmental financial resources for the timely purchase of supplies from abroad. However, SEOP’s negotiations towards import tax exemption for all prosthetic and orthotic materials have so far been unsuccessful and the SEOP had to pay some CHF 15,000 import taxes for the latest order of CRE materials placed in August 2011.

During a second support/monitoring visit to the SEOP in September 2011, the SFD specialist held talks with the management team regarding the development strategy for the orthopaedic workshop in Khujand. The SFD then twice met with the Director of the State Agency of Social Protection of the Ministry of Labour and Social Protection of Population and other stakeholders. The purpose was to discuss the challenges and opportunities of SEOP with regard to the implementation of the cooperation agreement they signed last year with the SFD, and in particular their strategy to develop the satellite workshop in Khujand.

In spite of repeated requests, the State Agency and the SEOP management team have not yet submitted their plan of action and budget for the implementation of the above-mentioned cooperation agreement to the SFD.
**ACTIVITIES BY REGION**

**AFRICA**

**BACKGROUND**

The SFD regional office for Africa was established in 1995 within the premises of the Prosthetic Orthotic Centre (POC) in Addis Ababa, which is run by the Ministry of Labour and Social Affairs (MOLSA).

In 2010 the SFD opened a sub-regional office in Lomé, Togo, located in the premises of the École Nationale des Auxiliaires Médicaux (ENAM), which is attached to the Ministry of Education.

The SFD supports former ICRC-assisted physical rehabilitation centres and other similar centres in Africa through a combination of material/financial assistance and technical/educational support, all aimed at maintaining and improving long-term access to and quality of physical rehabilitation services.

Owing to financial shortfalls and stricter selection criteria the number of assisted centres was reduced over the past four years, as was the number of SFD specialists.

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**SFD support in Africa at a glance**

| **Regional base** | Prosthetic Orthotic Centre, Addis Ababa, Ethiopia |
| **Sub-regional base** | École Nationale des Auxiliaires Médicaux, Lomé, Togo |
| **Projects assisted in 2011** | 23 centres in 13 countries: Benin (2), Ethiopia (regional training centre), Kenya (2), Madagascar (1), Malawi (1), Mali (2), Morocco (2), Senegal (1), Somalia (3), Tanzania (2), Togo (2), Zambia (2), Zimbabwe (2) |
| **Assistance provided in 2011** | raw materials and components: 18 centres in 12 countries (excluding materials to 3 SRCS centres in Somalia, 1 centre in Mali and 1 centre in Morocco) |
| | technical and clinical support: 43 missions to 16 centres; 1 prosthetic & orthotic evaluation visit to 2 centres in Côte d’Ivoire |
| | refresher courses: 10 (9 three-week, 1 four-week) |
| | prosthetics & orthotics courses for 70 participants from 17 countries; 2 three-week physiotherapy refresher course for 15 participants from 17 countries |
| | scholarships: 4 students were sponsored to attend a multi-year training course at ENAM, in Togo |
| **Services provided to people with disabilities at supported centres in 2011** | Prostheses: 2,231 |
| | Orthoses: 5,949 |
| | Crutches (pairs): 1,552 |
| | Wheelchairs: 321 |
| **SFD personnel** | 4 expatriate ortho-prosthetists and 1 physiotherapist |
| | 7 national administrative and technical staff members |
| **2011 budget** | CHF 2,207,100 |
| **2011 expenditure** | CHF 1,980,130 (unaudited figure) |

Given its proximity to SFD-supported partner organizations in Western Africa, decentralizing activities to the new office in Togo has contributed towards significantly decreasing travel costs.

In 2011, four ortho-prosthetists and one physiotherapist were assisted by seven local staff members. Throughout the year, the SFD’s regional training centre in Addis Ababa, set up as a model for a basic, small-sized centre, provided three-week prosthetic/orthotic refresher and physiotherapy courses for experienced technicians and physiotherapists from assisted centres in English-speaking countries. A similar training approach is offered by the SFD sub-regional office in Lomé at the Centre National d’Appareillage Orthopédique (CNAO) for French speaking ortho-prosthetists and physiotherapists from Western Africa.

Since 1995, staff from some 74 centres in 26 African, Middle Eastern and Asian countries have received training; 787 technicians, managers and physiotherapists have participated in courses at the...
regional training centres in Addis Ababa and in Lomé and many more received on-the-job training during annual follow-up visits to assisted centres and through regional seminars. This has contributed to the rehabilitation and fitting of amputees and persons with other disabilities with a total of some 55,000 prostheses and 65,000 orthoses.

ACTIVITIES IN 2011

Access to physical rehabilitation

In total, the SFD provided support to 23 physical rehabilitation centres and prosthetic/orthotic schools in 13 different countries.

Prosthetic/orthotic and physiotherapy materials were donated to 18 physical rehabilitation centres and their satellite workshops. The three rehabilitation centres in Somalia received materials directly from the Norwegian Red Cross Society.

In 2011, some 22,000 people with disabilities attended the SFD-supported centres. The assistance received contributed to the fitting of disabled persons with 2,231 prostheses and 5,949 orthoses.

The total provision of services to beneficiaries remained approximately the same compared to 2010, although fewer centres were supported by the SFD in 2011 – support to centres in Cameroon (1) Mauritania (1) and Nigeria (2) has been withdrawn.

Most centres received SFD material support, allowing them to subsidize the costs of the services provided to people coming to the centres. Persuading the authorities to allocate a sufficient budget for such services remained an ongoing objective throughout 2011 and resulted in the sharing of the costs for materials imported by the SFD or independently in Kenya, Malawi, Mali, Zambia and Zimbabwe.

The SFD promotes equal access to physical rehabilitation. Based on 2011 statistics of services provided, excluding schools and the SFD training centre, the physically disabled people receiving orthotic treatment were mainly children (64%), followed by adult men (20%) and adult women (17%). The distribution pattern was different for amputees, with a majority of adult men (63%), followed by adult women (26%) and children (11%).

Regarding staff, there was an increase in the number of female prosthetic/orthotic technicians employed in most of the facilities supported by the SFD. In Somalia, Morocco, Zimbabwe, Togo, to name but a few countries, women are working both as prosthetic/orthotic technicians and physiotherapists. Following in the footsteps of the three female students who successfully completed their prosthetic and orthotic (P&O) training in 2010 at TATCOT (ISPO Category II and Certificate level prosthetic/orthotic training) with SFD sponsoring, one female student from Mali started a three-year P&O training (Cat. II) at ENAM in 2011.

The delocalization of part of the SFD’s activities from Addis Ababa to Lomé in 2010 and the subsequent more intensive partnerships with the Togolese École Nationale des Auxiliaires Médicaux (ENAM) and the Centre National d’Appareillage Orthopédique (CNAO) proved to be an excellent choice and further strengthened SFD’s relationship with both institutions. While in the past time spent with them was limited to technical visits lasting some six weeks a year only, there is now sufficient time to develop a more in-depth and continuous advisory relationship. The combination of technical and managerial support as well as the participation of the SFD in the management supervisory body will progressively reinforce the overall capacity of both institutions.

The SFD/CNAO partnership aims to improve CNAO’s level of service provision – it increased by 40% in 2011 – to ultimately become a regional centre of reference, and thus enhance access to quality prosthetic and orthotic services and promote technical exchanges with other centres in Western Africa. The inclusion of competent CNAO staff as tutors during SFD training modules organized for ortho-prosthetists and physiotherapists from the region is just the first step towards increased CNAO regional autonomy.

Since it is the only school offering prosthetic and orthotic training in the region, the ENAM’s partnership with the SFD aims to keep high standards of education by addressing the needs of prosthetic and orthotic technicians through the establishment of different training levels. For example, the SFD helps ENAM bring its training curriculum up to date, review its teaching methodology, establish new curricula according to training levels and improve the quality of students’ clinical internships.

Finally, the decentralization of part of SFD’s activities to Togo facilitates the SFD’s support to other centres in the region (e.g. Mali, Benin and Senegal) owing to shorter distances. As a further added value, it also considerably reduces the SFD’s travel expenses.

### APPLIANCES PROVIDED AT SFD-SUPPORTED CENTRES IN AFRICA

<table>
<thead>
<tr>
<th>Category</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostheses</td>
<td>2,455</td>
<td>2,231</td>
</tr>
<tr>
<td>Orthoses</td>
<td>1,709</td>
<td>1,352</td>
</tr>
<tr>
<td>Crutches (pairs)</td>
<td>268</td>
<td>321</td>
</tr>
<tr>
<td>Wheelchairs</td>
<td>6,095</td>
<td>5,949</td>
</tr>
</tbody>
</table>
Quality of services to people with disabilities

Training activities in prosthetics/orthotics

On-site training
During the year 2011, the SFD team conducted 43 (compared to 36 in 2010) follow-up visits to 16 physical rehabilitation centres in 11 countries: 5 centres were visited once, 11 centres twice and 3 centres received three visits during the year. In addition, 2 centres in Côte d’Ivoire were visited for the first time for an evaluation (at the request of the ICRC Regional Delegation in Abidjan).

On-site training sessions were organized during these visits. The sessions benefited all local technicians; they usually lasted two weeks and addressed specific subjects (for example: trans-tibial cast taking, manufacture of lower-limb orthoses, clinical methods for ankle-foot and knee-ankle-foot orthoses, etc.). In 2011, one on-site course (upper-limb technology) was organized at the Tanzanian Training Centre for Orthopaedic Technologists (TATCOT), in Moshi where students were offered a two-week training session. Similar training sessions were held in Zimbabwe and at the Comprehensive Community-based Rehabilitation in Tanzania centre. The on-site training sessions are part of the SFD’s commitment to providing continued professional development and promoting long-term functioning of the supported centres.

Training courses in Addis Ababa and in Lomé
Since its creation in 1993, the courses given at the SFD training centre in Addis Ababa, and more recently also at CNAO in Lomé have benefited 787 prosthetic/orthotic technicians, managers and physiotherapists. A number of them have attended several training modules over the last few years, thereby widening their field of expertise. The courses benefited technicians, physiotherapists and managers working in SFD-supported centres in Africa, ICRC personnel (newly-recruited expatriate staff and local staff), and technicians working with other organizations.

The arrival of a new physiotherapist in early 2011 allowed specialized support to resume, such as training sessions for physiotherapists from SFD-assisted centres as well as for physiotherapists from ICRC physical rehabilitation programmes worldwide. In total, 12 three-week training sessions (10 prosthetic and orthotic technical and clinical subjects and 2 physiotherapy courses) were organized in Addis Ababa and Lomé during the year, with nine different training modules, given in English or French: "Introduction of ICRC polypropylene (PP) technology (PP)", "Manufacture of lower-limb prostheses", "Clinical methods for trans-tibial prostheses", "Clinical methods for trans-femoral prostheses", "Clinical methods for ankle-foot orthoses", "Clinical methods for knee-ankle-foot orthoses", "Manufacture of upper-limb prostheses in PP", "Physiotherapy for lower-limb amputees" and a pilot session on "Quality control of P&O services delivery". In all, 85 participants from 17 different countries benefited from these training sessions.

Scholarships for formal training at regional schools
In 2011, four African candidates, including one female technician, were sponsored by the SFD to attend three-year courses in prosthetics and orthotics at the ISPO-recognized École Nationale des Auxiliaires Médicaux (ENAM), in Togo. One student from the Centre Père Bernard Verspieren in Mali completed his three-year training in P&O technology at the same school. The SFD did not sponsor new students in 2011.

Follow-up of beneficiaries
During SFD follow-up visits, 59 persons who had received a prosthesis or an orthosis at SFD-supported centres were interviewed by expatriate staff. Preliminary results were satisfactory although the number is still rather too limited to draw valid conclusions. In 2012, data collected since 2010 among patients treated in the SFD supported centres will be compiled and analysed.

Physiotherapy services
Two three-week courses on physiotherapy services for lower-limb amputees were given in 2011. One course was given in Lomé for six French-speaking participants from SFD-assisted centres and two from ICRC-supported projects. One course was given in Addis Ababa for six English-speaking participants from ICRC-sponsored centres and for one Ethiopian physiotherapist.

Following the recommendations of the external assessment, which took place in 2010, the support to physiotherapy services resumed in 2011. The main elements of the programme follow the recommendations of the 2010 assessment:

- consolidation of achievements by assisting fewer centres with more intensive clinical physiotherapy support, continuing to offer refresher training, continuing to promote a multidisciplinary approach, and providing scholarships for physiotherapy schools;
- integration and expansion of physiotherapy support by developing a physiotherapy policy within the framework of SFD support, increasing cooperation with local schools and associations with a view to outsourcing training and developing partnerships with institutions in West African countries.

In collaboration with Christian Blind Mission (CBM) and Handicap International (HI), three physiotherapists from physiotherapy associations in Togo, Benin and the Democratic Republic of the Congo were sponsored to attend the World Congress on Physiotherapy (WCPT) in Amsterdam. The aim of this participation was to promote for the first time the inclusion of WCPT members from French-speaking African countries. Up
to now, WCPT members were only from English-speaking countries.

Repeated contacts took place with the École Supérieure de Kinésithérapie de Cotonou (ESK) to develop a future partnership, e.g. incorporating ESK teachers as tutors during SFD physiotherapy training sessions in 2012.

**Long-term functioning of physical rehabilitation centres**

The combination of training modules organized in Addis Ababa, seminars, on-site refresher training sessions and follow-up visits is a rewarding formula for most of the centres. Whereas training to ISPO Category II level is the best strategy for a lasting impact in the future, repetition is the key element for obtaining short- and medium-term results. The training modules are most important for improving the quality of the services in particular, and regular participation in the different modules has an overall positive outcome.

Mobilization of local authorities aimed at increasing their commitment, responsibilities and allocation of resources to physical rehabilitation was pursued throughout 2011 during field visits. This was also possible during the Fédération africaine des techniciens orthoprothésistes Pan African congress in Arusha, where contacts were made with high ranking and senior officials from Mali (Minister for Social Affairs), Tanzania (Minister for Social Affairs), Zimbabwe (Minister for Social Affairs), Togo (Minister of Health) and Central African Republic (Minister for Social Affairs).

Through repeated efforts, good learning practices and support, the SFD aims to contribute to **good governance and development**. The following examples illustrate progressive changes in some of the supported centres in Africa.

In **Mali** a private mobile phone company responded to a funding appeal from the Centre Père Bernard Verspieren (CPBV) and will participate in 2012, besides offering other forms of support, in the cost-sharing of services for the most destitute physically disabled persons. This positive response was prompted by the quality of physical rehabilitation services provided by CPBV as well as its sound and transparent financial reporting. Having gained confidence and professionalism, CPBV is now willing to develop a social marketing approach in order to attract other national donors to compensate the lack of financial coverage by national social security services. However, following a recent visit by representatives of the Ministry of Social Affairs to the CPBV there might be a possibility of governmental funding to facilitate access to physical rehabilitation treatments at the CPBV for destitute patients.

The **Nairobi Archdiocese Refugee Assistance Programme** (NARAP) is offering services to refugees from its various support centres in Nairobi. Over the years, NARAP has offered various services such as training, counselling, physical rehabilitation treatment, housing, etc.) to over 1 million beneficiaries (refugees and destitute Kenyans). As a result of good management over the years, NARAP has benefited from support from the SFD, UNHCR, GTZ (German Technical Cooperation) and others. NARAP has secured sufficient funding to supply its modest physical rehabilitation centre located in Kangemi with imported material and is expected to become autonomous in 2012.

At the Comprehensive Community-based Rehabilitation in Tanzania (CCBRT), very good governance practices have contributed towards significantly increasing access to prosthetic and orthotic services for physically disabled persons. This hospital introduced the M-PESA system (literally Mobile Money) through mobile phone technology, to facilitate in particular, access to services for patients identified through the countrywide CCBRT outreach network. The mobile phone banking system allows immediate transfer of money to pay for the transport of the patients in need of treatment to the CCBRT hospital in Dar es Salaam.

The **Prosthetic Orthotic Centres at the at Parirennyatwa Group of Hospital** and at the Bulawayo United Hospital have both secured funding in this harsh economic period to procure materials and components from various suppliers. This is seen as an encouraging first step towards the financial autonomy of both prosthetic/orthotic centres and a positive sign that the authorities are aware of the need for prosthetic and orthotic services for physically disabled people in Zimbabwe.

The SFD promotes networking with other actors during its support visits aiming to improve the long-term prospects of assisted centres. This is done in close consultation with the local partner and aims to build up contacts with local Ministries, international organizations such as the World Health Organization, and other humanitarian organizations.

Results of these efforts include: cooperation with the UK-based charity organization 500 Miles that contributed towards scholarships for prosthetic and orthotic technicians to train at TATCOT, and developed a reliable outreach programme at the Zambian Italian Orthopaedic Hospital in Lusaka with actors such as Flyspec and UNHCR.

Both the ICRC and the SFD facilitated access for professionals of the physical rehabilitation sector to the Pan African Congress organized in Arusha Tanzania, by the Fédération Africaine des Orthoprothésistes (FATO). Over 350 delegates were present and discussed issues concerning national policies and strategies for the provision of physical rehabilitation services. Among the participants (international and national institutions, NGOs, service providers, etc.) a significant number of officials and high-ranking representatives, including ministers, showed great
concern and determination to implement the recommendations of the UN Convention on the Rights of Persons with Disabilities and the recommendations made in the WHO-World Bank World Report.

The ICRC and SFD have concluded a tripartite cooperation agreement with FATO aiming at reinforcing FATO's capacity. This year, FATO was also involved in conducting an evaluation in Côte d'Ivoire for the SFD.

Socio-political conditions and staff frequently change and so do the prospects for improvements in the functioning of the centres. At the end of 2011, the SFD suspended its assistance to one centre in Morocco and one in Zambia. However, it decided to extend support to one new project in Côte d'Ivoire (Abidjan), due to start in early 2012.

ACTIVITIES BY COUNTRY
2011 OVERVIEW
SFD-SUPPORTED CENTRES IN AFRICA

**BENIN**

**Service de Kinésithérapie et d’Appareillage Orthopédique, Parakou (SKAO)**

The Service de Kinésithérapie et d’Appareillage Orthopédique in Parakou was established in 1982 and is today managed by the Ministry of the Family. The centre provides prosthetic/orthotic and physiotherapy services with the help of two orthopaedic technicians and four physiotherapists. The centre is well managed with a good structure and shows good potential for strengthening its prosthetic/orthotic services. Its main problems are the lack of funds to buy necessary materials and limited technical know-how. The SFD started assisting the centre in 2009, providing materials, equipment and training.

In 2010, together with the Belgian Cooperation office a total of 7 scholarships were allocated to the Ministry of Health and candidates selected to attend three-year training in prosthetics and orthotics at the ENAM school in Lomé, Togo.

Thanks to SFD provision of materials, components and machinery, technical improvements were achieved (better quality of devices as well as better reporting and stock management).

The SKAO is currently being considered by ENAM as a suitable centre for internships for ortho-prosthetics students, and in 2011 several students attended a few weeks’ training there.

In 2011, three visits were carried out by the SFD team (ortho-prosthetist and physiotherapist). Physiotherapy support started with SFD visits and training of one national physiotherapist on treatment for lower-limb amputees in Lomé. SKAO has a high potential for a multidisciplinary approach owing to the set-up of the centre and the very dynamic team. Physiotherapy sessions for lower-limb amputees have already improved.

In 2012 together with the Physiotherapy Association of Benin (ABEKIR), a one-week post-graduate training session on lower-limb amputation will be organized at SKAO for physiotherapists working in the northern region of Benin.

In 2012, SFD support will facilitate the extension of the physiotherapy department’s working environment (gait training area), and offer additional material for physiotherapy activities.

The SFD will continue assisting the centre in 2012 by providing material assistance (for P&O and PT services), carrying out monitoring visits and offering on-site as well as clinical training in Lomé.
Centre National Hospitalier Universitaire (CNHU), Cotonou

The construction and the equipment of the Centre d’Appareillage Orthopédique (CAO) of the CNHU was completed in June of 2002, using private funding from the Netherlands (“Zorg en Zekerheid”, through the Boerhaave foundation).

The construction of the premises was difficult owing to the small size of the piece of land allocated by the CNHU. This is why the CAO had to resort to a two-storey building, welcoming patients at its ground level and carrying out all manufacturing operations on the first floor. However, the CAO is next to the hospital’s physiotherapy department which presents considerable advantages.

Years of cooperation between the CNHU, the Belgian government and the University of Louvain (Belgium) has led to a regional reputation for excellence of both the CNHU physiotherapy department and the Cotonou school of physiotherapy. Both structures are employing top qualified senior physiotherapy staff.

The CAO did not benefit from the same kind of assistance and still requires support, in particular for its staff: refreshing the skills of the technicians working there and recruiting new ortho-prosthetists are the priority. At the end of 2011 the CAO team was composed of one graduate orthopaedic technician ISPO Cat. II, two assistants, one shoemaker and one receptionist.

Although the partnership between CNHU and SFD is recent, improvements in some technical areas at CAO (P&O devices manufacture) are noticeable. The proximity between Cotonou and Lomé is certainly a factor contributing to this modest success, allowing more flexibility of movement for both the SFD team conducting field technical visits or CNHU/CAO staff attending training in Lomé.

Contacts with most of the senior officials of the Ministry of Health were made by the SFD team to offer its support for setting up a National Plan and Strategy for the physical rehabilitation sector.

A three-year cooperation agreement was signed in early 2011 with CNHU for developing the provision of prosthetic and orthotic services at the CAO.

In 2011, the SFD facilitated the purchasing of materials, invited staff to participate in three training modules in Lomé, and a physiotherapist and orthoprosthetist from the Lomé-based team conducted three visits to the centre.

For the time being there is no physiotherapist working within the CAO but a multidisciplinary team approach is being developed since the SFD invited one physiotherapist from the hospital to attend a training session on the treatment for lower-limb amputation.

The SFD will continue strengthening its collaboration with École supérieure de Kinésithérapie (ESK) in particular for the inclusion of training modules on lower-limb amputation into the school curriculum. SFD is also aiming to outsource training activities to ESK. To this end, the SFD would pay ESK teachers to run ad hoc courses.

In 2012, together with ABEKIR, the SFD will organize one-week post-graduate training on treatment for lower-limb amputation at CNHU for physiotherapists working in Benin.

The SFD will continue assisting the centre in 2012 by providing material assistance (for P&O and PT services), carrying out monitoring visits and offering on-site as well as clinical training in Lomé.

KENYA

Kangemi Rehabilitation Centre, Kangemi

The Kangemi Rehabilitation Centre was established in 1994 by Fr Eugene Birrer, the project director of the Nairobi Archdiocese Refugee Assistance Programme (NARAP). NARAP’s main activities are dedicated to supporting refugees from various countries including Somalia, Rwanda, South Sudan, DRC, etc. Between 1992 and 1999, a total of 1 million refugees were registered as beneficiaries of NARAP.

Although modest, NARAP’s training centre in Erlingam offers various courses (computer, hairdressing, business management, etc.). Initially created for refugees, since 2008 it also meets the needs of Kenyans attracted by the low training fees.

The headquarters include a restaurant and an internet café. Nearby, another building offers 7 apartments for women refugees, security cases, etc. who can benefit from counselling and accommodation of variable duration. All these activities generate income that covers most of the training centre’s expenses.

The Kangemi Physical Rehabilitation Centre is part of a structure designed to accommodate Somali refugees while receiving medical treatment in Nairobi. The German Technical Cooperation (GTZ) supports this project and subsidizes the cost of food and accommodation. The overall accommodation capacity is 140 people.

In the vicinity of the centre there is another group of one-storey buildings which are let to middle-class Kenyans to generate additional income.

As for the Somali refugees, the physical rehabilitation centre receives a monthly average of up to 12 physically disabled persons. The centre employs only one P&O technician (ISPO Cat. II, training at TATCOT, 1983 – 1986). These refugees come from
Kakuma or Daabab refugee camps (800 km away from Nairobi). Besides GTZ, Handicap International also refers patients from Daabab.

The centre offers prosthetic/orthotic as well as physiotherapy services, and started producing and selling crutches in 2004.

In 2011, the overall level of service provision decreased compared to 2010, by 31%.

For the first time, NARAP secured funding for the acquisition of imported materials in 2012 and the SFD will still contribute a modest share to the costs as part of the end-of-support-package.

Kikuyu Orthopaedic Rehabilitation Centre (KORC), Nairobi

The Presbyterian Church for East Africa (PCEA) Kikuyu Orthopaedic and Rehabilitation Centre (KORC) was established in 1993, mainly funded by USAID. Located in a large compound with modern facilities including a hospital ward with 36 beds and a hostel, the KORC employs two prosthetic/orthotic technicians including one who was sponsored by the SFD from 2004 until 2008 to complete a four-year degree course in prosthetics/orthotics at TATCOT. The centre was managed by an expatriate ortho-prosthetist between 1993 and September 2006. The SFD’s support to KORC started in 1995. Following the change in management in 2006, the motivation of the staff has been one of the main challenges over the last three years.

The centre was also included in the physiotherapy pilot project assessment. Although the SFD reimbursed the centre for all physiotherapy services provided to patients, including their accommodation and transport to and from the centre, their number remained very low. As a result, the SFD’s support for physiotherapy will not be provided anymore in 2012.

Unfortunately in the course of 2010, the centre’s orthopaedic technician who had benefited from an SFD scholarship (four-year training ISPO Cat. II) resigned and left for another centre in Kenya.

Since 2010, the resumption by LG Electronics of direct support to the Kikuyu centre (expertise and material assistance) has had an immediate and positive effect on the productivity: prosthetic/orthotic services increased by some 85%. Unfortunately, in 2011 the productivity decreased by 15% owing to a lack of human resources.

The Korean prosthetic and orthotic (P&O) specialist working there will contribute towards enhancing the technical skills of two young P&O technicians (graduated from Kenya Medical Training Centre in 2008) currently employed at the P&O clinic.

In early 2012, LG and SFD will combine their financial support to facilitate the purchase of imported materials and the SFD's support will afterwards come to an end.

MADAGASCAR
Akinin’ny Marary, Ambositra

The Akinin’ny Marary Leprosy Centre (AM) was created in 1964 by a local religious congregation, Akinin’ny Marary Maharivo. The centre opened a facility in 1988 to produce and repair prosthetic/orthotic devices and to manufacture shoes mainly for leprosy patients. Services are free of charge for all. AM employs one head of workshop, two technicians, one shoemaker, one storekeeper, four assistant physiotherapists and two administrative staff members. In addition, two Togolese prosthetic/orthotic technicians were hired in summer 2005 as temporary staff to reinforce the team. Since SFD support was initiated at the end of 2004, and following the introduction of the ICRC polypropylene technology and the presence of the two Togolese technicians, the quality of services has improved and the centre is now able to serve more and more disabled people, mainly non-amputees. It is the only place in Madagascar that produces a wide range of quality prosthetic/orthotic devices.

In 2010 one local technician sponsored by the SFD (who graduated “major” of his class taking the ISPO Cat. II, three-year prosthetics/orthotics course at ENAM, Togo) returned to Madagascar to work part-time at both the Ministry of Health (Antsirabe) and AM.

This highly committed new technician is bringing adequate technical input to the current team in place and occupies a not yet officialized position as technical adviser at both the Ministry of Health (MoH) and AM. Technical progress is noticeable and the AM rehabilitation centre is still the only quality prosthetic and orthotic services’ provider on the island.

At the end of 2011 a new executive director was selected to manage the various activities of the congregation. Physical rehabilitation services represent a small part of the overall activities dedicated to destitute people, which include medical care, mental health care, vocational training, etc.

In 2011, the MoH validated a new National Physical Rehabilitation Strategy Plan but budget constraints have not yet permitted its implementation. The announced 48% reduction of the 2012 budget will not make this task any easier. Discussions were held with an MoH senior official during the 2011 FATO Congress in Arusha. Although interested in SFD support, to date no request for SFD assistance from the MoH has been received.

The 2011 delivery of prosthetic/orthotic services represents a 21% increase compared to 2010.
In 2012, SFD will continue sponsoring one student from AM currently attending the first year of Cat. II P&O training at ENAM. SFD will also continue assisting AM in further developing its procurement of materials and distribution department. This will, hopefully, lead to an increase in the use of polypropylene technology. But this development is only possible for a limited number of workshops meeting specific technical criteria such as adequate equipment (oven, vacuum pump, etc.) and staff training (introduction to ICRC/SFD polypropylene technology training session at AM). The SFD will continue to provide prosthetic/orthotic and physiotherapy materials, carry out at least one monitoring visit and train staff in the use of the ICRC polypropylene technology on site.

MALAWI

Queen Elizabeth Central Hospital (QECH), Blantyre

The prosthetic/orthotic department of QECH was established in 1970 with funding from the British government, WHO and USAID, and handed over to the Ministry of Health in 1997. The QECH prosthetic/orthotic department received SFD support from 1997 until it burnt down in September 2001. It was rebuilt and resumed its services thanks to the support of the Norwegian Association for the Disabled (NAD). Between 2004 and 2008, the Norwegian government via the Sophies Minde NGO in Oslo developed an exchange programme between Malawi and Norwegian prosthetic/orthotic technicians to enhance the technical capacity of staff. The centre employs one ISPO Cat. I and two Cat. II ortho-prosthetists, two orthopaedic technicians, two footwear technicians, two assistants and four wheelchair assistants.

The UK-based charity 500 Miles established a new physical rehabilitation centre at the Kamuzu Central Hospital in Lilongwe which became operational in mid-2009. This initiative provides a second centre for prosthetic and orthotic services in Malawi and addresses the problem of access in the central region of the country. The SFD examined the possibility of supporting the prosthetic and orthotic department of Kamuzu Central Hospital in Lilongwe, but so far no formal request has been made by the hospital and/or Ministry of Health.

500 Miles is supporting the construction of a prosthetic and orthotic centre in Mzuzu Hospital (Northern Province) with both technical and financial means.

In 2011, the SFD ortho-prosthetist made one follow-up visit to the QECH physical rehabilitation centre that focused on generating awareness among local authorities. The need for services for people with disabilities continues to grow. Cure International children’s clinic is a regular client of QECH for braces and orthopaedic shoes.

A small wheelchair workshop in the centre is supported by Motivation Africa which enables four wheelchair technicians to manufacture custom-made wheelchairs offering mobility to children, and modular assembled wheelchairs for adults. The centre is seeking funding to enlarge the wheelchair workshop to further improve their capacity as the primary wheelchair provider in Malawi.

QECH’s management succeeded in securing a budget for the purchase of imported materials, unfortunately the promised funds were never made available.

The SFD started phasing out its assistance at the end of 2011; only a modest donation of materials will be made in 2012.

MALI

Centre National d’Appareillage Orthopédique du Mali (CNAOM), Bamako

The Centre National d’Appareillage Orthopédique du Mali (CNAOM) was created in 1997 with the support of the French NGO, Handicap International (HI) as a result of the merger between the Centre de Rédaptation pour Handicapés Physiques (CRHP) and the Institut National pour la Rédaptation et la Formation Professionnelle des Handicapés Physiques (INRFHP).

Run by the Ministry of Social Welfare and Elderly Persons since 2002, it is the referral physical rehabilitation centre for the entire country and coordinates the activities of the five governmental provincial centres (Sikasso, Kayes, Timbuktu, Gao, and Ségou). Besides prosthetic/orthotic services, the CNAOM offers physiotherapy treatment and produces wheelchairs for the local market. A total of 13 prosthetic/orthotic technicians work in the six centres. Part of the centre’s income is generated by the fees charged to service-users or their sponsor. Social security covers the costs for some; others are sponsored by Handicap International (HI). The SFD’s support to CNAOM and the provincial centres started in 1997, with the introduction of the ICRC polypropylene technology. The CNAOM in Bamako is housed in a new building with adequate tools, equipment and materials and has a large staff. However, production levels are still below international standards.

The local organization FOCAREM (created by Handicap International), whose purpose was to provide financial support and which had been subsidizing the costs of prosthetic/orthotic devices in the past, was handed over to the government in March 2010. Unfortunately, the funding of the FOCAREM became more and more difficult; up until now the authorities have not found the necessary financial resources to guarantee the future functioning of FOCAREM.
Following the cost-sharing approach adopted in 2010 (50% SFD, 50% CNAOM) for the acquisition of materials, a governmental delegation of CNAOM key staff visited CR Equipment in Switzerland and other suppliers in August 2010 aiming to place and finance their entire order for 2011 without outside support. Despite this visit, the purchase and import of the required materials in 2011 was not possible owing to logistical and administrative procedures.

The SFD ortho-prosthetist visited CNAOM twice in 2011. The SFD’s process of gradually phasing out support to CNAOM was completed in December 2011.

Centre Père Bernard Verspieren (CPBV), Programme de Réadaptation et d’Orientation des Personnes Handicapées d’Encadrement Thérapeutique Elargi (PROPHETE), Bamako

The Centre Père Bernard Verspieren was created in 1994 by the Malian association PROPHETE. The centre, which has been financially autonomous since 2003, provides prosthetic/orthotic services, physiotherapy and community-based rehabilitation services. It employs sixteen people, eight of whom are technical staff. Unlike some, this centre aims to obtain a wider impact on the lives of the disabled through community outreach and development programmes, by using for example a mobile prosthetic/orthotic workshop. The cost of services is covered either by the local social security, the Institut National de Prévoyaunce Nationale (INPS), by private insurances or by the French association Handicap Afrique. Unfortunately, this organization faced a shortage of funds that forced CPBV to decrease the prosthetic and orthotic device production by 20%.

To further promote CPBV activities among donor organizations in Mali and to overcome its insecure financial situation, the SFD started connecting CPBV with potential donors like embassies and local private firms. It believes that a social marketing approach could be a viable option for a number of service providers in Africa.

A few other organizations such as the French NGO, Association Française des Volontaires du Progrès and the Red Cross Society of Monaco have been very active over the past years in supporting CPBV. As complementary support to the local management, the SFD has been sponsoring local training in administration and finance since 2009. Improvements in the quality of management are now visible.

The demand for physiotherapy treatment increased in 2011. A better lay-out and/or increased space are now needed to guarantee the quality of services.

In 2011, SFD collaborated with CPBV to develop and improve the use of management tools such as stock and order control system, a patient database and quality control procedures. Three follow-up visits were carried out by the SFD ortho-prosthetist and physiotherapist.

One technician sponsored by the SFD graduated in 2010 from ENAM and another female student is currently in her second year of training.

At the end of 2011, a new memorandum of understanding was proposed to CPBV and will be signed in 2012.

The SFD will continue assisting the centre in 2012 by providing orthopaedic and physiotherapy material assistance, carrying out monitoring visits and offering training to staff.
MOROCCO

Institut de Formation des Carrières de Santé, (IFCS, Prosthetic & Orthotic School), Marrakech

The FORMA centre is part of the Ministry of Health’s Institut de Formation des Carrières de Santé (IFCS), which provides training for paramedical professionals such as nurses, radiologists and physiotherapists. Established in 2001 with the support of the German Association for Technical Cooperation (GTZ), FORMA offers a three-year diploma course in prosthetic/orthotic technology. The SFD’s assistance to FORMA started in 2003 following a request from the centre to introduce ICRC technology into its curriculum. In 2004, FORMA was accredited by ISPO as a Category II training centre. SFD support to FORMA comprises training of the school’s instructors in the ICRC polypropylene technology, donation of materials, and organization of technical seminars for students and technicians working in 16 prosthetic/orthotic centres in Morocco.

FORMA has four instructors and two assistants. The 2009–2011 cooperation agreement between the SFD and the local authorities, long delayed for procedural reasons, was finally signed in March 2010. FORMA did not obtain a renewal of its ISPO Cat. II accreditation in 2010.

Since some of the initiatives it had suggested were not implemented, the SFD decided to stop assistance to FORMA at the end of 2011 with the exception of a modest provision of materials for 2012.

Centre d’Orthopédie de l’Hôpital Moulay Hassan Ben El Mehdi (HMHBEM), Laâyoune

The Centre d’Orthopédie de l’Hôpital Moulay Hassan Ben El Mehdi is the only provider of prosthetic/orthotic services for the population of the region. The centre, housed in the physical rehabilitation wing of the hospital, is well designed and furnished with machinery and equipment. The technicians working there have been trained at IFCS.

During an assessment/support visit to the centre at the end of 2009, a one-year memorandum of understanding was signed with the Regional Health Directorate. The SFD’s support mainly focused on enhancing staff’s technical skills to implement polypropylene technology.

As HMHBEM was after all not interested in SFD expertise or using polypropylene technology, it was decided to terminate the SFD support at the end of 2011.

SENEGAL

Centre Régional d’Appareillage Orthopédique (CRAO), Ziguinchor

The Regional Orthopaedic Centre was established in 1986 to assist the war-disabled during and after the Senegal civil war in the Casamance. Handicap International offered technical support for a few years until 2006. The centre employs two ISPO Cat.II technicians, four bench-workers and three physiotherapists. The physical rehabilitation centre is part of the Ziguinchor Regional Hospital and provides prosthetic and orthotic services. However, the quality of all devices produced at the centre needs to be improved.

In collaboration with other organizations, a team from Ziguinchor consisting of one prosthetic/orthotic technician and one physiotherapist usually visits rural areas to select vulnerable physically disabled people in need of prosthetic/orthotic services. These are free of charge for children.

SFD support started in 2010, providing the centre with prosthetic/orthotic materials and machines to improve the quality of the devices.

Initiated by the SFD, a first exchange programme was successfully implemented between PROPHETE in Mali and Ziguinchor Regional Hospital to address technical and managerial issues. One staff member from Ziguinchor attended a three-week training session in Bamako (introduction to the use of polypropylene technology) and later, one staff member from PROPHETE assisted the centre in Ziguinchor to install material and equipment donated by SFD.

Following the positive experience made in 2010, this year two prosthetic and orthotic assistant technicians attended a three-week manufacturing internship at CNAO in Lomé. In addition, two other ortho-prosthetists attended two SFD clinical training modules in Lomé.

In 2010 the file of one candidate applying for selection at ENAM for the three-year P&O training course was not sent in time; in 2011 ENAM rejected the file of another candidate.

In 2011, two follow-up visits were made by the SFD ortho-prosthetist and material was provided. During these visits, little progress was noted despite SFD training efforts.

In 2012, an SFD evaluation visit will be carried out.
**SOMALIA**

**Somali Red Crescent Society, Rehabilitation Centre, Hargeisa**

The SRCS Rehabilitation Centre in Hargeisa was established in 1993 and receives financial support from the Norwegian Red Cross Society (NORCROSS), through the SRCS Hargeisa branch. The SFD provides technical support and refresher courses for technicians on behalf of NORCROSS, while material purchases and staff salaries are fully covered by the latter. The SRCS Hargeisa Centre employs seven technical staff members providing prosthetic/orthotic services and four assistant physiotherapists providing treatment. A team of one prosthetic/orthotic technician and one physiotherapist visits various rural areas to select vulnerable physically disabled people to receive free prosthetic/orthotic services.

During the year, SRCS and NORCROSS asked an external consultant to review the developments of the SRCS rehabilitation programme covering the 2006 – 2010 period. The results of this consultation were discussed in Garoe (Somalia) in the presence of SRCS executive staff, NORCROSS, ICRC and SFD. SFD offered to reinforce some of the managerial capacity of SRCS rehabilitation staff and two people were invited to attend a ten-day seminar on the management of quality services.

Six technicians from Hargeisa attended five different training modules at the SFD’s training facility in Addis Ababa. No SFD visit was carried out owing to the reduced number of SFD staff in Addis Ababa.

In 2012, the SFD is planning to run refresher training sessions in Addis Ababa for Somali prosthetic and orthotic technicians and assistance to NORCROSS to prepare the annual order of materials.

**Somali Red Crescent Society, Rehabilitation Centre, Galkayo**

The rehabilitation centre run by the Somali Red Crescent Society (SRCS) in Galkayo was established in 1999 with the support of NORCROSS and local authorities, to offer services to the population of Puntland. The centre is fully assisted by NORCROSS including material support; follow-up visits and refresher training are provided by the SFD. The centre employs three prosthetic/orthotic technicians and one assistant technician. A physiotherapist and one assistant provide physiotherapy treatment.

In 2011, no SFD visit was carried out owing to the reduced number of SFD staff in Addis Ababa. The production increased by 13% compared to 2010.

In 2012, the SFD is planning to run refresher training sessions in Addis Ababa for Somali prosthetic/orthotic technicians and help NORCROSS prepare the annual order of materials.

**Somali Red Crescent Society, Rehabilitation Centre, Mogadishu**

The SRCS Rehabilitation Centre in Mogadishu was established in 1982 as a joint project of the SRCS and NORCROSS. The ICRC polypropylene technology was introduced in 1993 for the production of prostheses and orthoses. The centre employs six technical staff members providing prosthetic/orthotic services, and physiotherapy treatment is given by a physiotherapist and assistant.

In 2011, the production increased by 24% compared to 2010.

SFD plans for 2012 include refresher training sessions in Addis Ababa for Somali prosthetic and orthotic technicians and support to NORCROSS to prepare the annual order of materials.

**TANZANIA**

**Tanzanian Training Centre for Orthopaedic Technologists, Moshi**

TATCOT was created in 1984 with the support of the German Association for Technical Cooperation (GTZ), and is located in the compound of the Kilimanjaro Christian Medical Centre (KCMC) run by the Ministry of Health. TATCOT provides several types of training syllabuses, including ISPO accredited prosthetic/orthotic courses: one-year certificate courses in lower-limb prosthetic or lower-limb orthotic technology (Cat. II), a three-year diploma course in prosthetic/orthotic technology (Cat. II), a four-year degree course in prosthetics and orthotics (Cat. I) and a one-year certificate course in wheelchair technology. The SFD started assisting TATCOT in 1995 by providing polypropylene components, raw materials and upgrading courses in the ICRC polypropylene technology for the school’s instructors. The school employs 17 technical staff/instructors (two orthopaedic technologists, eleven ortho-prosthetists, three wheelchair technicians and one bandagist/plaster technician). Some of the instructors are recruited on a short-term basis or through an exchange programme (South-South cooperation agreement between Tanzania and Malawi: one technician from the Queen Elizabeth Central Hospital, Malawi was employed as an instructor from September 2008 until June 2009).

TATCOT maintained its ISPO accreditation after an evaluation conducted in November 2010. With the capacity to enrol 10 BSc students and 15 diploma students each year, 8 BSc in Prosthetics and Orthotics, 10 diplomas in Orthopaedic Technology, 3 certificates in Wheelchair Technology, and 5 certificates in Lower-
Limb Prosthetic/Orthotic Technology were awarded in 2011.

The school is expanding its teaching programme by offering "blended learning courses" in Spinal Orthotics.

During 2011, one SFD ortho-prosthetist made one follow-up visit to the school. A two-week seminar was held to introduce manufacturing methods for upper-limb prosthetics (trans-radial and trans-humeral), using the ICRC polypropylene technology. Twenty-one students attended this training session: 12 students from the BSc and 9 students from the ISPO Cat. II diploma course.

During 2011, one SFD ortho-prosthetist made two follow-up visits to the school. Although management is strong, recently recruited monitors will need time to gain experience. The SFD will be acting again as external consultant during certain classes in subjects chosen jointly with TATCOT.

In 2012, the SFD will continue to provide TATCOT with materials, carry out on-site courses for all tutors and students and focus on the development of clinical skills on the manufacture of upper-limb prostheses using the ICRC polypropylene technology method.

Comprehensive Community-Based Rehabilitation in Tanzania (CCBRT), Dar es Salaam

Started in partnership with the Christopher Blind Mission (CBM) in 1995, the CCBRT prosthetic/orthotic centre was one of centres where TATCOT students were sent to do their clinical practical apprenticeship. Currently, the centre is supported by various donors for different programmes. The CCBRT employs one ISPO Cat. I ortho-prosthetist, four Cat. II ortho-prosthetists, one assistant technician and three support staff members. Services are free for disabled children under the age of five. The SFD’s support to the CCBRT started in 2010 following an earlier assessment which demonstrated a good level of autonomy and excellent management of the CCBRT hospital by its competent staff. The partnership with CCBRT focuses on enhancing the implementation of polypropylene technology, in particular for the manufacturing of devices for children.

CCBRT’s good governance allowed the development of a sound partnership with smooth implementation of SFD recommendations such as the gradual creation of a more adapted working environment and a better organization of the staff’s work plan.

In 2011, the SFD ortho-prosthetist organized one follow-up visit that introduced the concept of "clinical governance" to the team. This idea aims to monitor the services more closely and fill the gap between the current clinical practice and the latest research to ensure that best practices are offered to all. Two technicians participated in a three-week modular course in Addis Ababa dealing with the clinical methods for trans-tibial prostheses and the manufacture of upper-limb prostheses and of lower-limb orthoses as well as clinical methods for lower-limb orthoses and trans-femoral prostheses.

Although production slightly decreased in 2011, the delivery of prosthetic/orthotic services almost tripled compared to 2009 thanks to the combination of competent governance, good use of technical skills and sufficient materials. The impressive countrywide outreach network ensures an effective referral system that helps increase the provision of prosthetic and orthotic services.

The SFD will continue assisting the centre in 2012 by providing orthopaedic material assistance, carrying out monitoring visits and offering staff training in the use of the ICRC/SFD polypropylene technology.

TOGO

École Nationale des Auxiliaires Médicaux (ENAM), Lomé

Created in 1945 and cooperating with the Centre National d’Appareillage Orthopédique, the ENAM is attached to the Ministry of Education and offers diploma courses for various paramedical professions (prosthetic/orthotic technicians, speech therapists, nurses, physiotherapists, health assistants and hygiene assistants). The prosthetic/orthotic technology course, ISPO Category II accredited since 2004, is run every three years for 15 Togolese and other students. The school has been receiving support from Handicap International (HI) for many years. The SFD’s support started in 2004, with a donation of polypropylene components and raw materials, training for school instructors and on-site training in ICRC/SFD polypropylene technology for third-year students.

As from August 2010, part of the SFD Addis Ababa staff and activities were gradually transferred to Togo. In collaboration with ENAM a detailed three-year plan of action was developed; in addition the SFD will participate in the ENAM Education Board. The long-term objective of this new partnership is to help maintain ISPO accreditation through the implementation of ISPO recommendations and to introduce additional training options (ISPO Cat. I, modular training adapted to the regional "Licence/Maîtrise or Master/Doctorate" approach). In July 2010, ISPO conducted an evaluation and the SFD participated as an observer during the graduation exams of 17 students. All students passed their final exams and the ISPO school accreditation was extended for another three years (2011–2013). In 2011, one SFD ortho-prosthetist again participated as an observer during the final exams.

In 2011, a total of 16 foreign students from the region were following the second year programme while
18 new students, including 6 from Togo, started their first year of the three-year cycle at ENAM.

Early in 2011, a three-week training session was given by an SFD ortho-prosthetist to the students in their last year. In addition, five instructors attended various three-week clinical SFD training modules.

Handicap International will start a three-year support programme in 2012, benefitting the ENAM speech therapy and physiotherapy departments, aiming to strengthen technical and teaching skills of the instructors and to develop regional capacity.

Although no formal agreement exists between the physiotherapy department and the SFD, a few instructors attended the SFD training module on the treatment of lower-limb amputation. ENAM has now incorporated some elements of the SFD training in its academic physiotherapy training.

The SFD will continue assisting ENAM in 2012 by providing material assistance and technical and managerial coaching as well as teaching methodology.

Centre National d’Appareillage Orthopédique (CNAO), Lomé

The CNAO, Togo’s national prosthetic/orthotic referral centre, next to the ENAM school, opened in 1974 with the support of the German Association for Technical Cooperation (GTZ). The centre employs 50 staff members, including seventeen prosthetic/orthotic technicians, eleven physiotherapists, two assistants, five administrative staff and fifteen support staff members. It provides a wide range of physical rehabilitation services, which includes prosthetics/orthotics, walking aids, wheelchairs, physiotherapy and balneotherapy. It also conducts an outreach programme with a mobile workshop set up in a van. The government covers mainly the salaries, electricity, water and telephone costs; the rest is covered by the income received from service-users and aid agencies. The SFD’s support started in 2004 with the introduction of polypropylene technology and training, enabling the centre to reduce the cost of prosthetic and orthotic services and increase production capacity.

At country level, CNAO, SFD and others elaborated for the first time a national physical rehabilitation policy. The next step will be the validation of this policy by the Ministry of Health.

During 2011, the SFD was regularly invited to participate in the CNAO board meetings as an observer. This allowed the SFD to better understand the role of the board and its relation with CNAO’s management.

Although governmental financial support exists, it is not sufficient to cover the costs of the appliances required for destitute patients. This is why CNAO has started looking for external donors. On the International Day of Disabled People, a major dissemination campaign with large media coverage was therefore organized together with ENAM. A ceremony was also organized for the signing of the partnership agreement between the SFD and CNAO, ENAM respectively. A Diploma of Honour was awarded to the SFD by the Ministry of Health as a token of appreciation for its longstanding support.

In 2011, SFD collaborated with CNAO to improve the use of management tools such as stock and order procedures, presentation of the patients’ database and, quality control system for production.

The production increased by 43% compared to 2010 with a total of 1,169 prosthetic and orthotic devices produced.

Of the total 2,136 patients receiving services at CNAO in 2011, 54% were children. This ratio is even higher in the physiotherapy department that primarily serves children affected by cerebral palsy. This is the reason why SFD decided to develop physiotherapy training modules on some aspects of the treatment for cerebral palsy children. Regarding children with clubfeet, other organizations like Cure International, are offering free of charge treatment at CNAO, using the Ponseti method.

SFD is using CNAO premises and staff for the organization of the training modules. The senior physiotherapist and ortho-prosthetist are taking an active part in the SFD regional training module thus gaining teaching experience and confidence. CNAO is also offering internships for physiotherapists and ortho-prosthetists from various West African countries. These activities serve one of the ambitions of CNAO of becoming a regional centre of reference.

The SFD’s recent transfer of part of its activities from Addis Ababa to Togo was an important step for its operations in Africa. The transfer was feasible thanks to the quality of the existing partners and the shared ambitions of turning CNAO into the badly needed regional centre of excellence and of enhancing and bringing up to date the training capacity of ENAM, which is the only such school in the region, to further consolidate its key role.

The SFD team supporting both ENAM and CNAO was composed of three expatriates (2 prosthetic-orthotic technicians and 1 physiotherapist).

The new sub-regional SFD office also allows more flexibility for supporting additional projects in West-African countries which are easier to reach from Lomé. Recently, new requests for assistance were received from other physical rehabilitation centres in Togo, Burkina Faso and Côte d’Ivoire.

The SFD will continue assisting the centre in 2012 by providing material assistance, technical and managerial coaching and training.
ZAMBIA

University Teaching Hospital (UTH), Lusaka

Established in 1970, the UTH centre is managed by the Ministry of Health. Services are not free of charge, but the centre offers free accommodation and food during the fitting period for people coming from other parts of the country.

The SFD assisted the UTH centre from 1996 until 2002. This was followed by support from the ICRC delegation in Lusaka from 2003 to 2005 including the full-time secondment of one expatriate ortho-prosthetist and one physiotherapist. The ICRC initiated a transport system for disabled refugees from camps to reach the UTH centre, and built a dormitory on the UTH compound for their accommodation during the fitting time.

Since 2006, the SFD’s support has been oriented towards facilitating access to prosthetic/orthotic services for disabled refugees, by covering their costs for transport, board and lodging. In November 2008, UNHCR started covering these costs while the number of refugees in need of services dropped considerably. Overall rehabilitation needs remain high but the UTH centre receives inadequate resources from the hospital.

The SFD ortho-prosthetist made two support/monitoring visits in 2011. Furthermore, the two SFD-sponsored technicians completed their studies at TATCOT and resumed work at the centre. Since their return, the quality of services provided at the UTH has considerably improved, although the centre’s management remains weak.

The delivery of prosthetic/orthotic services decreased by a further 10% in 2011. This is partly due to the fact that the dormitory was under renovation and could not accommodate outreach patients for three months, notably the refugees identified by UNHCR.

As agreed in 2010, the SFD suspended its assistance to the centre in December 2011.

Zambian Italian Orthopaedic Hospital (ZIOH), Lusaka

The Zambian Italian Orthopaedic Hospital was established by an Italian missionary sister named Sr Egida De Luca in 1994, to provide quality orthopaedic surgery and care to physically disabled persons, especially children and the needy. The hospital provides both prosthetic/orthotic services and physiotherapy. The physical rehabilitation centre employs seven technical staff members, including one ISPO Cat. II ortho-prosthetist, two ISPO Cat. III and one technician currently at TATCOT in his last year of the diploma course. The centre’s manager is participating in a local management course that is sponsored by the 500 Miles charity.

Over the years, ZIOH has succeeded in building up a good network of donor organizations including the Glassco Foundation, Christopher Blind Mission, FlySpec and 500 Miles. The strategy of ZIOH is based on offering quality orthopaedic surgery against payment for 60% of the services for patients in the orthopaedic department, while the remaining 40% of the overall surgical activity is offered free of charge to children coming mainly from rural areas. ZIOH has developed a reputation for excellence in the orthopaedic field. The centre receives good support from the hospital’s management, which plans to send new staff for training at TATCOT. Disabled people are referred by Cheshire Home, other NGOs and UNHCR.

The SFD’s support started in 2009.

In 2011, the SFD ortho-prosthetist conducted one technical support/monitoring visit. Two ZIOH technicians participated in a one-month course on clinical methods for upper-limb orthoses and transfemoral prostheses at the SFD training centre in Addis Ababa. One female student graduated from TATCOT in November after three years’ training and has taken up her position as ISPO Cat. II technologist in the centre. Another student has enrolled in October for the four year Cat. I degree course.

While material aid will continue to be provided throughout 2012, the primary focus of the SFD’s support will be on the enhancement of the technologists’ technical skills.

The good governance and commitment of the directorate to implement the SFD’s recommendations, the interest shown by the donor community and the noticeable technical improvements have encouraged the SFD to pursue its technical advisory role. The ZIOH will gradually attract patients who are not satisfied with the quality of services provided elsewhere.

With SFD material assistance, and thanks to the outreach programme developed by 500 Miles, the ZIOH centre produced 194 (114 in 2010) prostheses and 639 (264) orthoses, including 364 items of footwear and club foot splints.

The SFD will continue its assistance in 2012 with material aid and technical support/monitoring visits.
ZIMBABWE

Bulawayo Group of Hospitals, Bulawayo

The Bulawayo Orthopaedic Centre, which was originally set up by the ICRC, was handed over to the Ministry of Health in 1991. It employs four ISPO Category II ortho-prosthetists and four prosthetic/orthotic assistants and two shoemakers. The SFD’s support started in 1996 and includes donation of polypropylene components and raw materials, training of local technicians and follow-up visits. The centre employs three Category II ortho-prosthetists and seven prosthetic/orthotic assistants. Physiotherapy services, accommodation and food are provided free of charge to patients from rural areas during their treatment. Prosthetic and orthotic services are free for patients aged below five or over sixty-five. For the major part of the population, costs are partly covered by social security institutions or by local organizations and churches. The SFD’s support started in 1996 and includes the donation of polypropylene components and raw materials, training of local technicians and follow-up visits.

In 2011, the delivery of prosthetic services decreased slightly (minus 8 %) while orthotic services increased by more than 20% compared to 2010.

The SFD ortho-prosthetist made one support/monitoring visit in 2011 and conducted a seminar on clinical methods for lower-limb trans-femoral prostheses and a two-day session on gait training, highlighting the importance of a multidisciplinary approach.

The SFD will phase out its assistance to the centre after December 2011, with the exception of a modest donation of materials in 2012.

Parirenyatwa Group of Hospitals, Harare

The centre was established in 1995 by the Ministry of Health and employs 23 staff members seven of whom are Cat. II ortho-prosthetists, and twelve prosthetic-orthotic assistants. SFD’s support to the Parirenyatwa Orthopaedic Centre started in 1997. The introduction of the ICRC/SFD polypropylene technology has greatly contributed to the continuation of services in Zimbabwe, as imports are extremely difficult for the centre owing to lack of funds.

During 2010, one technician participated in a one-month course on clinical methods for lower-limb transfemoral prostheses in Addis Ababa.

Discussions with the Deputy Minister of Rehabilitation highlighted the aspiration of the department to establish a national P&O school at the Parirenyatwa Health College of Science. The department approached the SFD with proposals to collaborate in their endeavour to create a school to increase the number of P&O graduates in the country in view of the growing need for professionals in the region.

This issue was again discussed during talks in the wings of the FATO Congress in Arusha but to date no concrete proposal for support has been addressed to the SFD.

In 2011, the SFD ortho-prosthetist made one support/monitoring visit. It focused on enhancing the technical autonomy and the quality of the services provided by the centre. One technician attended a three-week course on the manufacturing of polypropylene upper-limb prostheses at the SFD training centre in Addis Ababa. This was followed by an on-site training session on the same subject to further reinforce his technical skills.

The centre is very well managed and is one of the best SFD partners. The centre also succeeded in obtaining a budget from the Ministry of Health for procuring imported materials.

The SFD will continue assisting the centre in 2012 by providing modest material assistance, carrying out monitoring visits and on-site training sessions for technical staff.
ACTIVITIES BY REGION

LATIN AMERICA

BACKGROUND

In 2000, the SFD appointed a specialist to Managua to support the governmental Centro Nacional de Producción de Ayudas Técnicas y Elementos Ortoprotésicos (CENAPRORTO), formerly assisted by the ICRC. The SFD for a long time focused on improving the situation of people with physical disabilities in Nicaragua itself. But over the years the number of assisted projects elsewhere in the region gradually increased, while the support to the Nicaraguan centres could be reduced.

In 2004, the SFD assisted a local NGO, FURWUS, in the establishment of the Capacidades Diferentes (CAPADIFE) centre to strengthen Nicaragua’s national physical rehabilitation capacity. A second SFD ortho-prosthetist joined the SFD’s regional base at the CAPADIFE centre in Managua during the last semester of 2006.

SFD support in Latin America at a glance

**Regional base**
Managua, Nicaragua

**Assisted projects**

19 projects in 10 countries: Argentina (1), Bolivia (1), Dominican Republic (3), Ecuador (1), El Salvador (2), Haiti (1), Honduras (3), Nicaragua (5), Panama (1) and Peru (1), plus technical support to 4 projects: in Mexico (1) and in Guatemala (3) on behalf of the ICRC physical rehabilitation programme.

**Assistance provided in 2011**

- material and financial support: 16 projects in 9 countries
- technical and clinical support: 13 missions to 14 centres (including assessment missions to centres in Guatemala (1) and in Mexico (3)
- training courses: 2 three-week refresher courses at the UDB, El Salvador for a total of 27 participants
- scholarships: 10 students continued to be sponsored to participate in the ISPO Category II distance-learning course organized by the UDB, El Salvador

**Services provided to people with disabilities at supported centres in 2011: (estimation)**

- prostheses: 2,033 (in Nicaragua 25% for mine victims)
- orthoses: 5,330
- crutches (items): 224
- wheelchairs: 104

**SFD personnel**

- 2 expatriate ortho-prosthetists;
- 1 part-time management consultant;
- 2 national administrative staff members
- 1 national ISPO Category II prosthetist

**2011 budget**

CHF 1,208,748 (without Haiti)

**2011 expenditure**

CHF 1,059,059 (unaudited figure)

**Comments**

The buildings of the Healings Hands for Haiti Foundation (HHHF), the SFD’s long-standing partner in the country, were destroyed or rendered completely unusable by the January 2010 earthquake. Following discussions with the ICRC on future distribution of labour in Haiti it was decided that the SFD would enter into a new five-year cooperation agreement with HHHF which included the reconstruction of the destroyed premises. The agreement was signed on 15 November 2010. Building work started in early 2011 and is expected to be finished by May 2012.

The SFD has also been employing a part-time management consultant since 2000. Since it first started its activities in the region, the SFD in Managua has on and off supported 22 physical rehabilitation centres in twelve Latin American countries: Argentina (1) Bolivia (1), Colombia (1), Cuba (1), Dominican Republic (3) Ecuador (1), El Salvador (2) Haiti (1), Honduras (3), Nicaragua (5), Panama (1), and Peru (2).
ACTIVITIES IN 2011

Access to physical rehabilitation

The SFD provided support to ongoing projects in 10 countries: Argentina, Bolivia, Ecuador, El Salvador, Dominican Republic, Haiti, Honduras, Nicaragua, Panama and Peru and continued, on behalf of the ICRC physical rehabilitation programme its technical support to another 4 projects in Mexico (1) and in Guatemala (3). For more details see ICRC Physical Rehabilitation Programme Annual Report 2011.

Although its premises were completely destroyed by the 12 January 2010 earthquake, the SFD’s partner organization, Healing Hands for Haiti Foundation (HHHF) managed to resume its activities in rented premises made available by Handicap International. The SFD continued its support throughout the year and on 15 November 2010, a five-year cooperation agreement was signed between HHHF and the SFD. It included the reconstruction of the HHHF prosthetic/orthotic workshop and the physiotherapy clinic. The building is expected to be finished and handed over to the SFD’s local partner organization in 2012.

SFD material support was received by centres in Haiti, Honduras, Mexico and Nicaragua as well as by the prosthetics and orthotics school in San Salvador (UDB) while other centres in Ecuador, El Salvador and Nicaragua received financial support to import materials. Centres in Nicaragua also received SFD financial reimbursements for services provided to patients. Centres in Honduras, Mexico and Guatemala received financial reimbursements from the ICRC for services provided to migrant amputees. The complicated customs requirements in Peru remained a cause for concern.

APPLIANCES PROVIDED AT SFD-SUPPORTED CENTRES IN LATIN AMERICA

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostheses</td>
<td>2,033</td>
<td>2,393</td>
</tr>
<tr>
<td>Orthoses</td>
<td>830</td>
<td>1,000</td>
</tr>
<tr>
<td>Crutches</td>
<td>45</td>
<td>224</td>
</tr>
<tr>
<td>Wheelchairs</td>
<td>104</td>
<td>2,000</td>
</tr>
</tbody>
</table>

At the supported centres, SFD contributions helped fit disabled people with 2,033 prostheses and 5,330 orthoses. In Nicaragua the SFD directly reimbursed 471 prostheses and 480 orthoses, while in the other centres the SFD provided or reimbursed the equipment and raw materials (using polypropylene technology) for the fitting of an estimated 450 people.

Quality of services to people with disabilities

Two courses using the ICRC/SFD polypropylene technology were organized by the SFD. They were held at the University of Don Bosco School for Prosthetics and Orthotics (UDB) in El Salvador. This is at present the only ISPO Category II recognized school in Latin America.

One two-week course on upper-limb prosthetics was attended by 13 technicians from Argentina (1), Dominican Republic (1), Ecuador (1), Guatemala (1), Haiti (2), Honduras (1), Mexico (1), Nicaragua (3), Panama (1) and Peru (1). Another three-week course on orthoses was attended by 14 technicians from Cuba (2), Dominican Republic (3), Guatemala (1), Honduras (3) Nicaragua (3) and Peru (2).

Besides ensuring a semi-permanent presence at CAPADIFE, SFD technicians made 15 assessment/support/monitoring visits to assisted centres in Argentina, Bolivia, Cuba, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, Mexico, Panama and Peru.

Long-term functioning of physical rehabilitation centres

In 2010 the SFD sponsored a SGS (Société Générale de Surveillance) benchmarking exercise for its local partner in Ecuador. This was highly appreciated by its management team that had been trying for years to improve the performance of the growing organization. The benchmarking provided a blueprint with clear guidelines as to the future orientation, precise indications on how to achieve compliance with the required standards and, more generally, recommendations to improve overall performance. An introductory seminar for a similar benchmarking exercise was organized in Nicaragua for the local partner FURWUS in the first quarter of 2011 and the actual exercise took place in December.

The SFD regional management consultant undertook three support visits to CAPADIFE and CENAPRORTO in Managua and Walking Unidos in León, aimed at reducing the running costs, fine-tuning a cost-recovery system and introducing further fundraising tools.
Five students, 2 from CAPADIFE, 1 from La Trinidad, 1 from CENAPORTO in Nicaragua and 1 from Ecuador successfully finished their fourth module of the ISPO Cat. II distance-learning course. Two other students from the Dominican Republic completed the second module while 2 from Peru started the first module of the same Cat. II distance-learning programme.

With support from the SFD, the construction of the new premises for the Healing Hands for Haiti Foundation progressed well: the shell was all but completed by the end of 2011 and work had started on the finishings.
SFD-SUPPORTED CENTRES IN LATIN AMERICA

NICARAGUA

Background

Since the ICRC delegation that had been assisting the governmental CENAPRORTO centre was closed in 1993, the SFD has continued providing assistance to the physical rehabilitation sector in Nicaragua in order to improve access to services, enhance their quality and ensure their long-term functioning. SFD support to Nicaragua between 2000 and 2011 has contributed to the rehabilitation of more than 3,500 amputees fitted with 6,083 prostheses, and more than 5,000 other disabled people with 8,349 orthoses. During this period, the assistance provided by the SFD has included:

- donation of materials and components to 4 centres;
- direct support to patients by subsidizing the cost of their treatment and reimbursing the travelling and accommodation costs;
- multi-year scholarships for 4 candidates to attend formal training in prosthetics and orthotics;
- on-the-job coaching and mentoring;
- support to the centre’s leaderships through a management consultant;
- the opening of a new centre (CAPADIFE) in collaboration with the local NGO FURWUS;
- the reactivation of a centre in La Trinidad in the province of Esteli.

The SFD supports four centres in Nicaragua, and has signed an agreement with the Ministry of Health (MoH) to help it set up a new centre in Bilwi on the Caribbean coast. The MoH's CENAPRORTO centre in Managua is one of the main providers of physical rehabilitation and prosthetic/orthotic services for people with disabilities, including mine victims. Although a governmental structure, it operated until 2007 as an autonomous rehabilitation centre, paying all running costs including salaries out of income from the services provided to patients. The CAPADIFE centre in Managua is managed by FURWUS, a non-profit private foundation based in León. The centre opened in October 2004 through a partnership between FURWUS, Polus Center and the SFD. FURWUS also manages the Walking Unidos outreach clinic in León, the only centre, together with La Trinidad, located outside the capital. The physical rehabilitation sector is mainly financed by funds from the National Council for Prevention, Rehabilitation and Equal Opportunities for Persons with Disabilities (CONARE) and three external funding sources: the Organization of American States (OAS) the Instituto Nacional de Seguro Social (INSS) and the SFD. Orthoses are largely under-funded and their production rate is low considering the estimated needs. The 2006 elections and subsequent changes in the Nicaraguan government have had a positive effect on national physical rehabilitation services (see below).

Access to physical rehabilitation

Prompted by the MoH’s wish to decentralize services, the SFD assisted the government in its efforts to revive the MoH centre of La Trinidad in the North East.

In spite of the agreement signed between the SFD and MoH for the establishment of a small centre in Bilwi, the premises allocated to it in a school for nurses are not yet available.

The four centres assisted more than 2,000 disabled persons in 2011: this included the fitting with 471 prostheses, 480 orthoses, and the delivery of 38 wheelchairs and 16 pairs of crutches.

The SFD reimbursed a total of 200 prostheses and orthoses (148 prostheses and 52 orthoses), 87 wheelchairs (including 36 to CAPADIFE, 20 to PLUSAA and 31 donated by the SFD through the Nicaraguan Red Cross Society – NRCS) and 8 crutches; 25% of the assisted amputees were mine victims, 20% of the total orthopaedic devices produced were made for women and 43% for children under the age of 15.

CENAPRORTO services benefited a higher number of amputees during the last few years as a result of increased funding by the Ministry of Health. In 2011, however, the provision of prosthetic services to beneficiaries decreased by 9% compared to 2010 owing to the renovation of the prosthetic and orthotic workshop (the centre was closed for almost two months), while in CAPADIFE the figures for services provided in 2011 were comparable to the 2010 ones. The SFD again collaborated with the NRCS for the identification and logistics to help people with disabilities reach rehabilitation centres.

Quality of services to people with disabilities

Besides ensuring a supportive presence at CAPADIFE, SFD personnel made four support/monitoring visits to CENAPRORTO and Walking Unidos León. During these visits, the SFD continued to encourage the implementation of patient treatment guidelines on...
various subjects, while reviewing fitted patients together with technical staff. The quality of prosthetic services provided by the four centres is considered acceptable. In 2011, six Nicaraguan technicians participated in two regional courses at the University of Don Bosco School for Prosthetics and Orthotics (UDB) in San Salvador (3 in upper limbs and 3 in orthotics).

The four technicians/students (2 from CAPADIFE, 1 from CENAPRORTO and 1 from La Trinidad) following the Cat. II distance-learning programme of the UDB completed the fourth module successfully.

Long-term functioning of the Nicaragua physical rehabilitation centres

The SFD’s assistance to the physical rehabilitation sector in Nicaragua has been successful – in particular regarding the implementation of the low-cost ICRC/SFD polypropylene technology, the growing independence and autonomy in terms of technology and management in the assisted centres and the training of local technical staff.

Quarterly management support visits by a consultant to CENAPRORTO, CAPADIFE in Managua and Walking Unidos in León have resulted in the implementation of strategies for reducing the running costs of both centres and standardizing management and administration protocols.

Following the first benchmarking exercise held in 2010, an introductory seminar was organized in Nicaragua for another local partner, FURWUS, and the actual benchmarking took place in December 2011.

In spite of positive developments, the main concern is still to ensure the provision of long-term services at the assisted centres. Although SFD participation has decreased over the last few years, CAPADIFE still depends significantly on external financial sources. Diversification of its funding sources remains a priority for its management. But in an ever-worsening economic context additional outside funding remains elusive. However, in 2012, the SFD will support the implementation of an income-generating physiotherapy department in the CAPADIFE building to help subsidize the provision of prosthetic and orthotic devices (renovation of the place started in November 2011). If successful, this will help support the overall activities, albeit only moderately.

In 2011, CENAPRORTO continued to receive strong government support, enabling it to pay running costs and purchase raw materials and components. The present government has been fairly supportive to public services such as physical rehabilitation.

In 2011, the SFD provided financial support to CENAPRORTO for renovating the roof of the P&O workshop and reception. The former roof was built with asbestos-fibre-cement sheets. The roof of the administration building will be replaced in early 2012.

BOLIVIA

Background

Physical rehabilitation needs are huge and services are inadequate or non-existent for a large majority of the disabled population. Following an assessment mission at the end of 2006, the SFD started supporting the Instituto Boliviano de Rehabilitación (IBR), which was created in 1963 in La Paz. It belongs to the National Health Insurance (Caja Nacional de Salud, CNS) with about 2 million affiliated beneficiaries. It has a well-equipped physiotherapy department with 32 physiotherapists; the prosthetic/orthotic centre, however, employs only one technician with two assistants. Prosthetic/orthotic services are poorly developed at the IBR centre: until recently it was only equipped with old machinery producing prostheses made of wood and resin. While the CNS reimburses physiotherapy treatment for affiliated patients, everybody has to pay for any prosthetic/orthotic services provided. The IBR centre’s main challenge is to raise its profile to obtain support from the CNS and others in order to improve access to prosthetic/orthotic services. Lack of materials and components hampers production, and the quality of the services provided needs to be enhanced.

The import of materials and equipment into Bolivia remains complicated and time consuming. The first SFD-donated equipment and materials was customs cleared at the beginning of 2008 and installed in the centre. Some local equipment was also donated. A follow-up visit was carried out in June 2009 with practical training on the manufacture of lower-limb prostheses. In addition, discussions were held with the local management and with the national health insurance on the promotion of prosthetic/orthotic services, and recommendations given.

Promoting access, quality and long-term functioning of physical rehabilitation centres

An increased Ministry of Health (MoH) involvement in physical rehabilitation is required to further develop the services. Unfortunately, in 2010 no progress was made by the SFD’s partners in addressing the above-mentioned issue. The SFD’s commitment to offering support remains pending, awaiting progress initiated by the MoH and the CNS.

In 2011, as a result of a visit undertaken by the SFD, with the support of the ICRC regional delegation in Lima, an agreement was signed between the SFD and the MoH with the main objective of facilitating access to physical rehabilitation services for people with disabilities, mainly amputees without social security. These services will be provided by the BRI.

According to this agreement, the SFD will provide materials and components and the ICRC in Lima will reimburse the treatment for about 20 patients.
CUBA

Background

The State assumes full responsibility for the healthcare of its citizens. Cuban policy has paid much attention to education, healthcare and physical rehabilitation services. The Public Health Law (1983) lays out the general activities to be carried out by the State including the organization of the physical rehabilitation sector. Physical rehabilitation services are available all over the country through 22 prosthetic/orthotic workshops and 17 other workshops specialized in orthopaedic shoes. The materials and components used for the manufacture of devices are in general imported from China and Brazil.

The SFD has collaborated with the National Technical Orthopaedic Centre in Havana (NCOT), which is in charge of the national technical training. The SFD carried out a first assessment visit in 2006.

A cooperation agreement was signed in 2007, and 2 Cubans from the NCOT attended a one-month course in polypropylene technology at the CAPADIFE centre in Nicaragua. Materials, components and equipment to fit 50 patients with orthopaedic devices were donated by the SFD. However, NCOT was never able or willing to invite the SFD for a follow-up visit and in consequence the project was put on hold.

In the first quarter of 2011 the ICRC delegation Mexico made several visits to Cuba and established a renewed interest in collaboration with the ICRC physical rehabilitation services, this time under the aegis of the CRCS. The rehabilitation centre in Santiago de Cuba (second city) and the CRCS were identified as partners for this project.

The centre was visited by the SFD accompanied by the ICRC regional cooperation delegate and the CRCS. The outcome of the visit was positive and the SFD’s first action was to find out about import requirements and send a test shipment of some polypropylene and EVA (ethylene vinyl acetate) foam sheets. In addition, two technicians from the centre attended a three-week course on ICRC polypropylene technology for orthoses at the UDB. The test shipment arrived as planned in Santiago.

Promoting access, quality and long-term functioning of physical rehabilitation centres

In 2012, the SFD and ICRC Mexico will carry out a new visit to define further involvement and possible formalization of their cooperation in order to promote and support the implementation of the low-cost ICRC/SFD polypropylene technology, through the donation of materials, components and equipments, and technical support through monitoring visit by SFD specialist. Two Cuban technicians will be invited to Nicaragua, to receive practical training in polypropylene technology for lower-limb prostheses.

SFD efforts will focus on quality improvement by means of coaching and education, and the introduction of polypropylene for the manufacturing of prostheses and orthoses.

DOMINICAN REPUBLIC

Background

The Dominican Republic and Haiti are both situated on the Caribbean island of Hispaniola. The provision of physical rehabilitation services and more specifically, the running of prosthetic-orthotic workshops are in the hands of charities or are run by commercial enterprises.

The Dominican Association for Rehabilitation (ADR) and the US-based NGO Physicians for Peace asked the SFD to introduce the ICRC polypropylene technology in the Dominican Republic. A visit was made to a number of service providers and it was decided that the SFD would introduce the polypropylene technology and donate materials to the ADR and to Innovation Orthopaedic, a private clinic that produces prostheses for a humanitarian project financed by the Church of the Latter Day Saints (LDF). The overall situation of the physical rehabilitation sector in the Dominican Republic is better than in Haiti, yet there was immediate interest in introducing the SFD/ICRC technology and training, in order to lower prices and improve the quality of the devices provided.

The Dominican Republic is not one of the poorest countries in the region, but the remote areas of the country and their inhabitants are poor and lack basic services.

Promoting access, quality and long-term functioning of physical rehabilitation centres

During 2010, to facilitate the implementation of the ICRC polypropylene technology and access to services for poor people, the SFD provided materials to the ADR and Innovation Orthopaedic.

In 2011, four technicians from the above-mentioned centres and one from the Patronato CIBAO de Rehabilitación in Santiago, attended a two-week course on ICRC/SFD technology for upper-limb prostheses and a three-week course on orthoses at the UDB in San Salvador.

To improve the quality and continuity of services and ensure better access to them, some 12 technicians from the three centres (including the one from Santiago) started the distance-learning programme offered by the Don Bosco University in San Salvador in 2010, co-funded by the SFD. Some will complete a one-year course in prosthetics while another group will be trained in orthotics.

In 2011, two staff members from the ADR, sponsored by the SFD and aiming to take all five modules of the ISPO Cat. II distance-learning programme, completed the second module successfully.
A technical monitoring visit was carried out by the SFD to the centres in Santo Domingo and Santiago (Patronato CIBAO de Rehabilitación). The rehabilitation centre in Santiago is due to move to a newly-constructed building. The SFD will support the implementation of the low-cost ICRC/SFD polypropylene technology in this centre.

ECUADOR

Background

The Hermano Miguel Foundation (HMF) runs a well-functioning and well-managed rehabilitation centre in Ecuador, the Centre for Comprehensive Disability Assistance (Centro de Atención Integral al Discapacitado, CAID). A monthly average of 700 patients uses CAID’s services, including 300 for prosthetics/orthotics. CAID’s disability-related activities aim at prevention, rehabilitation, and reintegration. The HMF has also developed inventive income-generating activities to co-finance CAID. The laboratory is well-equipped for the fabrication of thermoplastic devices and CAID employs six technicians for prosthetic/orthotic services. Imported components are mostly used for the manufacture of prostheses, but local materials (resin, wood) are still used to make devices for patients who are unable to pay for their treatment. The quality of services provided matches international standards. The HMF is a well-structured and transparent organization, independent and sustainable. Nevertheless, the expensive materials are prohibitive for most disabled persons in need of rehabilitation services. Introducing the ICRC polypropylene technology will offer a more affordable alternative. The centre receives yearly visits from volunteers from abroad, which contributes to increased access to care for poor people. SFD support started in 2008. In 2010, a newly-constructed building for physical rehabilitation services, financed by the Medicor Foundation, Liechtenstein, became operational. This improved and increased the centre’s capacity significantly.

Promoting access, quality and long-term functioning of physical rehabilitation centres

During 2011, to facilitate access to services for poor people from rural areas, the SFD reimbursed the cost of polypropylene components and materials imported by the HMF, to fit an additional 50 patients. In all, the centre provided 148 prostheses and 1,125 orthoses. Women represented 32% of those receiving a prosthesis and 46% of those receiving an orthosis, while for children the figures stood at 16% and 60% respectively.

One technician is currently sponsored by the SFD to take the ISPO Cat. II distance-learning course and has completed the fourth of the five modules. One technician attended the two-week course in polypropylene technology for upper limbs at the UDB.

For the first time, the SFD sponsored an NGO benchmarking exercise in 2010, carried out by the Société Générale de Surveillance (SGS). This exercise was highly appreciated by the management of the foundation who had been trying to improve the performance of their growing organization for years. During 2011, the HMF started implementing some of the recommendations provided by the benchmarking in order to achieve compliance with the required standards and, more generally, to improve overall performance. The SFD will provide financial support for a second benchmarking exercise in 2012.

EL SALVADOR

Background

The SFD collaborates with the University of Don Bosco (UDB) School of Prosthetics and Orthotics in San Salvador. This ISPO Category II level regional school (the only one in the Central/South American region) was created with help from the German Association for Technical Cooperation – GTZ – in the late 1990s. Since 1999, several technicians from SFD-assisted centres have attended the UDB School with an SFD scholarship. In addition, the UDB organizes distance-learning courses (5 six-month modules) for experienced non-graduate prosthetic/orthotic technicians. The UDB also provides prosthetic/orthotic services. The SFD assisted the UDB school in integrating the ICRC-polypropylene technology into its curriculum by training the teachers and through the donation of materials, components and equipment needed for teaching, and for the treatment of disabled persons attending the UDB services provision unit.

Promoting access, quality and long-term functioning of physical rehabilitation centres

In 2011, the SFD again reimbursed the cost of equipment and materials for training purposes. Since 2008, the UDB has conducted 7 courses, 4 were on polypropylene lower limbs, 2 on upper limbs and 1 on polypropylene orthoses. The courses lasted between two and three weeks and were attended by 12 to 15 people. The manufacturing guidelines of the ICRC (Spanish version) were used as a basis for the course.

In 2011, two courses using the ICRC/SFD polypropylene technology were organized by the SFD at the UDB:

- a two-week course in upper-limb prostheses, attended by 13 technicians from Argentina (1), Ecuador (1), the Dominican Republic (1), Guatemala (1), Haiti (2);
- Honduras (1), Mexico (1), Nicaragua (3), Panama (1) and Peru (1);
a three-week course in spinal and lower-limb orthoses, attended by 14 technicians from Cuba (2), Dominican Republic (3), Guatemala (1), Honduras (3) Nicaragua (3) and Peru (2).

The UDB provided prosthetic treatment for 5 migrant amputees which was paid for by the ICRC delegation in Mexico.

In 2010, the SFD also started supporting a centre in Santa Ana, the second city of El Salvador. The technician in charge (ISPO Cat. II level) has attended the polypropylene course on lower- and upper-limb prostheses at the UDB; the SFD donated the equipment, the materials and components to fit 30 patients. The centre is also used for clinical internships for students taking the three-year ISPO Cat.II residential course at the UDB.

Two monitoring visits were carried out by the SFD to the UDB and Santa Ana centres in 2011, and a draft agreement between the SFD and Santa Ana Hospital was prepared in order to have a legal framework for implementing the ICRC/SFD polypropylene technology and the fitting of amputee returning migrants.

**HAITI**

**Background**

Haiti remains the poorest country in the Americas and is plagued by chronic urban violence. The health sector is underdeveloped and physical rehabilitation services are poor or non-existent, and matters have not improved since the January 2010 earthquake. In 2005, the Healing Hands Haiti Foundation (HHHF), a joint US-Haitian organization that was created to address physical rehabilitation needs, showed interest in using the low-cost technology developed by the ICRC. Subsequently, an evaluation mission was organized by the SFD. Following the recommendations of this assessment, the ICRC Haiti delegation donated a kit of equipment, materials and components to fit approximately 50 patients with orthopaedic appliances in June 2006. In 2009, the SFD donated materials to fit 50 disabled persons with an orthopaedic appliance. A support/monitoring visit to HHHF to assess the quality of services to patients took place and on-the-job training was given. Two technicians from the HHHF were trained at the Don Bosco University in San Salvador in the use of the ICRC/SFD polypropylene technology. The HHHF was, until the end of 2009, the only substantial provider of prosthetic services in the country.

**Promoting access, quality and long-term functioning of physical rehabilitation centres**

When Port-au-Prince was hit by an earthquake in January 2010, the clinical facilities of HHHF were destroyed or rendered useless. Following an assessment mission a few months after the quake, the SFD decided to help HHHF build a new and larger outpatient building and secure funding to help HHHF run the facility for 5 years. To this end a multi-year cooperation agreement was signed between the HHHF and the SFD on 15 November 2010. In close consultation with the ICRC and the local partner, the SFD prepared the lay-out of the new building and started looking for additional financial sources. Immediate response was promised by the Red Cross Societies of the United States of America and Norway, and later on also by the Australian Red Cross.

Construction started in early 2011, supervised by the ICRC delegation in Port-au-Prince; the building is expected to be handed over to the local partner in May 2012. The SFD also supported HHHF in its aim to develop a professional education plan to train its own staff, and provided materials for the fitting of 50 people. Owing to the renewed interest in Haiti, there are now some 15 organizations active in the field of physical rehabilitation in the country.

In 2011, two technicians from the HHHF attend a two-week course on the use of the ICRC/SFD polypropylene technology for upper-limb prostheses at the UDB in San Salvador.

In December 2011, a training project of HHHF presented to USAID for the establishment of a distance-learning course at HHHF for 20/30 students, based on the modular system developed by the University Don Bosco in San Salvador, was finally approved. The project was launched in early January 2012 by HHHF in collaboration with the Ministry of Health (MoH), Handicap International and other organizations. If necessary, the SFD will sponsor the training of 6 HHHF technician/students.

The SFD representatives from Managua and SFD headquarters carried out four monitoring visits during the current reconstruction of the new HHHF premises.

**HONDURAS**

**Background**

In the past, the SFD has supported three centres in Honduras and 5 technicians have been trained in polypropylene technology at the SFD training centre in Managua. At present, 2 centres are independent and buy their own materials. The centre in Choluteca near the Nicaraguan border receives SFD material support through CAPADIFE, Nicaragua.

**Promoting access, quality and long-term functioning of physical rehabilitation centres**

A follow-up visit to two centres, in Tegucigalpa and San Pedro Sula, took place in 2011.

As the Choluteca centre is situated near the Nicaraguan border it is monitored from Managua and regular feedback is provided by the León-based FURWUS.
The follow-up visits to the centres in Tegucigalpa and San Pedro Sula proved that the efforts to introduce polypropylene technology had been successful. Devices of acceptable quality are produced in both institutions. There nevertheless remains a need for on-site instruction by the SFD and participation by some of the centre’s technicians in the courses offered at UDB. However, the centre’s satisfactory performance has meant that the ICRC delegation in Mexico has resorted to their services in a new initiative to treat migrants injured in train accidents on their way north. The investment of introducing polypropylene technology in the three Honduran centres many years ago has been the key to the rapid implementation of quality services, now also benefiting migrant amputees.

In 2011, one trainee from Choluteca (Vida Nueva) participated in the two-week course at UDB in the use of polypropylene for upper-limb prostheses. One trainee from Tegucigalpa (San Felipe Hospital, one from San Pedro Sula (TELETON) and one from Choluteca (Vida Nueva) attended a three-week course on spinal and lower-limb orthoses.

PERU

Background

Peru is still affected by landmines and other explosive remnants of war (ERW). Mine/ERW contamination is mainly located along the border with Ecuador and around infrastructures in the territory inland from the Pacific coast and in the Andean highlands. At least 395 mine/ERW survivors have been recorded in Peru since 1991. In 2009, the number of mine incidents decreased to 2 (compared to 8 in 2008).

The National Rehabilitation Institute (Instituto Nacional de Rehabilitación, INR) received support in the mid-nineties from the ICRC for the introduction of its polypropylene technology, including a local component production line. Following assessments, the SFD started supporting the INR centre in 2006. The INR is a well-functioning, large rehabilitation centre with multidisciplinary facilities and over 30,000 patient contacts per year. Although the machinery is dated, it is well maintained and the workshop, like the rest of the centre, is clearly active and gives a good impression. The main challenges are to improve the quality and quantity of services provided.

Promoting access, quality and long-term functioning of physical rehabilitation centres

In 2010, equipment, materials and components for the production of 50 prostheses were donated by the SFD. Unfortunately, the governmental procedures for donations (through the ICRC delegation in Lima) have become more complicated.

In 2011, one monitoring visit was carried out by the SFD. Three technicians attended the SFD-training courses in ICRC polypropylene technology for upper-limb prostheses and spinal and lower-limb orthoses at UDB in El Salvador.

Sponsored by the SFD, two technicians from the INR started the Cat. II distance-learning programme of the UDB.

New premises for the INR are under construction with financial support from Japanese cooperation funds. The new location of the INR, in Lima, will be within easier reach for patients: the existing facilities are far from the centre (in El Callao) and the area is considered unsafe, making access to treatment difficult.

ARGENTINA AND PANAMA

Background

The need for more extensive and better rehabilitation services in the Latin American region requires that educational institutions in prosthetics/orthotics be supported and improved.

During 2009, contacts took place with the prosthetic/orthotic schools of Panama City and Buenos Aires, to discuss the introduction of polypropylene technology in their curriculum and to support these faculties in their bid to reach the standards set by the ISPO. To this end two Argentinians and one Panamanian lecturer attended the three-week course on the use of ICRC polypropylene technology in lower-limb prosthetics organized at the UDB School in El Salvador.

The implementation of the polypropylene technology was delayed owing to the late replacement of some faulty components included in the materials ordered for this purpose.

In 2011, one assessment visit was carried out by the SFD to the San Martin University (SMU) and the Rehabilitation Institute in Argentina, and the UDELAS in Panama.

In Argentina, the SMU is building a new rehabilitation centre including a prosthetic and orthotic department where the students will be able to do their practical training, which is up to now done at the Rehabilitation Institute. In the future, the SFD will probably support both these service provision structures.

Two lecturers, one from Panama and one from Argentina attended a two-week course on PP upper-limb prosthetics at the UDB. Materials, components and equipment were purchased by the SFD to implement the polypropylene technology and were sent to both schools. Unfortunately, there were delays owing to import restrictions, and lengthy and complicated donation procedures. In both schools, the production of polypropylene prostheses will be part of the practical content of the regular courses, and will at the same time benefit patients with limited financial means.
Haiti, Port-au-Prince. New Rehabilitation building near completion, constructed by the SFD for its local partner the Healing Hands Haiti Foundation.
BACKGROUND

The SFD’s regional office for Asia, located at the Ho Chi Minh Rehabilitation Centre (HCMC) in Ho Chi Minh City, provided support to 16 centres, namely in: Viet Nam (11), Laos (3) and South East India (2).

In Viet Nam, the SFD’s efforts have long focused on improving the situation of destitute people with physical disabilities, especially amputees. In 1995, the SFD started assisting the Ho Chi Minh City Rehabilitation Centre (HCMRC), run by the Ministry of Labour, Invalids and Social Affairs (MoLISA). This followed the closure of the ICRC delegation, which had been assisting the HCMRC since 1989, mainly through physiotherapy and prostheses for destitute amputees, e.g. those not or only partially covered by State benefits and unable to pay for the services they required.

The SFD’s support since 1995 has led to a quantitative and qualitative increase in the services provided to patients. The present tripartite cooperation agreement between the SFD, MoLISA and the Vietnamese Red Cross Society (VRCS) comprises the identification and follow-up of destitute amputees through the VRCS in all 63 Vietnamese provinces and the rehabilitation and fitting with prostheses in 10 rehabilitation centres throughout the country. Through its partnership with the VIETCOT Prosthetic and Orthotic School in Hanoi, the SFD also contributes to the strengthening and consolidation of local capacity in physical rehabilitation through training and technical support. Polypropylene technology has been gradually and successfully introduced in all centres and is considered to be one of the country’s standard technologies. Two local production centres supply all centres with the required prosthetic components.

In 2002, the SFD started supporting additional rehabilitation centres elsewhere in the region, from its base at HCMC. As at the end of 2011, support was being offered to five rehabilitation centres in Laos (3) and India (2). Since 1995, the SFD in Ho Chi Minh City has supported 19 physical rehabilitation centres in 5 countries.

SFD support in Asia at a glance

<table>
<thead>
<tr>
<th>Regional base</th>
<th>Ho Chi Minh Rehabilitation Centre, Ho Chi Minh City, Viet Nam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisted projects</td>
<td>16 projects in 3 countries: Viet Nam (10 projects and 1 school), India (2), Laos (3)</td>
</tr>
<tr>
<td>Assistance provided in 2011</td>
<td>financial and material support: to 15 centres and to VIETCOT Prosthetic and Orthotic School in Hanoi</td>
</tr>
<tr>
<td></td>
<td>technical and clinical support: 25 visits to 15 centres</td>
</tr>
<tr>
<td></td>
<td>seminars and refresher courses: 2 seminars in Viet Nam for 19 participants; 1 seminar on quality control in India for 34 participants; 1 refresher course in Laos for 10 technicians and 2 in India for 10 technicians</td>
</tr>
<tr>
<td></td>
<td>scholarships: none</td>
</tr>
<tr>
<td></td>
<td>other training: one-month regional teacher exchange programme (MI and VIETCOT); participation in expert capacity at final exams at MI school; 3 participants sponsored to attend seminars in Cambodia (ICRC, Phnom Penh), Viet Nam (VIETCOT, Hanoi) and Indonesia (ISPO, Jakarta)</td>
</tr>
<tr>
<td>Services provided to people with disabilities at supported centres in 2011</td>
<td>individuals subsidized by SFD: 2,598</td>
</tr>
<tr>
<td></td>
<td>prostheses: 2,852 (2,503 SFD)</td>
</tr>
<tr>
<td></td>
<td>orthoses: 318 (318 SFD)</td>
</tr>
<tr>
<td></td>
<td>crutches (pairs): 1,924</td>
</tr>
<tr>
<td>SFD personnel</td>
<td>2 expatriate ortho-prosthetists</td>
</tr>
<tr>
<td></td>
<td>1 national ortho-prosthetist (part-time consultant)</td>
</tr>
<tr>
<td></td>
<td>4 national administrative staff members</td>
</tr>
<tr>
<td>2011 budget</td>
<td>CHF 1,264,594</td>
</tr>
<tr>
<td>2011 expenditure</td>
<td>CHF 972,648 (unaudited figure)</td>
</tr>
</tbody>
</table>
ACTIVITIES IN 2011

Access to physical rehabilitation

During 2011, the SFD assisted one school for prosthetics and orthotics (P&O) and 15 physical rehabilitation centres (two of them include P&O training departments) in three different countries in Asia, namely 11 in Viet Nam, 3 in Laos and 2 in India. Cooperation with institutions in Bangladesh was handed over to the ICRC delegation in Dhaka at the beginning of the year.

In Asia, the SFD subsidized prosthetic/orthotic services that directly contributed to the physical rehabilitation of 2,598 disabled persons: all told, 2,503 prostheses, 318 orthoses and 3,848 crutches (16% for women and 6% for children) were produced and delivered.

Furthermore, the SFD’s support – in terms of raw materials, equipment, technical coaching and scholarships for professional training – directly contributed to the strengthening of the technical capacity and professional expertise at the assisted centres and to the additional production of 349 prostheses at the HCMC rehabilitation centre.

Quality of services to people with disabilities

Twenty-five visits for technical support and service quality monitoring were carried out by the SFD in the whole region. Around 5% of all patients directly subsidized by the SFD were assessed at random and quality issues addressed with the project partners concerned.

The momentum in quality control that had been initiated in 2009 was kept high in 2010 and throughout 2011 with all partners and at all levels. For example, in Viet Nam a pilot review of quality control procedures was successfully conducted with the leadership and executive staff of a major partner institution with a view to replicating the exercise in other centres. For its part, Mobility India built on the results of last year’s regional seminar at VIETCOT to organize a national event with a view to reaching a consensus on P&O quality control procedures in India.

Long-term functioning of physical rehabilitation centres

One of the SFD’s main objectives has been to expose local staff and trainees to regional and international practices and the implementation of ISPO standards, by sponsoring students to attend formal training and staff members to take part in regional conferences, exchange programmes and refresher courses.

In India, promotion of higher-level training expertise at Mobility India (MI) and Christian Medical College (CMC) training institutes remained the main focus.

In Viet Nam, discussions with the Vietnamese National Red Cross Society (VRCS) on possibly taking over some of the SFD’s assistance to destitute disabled persons did not show progress. However, efforts to this end will continue.
Background

Despite the negative impact of the world economic crisis and natural disasters hitting the central and southern regions in 2011, Viet Nam recorded a 5.89% GDP growth rate and is now in the group of lower middle-income countries with a GNI per capita of US$1,300 according to Vietnamese government estimates for 2011.

Economic growth has however not benefited everyone equally. The social gap keeps widening with an eightfold disparity between the poorest 20% and the richest 20% in 2006, reaching a tenfold difference four years later. Rural areas still suffer from poor and inadequate infrastructure. The poverty gap between the northwest highlands with the highest poverty rate of 39.4% and the southeast area with the lowest rate of 3.4% is nearly twelve fold (General Statistics Office, 2010 figures according to revised poverty criteria for the 2011 – 2015 period). Recurrent typhoons and serious floods in central and southern areas have exacerbated the plight of the population which already suffered chronic inflation peaking at an annual average of 18.58%. Many people living at subsistence or just above subsistence level have seen their last resources dwindle down to nothing because of the inflation.

As a result, in terms of income, the poverty-level now stands at 400,000 VND ($20) per month/person in rural areas and 500,000 VND ($25) in urban areas, bringing the national poverty rate from 12% in 2009 and 10.6% in 2010 back to 12.9% in 2011 (GSO estimates based on revised poverty criteria). Urban poverty is on the rise with the increase of marginalized migrant workers who, by not being registered, are excluded from any social protection scheme.

The SFD’s assistance continued to target the physically disabled persons, mainly amputees, who are not covered by any social security scheme and who cannot afford to pay for prosthetic services (i.e. destitute people). So far, 65% of the destitute disabled persons assisted by the SFD are still war victims; 72% belong to the rural population. Women and children respectively account for 18.5% and 2.4% of the persons assisted in 2011.

As yet there is no comprehensive data indicating how many people are still being wounded or killed by landmines or other explosive remnants of war (ERW) in Viet Nam. Based on the MoLISA statistics and casualties reported by Landmine Monitor since 2001, there have been an estimated 104,871 mine/ERW casualties in Viet Nam, with 38,908 killed and 65,963 injured between 1975 and 2010. Many ERW accidents are related to scrap metal collection as many peasants, driven by poverty, are easily inveigled into doing this dangerous work. In 2011 and 2012, casualties continued to be recorded (the most recent ones being two dead and two injured when a scavenger tried to recover metal from a 105 mm shell in Binh Thuan province on 2 January 2012). In the early 1990s the total number of amputees was estimated to be close to 80,000, but no updated statistics are available so far. According to the VBMAC (Viet Nam Bomb & Mine Action Centre) around 49,500 sq km or 15% of land in the country (Landmine Monitor update of 21 Sept. 2011) are still contaminated by some 800,000 tonnes of ERW which continue to kill and maim many Vietnamese civilians every year, and deprive countless families of access to land and water resources. Despite this long-standing and heavy contamination, the first National Action Plan on ERW clearance was approved only in April 2010, and the Steering Committee for ERW Clearance established in December. This development should pave the way for a more systematic clearance programme in the future.

As in the past years, a tripartite cooperation agreement with the Ministry of Labour, Invalids and Social Affairs (MoLISA) and the Viet Nam Red Cross Society (VRCS) provided the framework for the assistance given by SFD. It comprised the identification and follow-up of the SFD target population through the VRCS branches in all 63 provinces of Viet Nam, and the treatment of selected disabled persons in 10 MoLISA rehabilitation centres throughout the country.

Between 1989 and the end of 2011, the project – first ICRC then SFD as of 1995 – assisted 28,603 amputees. Since 1995, the SFD has paid for 37,326 prostheses, 537 orthoses, 25,732 pairs of crutches and 3,879 wheelchairs and contributed to the production of 13,171 additional prostheses at the Ho Chi Minh Rehabilitation Centre (HCMRC).

Access to physical rehabilitation

The subsidies provided for the SFD target group cover most of the costs for transport, food and prosthetic devices, while the partner centres offer the accommodation.

Nowadays, almost all registered patients have had their first prosthetic fitting, thus efforts are increasingly focused on follow-up services, notably on prosthetic device replacements. However, 31% of the 1,944 disabled people assisted by the SFD in 2011 were still newly registered individuals, 42% claiming to be war victims (36% in 2010). For example, in the catchment area of HCMRC, many amputees have recently been registered for their first fitting, though they had actually been amputated owing to war injuries some thirty years earlier. This may be explained by the
fact that other NGOs also targeting war amputees associated with the former regime in the South have reduced their assistance, thus obliging their former beneficiaries to seek services from the SFD project. Others had not had access to health services, let alone rehabilitation services, simply because they live in remote areas and had been cut off from the relevant information or were unable to cover the distances to the urban rehabilitation centres. This situation has prevailed for the last four to five years and is not likely to improve in the next few years, as no changes are foreseen in the rehabilitation infrastructure or policy.

Selection of beneficiaries was streamlined through additional procedures regarding patients’ data management and registration screening in order to focus assistance on the neediest people. In short, it consisted in introducing an expiry date on patients’ invitations for services (to better anticipate likely expenditure), requesting an updated certification from the authorities to confirm individuals’ poverty status for subsidized services follow-up, and criteria to attribute a status (active or passive) to all people registered. These procedures permitted to estimate that some 20,000 people may still be in need of support in order to access the rehabilitation services follow-up they require.

Children are granted replacement fitting within a year, owing to their growth. There is no evidence of any discrimination against women in assisted centres. Separate sanitary facilities are normally available. Gait training, casting and prosthetic fitting take place in communal rooms, but curtains provide privacy where necessary. Most centres employ at least one female technician.

In 2011:

- The SFD subsidized services for 1,944 destitute amputees (53% claiming being war victims), for whom 2,009 prostheses, 2 orthoses and 3,848 crutches were manufactured in the ten SFD-assisted centres; 608 amputees were newly identified by VRCS, 42% of whom were war victims. SFD assistance also contributed to the production of 349 additional prostheses at the HCMRC. The slightly lower figures compared to the previous year are explained by a phasing out process in some of the centres.
- Tools and equipment worth around CHF 8,240 were given to assisted centres.
- One of the two satellite workshops benefiting from SFD assistance, the Quang Ngai workshop (under the Da Nang Hospital) delivered regular services, while the other, the Dak Nong workshop (under the HCMRC) was successfully handed over to the Dak Nong province’s DoLISA (Department of Labour, Invalids and Social Affairs), in a bid to improve access to prosthetic and orthotic services for people living in remote areas.

Quality of services to people with disabilities

Strengthening and consolidating local expertise through training and technical support remain the main SFD priorities, as access to rehabilitation services is reasonably well ensured for most targeted patients through the SFD/VRCS/MoLISA referral network.

In 2011:

- With a view to maintaining continuous efforts to improve services and compliance with the ICRC polypropylene (PP) guidelines, a seminar was conducted at VIETCOT to update manufacturing practices according to the latest PP technology guidelines for 10 technicians from 9 MoLISA rehabilitation centres and the Kontum workshop.
- To continue the ongoing consolidation of quality management, a comprehensive review process took place in the HCMRC with its leadership and executive staff, and covered all stages of rehabilitation services from admission to checkouts. First steps towards improvements have been taken, notably in the procurement of quality materials and in ensuring quality control of the services offered. This exercise to improve quality management is to be replicated with other partner institutions in and beyond 2012.
- As part of the systematic quality monitoring system, the VRCS gave feedback on prosthetic services provided to 629 SFD-subsidized patients (368 from early follow-up visits and 261 from follow-up visits one year after fitting). The SFD staff then checked problematic cases during 17 monitoring visits to all 10 centres. Overall, 226 patients were assessed and 228 prostheses checked: 43 prosthetic devices were replaced owing to normal wear and tear (14 devices) or technical failures (29 devices). At the HCMRC, the SFD technical staff directly assessed all 578 SFD-subsidized patients during their trial
period and final checkout. On-the-job coaching of the partner's technical staff remained part of the routine assessment and monitoring work.

**Long-term functioning of physical rehabilitation centres**

Promoting technical competence is part of the SFD strategy to enhance the physical rehabilitation sector at a structural level. This, in combination with discussions with the authorities, contributes towards increasing awareness of the needs of specific vulnerable groups whose rehabilitation is not considered a national priority. The SFD strategy for promoting long-term functioning of services currently focuses on improving the quality management of rehabilitation services, on supporting the VIETCOT school in Hanoi, notably by assisting this institution in all training aspects related to the ICRC/SFD polypropylene technology, and lastly on searching with partners for solutions to address the long-term rehabilitation needs of the SFD’s specific target population.

In 2011:

- SFD technical staff provided individual coaching during the integration period for six SFD-sponsored prosthetic and orthotic ISPO Cat.II graduates who started their integration into practical working environments in June 2010 (one in January 2011): 4 worked at HCMRC and 2 at Can Tho centre. Unfortunately, one of the four at HCMRC resigned, finding the salary and working conditions unattractive.

- The VIETCOT school was provided with the required raw materials and components to demonstrate the ICRC/SFD polypropylene technology during its technical training programme.

- A five-day refresher course was conducted at VIETCOT, where updated manufacturing practices according to the latest ICRC polypropylene guidelines were taught to 7 teachers and to second-year students.

- The subsidies for services paid by the SFD to the MoLISA rehabilitation centres were raised according to the cost calculation of each respective centre to keep up with the rising inflation, which triggered an important increase in production costs. The budget for several materials and salaries was adjusted, thus helping to ensure the quality of devices and services.

- The discussions with the VNRC aiming for an eventual handover of part of the current SFD project responsibilities continued throughout 2011 without concrete results. It would appear that the National Society’s reluctance is due to policy-related considerations.

In terms of technology transfer, the Da Nang Centre made successful improvements for the knee joint and for the foot, thus confirming its leading role as prime producer and supplier of polypropylene prosthetic/orthotic components for Viet Nam, as well as for other countries in the region. It also handled the import of polypropylene materials and components for all SFD project partners.

In conclusion, the SFD assistance projects in Viet Nam constitute a very important contribution (“added value”) to the physical rehabilitation of disabled people, in particular among destitute persons:

- the SFD plays a significant part by offering non-discriminative access to rehabilitation services throughout the country;

- since 1995, the two-pronged approach of SFD assistance (people and structure oriented) has been the key factor in the successful partnership with both MoLISA and the VRCS;

- and finally, the SFD’s involvement plays a key role in raising awareness, at governance level within MoLISA and at all its rehabilitation centres of the need to aim for an approach based on sustainability and quality management. Progress in quality management observed at the HCMRC is a good example.
**INDIA**

**Background**

India now has 1.18 billion inhabitants (July 2011) and poverty remains a major challenge. Approximately 410 million people (i.e. 37.2% of the population) remain below the official poverty line thus making India home to one third of the world’s poorest people. Persons with disabilities are by default part of these 410 million people as disability goes hand in hand with poverty.

The sheer amount and range of the needs of the physically disabled persons in India are huge and adequate physical rehabilitation services are insufficient or non-existent. Across the whole of India, there have been but few charitable initiatives to cover physical rehabilitation needs at a low cost. The “Jaipur foot” is just one example.

In view of the scale of the country and its needs, the SFD’s assistance has essentially focused on the development of prosthetic and orthotic expertise. The primary objective is to increase the number and improve the competence of locally-trained local staff.

Since 1997, and 2005 respectively, the SFD has supported two institutions located in the south of India that run prosthetic and orthotic training activities, the Christian Medical College (CMC) in Vellore, and Mobility India (MI) in Bangalore. Although modest, the SFD support has enabled both institutions to integrate the polypropylene technology into their curriculum, making them reference schools for low-income settings. In this regard, it is worth mentioning that, after having been accredited by the International Society for Prosthetics and Orthotics for its Lower-Limb Single Discipline Certificate in 2007, the MI received affiliation from the Rajiv Gandhi University of Health Sciences and recognition from the Rehabilitation Council of India for conducting a Bachelor level syllabus in Prosthetics and Orthotics in 2008.

Furthermore, the polypropylene technology also became an option for delivering low-cost prosthetic and orthotic services at both institutions’ rehabilitation departments, thereby increasing their capacity to serve disadvantaged disabled persons.

Besides providing assistance in terms of specific equipment, components, technical coaching and guidance in training matters, the SFD also subsidizes prosthetic and orthotic services for destitute disabled persons at both institutions. In addition, staff coming from other SFD or ICRC assisted centres in Albania, Bangladesh, north-western India and Yemen, have received training at these two centres.

**Access to physical rehabilitation**

As in most developing settings, the cost of services is the main reason why access to rehabilitation for the disabled living mostly in poor and remote rural areas or in urban slums is so restricted.

In 2011:

- the SFD reimbursed services for 314 destitute disabled persons, for whom 316 orthoses and 138 prostheses were manufactured at the two assisted rehabilitation institutions. This represents an implementation rate of 105% of the set target of subsidizing services for 300 disabled persons. Most of the SFD beneficiaries at Mobility India were identified through the latter’s community-based rehabilitation activities in the urban slums of Bangalore or neighbouring rural areas. Likewise, SFD beneficiaries at the CMC were identified through its social services or through its community-based rehabilitation programme in the outskirts of Vellore.

**Quality of services to people with disabilities**

Even though there are qualified prosthetic/orthotic teams at both MI and CMC facilities, there is always room for technical improvements, particularly with regard to the recently introduced polypropylene technology. Furthermore, monitoring the quality of the services provided to SFD-subsidized patients gives the opportunity to objectively discuss and address the problems identified. The SFD technical coaching and services monitoring is ensured through one annual visit which lasts around 15 days. This “technical auditing” aspect of the SFD’s assistance is much appreciated by its partners as it constitutes an important “strengths and weaknesses” indicator of the services provided.
In 2011:

- As part of the systematic quality monitoring system, the SFD staff assessed 36 patients with 40 devices who had benefited from subsidized services at the two assisted rehabilitation institutions. The assessment resulted in the replacement of five devices owing to technical failures; 88% of the devices provided by MI and 74% by CMC assessed corresponded to the required quality standards.

- To further improve production quality and recourse to ICRC polypropylene technology, two training sessions lasting five days each were conducted by SFD staff for four MI technicians and six CMC teachers, to upgrade their manufacturing practices to the latest guidelines. The target set for 2011 has been fully reached given the percentages of devices that met quality standards.

- The SFD sponsored a CMC teacher to take part in the ISPO regional seminar in Jakarta with a view to increasing CMC’s teaching expertise in orthotic management for cerebral palsy patients.

- The regional seminar that the SFD organized with VIETCOT on quality management in prosthetics and orthotics in 2010, a Consensus Seminar on Development of Quality Control Tools was co-organized by MI, CMC and SFD in Bangalore in December 2011. MI successfully hosted the event, which was attended by 34 participants (including 1 from NRC Laos, 1 from VIETCOT, 1 from ISPO, 2 from CRP Bangladesh, 2 from ICRC Delhi and 2 from SFD Asia). The seminar was successful: consensual guidelines were adopted for quality control, and an impetus was given to improve quality management of P&O services in India.

- Following last year’s successful experience the SFD continued to finance a one-month teacher’s exchange programme where a MI Cat.II ortho-prosthetist benefited from VIETCOT’s teaching and working experiences and also attended a one-week seminar on Spinal Orthotics organized by VIETCOT.

- To ensure that technical resources for properly teaching the polypropylene technology at both assisted schools were available, the SFD financed components, tools and equipment worth a total of CHF 40,000. MI took advantage of part of this funding to equip a new multipurpose training room, which consisted of a school library and a computer room. This new facility was inaugurated on 14 December.

In conclusion, the SFD support in India constitutes a very important contribution (“added value”) to the physical rehabilitation services for disabled people in the country.

- The SFD’s role of external “technical auditor” for services provided or for training activities, notably regarding the improvement of prosthetic and orthotic quality management procedures, is much appreciated.

- The successful transfer of the polypropylene technology and the support provided for including it in training programmes, helped the SFD’s partners to become reference institutions for training prosthetic and orthotic staff in low-income contexts.

- SFD support given to prosthetic and orthotic staff to attend international events and refresher courses improved not only their professional expertise but, most of all, their exposure to other working approaches, methodologies and contexts.

- Finally, the SFD’s “added value” took its full meaning when the MI and the CMC picked up SFD’s torch of quality control to ignite a movement of quality management amongst Indian stakeholders in P&O.

Long-term functioning of physical rehabilitation centres

SFD assistance to both training institutes has significantly contributed to disseminating the technologies taught and, most of all, to better adapting the courses to the realities faced by professionals in less-advantaged settings. Therefore, both institutions are nowadays seen as reference regional prosthetic/orthotic schools with technical syllabuses well adapted to low-income countries. Promoting better acquaintance with other training programmes among senior teachers from both partners has lately also been a priority for the SFD.

In 2011:

- As in previous years, the SFD participated as external examiner in the final examinations of 22 candidates taking the Lower-Limb Single Discipline Certificate in Orthotics or Prosthetics (ISPO Cat.II) at MI. Nine candidates came from India, 8 from Nepal, 3 from Palestine and 2 from Bangladesh. As part of the SFD’s regular technical advisory role, this participation was subsequently followed by specific recommendations for training and/or examination procedures. Over the years, this participation has had a positive impact as shown by the excellent preparation and organization of MI’s 3½-day exam sessions and by the examination process itself, which fully complied with recommended ISPO Cat.II exams protocol.

- Following last year’s successful experience the SFD sponsored a CMC teacher to take part in the ISPO regional seminar in Jakarta with a view to increasing CMC’s teaching expertise in orthotic management for cerebral palsy patients.

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LAOS

Background

Laos has a population of around 6.5 million and is one of the least developed countries in the world, with a GNI per capita reaching US$1,050 (World Bank, 2010), thus making it a lower middle-income country. Owing to very poor infrastructure, much of the country is inaccessible by road. Healthcare standards are poor and infant mortality rate is high.

Laos is also the most heavily bombed country in the history of warfare. It is estimated that two tonnes of ordnance per capita were dropped on the country in the 1970s. Landmine/ERW survivors and conflict casualties represent a significant proportion of people with disabilities in Laos, and remain a heavy burden for the country’s assistance facilities. Most come from the poorer segments of society, live in remote areas and belong to ethnic minorities: consequently, they suffer disproportionately from limitations in the provision of services. It is estimated that there are about 11,500 people in the country suffering from a limb handicap as a result of war or following an accident. Consequently it is estimated that around 4,000 prosthetic and/or orthotic devices need to be provided each year.

A rehabilitation service was first established in Laos in 1963. During the 1980s, it received assistance from a small number of NGOs and donors. In 1997, some of these NGOs, the Ministry of Health and the Cambodia School for Prosthetics and Orthotics (CSPO) decided to create the Cooperative Orthotic and Prosthetic Enterprise (COPE) whose mandate is to deliver countrywide assistance to the physically disabled. COPE is currently working through five centres nationwide, in Vientiane, Luang Phrabang, Xieng Khouang, Savannakhet and Pakse. However, COPE’s supervised rehabilitation centres are lacking funds to purchase raw materials and components for producing prosthetic and orthotic devices as well as for subsidizing the transport and accommodation costs for destitute patients coming from remote areas of the country.

Answering positively to a request for assistance, the SFD started supporting COPE’s activities by providing prosthetic and orthotic raw materials for three rehabilitation centres, namely for Vientiane, Savannakhet and Pakse.

Since 2009, the focus has been on promoting access to prosthetic and orthotic rehabilitation services through subsidies covering costs such as prosthetic materials (raw materials and components), as well as food and transport for disabled persons attending the rehabilitation centres of Vientiane, Pakse and Xieng Khuang.

During the 2008 – 2010 period, 924 disabled persons were subsidized by the SFD for their rehabilitation services.

Access to physical rehabilitation

As mentioned above, Laos’ rehabilitation centres lack funds for raw materials and prosthetic components, subsidizing patients’ costs such as transport, board and lodging as well as for the treatment itself. Financial constraints form the primary barrier to people attempting to access healthcare in Laos; there is a particularly high level of destitution in regions contaminated by landmines and other unexploded ordnance (UXO).

In 2011:

The SFD subsidized the provision of 356 prostheses to 340 individuals, i.e. 115 in Pakse, 155 in Vientiane and 70 in Xieng Khuang, reaching an implementation rate of 113%. The support included covering the costs of the devices, transport to and from the rehabilitation centres as well as food and accommodation while receiving treatment. The majority of the people supported came from the most UXO-contaminated areas of the country; many were members of ethnic minorities. According to the SFD’s partner organizations the individuals who received free prosthetic and orthotic services would not have been able to access the services otherwise.

Quality of services to people with disabilities

Regularly monitoring the quality of the services provided to SFD-subsidized patients gives the opportunity to objectively discuss and address the causes of low-quality prosthetic/orthotic devices with the centres' technical staff.
In 2011:

- Quality assessment of services was performed twice at each rehabilitation centre in Vientiane and Xieng Khuang, and once in Pakse. Overall, the SFD staff assessed 46 patients who had benefited from subsidized services. As a result, 9 devices were repaired or replaced owing to normal wear and tear or technical failures. Signs of a setback appeared in the first quarter when only 33% and 73% of assessed devices in Xieng Khuang and Vientiane respectively met the required quality standards, while half of the trained technical workforce was not assigned to the right task. But a positive evolution in the second semester’s assessment indicated that correct measures had been taken to overcome this setback. Results of the second assessments in Vientiane, Pakse and Xieng Khuang showed that respectively 89%, 93% and 100% of the devices complied with minimum quality standards.

- All P&O technicians at the three assisted centres received training, lasting from 1 to 3 weeks, on ICRC updated polypropylene manufacturing guidelines. An alignment jig was donated to the Vientiane NRC to help comply with the guidelines and ensure the quality of devices.

- The SFD sponsored a senior Cat.I P&O staff member of the NRC to attend the Consensus Seminar on Development of Quality Control Tools, which was co-organized by MI and CMC in Bangalore, India.

**Long-term functioning of physical rehabilitation centres**

Although the national programme significantly depends on external financial sources, COPE’s funding sources are sufficiently diversified to preclude critical dependency on SFD support. The SFD input fits into the national plan of action and contributes towards increasing the number of patients assisted. By answering positively to COPE’s request for continued assistance, the SFD contributes towards developing and maintaining the existing rehabilitation capacity, thus also preserving positive prospects for the long-term sustainability of physical rehabilitation activities in Laos.

In 2011:

- The SFD assisted COPE/NRC in deciding on the most appropriate procurement place for components. For better comparison, the SFD also facilitated the experimental use of components produced by the Da Nang factory in Viet Nam. It donated a first batch of components for around 100 prosthetic devices. As the use of these components proved to be satisfactory, the initially planned order for a second batch of components in 2011 was cancelled. The funds were used instead to equip the NRC with a new vacuum pump and sewing machine, worth about CHF 8,500.

- The SFD facilitated the participation of one COPE staff member in an ICRC training course in Phnom Penh on an IT tool for patients management (ICRC PMS Patient Management System).

In conclusion, the SFD support in Laos constitutes a very significant contribution (“added value”) to the physical rehabilitation services for disabled people in the entire country:

- the SFD’s role of external “technical auditor” for all aspects of prosthetic and orthotic services provided, and in particular for improving quality management procedures, is much appreciated;

- an overall streamlined SFD approach for the entire Indochina region has now been developed, as most beneficiaries are victims of the same past conflict.
**ICRC SPECIAL FUND FOR THE DISABLED (SFD)**

### SFD BOARD 2011

<table>
<thead>
<tr>
<th>ICRC representatives, nominated by ICRC Assembly</th>
<th>Non-ICRC members, nominated by SFD Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof. Claude Le Coutre</td>
<td>Christian Saugy (ICRC, former senior ICRC staff member)</td>
</tr>
<tr>
<td>Elizabeth Twelch (ICRC Assembly member)</td>
<td>Claude Tardif (ICRC, Executive Director)</td>
</tr>
<tr>
<td>Régis Savioz (ICRC Assistance Division)</td>
<td>Sven Mollekleiv (Norwegian Red Cross, SFD Vice-chairman)</td>
</tr>
<tr>
<td>Andreas Lendorff (ICRC, senior ICRC staff member)</td>
<td>Robert Horvath (USAID, WVF, expert status)</td>
</tr>
<tr>
<td>Prof. Claude Le Coutre (ICRC, SFD Chairwoman)</td>
<td>Charlotte McClain (- Nhlapo, ad personam)</td>
</tr>
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</table>

The SFD Board exercises the overall surveillance of the SFD and defines its general policy. It meets twice yearly and can count up to 11 members, of whom at least 6 shall be ICRC representatives.

### SFD EXECUTIVE COMMITTEE

<table>
<thead>
<tr>
<th>Nominated by the SFD Board</th>
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<tbody>
<tr>
<td>Prof. Claude Le Coutre (ICRC, Assembly member)</td>
</tr>
<tr>
<td>Prof. Claude Le Coutre (ICRC, SFD Chairwoman)</td>
</tr>
<tr>
<td>Christian Saugy (ICRC, Finance, Administration)</td>
</tr>
<tr>
<td>Claude Tardif (ICRC, Physical Rehabilitation)</td>
</tr>
<tr>
<td>Andreas Lendorff (ICRC, former senior ICRC staff member)</td>
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</tbody>
</table>

The executive committee ensures the implementation of the SFD general policy. It meets six times per year with the directorate and administers the SFD.

### SFD DIRECTORATE

<table>
<thead>
<tr>
<th>Thea Verhoeff (Director)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muriel Dominguez (Assistant)</td>
</tr>
</tbody>
</table>

The directorate coordinates the activities of the heads of regional offices.

### LATIN AMERICA

- **Peter Poetsma**
  - Head of Regional Office (Nicaragua)
  - 3 national SFD members
  - 19 projects
  - 10 countries

- **Carlos Delgado**
  - 3 national SFD members
  - 1 country

### AFRICA

- **Max Deneu**
  - Head of Regional Office (Ethiopia)
  - 23 projects
  - 13 countries

- **Zeon De Wet (Ethiopia)**
  - Michel Defontaines (Togo)
  - Jacques Forget (Togo)
  - 6 national SFD members

- **Leslie Mueller (Togo)**
  - 3 countries

### ASIA

- **Miguel Mateus Fernandes**
  - Head of Regional Office (Viet Nam)
  - 16 projects
  - 3 countries

- **5 national SFD members**

### Europe

- **1 project**

December 2011
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<tr>
<th>No.</th>
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## 2011 SFD Budget and Expenditure

### (in Swiss francs; unaudited figures)

<table>
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<tr>
<th>Region</th>
<th>Expenditure 1.01.11 to 31.12.2011</th>
<th>2011 Budget</th>
<th>Implementation rate %</th>
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<td>48,880</td>
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<td><strong>114,802</strong></td>
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<td>1,613,849</td>
<td>3,863,094</td>
<td>42</td>
</tr>
<tr>
<td>Tuition and staff related costs</td>
<td>2,049,474</td>
<td>2,315,473</td>
<td>89</td>
</tr>
<tr>
<td>Premises, equipment, general supplies, audit costs</td>
<td>1,088,293</td>
<td>532,536</td>
<td>204</td>
</tr>
<tr>
<td>Operational programme support, financial management &amp; headquarters' administration</td>
<td>386,907</td>
<td>378,450</td>
<td>102</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,138,524</strong></td>
<td><strong>7,089,553</strong></td>
<td><strong>72</strong></td>
</tr>
</tbody>
</table>
SFD BUDGET AND APPEAL STRUCTURE

The 2011 ICRC Special Fund for the Disabled (SFD) budget was based on the objectives set for the year and was designed to cover both field and headquarters activities from 1 January to 31 December 2011. Its structure was made up of four separate field budgets and the headquarters budget.

The 2011 SFD Appeal was therefore divided into the following chapters:

- General section on SFD background, policy and budget evolution;
- Europe: activities of the SFD in Europe/Central Asia;
- Africa: activities of SFD Ethiopia in Africa;
- Latin America: activities of SFD Nicaragua in Latin America;
- Asia: activities of SFD Viet Nam in Asia.

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

During the year, no adjustments to the initial budgets were submitted to the SFD Board for approval.

Donors were encouraged to support the SFD 2011 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 (Ernst & Young Annual Report). Ad hoc reports were produced on special request only.

For more information on the SFD and related ICRC programmes, see:

- “To walk and work again”: ICRC Special Fund for the Disabled brochure available in English, French, German and Spanish;
- SFD 2011 Appeal;
- SFD 2011 Mid-term Report;
- Ernst & Young 2011 Audit Report;
- SFD 2012 Appeal;
- ICRC Physical Rehabilitation Programmes: Annual Report 2011;
- ICRC 2011 Special Report on Mine Action;
- ICRC 2011 Annual Report;
- ICRC 2012 Special Mine Action Appeal;

The ICRC/SFD’s website, www.icrc.org/fund-disabled provides further information on both ICRC and SFD activities.
LIST OF DONORS IN 2011

Governments

Australia
Liechtenstein
Monaco
Norway
P. Leahy War Victims Fund through USAID
Switzerland

National Societies

America
Australia
Austria
Canada
Monaco
Norway
New Zealand
Switzerland (SRC Humanitarian Foundation)

Foundations and private sources

CR Machinery S.A.
OPEC Fund for International Development
Various

International Committee of the Red Cross
ICRC Special Fund for the Disabled
Donations can be made into the SFD’s bank account

Our bank is:
UBS S.A.
Zurich – Switzerland
BIC: UBSWCHZH80A
IBAN: CH13 0024 0240 6291 1600 W