

ASIA AND THE NEAR EAST

Afghanistan

Disability Access and Inclusion in USAID Programs, Projects and Activities in Afghanistan in FY04

This report has been written in response to Conference Report 108-401, which requested the Administrator of the U.S. Agency for International Development to submit a report to the Committees on Appropriations describing the manner in which the needs of persons with disabilities were met in the development and implementation of USAID programs, projects, and activities in Afghanistan in fiscal year 2004. While all of USAID's activities in Afghanistan are enhancing the well-being of disabled Afghans, programs promoting democracy and governance, health, and education have had the most notable impact on disabled Afghans, and are thus the subject of this report. The following narrative provides an overview of the accomplishments USAID achieved in these areas in fiscal year 2004.

1. Democracy and Governance

Elections

As a result of the work of USAID's implementing partners with the Joint Electoral Management Body, the principle organization responsible for the conduct of the 2004 Presidential elections, the following results were produced:

- Images of all types of persons with disabilities were widely included in Joint Electoral Management Body publicity and civic education materials.
- Cassettes and informational materials recognizing the rights of persons with disabilities to vote and urging them to exercise that right were designed by persons with disabilities were distributed by non-governmental organizations (NGOs) and the Ministry of the Martyrs and Disabled to all provinces.
- Civic educators were trained to facilitate and encourage electoral participation by persons with disabilities.
- Disabled persons' organizations were trained to work with the small grants program of the Joint Electoral Management Body. As a result, many of these organizations received funding for activities such as the production of Braille voter education materials and ballot templates.
- Access guaranteed to polling booths for persons with disabilities.
- Priority given to the persons with disabilities on election day.
- Permission granted for accompaniment by chaperones into polling stations.
- Disabled persons hired to work in polling stations.

Institutional and Policy Reform

- Organization and facilitation of a meeting of representatives of Disabled People's Organizations, the first meeting of its kind in Afghanistan. At the meeting efforts were made to review, reform, and reactivate the National Disability Commission, which has been proposed as the principle body for public sector coordination of disability programs and policy in Afghanistan that will include the participation of persons with disabilities. However, due to ongoing internal discussions within the Afghan government work on the Commission has been delayed.
- Extensive support given to the National Vulnerability Program, an initiative of the Government of Afghanistan to focus on the needs of the disabled, internally displaced persons (IDPs), nomads, single-headed households and street children. Out of six new National Priority Programs of the Afghan Government, the National Vulnerability Program is the only one to have received the approval of the Afghan Cabinet.

Reform of the Ministry of Martyrs and the Disabled

- Advisor recruited to assist with institutional development of the new National Vulnerability Program.
- English language training commenced for Ministry staff.
- Enhancement of information technology services and increased internet provision to Ministry staff.
- Development and implementation of gender-targeted disability programming; ongoing basic English language and computer training for female Ministry of the Martyrs and Disabled staff.

Legal Reform

- Although work on legislative reform has slowed pending the election of a new parliament, assistance was given to a survey of existing disability-related legislation completed by the Commission on Laws for the Disabled, which will form the basis for future legal reforms affecting persons with disabilities.

Media

- Three disabled (two female and one male) Afghans participated in an InterNews agency three week journalism training.
- A radio program for people with disabilities that is broadcast twice monthly commenced and has a nationwide audience of approximately 1 million. The main objectives of the program are to raise awareness about disabilities and build cooperation and coordination between the government, civil society and organizations representing the disabled.

Research

Support given for attitudinal survey and research regarding the disabled, the first of its kind in Afghanistan. The research will be the basis for the design of a communication strategy for disability assistance in Afghanistan and provide organizations working in the field of disability assistance with information critical to their service delivery and advocacy. The survey's components include:

- Self-perceptions and attitudes of persons with disabilities
- Perceptions and attitudes of families about their disabled family members
- Community perceptions and attitudes towards persons with disabilities
- Potential employer and institutional service provider perceptions and attitudes
- The impact of projects concerning persons with disabilities already done in Afghanistan

Research was conducted in nine locations across socio-economic, ethnic and geographic lines, with data analysis attention to disability type and gender. Research was primarily qualitative, and used in-depth interviews and case studies as well as larger focus groups as primary data sources.

2. Health

Rural Expansion of Afghanistan’s Community-Based Healthcare

The Rural Expansion of Afghanistan’s Community-based Healthcare (REACH) program has been USAID’s principal health program in Afghanistan. Through the provision of basic and primary health services to approximately 3.5 million Afghans - including persons with disabilities - maternal and child mortality has decreased and access to primary health care services has increased. As a result of its emphasis on preventative maternal and child health, REACH has also undoubtedly prevented birth defects which could have led to disabilities through improved nutrition, screening, and obstetric care. Prior to FY04, though the USAID-funded WHO/UNICEF program to eradicate polio – which creates disabilities through disfiguring – the disease has largely disappeared, thus avoiding many preventable deaths and disfiguring in Afghanistan.

3. Education and Capacity Building

Special Education

- 128 disabled children remain in special education classes supported by USAID.

Community Disability Centers

- Two USAID-supported community centers for disabilities are functioning in Kabul. One is contracted to Handicap International, which works closely with the National Union of the Disabled, the largest group of war veterans in Kabul. The center provides socio-economic integration services based on vocational training, internships, and educational programs for disabled veterans. The second center is run by an Afghan NGO – Humanitarian Community Development of Afghanistan and is focused primarily on special education and physical rehabilitation, vocational training, community awareness and employment support.

Physiotherapy Upgrade Training

- Afghan physiotherapists have received improved training and professionalization opportunities including clinical training and increased hours of instruction.

Leadership Development

- Four candidates from different Disabled People's Organizations were interviewed, selected and nominated for training in Japan through the Duskin leadership-training program.
- Various Disabled People's Organizations are active members of the joint planning team for the new National Vulnerability Program.

School and Clinic Construction

- All schools and clinics built by USAID in Afghanistan are one story buildings with easy access for disabled patients or students. Outdoor latrines adjacent to these facilities are also built with a ramp to facilitate access. The design of schools and clinics does not exclude or unfairly disadvantage people with disabilities.
- On September 30, 2004, the USAID Director of the Office of Acquisition and Assistance issued a policy directive mandating all contracting officers and agreement officers to "include a provision in all solicitations and resulting awards for contracts, grant and cooperative agreements involving construction or renovation of structures, facilities or buildings." As of December 2004, language will be included in all new procurements requiring recipients of U.S. Foreign Assistance not to discriminate against people with disabilities in the implementation of USAID funded programs.

Bangladesh

Indicator 1: People with disabilities (PWDs) included in programs or initiatives funded by USAID.

While some activities may have PWDs as their primary focus, USAID's ultimate objective is to ensure that development and humanitarian programs across all sectors consider the needs and concerns of PWDs and include PWDs in planning, implementation, and evaluation. Please briefly describe program activities that have included PWDs, categorizing them by Mission strategic objective.

SO01 Health & Population-

Under our HIV/AIDS program, a subgrant to a local NGO helps support People Living with AIDS.

SO08 Food Security & Disaster-

Title II food aid activities target the most vulnerable, including PWDs. Water/sanitation components include the provision of accessible latrines.

SO10 Education –

- (1) A pre/primary school education activity implemented by PLAN International and partnering with Helen Keller International in FYs 2003 and 04 included a component to improve primary school accessibility for disabled children using “school buddies” and other low tech/no cost approaches.
- (2) To complete the analytical underpinnings for this new SO, a study entitled “Assessment of Educational Needs of Disabled Children in Bangladesh” was funded in FY2004 and conducted by Creative Associates in early 2005. The results of the study will further inform program design for all USAID preschool and primary education activities. The study was shared with other donors working in the education sector in Bangladesh to improve awareness of needs.
- (3) Under “Sisimpur” (Bangladesh Sesame Street program) funded/initiated in FY2004 with programming launched in FY2005, features children with disabilities in order to raise awareness and visibility. Planning is underway for the outreach program and curriculum materials that will specifically target children with disabilities.

Indicator 2: Disabled People's Organizations (DPOs) have increased capacity to provide assistance to PWDs and to advocate successfully for the rights of PWDs.

For PWDs to become integrated into their communities and societies, PWDs themselves must demand change and have the capacity to see it through. At the same time, public education and policy/legal reform can create an environment that is more conducive to the integration of PWDs. Please identify any activities funded or organized by your mission/office that have supported the capacity-building of indigenous DPOs, provided organizational or advocacy skills to DPOs and/or affected policy change/legal reform for people with disabilities.

None specifically funded by the Mission in FY 2005. However, the Program Office maintains a strong relationship with an important local DPO involved nationally in both services and advocacy which is mutually beneficial. The results of this collaboration in FYs 2003-4 are reported under Indicator 3.

Indicator 3: PWDs have access to, and are included in, the staff and activities of each USAID mission/office.

Please describe the ways in which your mission/office has removed barriers to the participation of PWDs in its work and how PWDs have been included in the planning, implementation, and evaluation of USAID-supported programs. This may include construction or rehabilitation of facilities to ensure universal accessibility, recruitment and hiring of PWDs, training for staff on disability issues, involvement of DPOs in developing program strategies and reviewing proposals, or other similar initiatives. USAID (and now the US Mission) maintain ongoing communication with a local DPO on matters pertaining to employment accessibility. The DPO serves as a conduit for information about position vacancies. A recent follow-up meeting helped to identify the reasons that PWDs were not gaining access despite the information provided and potential remedies. As a kind of informal staff training, the DPO provides periodic speakers on subjects related to disability in Bangladesh that help inform (and remind) USAID staff on ways to improve and adapt USAID programming and activities to improve access and inclusion.

Indicator 4: USAID missions/offices implement activities in accordance with their own disability plans of action.

If your mission/office has developed a disability plan of action (a recommendation of the first report on the Disability Policy), please identify successes and/or challenges to its implementation.

None in FY 2005.

Cambodia

USAID/Cambodia, together with the LWVF, provides significant support for rehabilitation services and training. In addition to its regular support for clinics run by the Vietnam Veterans of America Foundation (VVAF, known in Cambodia as Veterans International [VI]), the prosthetics training school operated by the Cambodian Trust in Phnom Penh, and the Disability Action Council, the organization responsible for coordination of all disability activities in the country, USAID has recently begun to support two new initiatives. First, USAID is overseeing the creation of a congressionally authorized endowment that will ensure the continued functioning of the VVAF/VI program over the coming years as it works toward financial sustainability. Also, a new basic education program implemented by World Education includes as one of its primary areas of focus an initiative aimed at ensuring access to education for people with disabilities.

Egypt

Background

The USAID Disability Policy encourages the use of existing Agency resources for the inclusion of people with disabilities (PWDs). It calls for the integration of persons with disabilities into our regular on-going and new activities and no special programs are requested. USAID/Egypt has complied with this guidance.

Indicator 1: People with disabilities (PWDs) included in programs or initiatives funded by USAID.

SO 16 : Environment for Trade and Investment Strengthened

A. Under the Mission's Economic Growth Strategic Objective, there is an Information and Communications Technology project. One of its subprojects consists of a grant in the amount of LE 287,000 (approximately \$50,000) to Ain Shams University, one of Egypt's most important universities, for its audiology unit. To date, half of the grant has been disbursed. The objective is to develop a localized Arabic-language multimedia software package to assist children with Central Auditory Processing Disorder (CAPD). Three multimedia software packages to be used in the remediation of children with CAPD are:

- Product I: using tones and other non-verbal stimuli
- Product II: simple verbal stimuli (words)
- Product III: complex verbal stimuli (words and sentences)

In addition, a patient data base system for collecting and recording information, keeping track of progress, and analyzing patient information is included.

Expected results:

- Increased capacity to conduct remediation and increased accessibility to remediation services.
- Increased standardization and improved quality of service from physicians, therapists, and educators.
- Increased access to remediation software at home or at school.

Research facilitated to improve knowledge of remediation protocols.

B. Generally, USAID facilities built under water/wastewater and electrical power programs do not incorporate PWD design as they have restricted entry and are not accessible by the public. Plants for power generation and water/wastewater treatment involve hazardous work and require a staff that can respond to audible and/or visual signals from alarms and co-workers. Service areas are often accessible only by ladder and heavy lifting is usually a requirement of the staff. That being said, however, the Alexandria Wastewater Expansion II Project included a Multipurpose Training Center and Workshop Buildings located at the East and West Wastewater Treatment Plants. These facilities were constructed with toilets for the handicapped.

C. Under the Mission's Small and Micro Enterprise Program, one of the activities helps people with disabilities in Upper Egypt through a partner microfinance

institutions, the Assiut Business Association (ASBA). During the period January 2003 - December 2004, ASBA provided medical assistance to about 2000 handicapped persons by providing prosthetic devices and other related medical and rehabilitation services. Some of them received support to start and operate successful income generating activities.

D. The USAID-funded Lead Cleanup Component of the Livelihood and Income from the Environment is targeting the cleanup of polluted sites in the heavily polluted area of Shoubra El Kheima. These sites used to be lead smelting factories that the government has decided to relocate outside of this heavily polluted area. In addition, a primary school will also be decontaminated and thus would benefit the community as a whole. Cleaning these sites would mitigate the adverse effects that lead has on human health and especially that of women and children. The incidence for anemia and decreased IQ points of children in this community are expected to decrease as a result of this activity. Other diseases associated with lead contamination are also expected to decrease as a result of this project.

SO 20: Healthier Planned Families

USAID Support for the Egyptian Polio Eradication Plan:

USAID/Egypt has been working closely with the Government of Egypt towards the goal of eradicating polio from Egypt. Great progress has been achieved in this area. Polio cases have been declining steadily, with 36 cases reported in 1998, 5 cases in 2001, and one case in 2004. No cases have been reported so far in 2005, and the hope is strong that Egypt will be declared free of this disabling childhood disease by 2007.

USAID collaborates with the Ministry of Health and Population, WHO, UNICEF, Rotary International, and JICA to conduct annual national polio campaigns and to strengthen routine vaccination coverage.

National Immunization Days (NIDs), which are conducted 3-4 times each year, are held under the patronage of Egypt's First Lady, Mrs. Suzanne Mubarak, indicating that this is one of the government's priorities. USAID recently participated in the Partners for Eradication of Polio in Egypt event, which received wide media attention.

To date, more than 11 million children under five years of age have been immunized, representing 99% of the targeted children. During the National Immunization Days, teams go from door-to-door immunizing children, leaving a mark on each residence indicating the vaccination status of the children in that household. This year finger marking was also introduced to decrease the number of missed children. The vaccination teams are comprised of Ministry of Health and Population staff, nursing school students, and university student volunteers. International organizations, donors and medical school professors serve as observers to verify the quality of the campaign. Community activities and announcements, TV and radio spots announce the vaccination days and newspaper articles and TV shows discuss the campaigns. During the campaigns, megaphones move from street to street to announce the event to families.

Egypt is receiving international attention for these efforts as it is one of the last few countries which has recently reported a case of polio, and has not yet been declared polio free. Due to increased incidence of polio in neighboring countries and the desire to become polio free, Egypt increased the number of National Immunization Days this year from the usual four to six. The mono-valent polio vaccine Type I was also introduced for the first time, since Type I is the only wild polio virus still existing in Egypt and this vaccine will be more effective.

The estimated cost for each campaign is \$700,000, minus the cost of the vaccines. USAID provides \$ 1 million each year toward these campaigns.

SO 22: Improved Access to Quality Education

Alam Simsim Television Program

Alam Simsim, the Egyptian Sesame Street program supported by USAID, promotes diversity and celebration of differences between people through its broadcasts throughout the Middle East. One of the many messages of tolerance highlighted within this theme is “accepting people with disabilities.”

Indicator 2: Disabled People’s Organizations (DPOs) have increased capacity to provide assistance to PWDs and to advocate successfully for the rights of PWDs.

SO 21: Initiatives in Governance and Participation Strengthened

NGO Service Center Support to Activities for Citizens with Special Needs

Since its inception in 2000, the NGO Service Center project, USAID/Egypt’s main activity supporting the NGO sector, has supported many NGO activities that address the needs and concerns of People with Disabilities (PWD), in addition to providing these groups with training and technical assistance geared towards enhancing their capacity and effectiveness.

The NGO Service project, which ends in 2005, contributes to USAID/Egypt’s Strategic Objective 21 (SO 21) which calls for Strengthening Egyptian Initiatives in Governance and Participation. The project aims at strengthening non-governmental organizations (NGOs), one of the means through which citizens can effectively participate with the government in the national development process. It focuses on helping NGOs develop their capacity to: represent their constituents and advocate on their behalf and network with each other to form larger interest groups with more ability to lobby and advocate for change.

The activity accomplished these objectives by: 1) supporting the technical and institutional capacity of individual NGOs: 2) supporting the infrastructure of civil

society at large: and 3) leaving behind a sustainable Egyptian entity that will continue supporting the sector beyond USAID assistance.

The project has funded 14 NGO-led initiatives for PWD, with a total value of \$605,058, representing 7.5% of the total grants funded. Approximately 95% of these funds were programmed in 2003-2004. Activities included advocacy campaigns raising awareness regarding needs of PWD, creating employment for PWD, advocating to broaden the concept of disabilities and to apply existing laws related to PWD, advocating for the health and social rights of PWD, and capacity building of groups dealing with issues of PWD.

Other Activities

Self- Help Program

The Self-Help Program funds projects initiated at the local community level which are consistent with USAID strategic priorities. The projects are in the L.E. equivalent of \$2,000 to \$10,000 range, of short term duration, and emphasize activities having major opportunities for local impact. The Self-Help Program provided five grants supporting activities for the disabled as follows:

1. Fair-Haven Mentally Challenged School

Project Title: Vocational Training for Mentally Challenged Young People, Alexandria.

Project Purpose and Description of Activity: In January 2000, the Self-Help Program granted the Village of Hope LE 24,400 to establish a vocational training center, Fair-Haven Mentally Challenged School, for mentally handicapped persons above the age of 15, providing training in farming and greenhouse techniques.

Beneficiaries: Approximately 30 to 50 mentally and physically challenged young persons per year.

2. Village of Hope, Center for Special Need Youth

Project Title: Vocational Training for Mentally Challenged Young People, Borg El-Arab, Alexandria Governorate.

Project Purpose and Description of Activity: In October 2001, the Self-Help Program granted the Village of Hope LE 43,850 to establish a permanent day care center for mentally handicapped persons above the age of 15, with the following range of activities: personal care, basic education (simple calculation and reading), sports and field trips, vocational training in: household chores, farming and greenhouse techniques, conserving and packaging vegetables, poultry raising, paper collection for shredding and resale as packing material for fruits and vegetables.

Beneficiaries: Approximately 50 mentally and physically challenged young persons will use the center during the year.

3. Mazen Special Need Development Association

Project Title: Vocational Training for Mentally Challenged Young People, Heliopolis, Cairo.

Project Purpose and Description of Activity: The purpose of the Project is to provide training and production facilities. In October 2001, the Self-Help Program granted this Association LE 39,860 to upgrade their education facilities such as: educational kitchen (fresh vegetable wrapping and baking), gym equipment for physical therapy, computers for training, and educational materials for young children.

The beneficiaries are learning social skills and personal care to be able to fit more easily into society. At the same time, they are trained in different skills depending on their capabilities. Some of above mentioned training would develop skills to help young mentally challenged people to work in private enterprises and earn income.

Beneficiaries: 15-25 mentally and physically challenged students (children, youth and adult).

4. El-Ragaa Center for Mentally and Physically Challenged Children and Youth

Project Title: Training of teachers of mentally and physically challenged children and youth, Tanta.

Project Purpose and Description of Activity: In October 2001, the Self-Help Program granted this association LE 42,972 to provide training for specialized teachers to give individual and group care to mentally and physically challenge children and youth. At the same time, this training will provide job opportunities for unemployed girls as teachers.

Two levels of training courses are being conducted. The first level of training is an introduction providing basic knowledge for 16 beginning trainees. The second level is advanced training for the 16 beginning trainees and for 16 experienced teachers who are already teaching in the Center.

Beneficiaries: 32 girls who are graduates of a technical school or university.

5. Deaf and Mute Fraternal Connection Association

Project Title: Computer Training Center for Deaf and Mute Children and Youth, Deaf and Mute Fraternal Connection Association, El-Manshia, Alexandria

Project Purpose and Description of Activity: In October 2001, the Self-Help Program granted this association LE 57,735 to establish a computer center to teach computer skills to deaf and mute people in order to qualify them to work in the labor market. The fees are small and are utilized for the association's activities and

services. Another objective is to link deaf people to each other through the internet and thereby reduce their psychological isolation. The center provides opportunities for deaf and mute young women and men to enter the job market, to become independent individuals, socially and financially.

Indicator 3: PWDs have access to, and are included in, the staff and activities of each USAID mission/office.

USAID Egypt's new office building was built in compliance with U.S. standards to ensure universal accessibility for PWD's. The facility has lowered corner curbs, ramps, modified elevators, etc. The Mission has employed a number of PWD's, both American and Egyptian, and has taken steps to meet PWD needs for specialized furniture and equipment. For example, a "standing" desk was purchased for an employee with back problems, and a microphone with speaker was purchased for an employee with a throat injury.

Indicator 4: USAID missions/offices implement activities in accordance with their own disability plans of action.

USAID/Egypt incorporates the new policy language supporting USAID's Disability Policy in all solicitations and resulting awards for contracts, grants, and cooperative agreements.

India

Indicator 1: People with disabilities (PWDs) included in programs or initiatives funded by USAID.

(a) SO 386-014, Improved Health and Reduced Fertility in Targeted Areas of India

USAID/India funds programs related to population, health and humanitarian assistance that focus on polio eradication, micro-nutrient Vitamin A, child survival, HIV/AIDS and infectious diseases, thereby both directly and indirectly working towards preventing disabilities. The mission financially supports the Government of India polio immunization efforts. Many expect polio to be eradicated by 2005. In 2004, 136 polio cases had been reported, considerably fewer than the 225 and 1,600 cases reported in 2003 and 2002 respectively. The mission funds activities to prevent and control tuberculosis (TB) and malaria and also provides assistance to strengthen the surveillance of infectious diseases.

Under the P.L. 480 Title II program, the mission supports the humanitarian assistance activities of Catholic Relief Services (CRS), which supports the destitute and poorest of the poor - people living with HIV/AIDS, children affected by AIDS, leprosy patients undergoing rehabilitation, the **physically and mentally disabled, and** people who would otherwise be unable to access humanitarian support from the Government or other donors.

(b) SO 498-007, Program Development and Learning

In FY 2004, USAID/India sponsored participation of six Indians, including one disabled person in the 8th International Congress on Including Children and Youth with Disabilities in the Community, held from June 14-18, 2004 in Stavanger, Norway.

In FY 2003, USAID/India provided financial support to a physically challenged woman to visit Eugene, Oregon, to participate in Mobility International's Women's Institute on Leadership and Disability Program.

Indicator 3: PWDs have access to, and are included in, the staff and activities of each USAID mission/office.

The offices of USAID/India are fully accessible to people with disabilities (PWDs). The Mission is collocated with the Department of State on the Embassy compound. Embassy facilities have ramps, and we understand that these facilities comply with Federal Accessibility Standards. The USAID Mission is accessible by elevator on a single level, and an open office environment is maintained. USAID offices and public areas are equipped with signs marked in Braille, and wide and unobstructed hallways are maintained to accommodate PWDs.

Indicator 4: USAID missions/offices implement activities in accordance with their own disability plans of action.

USAID/India's disability plan includes the objective of assuring that the mission's employment opportunities are open to the disabled. The mission accordingly considers hiring of PWDs, where appropriate. In 2004, one PWD FSN was hired.

Indonesia

The following input is keyed to the four Indicators listed in your draft letter:

Indicator 1: People with disabilities (PWDs) included in programs or initiatives funded by USAID.

- Our Office of Procurement has been including the new required clause/provision in all new and modified contracts and grants, incorporating the policy in our programs. We also discuss the clause/provision as part of our post-award briefing with contractors and grantees.
- Through a grant to LP3ES (Institute for Social and Economic Research, Education & Information), USAID/Indonesia provided supports to a local organization in Yogyakarta, called CIQAL (Center for Improving Qualified Activity in Life of People with Disabilities), to conduct training on voter education (political and voters rights), dissemination of guidance book how to vote (produced by Yayasan Visi Anak Bangsa) and leaflets about the rights of disabled to vote and to participate in politics (opportunities for disabled to become legislative candidates), and election simulation in collaboration with DPRD at the provincial level by introducing a design of voting booth for easy access, a template for the blind, and small cards showing their disabilities to be recognized by the election commission.
- Through a grant to Koalisi Media untuk Pemilu Bersih (Media Coalition to Support Clean Elections), Yayasan Visi Anak Bangsa produced and disseminated a voter guide for the blind. The Voter Guide was widely distributed and used by blind voters to learn about the importance of elections in democracy, voters' rights, criteria of good leaders, etc.
- OFDA financed a number of tsunami-related grant agreements that have included mental health activities, or psychological and social interventions, for disaster-affected populations in the province of Aceh. (For details see recent reporting by OFDA to DCHA.)
- On our Banda Aceh to Meulaboh road project we are planning to put in our scope of work that the side walks, if constructed (according to the recommendation by the design firm) along the bridges should be "disabled friendly." (Note that the project scope will not include a side walk along the overall road.)

Indicator 2: Disabled People's Organizations (DPOs) have increased capacity to provide assistance to PWDs and to advocate successfully for the rights of PWDs.

- USAID/Indonesia has an on-going cooperative agreement with Helen Keller International, funded with ANE "disabilities" resources, aimed at improving access to inclusive public education for blind and visually impaired children.
- Through a cooperative agreement with CEPPS, IFES provided technical assistance to a nationally-based disabled group to advocate for the political rights of disabled groups. This included easy access for the disabled in the voting booth, a template for the blind, and secrecy guaranteed for disabled groups (particularly the blind) in practicing their political rights by producing a letter to be used by a family member of the disabled or by having a designated officer to help disabled voters in the voting booths.

Indicator 3: PWDs have access to, and are included in, the staff and activities of each USAID mission/office.

- No report.

Indicator 4: USAID missions/offices implement activities in accordance with their own disability plans of action.

- As noted under the first bullet, above, we rely on and refer to the Agency action plan and guidance in all of our procurement and assistance actions.

Jordan

Indicator 1: People with disabilities (PWDs) included in programs or initiatives funded by USAID.

While some activities may have PWDs as their primary focus, USAID's ultimate objective is to ensure that development and humanitarian programs across all sectors consider the needs and concerns of PWDs and include PWDs in planning, implementation, and evaluation. Please briefly describe program activities that have included PWDs, categorizing them by Mission strategic objective.

Although USAID/Jordan does not have project activities specifically targeting the disabled, our portfolio benefits all Jordanians, and thus the disabled are beneficiaries of our activities within the parameters of our three strategic objectives of improved social sectors development, enhanced integrated water resources management, and improved economic opportunities. Our most prominent activities that benefit the disabled are described below.

MICROFINANCE AND BUSINESS DEVELOPMENT SERVICES PROGRAMS -- Our microfinance and business development services programs are benefitting disabled Jordanians. A woman with hearing impairments in Wadi Mousa, a town near Petra, was able to obtain a microfinance loan to start a business to produce handicrafts. Another woman received training and technical assistance from USAID/Jordan's Women's Access to Entrepreneurship Development and Training (WAEDAT) program to help her improve her special education center for people with speech difficulties.

HEALTH PORTFOLIO -- While USAID/Jordan's health activities do not directly target the disabled, our health projects benefit all Jordanians, including the disabled. USAID/Jordan's health portfolio focuses on reproductive health and primary health care. Our work in this area is aimed at renovating all public health care centers throughout Jordan and improving all primary health care services. This includes prevention of disabilities and dealing with them within the capacity of primary health care services. The majority of renovated centers are wheelchair-accessible.

In addition, public awareness and outreach programs funded by USAID/Jordan provide information on reproductive health and family planning methods as they relate to overall health status. This work includes preventing disabilities resulting from health issues such as marriages among relatives.

WATER PORTFOLIO -- USAID/Jordan's water and wastewater activities benefit all Jordanians, including the disabled. USAID/Jordan's water portfolio focuses on water and wastewater treatment, treated wastewater reuse, and water conservation.

TRAINING -- Qualified prospective participants are selected without reference to disability, whether for training in-country, third country, or in the United States.

Indicator 2: Disabled People's Organizations (DPOs) have increased capacity to provide assistance to PWDs and to advocate successfully for the rights of PWDs. For PWDs to become integrated into their communities and societies, PWDs themselves must demand change and have the capacity to see it through. At the same

time, public education and policy/legal reform can create an environment that is more conducive to the integration of PWDs. Please identify any activities funded or organized by your mission/office that have supported the capacity-building of indigenous DPOs, provided organizational or advocacy skills to DPOs and/or affected policy change/legal reform for people with disabilities.

USAID/Jordan provides assistance to local NGOs to improve their advocacy capabilities and enhance civic participation in decision-making. However, USAID/Jordan does not have any activities specifically targeting DPOs.

Indicator 3: PWDs have access to, and are included in, the staff and activities of each USAID mission/office.

Please describe the ways in which your mission/office has removed barriers to the participation of PWDs in its work and how PWDs have been included in the planning, implementation, and evaluation of USAID-supported programs. This may include construction or rehabilitation of facilities to ensure universal accessibility, recruitment and hiring of PWDs, training for staff on disability issues, involvement of DPOs in developing program strategies and reviewing proposals, or other similar initiatives.

The USAID/Jordan mission hiring policy does not discriminate against PWDs. In addition, mission offices are accessible to PWDs with the availability of elevators and other necessary facilities.

USAID projects are also encouraged to hire PWDs whenever possible, and several projects have in fact done so. For example, a blind person works as a telephone operator with a USAID project.

Indicator 4: USAID missions/offices implement activities in accordance with their own disability plans of action.

If your mission/office has developed a disability plan of action (a recommendation of the first report on the Disability Policy), please identify successes and/or challenges to its implementation.

USAID/Jordan has a policy requiring all offices to support the Disability Policy and to integrate, whenever possible, opportunities for advancing Agency disability concerns. In general, however, disability issues have not been viewed as major impediments to social and economic development in Jordan. Therefore, substantial support has not been provided in this regard.

Any programs dealing with sensitive issues such as disability require the full commitment of the host government and local organizations. The Jordanian Government has already made strides to ensure the rights of persons with disabilities. Schools, public transport and walkways, and training facilities have been rehabilitated to make them fully accessible to PWDs. Sports olympics for the disabled are held every year. Nonetheless, more work is needed towards further developing and implementing policies that call for improved accessibility and integration of the disabled into the society. In addition, in view of the prevailing "shame culture" among families of the disabled, a challenging behavior and culture change program must be implemented.

Laos

Descriptive Title: **Quarterly Performance Report (January 2005 – March 2005)**

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Grantee: **Handicap International Belgium**

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Author: **Kirsten L. Lentz, PT, MPH
CBR Program Coordinator**

Quarterly Performance Report (January 2005 – March 2005)

This is the second installment of the quarterly performance report (January 2005 – March 2005) from Handicap International Belgium (HIB) concerning the project “Supporting War Victims and People with Disabilities in Lao PDR”. As indicated in the annual work plan, submitted to USAID and subsequently accepted, the implementation of activities is significantly limited until the memorandum of understanding (MOU) is accepted by the Government of Lao PDR (GOL) represented by the Ministry of Health (MOH) specifically the National Rehabilitation Center (NRC). Activities that do not require approval have been initiated and all reasonable steps are being taken to ensure the timely acceptance of the MOU. **However, as of 23 March 2005, Dr. Thonchanh Thepsomphou, Director of the NRC, has placed a moratorium on any further activities pending the acceptance of the MOU by the GOL.**

The main focus of this quarter was village and Community Based Rehabilitation Worker (CBRW) identification, implementation of the baseline study, resource center/library development at the PRC, identification of CBR rooms in the district, and completion of the basic CBR training.

Details of Current Progress

Semiannual Outcome Indicators

- See Appendix A for comments regarding the status of semiannual outcome indicators

Memorandum of Understanding (MOU) and Program Set-up

- The NRC Director and the MOH have signed the MOU. It has been forwarded to the Ministry of Foreign Affairs (MFA) for final approval (see under problems encountered below).
- Letters of project acceptance have been received from the districts.
- The Provincial Rehabilitation Center has nominated 4 members to the CBR Team. One member is a COPE representative (See Appendix B)
- Provincial Supervisors (PS) and Provincial Steering Committee (see under problems encountered below) have been appointed. (See Appendix B)
- Xepon, Nong, and Vilabuly Districts have chosen 3 District Supervisors (DS), 10 villages and 10 CBRW, per district, to participate in the project. (See Appendix C and D).
- Introductory monthly meetings have been held in Xepon, Nong, and Vilabuly with CBRW and Village leaders.
- HIB is in the process of identifying candidates for Project Manager, Group and Management Trainer. An OT Trainer has been identified.
 - OT Trainer: Donna Rimmer (See Appendix E for CV)

Baseline Survey

- Survey Tool and Guideline for data collectors were updated and translated into Lao.
- Training for data collectors was held at the PRC 17 – 21 January 2005. All PRC CBR Team members and District Supervisors from Xepon, Nong, and Vilabuly participated in the training. Additionally, one member (Mr. Boualay Chantalangsy - project manager of the rural development project in Xiengkhouang Province.) of Handicap International France (HIF)¹ rural development team participated. The NRC CBR Trainers, with assistance from the HIB Team, acted as training facilitators.
- Two teams of data collectors, with the assistance of the CBRW at the community level, completed all data collection in 30 villages. Data collection occurred 7 – 25 February 2005.

Team 1	Team 2
Study Coordinator – HIB	Study Coordinator – HIB
PRC Coordinator	1 NRC Representative
2 DS (worked in their own district)	1 PRC Representative
	1 DS (worked in their own district)

- Preliminary statistics available from the study:
 - Total number of identified PWD: 256 (155 male (61%):101 female (39%))
 - Age Grouping

Age Group	Number of PWD
0-5	18 (7%)
6-18	69 (27%)
19-59	132 (51%)
60+	37 (15%)

- Type of Disability

Type of Disability	Number of PWD
Amputation	17

¹ HIF is in the process of re-directing their mission. Organizationally HIF will return to the sector of disability. HIB and HIF are forging new partnerships to cooperate in this sector. HIF is considering implementing a disability survey in Xiengkhouang Province, their participation in the training was instrumental for information sharing.

Cerebral Palsy	11
Hemi, Para, Quadriplegia	12
Polio	16
Club Foot	1
Mental Illness	17
Difficulty Learning	10
Seizure	29
Visual Impairment	44
Hearing and/or Speaking Impairment	60
Cleft Lip/Palate	4
Leprosy	2
Multiple	6
Other	27

USAID Visit

The CBR project, active in Vientiane Capital and Province, was pleased to welcome Ms. Phakatip Chungbhivat and Mr. Michael Stievater, representing USAID, on 19 January 2005. Ms. Chungbhivat and Mr. Stievater met with HIB country director, Mr. Luc Delneuve, CBR Project Assistant, Mr. Sysavanh Chanthalasy, and Deputy Director of the NRC, Dr. Souphan Inthirat, to view project activities at the community level and visit the NRC.

Database

Simultaneously, during the collection of the baseline study data the CBR database was initiated. The CBR database mirrors the CBR database that is presently being used in Vientiane by the NRC and HIB. This will be a tool for monitoring project activities and the needs of PWD.

Training

- COPE Training – PRC
 - 3 members of the CBR PRC Team attended a 1-week “Fundamentals of Physiotherapy” training course offered by the COPE Physiotherapy Mentoring Staff.
- Baseline Study Training (see above)
- Cognitive Disability Training – The NRC CBR Team, Provincial and District Supervisors, and 5 members of the NRC staff (1 COPE, 2 in-patient and 2 outpatient physiotherapists) from Vientiane Capital and Province attended a 3-day training on cognitive disability.
 - A curriculum manual was developed by HIB for this training and will be used by the NRC training team to develop a specialized training for CBRW

Planning and Coordination

- Project information meetings were held in Nong (25 Jan 2005), Xepon (26 Jan 2005), and Vilabuly (27 Jan 2005). Present at these meetings were the HIB CBR Team, NRC CBR Team, PRC CBR Team, Provincial Supervisors, District Supervisors, Sub-district Authorities, Chief of villages, and CBRW. Information was well received and further preparations for the baseline study were made. Meetings were opened by:
 - Deputy District Governor (Nong)
 - Director of the Xepon Interdistrict Hospital (Xepon)
 - Deputy District Governor (Vilabuly)

Vocational Training

- Lao Coco – application form for training have been developed. Presently awaiting completion of training workshop. Expected start for training 1 June 2005
- A provincial branch of Sikerd Vocational Training School, especially for PWD and therefore accessible, has opened in Savannakhet. Meeting was held with the Director and Deputy Director to forge partnership for vocational education. One problem encountered is that there are neither dormitory facilities nor career assistance after training.

Lao Disabled People's Association (LDPA)

- Radio Broadcast – Weekly ½ hour broadcasts “Friends of PWD” of have occurred on such topics as:
 - GOL's policy on disability
 - The work and programs of LDPA
 - Services available for PWD
 - Letters from listeners
 - Interviews
 - International Day of Disabled People (IDDP)
 - Inclusive education
 - Special interest (Micro-credit, public interest stories)
- Evaluation of this pilot project was carried out in January and February. LDPA's public relation officer visited 2 HIB CBR project groups, with the HIB Project Assistant, to explain the radio project, donate a radio to the group, and supply feedback forms. The groups listened to 4 consecutive broadcasts and provided feedback on the form as well as focus group discussion during the follow up visits. LDPA is in process of completing the report.

CBR RESOURCE ROOMS AND LIBRARY DEVELOPMENT

- All three districts and the PRC have selected sites for CBR Resource Rooms. The District Supervisors and PRC Team are working closely with the HIB Project Assistant to ensure their timely refurbishment.
- All CBR library materials have been prepared for the CBR Library in the resource room at the PRC. At this time completion is awaiting the refurbishment of the resource room.

Community Health Bulletin Boards

- Working in partnership with the 30 target communities, locations have been chosen for the placement of Community Health Bulletin Boards. Communities will, themselves, supply labor to erect the boards.

Problems Encountered

- Dr. Thonchanh Thepsomphou, Director of the NRC, has placed a moratorium on all activities until the MOU has been accepted by the GOL. HIB is in dialogue with the NRC and provincial steering committee to identify a solution.
- Through discussion with the NRC and PRC it was decided to offer two weeks of basic CBR training opposed to the work plan schedule of one week. The first week would be for the PRC CBR Team, Provincial and District Supervisors and the second for CBRW from Nong, Vilabuly, and Xepon. These trainings were scheduled for 14 – 25 March 2005. However, Dr. Thonchanh, Director of the NRC, canceled both trainings stating that they could not be held until the MOU is signed. This significantly impacts the work plan and schedule of implementation. At this time these trainings have not been rescheduled per Dr. Thonchanh's explicit command.
- As indicated in the first installment of the quarterly performance report the GOL has not yet approved branches of the Lao Disabled Peoples Association (LDPA) in Savannakhet or Vientiane Province, therefore there is no appointed LDPA representative to the CBR team at this time. Additionally, LDPA have been unable to secure funding for their activities due to MOU negotiations with their partner organization and the MLSW.
- Gender ratio goals for CBRW and District Supervisors were not achieved. The reason given for the significant lack of females is due to the low literacy rates in the districts/villages, especially among females.
- Further change in the structure includes a "Provincial Steering Committee" (See Appendix F). This is a constraint placed on the project by the GOL. It has been indicated that these individuals will not be involved in day-to-day operations or in planning but as a liaison with the provincial government and will be involved in program coordination meetings with the direction of the NRC and PRC.
- The baseline survey indicated a lower than expected number of PWD which may affect the outcome indicators. The CBR Team will attempt to address this issue. Furthermore, the type of disability indicated that the greatest numbers have a sensory disability. Assessment of needs, due to this, may alter the implementation of specific activities to reflect this finding.

Cost Overruns

None noted at this time

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Appendix A: Semiannual Outcome Indicators

March 2005	Outcome	Indicators/targets	Comments
	Outcome 1	PRC CBR Team selected	Achieved
		10 communities per districts have been selected to participate in project	Achieved
		10 communities per district have agreed to participate in project	Achieved
		30 CBRW have been selected	Achieved
		6 DS have been selected	Achieved
		30 CBRWs, 6 DS, LDPA representative and the PRC CBR team have completed the Basic CBR Training	Cancelled due to MOU status
		2 Quarterly planning meetings have occurred	1 has been held – others have been cancelled due to MOU status
		Resource library development has been initiated	Achieved
		Database for PWD has been initiated	Achieved
	Work space in the PRC has been completed	In process	
	Outcome 2	3 tailors and 3 carpenters have been identified to participate in adaptive equipment training program	Cancelled due to MOU status
	Outcome 3	10 PWD have been selected to participate in vocational education	In process
		5 individuals have been selected to work with Lao COCO	In process
	Outcome 4	Community development committees have been identified	Cancelled due to MOU status
		Community PWD groups have been identified	Cancelled due to MOU status
		LDPA representative has been identified	No government permission
		Locations for 30 community bulletin boards have been selected	Achieved
	Outcome 5	Financial committee members have been chosen	Cancelled due to MOU status
	Outcome 6	One disability Forum occurred	Not Achieved
		10 radio broadcasts completed	Achieved
Outcome 7	Baseline study completed	Data collected – Report in process	

Appendix B: List of PRC CBR Team Members and Provincial Supervisors and Provincial Steering Committee

Provincial Rehabilitation Center Coordination Team

	Name	Position	Comments
Provincial Rehabilitation Center Coordination Team	Ms Leusith	CBR team	PRC
	Ms Sengchanh	CBR team	PRC
	Mr Thavisay	CBR team	Cope
	Dr Inpeng ²	CBR team	PRC

Provincial Steering Committee and Provincial Supervisors

	Name	Ministry	Comments
Provincial Steering Committee	Mr Soukkhaseum Phothisane	Provincial Office	Vice Governor
	Dr Kinta Bayavong	Health	
	Mr Khonsavanh	Education	
Provincial Supervisors	Dr Inpeng ²	PRC	Deputy Director
	Ms Sounthala	Education	
	Mr Louay	PLSW	

² CBR coordinator for the PRC and MOH Provincial Supervisor

Appendix C: List of District Supervisors

District Supervisors

	Name	Ministry	Comments
Khanthabouly District	Mr Huonkeo Venvongsot	Health	
	Mr Suvannaseng Phaisonsaphon	Education	
	Mr Onsa Keoh (Khamdi)	MLSW	
Outthomphone District	Ds Khampon	Health	District Hospital
	Mr Khamchanh Lienvongsa	Education	
	Mr Chanthavong	MLSW	
Xayphouthong District	Mr Vixien	Health	District Hospital
	Mr Sysomsay Phanpheng	Education	
	Mr Somvang	MLSW	
Vilabuly District	Mr Sonly	Health	Deputy
	Mr Bounthon	Education	Deputy
	Mr Kham Vilayvong	MLSW	Deputy
Nong District	Mr Aling	Health	
	Mr Somphet	Education	
	Mr Bounmai	MLSW	
Xepon District	Mr Seng	Health	
	Mr Kouakham	Education	
	Mr Bounchanh	MLSW	

Appendix D: List of Project Villages and Community Based Rehabilitation Workers

Name of Villages and CBRW

	Name of Village	Name of CBRW	Number of PWD	Comments
Vilabuly District	Phoukham	Mr. Bounthieng	2	
	Boung	Mrs. Lamphieng	7	
	Kaenglek	Mr. Say	3	
	Poungpo	Mr. Bounchanh	11	
	Dongyang	Mr. Thieng Nothilath	11	
	Houayxouan	Mr. Noy	8	
	Laddaeng noy	Mr. Saleung	16	
	Laddaeng yai	Mr. Ter	17	
	Mai	Mr. Ymmala	11	
	Namkhip	Mr. Verd	8	
Nong District	Sloykao	Mr. Bounngam	3	
	Tumluong	Mr. Peun	18	
	Nakong	Mr. Bounyang	7	
	Nalongkao	Mr. Amone	6	
	Nalaongmai	Mr. Bounthiem	9	
	Dongsavan	Mr. Sa am	6	
	Nongsavang	Mr. Thongvanh	10	
	Poonyang	Mr. Bounnoy	6	
	Nongvilay	Mr. Bounthieng	12	
	Nong	Mr. Khanti	15	
Xepon District	Xopmi	Mr. Khim	7	
	Kaengkheup	Mr. Ieng	12	
	Phonhai	Mr. Laythong	8	
	Phosai	Mr. Orn	17	
	Kaengkwi	Mr. Thongleung	4	
	Phonthong	Mrs. Vone	4	
	Xepon	Ms. Lea	2	
	Dongsavan	Mr. Phonvilay	5	
	Pheuang	Mr. Phet	7	
	Houyloua	Mr. Kasy	4	

Appendix E: CV of Donna Rimmer: OT Trainer

Date CV submitted: 28/12/04

DONNA RIMMER

Nationality	British	Address	VSO Office. British Council Building, Box 32965, Cairo Rd, Lusaka,
Date of Birth	17 th April 1972	Home Tel	ZAMBIA
Profession	Occupational	Work Tel	00260-95-915844
Specialisation	Therapist	Email	00260-1-224965
Current Position	Paediatrics Voluntary Services Overseas (VSO) Volunteer Bauleni Street Kids Project		donna_in_zambia@yahoo.co.uk

Key Competencies

Assessment and treatment of disabled children within hospital, community & education settings. Specialist training in equipment provision. Training of therapists and teachers at assistant and qualified level in paediatric therapy and education interventions via workshops. Staff management, service development, policy and procedure development and implementation. Development of home based education and special needs units. Project proposal, fundraising and report writing. Advocating rights of disabled and awareness training. Knowledge of issues regarding disability and poverty in Africa.

Education and Professional Status

BSc (Hons) Occupational Therapy- Salford University, Manchester, 1994
State Registered Senior Occupational Therapist with Health Professions Council.
Membership to College of Occupational Therapy (COT), UK and National Association of Paediatric OT (NAPOT)

Postgraduate Training

2002 Paediatric Hand Splinting; Neurological and Orthopaedic,
1997 Introduction to Bobath; Paediatrics, Bobath Centre, London
1997 Sensory Integration, SINET
1997 Accredited Wheelchair therapist, Ashton, Leigh and Wigan PCT
1996 Positioning and specialist seating, Beaumont College

Languages

English

Supplementary Information

Computer literate with Word, Powerpoint, Excel

Full driving licence

Experience Record

2003-2005.1 DEVELOPMENT WORK

03- Jan 2005 Paediatric Occupational Therapist, VSO Volunteer, Bauleni Street Kids Project, Zambia

Training teachers and teaching assistants to work with physical and learning disabled children. Running training workshops for community schoolteachers and parents/caregivers (Half day to 5-day duration, group size 10 to 60 people) Setting up training programmes for teaching assistants. Producing training materials and manuals for use in classroom and training workshops. Working in partnership with teachers in the classroom to develop physical handling skills of disabled children. Developing teaching aids and teaching methodologies within the classroom for special needs education. Training in assessment, goal setting and documentation for individual education plans.

Setting up new special needs units in community schools. Setting up small scale home-based education and rehabilitation projects for disabled children unable to access school. Setting up parent groups and closely working with the community. Education and awareness-raising with families and the community regarding disability through workshops and public events. Helping to set up parent's group. Working in partnership with other disability NGO's. Training staff from equipment provision NGO's making locally designed wheelchairs and paper based technology making paediatric equipment and toys. Writing evaluation reports, project proposals and fundraising for resources. Equipment provision appropriate for African environment; design of seating and wheelchair seating from local resources. Mainstreaming HIV/AIDS education within the projects via education of teachers, including child abuse, children's rights and drug/ alcohol abuse. Raising awareness in UK through publication of Therapy magazine/ journal articles. Presentation regarding care of disabled OVC's at RAISA conference. (South Africa, May 2004)

Salary: Volunteer allowance plus benefits (\$200 USD per month)

Reason for leaving: End of contract

HEALTH WORK

Jan 2002- Jan 2003

Senior Occupational Therapist, Ashton, Leigh and Wigan Primary Care Trust (PCT), UK

Clinical, management and administration duties as detailed below as Senior Paediatric OT. Personal management of change, integrating back into team as Senior therapist.

Salary: £25,000 per year

Reason for leaving: Career development to pursue development work overseas

March 2001- Jan 2002

Acting Head of Paediatric OT Services (covering maternity leave) Ashton, Leigh and Wigan PCT, UK

Management and clinical supervision of a team of 12 staff members. Management of department budget. Recruitment; developing job descriptions and specifications and interviewing. Developing service delivery, new staff bids and future development related to legislation. Public relations of department within health service and dealing with patient complaints. All these duties whilst continuing reduced clinical duties as Senior 1 role.

Salary: £27,000 per year

Reason for leaving: Temporary contract to cover maternity leave

March 1996 – March 2001

Senior Paediatric Occupational Therapist, Ashton, Leigh and Wigan PCT, UK

Senior 11 grade promoted to Senior 1 grade in April 1999. Assessment and treatment of children with variety of special needs e.g., cerebral palsy, learning difficulties (severe and moderate), autism, motor co-ordination difficulties, Down's syndrome, other conditions and syndromes. Children from 0-19 years seen in special and mainstream school, nursery, clinic, hospital and family homes. Equipment provision; specialist seating/ positioning and wheelchairs. Assessment of home and school environment for access and adaptation. Team work with therapists, paediatricians, nurses and social services staff. Counselling and training of parents/ caregivers. Production of legal patient notes and reports. Clinical supervision of senior staff, support workers and students. Development of department policies and procedures. Moving and handling trainer. Co-ordination of fieldwork student placements with 80 educators and 4 Universities.

Salary: £21,000- 25,000 per year

Reason for leaving: Promotion from Senior 11 to Senior 1 to Acting Head OT

Oct 1994– March 1996

Basic Grade Occupational Therapist, Adolescent Forensic Mental Health Services, Salford Mental Health Services, Manchester, UK

Assessment and treatment of adolescents with mental health difficulties, offending behaviours and severe challenging behaviours. Providing individual and group therapy on social skills, life skills, creative and recreational activities and self esteem. Working closely with multi-disciplinary team of psychiatrists, nurses, and other therapists.

Salary: £19,000 per year

Reason for leaving: Promotion to Senior 11 to pursue physical intervention I

1994 VOLUNTARY WORK

Aug 1994– Sept 1994

Volunteer, Romania Challenge Appeal, Siret Orphanage, Romania

Providing play programmes for children with physical disabilities. Supporting Romanian Carers to feed physically disabled children to ensure basic needs meet nutritionally. Training in care skills, play skills, feeding for Romanian carers to benefit disabled children. Renovation of children's playground.

REFERENCES

Professional

Kate Taylor, OT Services Manager
Ashton, Leigh and Wigan PCT
Leigh Infirmary
The Avenue
Leigh
WN7 1HS
Tel: 0044-1942-264555/556
Email: kate.taylor@alwpct.nhs.uk

Personal

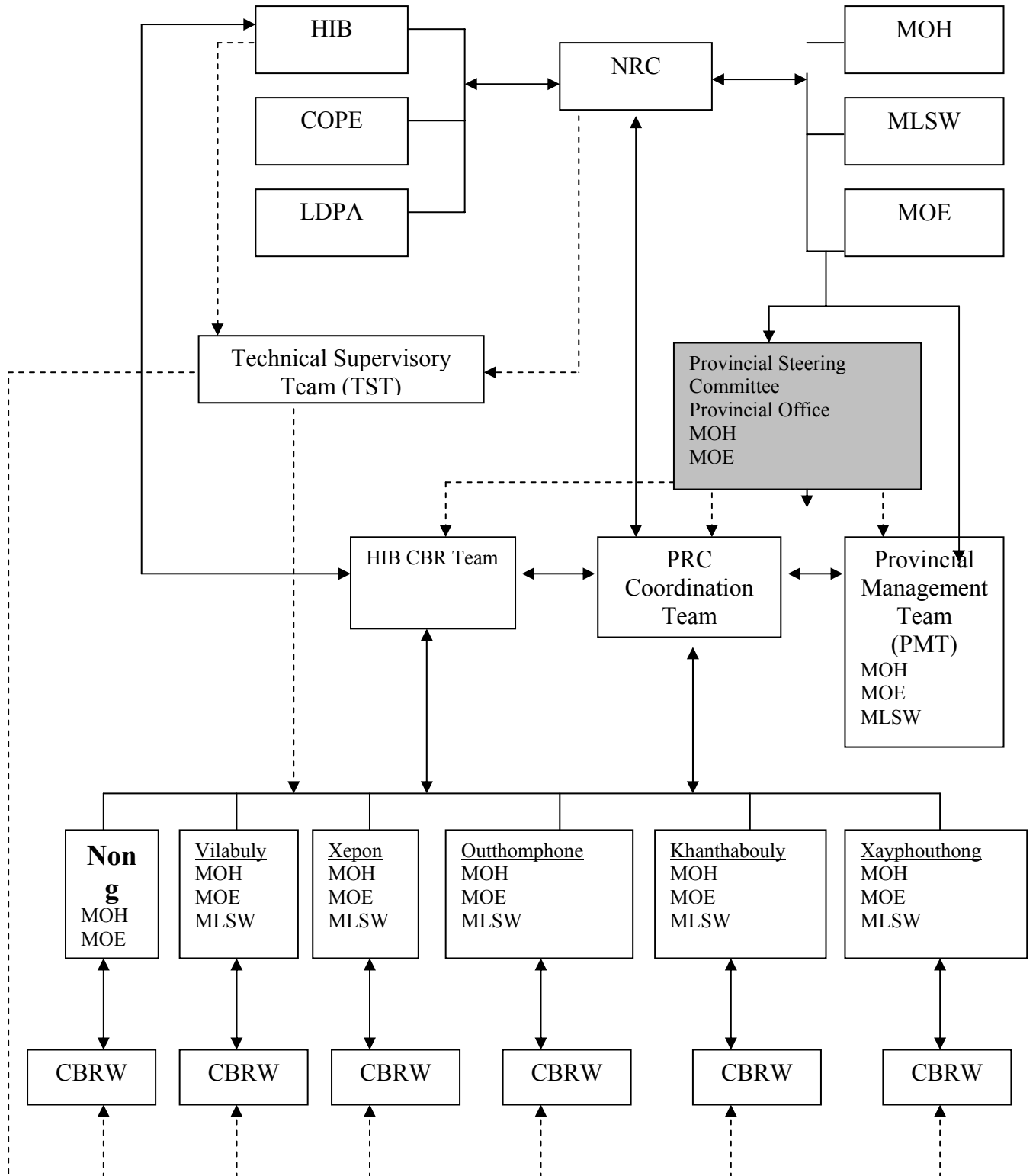
Amanda Wright
17 Branksome Avenue
Salford
Greater Manchester
M6 5EH
Tel: 0044-161-279-1715
Mobile: 0044-781-768-8038
Email: Amanda.Wright2@homeoffice.gsi.gov.uk

Other

Anne Williams, Senior Physiotherapist
Mary Sheridan Centre
Leigh Infirmary
The Avenue
Leigh
WN7 1HS
Tel: 0044-1942-264320
Email: anne.Williams@wwl.nhs.uk

Appendix F: Management Organigram

Changes are indicated by gray box(es)



Laos War Victims Assistance Project

Submitted to:

Mr. Carey Gordon

**USAID Regional Development Mission
/ Asia**

**American Embassy
120 – 122 Wireless Road,
Lumpini, Pratumwan
Bangkok 10330 - Thailand**

Reporting Period:

**October – December 2004
(Final Report)**

Name of PVO:

The Consortium

P.O. Box 6782

Vientiane, Lao PDR

Grant Agreement Number:

442 – A 00 – 00- 00050 - 00

Title of Project:

War Victims Assistance Project

MEDICAL COMPONENT EXECUTIVE SUMMARY

This is the final report for the medical component of the War Victims Assistance Project (WVAP). Both Xieng Khouang and Huaphan provinces finished up their work plans, conducted evaluations, and presented the results of the evaluations at handover ceremonies. In August, the Vice Minister of Health, Dr. Bounkhuang Pichit and the Directors of key departments within the Ministry of Health, attended the Xieng Khouang handover ceremony and visited the province hospital and the Kham District Hospital. In December, staff from the Ministry of Health attended a similar ceremony in Huaphan. For both handover ceremonies, the Department of Health presented an evaluation report both as a verbal summary and in hard copy.

In the narrative section of the report, there is a summary of the project during its nine years of implementation. In addition to USAID funding, funds from private sources paid for the medical care of people injured by UXO and for the socio-economic reintegration of UXO survivors. This is an important service for UXO survivors which will continue implementation through the efforts of the Departments of Health and Consortium. By the completion of Phase 3 extension on 31 December 2004, the hospitals in Xieng Khouang had treated 299 UXO survivors. In Huaphan, from August, 2001 to December, 2004 there were 17 people. The War Victims Medical Fund (WVMF) has been assisting UXO survivors in Savannakhet since April, 2001 and has helped 38 people.

In addition, thousands of other emergency victims and patients in the two provinces have been assisted by the project. The numbers of patients to the provincial and district hospitals increased dramatically as people developed confidence in the care they would receive. The quality of health care improved for everyone because of the updated equipment, availability of appropriate drugs, and upgrading in the medical skill and knowledge of the doctors, nurses, and lab technicians.

The project has provided a model for the Ministry of Health in improving their emergency health care system in the provinces.

II ADMINISTRATION

The Huaphan office is now the training center for the province hospital, and will include the hospital library. All WVAP field staff will be based in Vientiane until the formal signing of the MOU and start of the new project activities in Salavane and Champassak.

III PROGRAM ACTIVITIES

Xieng Khouang

Summary:

During this quarter, there were a few follow-up activities after the handover. When Consortium staff are in transit (in Xieng Khouang) on the way to Huaphan, they have been able to meet with the DoH staff to provide support for issues related to the WVMF.

Summary of the War Victims Assistance Project, 1995 – 2004:

Preparation of the internal evaluation reports for each province helped the Departments of Health to reflect on the situation in the hospitals before the project started, compared with the current situation. Below is a brief summary of the project activities and successes.

Overall Administration

Before 1995: An assessment team from the Centers for Disease Control (CDC) conducted a needs assessment and found that the hospitals in Xieng Khouang did not meet the basic standards of medical care. The infrastructure was unsafe and contributed to postoperative infections; there was no a basic surgical set nor safe general medical equipment. The morale of staff was low, few patients used the hospital, and there were few statistics. The impression was that there was a high mortality rate for UXO patients who reached the hospital.

1996 onwards:

Another NGO, Health Frontiers, managed the medical component for the first year. At the end of 1996, Health Frontiers' no longer provided medical program management. The Consortium hired a full time expatriate physician's assistant stationed in Xieng Khouang, to oversee the War Victim's Project.

Phase 1: October, 1995 – May, 1997.

The implementation of the program started in April, 1996 at the Xieng Khouang Provincial Hospital and the district hospitals in Khun and Kham districts. Because the first phase was scheduled to run for 18 months and the Department of Health did not have experience in managing a project, Consortium staff were the main implementers of the project. This changed in the second phase.

Project management and coordination:

At the start of the project, most decision making was in the hands of the project coordination committee, which consisted of the hospital and department of Health Directors. By the end of the first phase, everyone agreed that a more decentralized and participatory way of working would be more appropriate.

Medical training:

Training linkages with Vientiane level trainers started with several large trainings held in Xieng Khouang. Upon evaluation of the results, the trainers modified the objectives and targets for the training program so that it was geared towards surgeons, anesthetists and anesthesiologists, and surgical nurses. A surgeon and an anesthesiologist from the Mobile Surgical Team stayed in Xieng Khouang for six months, providing on-the-job training and assisting with follow-up and evaluation of the medical training inputs. The Head Nurse Administrator from Mahosot traveled to Xieng Khouang once each month to give nursing trainings. Several staff went to Vientiane to join in short term trainings.

By the end of the phase, the Lao trainers were much more aware of the needs of the trainees in the districts and provinces, which had subsequent impact in other areas of their work. In addition, they were able to participate in needs assessment, follow-up

and evaluations for trainings. Province staff suggested that having district level trainings which targeted more staff could help support longer term behavior change.

Medical Equipment and Hospital Repair:

The US DoD donated an entire mobile surgical unit in the middle of 1996. Although many items in the shipment were useful, electrical equipment was difficult to adapt. A separate 110 V line ran directly from the generators to the areas of the hospital that would use this electrical equipment, but this solution also created other problems. A 30 kV generator was too large to provide power for only the operating room. The project added transformers to convert the electricity to 220 V, so it could be used for the entire hospital, and then step-down transformers for the operating room and sterilization rooms.

In 1996, telephone service was poor in Xieng Khouang and there was no telephone service in the districts. The project provided radios so that staff could radio to the province hospital to request assistance or to inform them that the district hospital was transferring a patient. The radios were very useful; after 2000, the national EPI provided radios to all province and district health departments.

The Project provided other essential equipment to the district hospitals of Kham and Khun. A small amount of medical furniture and equipment including a dermatome for skin grafting were given to the province hospital.

Essential hospital repair included development of the operating rooms at Khun and Kham Hospitals which included providing electrical generators and water systems.

The War Victims Medical Fund (WVMF):

The fund was set up in April, 1996 to pay the treatment costs of people injured by UXO. The original fund had donations from the American Friends Service Committee, the Mennonite Central Committee and private individuals. No funding from USAID has ever gone into the WVMF.

The initial policy provided guidance on criteria for eligible patients, and what would be funded. In the first year there were major problems since UXO survivors need essential medicines immediately; however, medicines were consistently out of stock and not available outside working hours. At the end of 1996, a drug supply cabinet reserved for UXO patients only was started in the surgery section, which guaranteed that patients receiving emergency care would have access to medicines. A core group of surgical nurses received training using a very simple inventory system at the province, Kham and Khun Hospitals.

Through 1996, only 60% of UXO accident survivors received treatment assisted by the WVMF. People didn't know that funding assistance was available, so did not go to the hospital. Now 100% of the UXO accident survivors use the WVMF.

The Revolving Drug Funds:

Provision of medicines is an essential component of treatment services in order to improve the quality of medical care. Because of rules prohibiting procurement of medicines using USAID funds, the WVAP was not able to supply medicines, but by applying a model to better manage Revolving Drug Funds, the hospitals and health departments were able to procure medicines on their own.

The Ministry of Health had passed a cost recovery resolution (Resolution 52) in 1993; it decreed that hospital staff do means testing in order to determine whether a patient

had enough funds to pay for their treatment or whether they qualified for exemptions. The people who qualified to receive financial assistance included monks, students, disabled veterans and the extremely poor. In Phase 1, the province and district hospitals were not able to implement the policy, and they ran out of medicines early in the fiscal year. Patients had to buy medicines at private pharmacies which often had poor quality stock.

Although the medicine cabinet for UXO patients was a parallel system in the hospital, it did provide a model for staff. Patients received medications quickly and without the need for family members to go to outside pharmacies to buy medicines. At the three sites, the fund was expanded so that all surgical patients could buy their medicines through the drug cabinet.

Phase 2: June 1997 – May 2000

In Phase 1, the WVAP targeted the province hospital and the district hospitals in Khun and Kham. In Phase 2, the target areas were expanded to include Phoukout, Nong Haet and Phaxai. In order to expand, it was necessary to ensure that the Department of Health and the hospitals assume more ownership of the project inputs.

An evaluation team reviewed the project work and made recommendations in June 1997. The major recommendation was to extend the management of the project inputs to include a formalized project management structure with a system of working groups.

Project management:

In 1997, a new project management structure took effect. A Provincial Project Management Committee provided oversight and planning assistance over a set of five working groups. The members of this committee were the heads of the hospitals and the heads of the working groups. The working groups were composed of representatives from the Department of Health and the hospitals. Because even the heads of the province and district hospitals were not familiar with the basics of management, Consortium organized training sessions in participatory development, needs assessment/ situation analysis, planning, coordination/ communication and follow-up/ evaluation for the new committee members. The approach to teaching the sessions was to present theory, provide homework assignments to the participants to collect data, and then analyze their data in the following group session.

While the initial set up of the project structure was labor intensive, people felt interested and excited about being more involved in their services. At the end of the second phase, there was an established project structure, in which each working group member had defined roles and responsibilities.

In October, 1998, the Project Management Committee proposed a definitive working group structure with the new district health departments in Phoukout, Nong Haet and Phaxai. In 1999, the new districts had established their working groups and a training team composed of the Department of Health staff and WVAP staff conducted the series of project management trainings and follow-ups.

Medical Training:

The need for redesigning medical training was a major priority in the second phase. The process started with training of trainers for a core group of province and district staff in 1998. Following the initial TOT, the training network gave trainings in injection technique and continued throughout the rest of the project. Follow-up and

evaluation started to be stronger at towards the end of the phase and they conducted their own evaluation of students' ability at the beginning of 2000.

The medical training working group had monthly meetings in which the members reviewed technical content, wrote training materials, lesson plans, and determined who would present what during the trainings.

The first short term training for province staff at central level hospitals started in 1998. Surgeons, anesthetists, surgical technicians, surgical ward nurses, lab technicians attended trainings at Mahosot and Friendship Hospitals, ranging in time from one to six months.

During this time period, the surgical mobile team was based in Xieng Khouang in order to provide on-the-job training for other staff, and to help staff returning from short term trainings in Vientiane to integrate their new knowledge into their daily work.

Physical inputs: Medical Equipment and Hospital Repair:

There was procurement of medical equipment and repair of hospital facilities necessary for supporting the new skills that staff learned in Vientiane. Detailed lists of equipment and repairs can be found in the Report of the Internal Evaluation conducted in May – June 2003.

Revolving Drug Funds (RDF):

At the end of 1997 – 98, the financial crisis in Thailand affected hospital systems in Laos. Although the rural areas depend upon a sustenance economy, the inflation rate during this time impacted people's ability to transport items to market and to buy medicines (whose production, even in Lao pharmaceutical companies, depends on buying raw materials with the Thai Baht or USD). As a result, the costs of medicines in kip increased radically; as an example, an IV solution costing 1,700 kip at the beginning of 1997 had risen to 17,000 kip by the beginning of 1998.

The impact on the Revolving Drug Funds was considerable. The inflation rate was such that the RDFs could not keep up with the costs of medicines, even with a 15% markup. The Department of Health made contracts with a local pharmacy company which helped to buffer the rise in prices. They also improved the organization of medicines, inventories and cost-recovery systems so by the end of 1998, they were not losing money.

At the end of 1998, the revolving drug fund working group members attended a study tour at Mahosot Hospital to learn how to manage RDFs. Starting in March 1999, the hospitals started implementing the cost recovery program. The separate medicine supply system on the surgery ward was reintegrated into the hospital pharmacy/ RDF. Immediate access to emergency medicines was guaranteed when the RDF set up a 24-hour emergency drug supply system.

In 1999, the new district hospitals entered the WVAP and set up of their RDFs was easier because of the experience they had gained with the WVAP.

War Victims Medical Fund:

In 1998, the final format for the WVMF policy was accepted with a resolution of the Department of Health. One of the problems they identified was that patients were not coming to the hospitals because they did not know about the availability of the funding assistance so information sessions started for all departments at the province

and district levels. At the district level, the information was presented at the monthly meeting of the village chiefs. Once these information sessions were finished, more patients sought treatment after UXO accidents, many of whom were referred by their village chiefs.

Quality of Life Rehabilitation Fund:

In 1998, SPUNK, a US-based artists' group, donated funds to assist in the socio-economic reintegration of UXO survivors. At this time, there were no other community based systems to assist people with disabilities or UXO survivors. A separate working group was set up to determine policy, level of assistance, types of assistance and implementation of providing assistance.

The first beneficiary was Mr. Pouring who had lost his leg and hand when he hit an artillery shell buried in the ground while digging a posthole. His house was destroyed as well in the incident. The fund was able to help him with materials for a house which was built with donated labor.

Phase 3: June 2000 – December 2004

In this phase, the project model expanded to Huaphan province, and started implementation in August 2001 in the province hospital in Sam Neua, and the district hospitals in Hue Meuang, Viengthong and the sub-district hospital in Chet Some. In 2003, medical training activities were expanded to the district hospital in Viengxai.

Xieng Khouang:

Project management:

The emphasis was on strengthening the systems so that the Department of Health could manage the project. At the start of the phase, they reorganized the project management systems so that the working groups worked within the various sections within the departments of health. Setting the system up as a separate model was useful in providing guidance and training, but in order for this to be sustainable, the department felt that the model should be incorporated into their existing systems.

Medical Training:

The medical training network organized the training program on their own during this phase. A pilot project in providing first aid training to five sub-district health centers and village health volunteers was implemented entirely by the Department of Health.

Training linkages with the Central Level hospitals in Vientiane were strengthened. Trainers from these hospitals went to the provinces to provide some trainings and technical assistance with writing training materials. The focus of their assistance changed from being trainers to being advisors and evaluators.

The Xieng Khouang Provincial Hospital trainers assisted Kham District Hospital in setting up a training program for their surgical team. In June 2004, Kham District Hospital officially opened the surgery service.

Physical inputs: Medical Equipment and Hospital Repair:

During this final phase, there were recommendations for medical equipment provided to the sub-district health centers and to the province hospital.

After the improvements of the health services in Kham District, the number of patients increased and the Department of Health approached JICA for assistance. JICA funded the construction of two new buildings for the MCH, inpatient wards, emergency room and pharmacy. After that, the Kham District DoH raised funds through the German Embassy and private individuals to construct a meeting room and additional inpatient facilities. Through the WVAP, there were minor renovations to the operating room, which were completed with funds raised by Kham District Hospital.

Revolving Drug Funds:

In 2000, the Ministry of Health started to have information meetings on the new National Policy on Revolving Drug Funds. This effort started in five target provinces in Laos, and it set up training and evaluation tools for the province hospitals. Because the RDF staff in Xieng Khouang were already familiar with improved management systems, they were able to start implementing the policy quickly.

The National Policy only impacts provincial level health services. During the remainder of the phase, the RDF has been designing an integrated system which can be used for follow-up and management at the province down to the village level of RDFs.

War Victims Medical Fund:

The working group has been able to manage the system effectively. In addition, they have been coordinating their fund-raising activities with the Lao Disabled People's Association during LEAPSS silk exhibitions.

Quality of Life Rehabilitation Fund (QOL):

The group has largely been assisting children to return to school by providing tutoring assistance and school supplies. They have also been able to provide water buffaloes to assist families with income generation activities.

At the end of the phase, WVAP staff and the QOL working group started a series of children's discussion groups. These groups have been useful in bringing child UXO survivors together to discuss common problems and support each other. The Department of Health would like to continue this activity using other funding sources.

Analysis / Capacity building:

The Department of Health and the hospitals in Xieng Khouang have made progress in improving the quality of care for UXO patients. From the evaluation reports they made the following recommendations for their own continuing project:

- The medical training network will continue to provide continuing education activities at the province and district levels.
- Continuation of the project management working group structure
- Continuing efforts to coordinate with other medical training groups to exchange ideas and improve the medical curricula.
- Encouraging expansion of the use of the library in the training center.
- Research ways in which the Departments of Health can raise funds for the War Victims Medical Fund.

- Continue implementation of the WVMF, QOL Rehabilitation Fund and data gathering.
- The hospitals will use a certain percentage of funds generated by the Revolving Drug Funds for hospital repair and maintenance.

Huaphan Province:

The period of time for the implementation of the project in Huaphan was from August, 2001 – December, 2004. Prior to the start of the project, there were a few projects which worked with the Departments of Health in Maternal Child Health and in Primary Health Care. There have been no agencies working with the provincial hospital, and the hospital staff had received no continuing medical education since they were posted there or since graduating from school.

Project Management and Coordination

Implementation of the WVAP in Huaphan started in August, 2001. Using the model developed in Xieng Khouang, the WVAP set up project management trainings. Staff from Xieng Khouang went to Huaphan to be co-trainers for the project management trainings.

Medical Training:

The medical training network was set up following the model developed in Xieng Khouang. Some of the provincial hospital staff had already participated in Training of Trainers courses so they were co-trainers for the TOT courses in Huaphan. The provincial hospital and DoH staff organized district level training and follow-up sessions.

In 2002, a surgical team studied at Mahosot and Friendship Hospitals for a six month period. The mobile surgery team from Mahosot worked in Huaphan during that time period to provide on-the-job training for the surgical and emergency room staff.

Engineers from Friendship Hospital assisted with electrical repair and adapting equipment sent by the US Department of Defense. At the same time, they conducted several trainings in equipment repair and maintenance.

Physical inputs: Medical Equipment and Hospital Repair:

In 2002, technicians from Friendship Hospital assisted the province and district hospitals in putting together an inventory of all existing equipment and the equipment that had been donated by the US Department of Defense. In many cases, the staff did not know what the equipment was and could not read the English in the inventory forms.

Discussions between Consortium, the Asian Development Bank and the Ministry of Health, led to an agreement that ADB would be responsible for hospital renovation in the districts of Viengthong and Hua Meaung and the MoH requested that the WVAP assist with repairs at the province hospital only. The subsequent repairs of the emergency room, operating room and surgical unit have improved the safety and effectiveness of surgeries at the province hospital.

Revolving Drug Funds (RDF):

Some RDF staff had attended training in the National Drug Revolving Fund Policy and aided by the working group structure, started the RDFs at the district hospitals.

War Victims Medical Fund:

The War Victims Medical Fund working group has been effective in providing the financial assistance to UXO patients for the cost of the treatment they receive.

Analysis/ Capacity Building:

The Department of Health and the hospitals in Huaphan have also made progress in improving the quality of care for UXO patients. Because of the weather, air traffic can be halted for days or weeks. For most patients, receiving care in the province is the only option, and now the staff in Huaphan are able to provide that care more effectively. From the evaluation reports they made the following recommendations for their own continuing of project inputs:

- Continuation of the project management working group structure and empowerment of staff.
- The provincial Department of Health will continue the training network and system of continuing medical education. In Huaphan, the Asian Development Bank (ADB) has started a nursing training for staff based in the sub-district health centers. The people trained in this War Victims Assistance Project will be the trainers for this ADB project.
- The medical training working group will continue to follow-up training using funds from the Department of Health.
- Continue to adapt and expand medical training lessons.
- The office of the WVAP will become the province hospital training center. The library will be in the center.
- Departments of Health look for ways to raise funds for the War Victims Medical Fund.
- Continue implementation of the WVMF.

Salavane/ Champassak Assessment Trip Report:

The Project Director, Dr. Siphone and Chansy Lounthone (NRC) went to Salavane one time to follow up on the War Victims Medical Fund. During the meeting in September, the WVAP staff presented the standard format for consideration. Since that time, the various sections of the hospital have raised their own questions. The meeting in December allowed time to discuss their recommendations, which largely included format, how to determine level of assistance for people who had dismantled UXO and since the road infrastructure in Salavane is so poor, the policy for carrying the patient to the hospital by hammock was strengthened.

The team visited the newly completed hospital in Ta-Oi District. The building itself is well-constructed and more patients are using the hospital. Although the US Embassy coordinated donations from DoD, most of this donation was furniture. From our experience with donations from the DoD, it is helpful to go through the inventory with the Department of Health in order to identify what they have received and develop the equipment inventory system within the technical section of the Food

and Drug Administration so that the donated equipment is made available to the hospitals.

Phase I



Before the project started, hospital staff had low morale. Patient care was a struggle because of lack of knowledge, lack of equipment and unsafe facilities. The building materials used in some of the hospitals were of poor quality and the walls were crumbling.

Top: Old operating room in Phoukout District

Right: The staff used bamboo steamers to sterilize equipment. An alternate method was to pour alcohol on the instruments and set it on fire.



Trainers from Mahosot Hospital came to Xieng Khouang to teach the province and district staffs. By the end of the Phase One, trainings were all done at the district hospitals so that more people could participate and increase the chances of behavior change.

Above: Ms. Mimala Phathoumsath from Mahosot Hospital teaches the technique of wrapping instruments before placing in the sterilizer.

Phase 2



In 1998, province hospital staff studied in Vientiane. They also attended Training of Trainers (TOT) sessions in the province so that when they returned to Xieng Khouang, they could train other staff.

Left: Ms. Singkham, surgery nurse, learned wound care at Friendship Hospital. At the same time, the equipment that the WVAP procured for Xieng Khouang had arrived, so she could teach them the proper technique with the proper equipment

By the end of Phase 2, staff had more confidence in both technique and in training other staff.

Right: Ms. Amphone, surgical nurse at the province hospital, teaches wound care at Kham District Hospital.



Quality of Life Rehabilitation Fund assistance (non-USAID funds) started in 1998. The fund helped Mr. Phouvieng and his family with building materials for a house, and coordinated volunteer labor to build it. The fund has assisted 60 UXO survivors in Xieng Khouang since then, mostly in the areas of

Phase 3



The WVAP work started in Huaphan Province in 2001 with project management workshops. Staff from Xieng Khouang assisted as co-trainers. Left: Staff from Xieng Khouang wrote a skit on data gathering, using the example of the kinds of questions that one should ask a patient.

After theory is presented, staff design their data gathering instruments and then field test them. Right: nurses in the training designed assessment tools then interviewed their colleagues at the province hospital surgery unit.





Even after successful treatment after a UXO accident, children still feel the effects. In the children's discussion groups, child UXO survivors get the opportunity to talk about their feelings. In this drawing, a 12 year old survivor expresses his feelings of isolation from his friends.



EDUCATION COMPONENT

I. EXECUTIVE SUMMARY

The Expatriate and Lao Consortium staff responsible for the implementation of the UXO Education and Awareness Project take this opportunity to thank USAID and its staff for the support and advice given over the life of this Project and especially for the funding that has made it possible to reach Project goals in a very significant way.

This Final Quarter saw a major breakthrough in follow-up and in-service training of teachers, an on-going problem for education programs in Laos. Capacity building for District and Province officers continues through close interaction between Consortium staff and their counterparts. Phase down of old Districts continues while work continues in 4 Districts new in the Project last year and 6 new Districts this year.

Following meetings in 6 new Districts of 4 Provinces, teacher orientation was given, pre-testing done and UXO education classes began in October.

This quarter, new puppetry troupes were trained and began activities in 10 Districts of the Project. There are now 77 puppetry troupes performing Project-wide.

ESL activities have ended as of the last quarter.

Photos of Project activities are found in the Appendix.

II. PHASE III EDUCATION COMPONENT OBJECTIVES:

The Project Education Component will assist the MOE:

1. To promote long-term sustainability in UXO Education and Awareness,
2. To strengthen capacity in Project Management,
3. To assist in UXO information dissemination,
4. To refine the UXO Education curriculum and develop additional instructional and training materials,
5. To help expand UXO Education to new Districts,
6. To support curriculum and materials development and ESL teaching for Project associated Government personnel in all Project areas.

III. ACTIVITIES PROJECTED FOR THIS 38TH PROJECT QUARTER:

1. Hold Teacher Training and teacher follow-up workshops in each new District.
2. Hold Administrative and management workshops for Province and District counterparts in new Districts.
3. Continue revision of model lessons for Multi-Grade teachers of Primary Grades 1-3 and 4-5.
4. Continue follow up of integrated Life Skills trial teaching in Xieng Khouang.
5. Establish puppetry troupes in 10 Districts.
6. Prepare activity plans for Model Teacher workshops to be held in January 2005.

IV. EDUCATION COMPONENT ACTIVITIES IMPLEMENTED DURING THIS QUARTER

1. Hold Teacher Training and Teacher Follow-up workshops in each new District.

Following Project orientation for teachers in 6 new Districts, monthly one-day follow-up is being held for all teachers in these Districts throughout the school year. With approximately 30 teachers per District, these "mini-workshops" are held in one or more sites within each District depending on the travel time required for teachers to get together. Each workshop begins with announcements and exchange of information. Teachers then divide into 6 grade level groups (Primary 1-5 and one multi-grade group) to review their teaching the previous month. Following reports on these discussions in the whole group, the small groups plan demonstration classes for the next month's lessons. After lunch, teachers give demonstration classes that are observed by peers and Project counterparts. Afterwards, discussions are held to share ideas and suggestions within the whole group. The workshops end around 4:30 PM.

Provincial and District Education counterparts participate and get on-the-job practice in holding these workshops, and in observing and critiquing the demonstration classes. The main issues usually relate to classroom management, time management, different ways to break into small groups efficiently, using visuals, using challenging and relevant questions, following up with "why" questions, using meaningful songs paired with actions, using games and activities that support lesson objectives, telling stories with simple puppets or using skits and role play, and integrating the core subjects of Lao Language, Math and World around Us into the UXO lessons.

2. Hold Administrative/management workshops for local counterparts in new Districts.

These workshops have been re-scheduled to take place in the second term of the school year as local counterparts have been very busy with work on other projects. In addition, experience provided by the new follow-up workshops in activity and budget planning that is guided by Consortium staff has been seen to be effective as preparation for the workshops to come.

3. Continue revision of model lessons for Primary Multi-Grade teachers.

The Multi-grade lessons continue to be revised in keeping with feedback received from teachers last year and this year. The first draft had included activities from the model lessons of the single Primary grades. It was found that teachers needed lessons that were easier to teach to the variety of grade levels found in the multi-grade classroom. Also, new revisions make it possible for teachers to adjust a lesson up or down from 3 levels (Primary 1, 2 and 3) to a class with only 2 levels (Primary 1 and 2, Primary 2 and 3, or for Primary 1-4.) The revision also allows for a greater variety of activities to be accomplished by different levels within the 50 minute class-hour time limit. More ways are being created to have older students work with younger students as junior teacher aides, in Lao and Math. Monthly in-service follow-up and training with all new teachers is providing more feed-back to help make the Multi-grade model lessons more effective.

4. Continue follow-up of integrated Life Skills trial teaching in Xieng Khouang.

At the request of the Xieng Khouang Province Education Chief earlier this year, the Consortium is providing technical assistance for the development and trial of an integrated Life-Skills curriculum for 5th grade students in Phon Ngam village of Paek District. The purpose of the Project is to develop a curriculum for Life-Skills and model lessons that integrate these Skills with Lao Language, Math and World around Us from the Primary General Curriculum. The lessons help students develop critical thinking and problem solving skills along with respect for others and responsible actions related to risk behaviors including the dangers of UXO, drugs, HIV/AIDS, road accidents, smoking and alcohol abuse. Life-Skills includes other topics of importance to the community including lessons on health and hygiene, water resource management and protecting the environment. Model lessons for the trial curriculum are being implemented by four 5th grade teachers and assisted by Consortium and Province technical staff. They have been taught weekly since October. There are 12 lessons per term. Orientation and training for the teachers as well as follow-up by local counterparts is supported by funding from an ADB Small Grant.

Following an evaluation later in the second term, the model lessons will be revised and the curriculum could be expanded to other schools in the Province next year.

6. Establish puppetry troupes in 10 Districts.

Puppetry has been a very popular and effective tool for UXO education and awareness building both in schools and communities since the first troupes were trained in the first target areas of the Project in 1999. In November, workshops were held in 3 locations to train 10 troupes, one for each of the following Districts: Viengxay in Houa Phan, Nam Bak in Luang Phabang, Phalanxay and Phine in Savannakhet, Ta-oi in Salavane, Thateng and Lamam in Sekong, Paksong and Bachieng in Champasak and Phouvong in Attapeu.

The 9-day workshops began with two teacher leaders from each District meeting first to make puppets and practice different UXO scripts. Then twelve 3rd and 4th grade students from each District arrived to practice UXO songs and scripts and how to handle the puppets. On the last day after lots of practice, each troupe gave a performance of song, dance and puppetry for students and teachers in nearby schools. Now, each troupe practices regularly and gives performances at their cluster schools and for events in their communities on holidays and other occasions. As troupe members move on, new students will be trained to replace them.

7. Prepare activities for Model Teacher workshops to be held in January 2005.

The 4th annual Model Teachers Workshops will be held for 30 teachers in 2 locations in late January 2005. Of the 25 Districts in the Project now, each "new" District will send 3 participants while each "old" District will send 2. Facilitators will be coming from the Mahasarakham Rajabhat University in Thailand. The focus of the workshops will be on activity-based, student-centered teaching and learning. Expected outputs of the workshops will be classroom activities that increase student participation using songs with actions, games, simple puppets, visuals with thinking questions, stories and skits,

and learning activities that use the 5 senses. These will be designed by the groups and later used in demonstration classes in a Primary school nearby.

As in years past, at the end of the workshops, participants from each District will make plans to take the activities they have practiced to their peers in nearby schools at home in order to maximize the impact of the workshop for as many people as possible.

V. Analysis of the Quarter

1. The new follow-up workshops replace the old school-based follow-up activities that wasted much time in traveling from Province centers to Districts and to schools each month to meet only a few teachers. Now, all teachers in the District can meet to exchange ideas, discuss problems observe demonstration classes, make new materials and revise lessons every month. Province and District counterparts participate at every site and help critique the demonstration classes. This helps build their Project management and mentoring skills for sustainability long-term. A very gratifying increase in confidence and competence is already being seen among teachers across the Project area.

2. The model lessons for teachers who teach several grades in the same room, i.e. **multi-grade teachers** are being revised. The original lessons identified work for each grade level based on the lessons from the single grade Teacher Guides designed for Primary 1, 2 and 3 classes. This approach was found to be difficult and time consuming. The revisions are based on a different approach. Now, each Multi-grade lesson takes one major cause of UXO accidents as the objective for the whole room. But lesson activities are differentiated according to the abilities of each grade level. This allows the teacher to handle each level (1st, 2nd or 3rd) in an easier, more flexible manner by offering both whole group activities like songs and games and dramatic activities for all the students and then offering other activities like math and reading, writing, listening and speaking in separate grade level groups. Now, all students proceed through the lessons building on a common understanding of the causes of UXO accidents and the ways to reduce and prevent them. This year further work will be done to add lessons for grades 4 and 5. Teachers will also find ways to adjust the time spent with each grade level group during the class.

The lessons are changing to accommodate a multi-grade class comprised of students up to 5 grade levels or different combinations of these levels. More experience is needed to test these lessons to make them applicable to the different combinations of grade levels found. More feedback and revision will be needed to make them applicable to special situations especially in minority areas where Lao is not the main home language.

In general, Lao teachers have not received training and follow-up for multi-grade classes. The UXO Education Program is helping build skills in this area but as more and more schools become "one room schoolhouses", the MOE and other Projects will need to train many teachers for the multi-grade classroom and provide more materials specific to the needs of the multi-grade environment.

Traditionally, teachers in multi-grade classrooms teach or give deskwork in different subject areas for different levels at the same time. But some Lao teachers have requested that the Consortium help draft lessons for the general curriculum core subjects also. Those teachers want to be able to offer the same subject to different levels at the same time as they are now doing for UXO education. This may be possible in some subject areas but it is not likely that it could be done for all subjects all the time. It is a challenge that the Consortium could take on with the experience gained from the UXO Project.

3. The UXO Education curriculum has led naturally to the integration of UXO education in the trial Mulberry and Silk Curriculum. UXO will remain a problem for villagers in over 40 % of Laos for a very long time and awareness building about the dangers of UXO cannot ever stop. With the development of the integrated Silk curricula for 4th and 5th graders, the villages of Ban Tha in Kham District and Ban Mee-Mone in Paek District are providing valuable experience in integrated academic/vocational studies. Two teachers and two LEAPSS (Silk Promotion Project) Village Group Leaders co-teach the model lessons.

This trial is showing how two Projects, two Government offices and staff from different development sectors can collaborate to make education more relevant for local needs. Village elders, parents, teachers and students have all praised the success of this program... The Consortium proposes that it become a model for the Ministry of Education in de-centralizing curriculum and teacher training to make education more relevant to daily life and more useful for the needs of local communities. Both curricula continue to provide caution about the danger of UXO which can still be found in fields cultivated for mulberry.

A major concern for Laos is that the increasing number of graduates at all levels from Primary to University often find no jobs available. One of the tragic legacies of the War in Laos is the long-term economic setback caused by UXO. This is seen in the cost of placing new lands under cultivation as well as the cost to production caused by accidents to family members. While shouldering these setbacks, people must still find ways to help children acquire education and skills to contribute to family incomes long-term. The mulberry-silk curriculum is a beginning for helping families increase cash incomes.

4. The trial Life-Skills curriculum for 5th graders being developed in Xieng Khouang this year also gives the Consortium another opportunity to foster the integration of UXO education and awareness into the General Curriculum where it will reside in the future. UXO is a challenge that many Lao youth face. This year the experimental Life-Skills curriculum is introducing teachers and students to skills that all students must develop to become responsible, contributing, members of society: skills such as critical thinking, making good choices, problem solving, taking responsibility for self and family, learning how to say "no" as well as "yes", working on a team, and serving the needs of others. The new curriculum is weaving skill development into various content areas, including health and sanitation, water management, and environment, social interaction as well as the risk behaviors of smoking, alcohol and drug abuse, HIV/AIDS, accidents on the highway and other topics students want to know about.

To begin, goals and methods of the new curriculum were presented and discussed with a large group of community members. These included the Village Chief, the Elders, representatives of the Women's Union and Youth Union and the Parent-Teachers Association. The new curriculum makes greater community participation in decisions about local education needs a primary goal. The school itself is a center for community life. This now includes participation in keeping the grounds clean and in planting trees and flowers for shade, beauty and outdoor education. This is a beginning for one province. Following the evaluation and revisions to the curriculum it will be decided how to expand and adapt the curriculum to other locations. Though Life-Skills is now a so-called "supplementary" curriculum, eventually it will be integrated into the General Curriculum. That is one of a number of challenges that face Lao educators.

5. Puppetry performances by Project troupes remain a popular component of the UXO Project. In addition, over the past two years, training has begun for all teachers to learn and help their students learn how to make "easy" puppets from recycled paper, cigarette boxes and other materials. The puppets provide color and action to enliven UXO classes and other subject areas as well. Now, not only performers in troupes but all teachers and students are getting a chance to show their creative talents and enhance teaching and learning with puppetry. This is one of a number of contributions the UXO Project has been able to make to activity-based, learner-centered, teaching and learning over the life of the Project.

6. Planning for the annual model teacher workshops has included more time spent building ways to support the activity-based, learner-centered classroom. This coming time, there will be even less emphasis on theory and more on student activities that build skills and make school a place to have fun while learning.

VI. Capacity Building

All Project objectives have a capacity-building component. Now, curriculum and lesson development is undertaken primarily by government staff with the collaboration of Consortium staff. In new Districts, teacher in-service training is taking place every month with local counterparts taking an increasing role in conducting sessions.

Responsibility for UXO education and awareness building is expanding to other curricula such as the Mulberry-Silk and Life-Skills curricula with Lao counterparts and teachers taking the lead role.

Puppetry is now managed by District staff and lead teachers with 12 students forming each troupe. Scripts are being written for other subject areas and other risk behaviors. "Easy" puppets are being used by all teachers and all students in the classroom.

Participants at the Model teacher workshops are now taking demonstrations "back home" to their peers in local schools making in-service training a local initiative.

National level liaison officers are now working with Province and District counterparts to build capacity to solve problems and take activity-based, learner-

centered teaching and learning to more and more remote schools in the Districts served by the UXO Education Project.

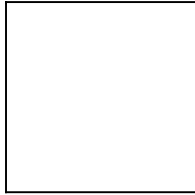
APPENDIX: Photos of recent activities:



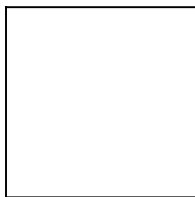
Teachers Prepare UXO Lessons



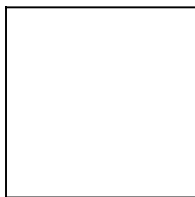
Teachers Make "Easy" Puppets for Classroom Use



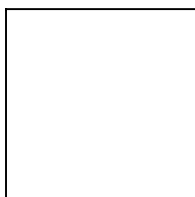
UXO Students Work in Reading Study Groups



New Puppeteers Show their Stuff !



Life-Skills Students Trace the Life of Intestinal Parasites !



Students Feed Mulberry Leaves to Hungry Silkworms !

Table 1: UXO survivors helped by the WVMF, October – December 2004

Case	Name	Sex	Age	District	Month	Cause	Injuries
284	Pa Yang	F	30	Paek	Oct	Dismantling	Arm
285	Xay Vang	M	6	Paek	Oct	Dismantling	Arm and blinded in one eye
286	Bounphan	M	29	Paek	Oct	Burning	Chest
287	Bounlert	M	7	Paek	Nov	Playing	Unknown
288	Noy	M	12	Khun	Dec	Playing	Leg wound
289	Khamla	M	12	Paek	Dec	Digging	Unknown
290	Ham	M	12	Paek	Dec	Dismantling	Unknown
291	Phommachan	M	12	Paek	Dec	Dismantling	Arm and leg wounds
292	Thong Yang	M	15	NH	Dec	Dismantling	Arm and leg wounds
293	Iat	F	7	NH	Dec	Dismantling	Extremity wounds
294	Van Xay	M	10	NH	Dec	Dismantling	Extremity wounds
295	Lar	M	12	Paek	Dec	Dismantling	Extremity wounds
296	Mee	F	40	NH	Dec	Dismantling	Abdominal wounds
297	Xong	F	3	NH	Dec	Dismantling	Extremity wounds
298	Ner Yang	F	5	NH	Dec	Dismantling	Arm wounds
299	Vong	M	9	NH	Dec	Dismantling	Arm wounds

PROJECT NUMBER: 493-A-00-03-00005-00
PROJECT TITLE: Strengthening Community Support for Children with Disabilities in Laos
Progress Report: 5
Period: October - December 2004

A. PROJECT SYNOPSIS

This project is implemented through the partnership between the Laos Ministry of Education (MOE) and Catholic Relief Services (CRS) under USAID's Vulnerable Children Fund. The primary aim of the project is to ensure strengthened inclusive education (IE) services and community support for children with disabilities in Laos. The progress report reports against objectives and activities as defined in the original proposal. Annex 1 outlines activities planned during FY2004.

B. PROJECT OBJECTIVES

Objective 1: Inclusive Education resources and expertise are further developed to meet the needs of users.

Objective 2: Inclusive Education is advanced by education practitioners and managers in primary and pre-schools schools

Objective 3: Attitudes towards children with disabilities support inclusion in society.

C. SUMMARY OF ACHIEVEMENTS DURING THE REPORTING PERIOD

During the period October - December 2004, CRS continued to focus on obtaining the proper permits from the Lao Ministry of Foreign Affairs (MOFA). These permits are crucial, since project implementation, planning, and office set-up cannot take place until official status in Laos is obtained.

Status of Official Operating Permit

In September, the CRS and Ministry of Education documents were approved by the Ministry of Foreign Affairs and sent to the Prime Minister's office for final approval, however the final status of these documents is still not clear, despite repeated queries by the US embassy and CRS. During all of November and the beginning of December the Lao government was preoccupied with the ASEAN summit which took place at the end of November, and this has been given as one of the reasons for the delay. The US embassy has offered to write a definitive letter to the Ministry of Foreign Affairs and/or Prime Minister's office concerning CRS's case. However, those familiar with the workings of the Lao government suggested that a face-to-face meeting between the US ambassador and the Minister of Foreign Affairs, or other high ranking Lao official would be more effective. CRS has informed the Ministry of Education and the Ministry of Foreign Affairs that if the permit is not obtained soon, it is likely that both CRS and the donor will divert the funds elsewhere.

Staffing and Office Set Up

Until the operations permit is obtained, Jim McLaughlin, who will be CRS representative for Laos, and Anne McLaughlin, who will be managing the inclusive education program, are unable to conduct official business, including hiring staff and renting office space. Nevertheless, they continue to research permanent facilities for the future. They also continue to meet various NGO and United Nations representatives to discuss human resource issues, and they have investigated leads for project staffing. Anne has been taking Lao language classes since August.

Unofficial Meetings with Ministry of Education and other Project Participants

Both Jim and Anne meet with the relevant Ministry of Education staff on a regular basis, both to obtain news about the pending operating permit, and to make unofficial and tentative plans of project activities.

D. CHALLENGES

Slow and bureaucratic systems in Laos have meant extended time is required for the approval of the Memorandum of Understanding between CRS and the Government of Laos. CRS has communicated the challenges it faces with USAID in Bangkok and the United States embassy in Vientiane on a regular basis. Other NGO's have reported similar delays, some stating that it has taken over a year for project MOU's to be signed. Sources at the US Embassy have confirmed that in recent months the Lao government has been slower than usual to make decisions. Furthermore, it has been impossible to obtain clear reasons for the delay.

E. MAIN ACTIVITIES FOR NEXT QUARTER

CRS will continue to work with the MOE to finalize and sign the Memorandum of Understanding, and establish the office structure and administrative and finance systems in Vientiane. Once the memorandum is signed, establishment of the project steering committee will be initiated; members will consist of Ministry of Education key officials, university professors, administrators of education programs from each target province and parents of children who experience disabilities. Planning for implementation and timing of specific technical assistance inputs from Dr. Susan Ryan, Dr. Richard Villa, and the National Institute of Educational Strategy and Curriculum Development in Vietnam (formerly National Institute of Educational Science) will be finalized with all project partners. If the operating permit is obtained by the end of January, CRS has confirmed with the Ministry of Education that it would be possible to conduct these preliminary activities as follows:

End of February – Beginning March: Steering Committee study tour to Vietnam and National Institute of Educational Strategy and Curriculum Development

End of March: Training in Child Find (part of base-line survey) and other inclusive methods as needed by Dr. Susan Ryan in Laos

April – August: Children with disabilities identified; preliminary training of teachers

September: First group of children with disabilities enter inclusive classrooms

September – October: Study tour in USA of selected members of steering committee

F. FINANCIAL REPORT

Please refer to Annex 1 for the financial report for period August - December 2004. Report will be sent separately.

Mongolia

Indicator 1. USAID/Mongolia has two strategic objectives, focusing on (1) private sector-led economic growth (SO1) and (2) the promotion of democracy (SO2). No projects under either SO focus specifically on persons with disabilities (PWDs). Both of our business development support (BDS) projects under SO1, however, provide assistance to client businesses that hire persons with physical disabilities.

Indicator 2. USAID/Mongolia has not undertaken any activities that directly support or affect disabled people's organizations (DPOs).

Indicator 3. USAID/Mongolia is co-located with the US Embassy in Mongolia, and with joint funds has worked towards universal accessibility to compound facilities through the construction of ramps to improve wheelchair access. Additional accessibility measures are under consideration in the 2008 compound reconstruction plan.

Indicator 4. USAID/Mongolia has not developed a disability plan of action.

Morocco

Indicator 1: People with disabilities (PWDs) included in programs or initiatives funded by USAID.

None.

Indicator 2: Disabled People's Organizations (DPOs) have increased capacity to provide assistance to PWDs and to advocate successfully for the rights of PWDs.

None.

Indicator 3: PWDs have access to, and are included in, the staff and activities of each USAID mission/office.

N/A. USAID/Morocco does not have any PWD in staff. However, should a PWD apply to work and is hired, adjustments will be made.

Indicator 4: USAID missions/offices implement activities in accordance with their own disability plans of action.

None.

Nepal

USAID/Nepal has \$700,000 from the Leahy War Victims Fund (WVF), which specifically seeks to fund activities that benefit the disabled using physical therapy and prostheses and has been trying to procure to use these funds under the Annual Program Statement. Unfortunately, the Mission has had problems with the quality of proposals submitted, and the one organization that the Mission was interested in ended up getting funds from somewhere else. The APS remains open and we hope to program those funds as soon as possible. When USAID/Nepal does make an award, the money will be used to help those disabled by the conflict.

Beyond that, although Mission activities do not target people with disabilities or disabled people's organizations per se, they are included across all of our programs as members of beneficiary communities, e.g., of community forest user groups or recipients of twice-yearly Vitamin A distribution campaigns. Further, the Mission works strongly on issues of social exclusion (e.g., due to gender, caste and ethnicity) that are major disabilities in Nepal – although not physical or mental in nature as narrowly defined – in terms of Mission hiring, encouragement of hiring practices of its partners, and of its programs. For example, 68% of the participants of the Infrastructure for Rural Incomes activity of the Promoting Peace Special Objective (367-008) are ethnic minorities or lower caste.

Philippines

USAID/Philippines Disability Report - May 2005

In support of the Agency's Disability Policy, USAID/Philippines has been providing assistance for people with disabilities through several activities under the Mission's program. Below are our activities and accomplishments in 2003-2004, under the Agency's disability indicators, as follow:

Indicator 1: People with disabilities (PWDs) included in programs or initiatives funded by USAID.

SO 492-012 (Conflict Resolution in Mindanao and Other Areas)

1) The **Wheelchairs for Mindanao (Wheelchairs) Project** is a four-year grant to Handicap International which started in June 2004. It is centrally-funded for \$750,000 under the Leahy War Victims Fund.

The Wheelchairs Project provides for the first customized wheelchair production facility in Mindanao and the establishment of distribution and maintenance centers in strategic locations throughout Mindanao. The grant provides technical assistance for the development of local capacities for provision of services to facilitate the integration of disabled persons – war victims and other disabled persons – in the socio-economic life in their communities. Wheelchair production, distribution, maintenance, training and other support facilities will be developed in partnership with five local organizations. USAID funds provide for the initial working capital requirements of the wheelchair production and distribution facilities, technical assistance, public advocacy, and information dissemination.

2) The **Special Tertiary Education Program (STEP) for People with Disabilities (PWDs) Project** is a one-year grant to the Living Witness of Hope Foundation of Western Mindanao State University which started in June 2004. It is funded under the Growth with Equity in Mindanao 2 Program (GEM 2) for \$13,208.

The STEP for PWDs Program provides opportunities to qualified students with disabilities to pursue higher educational attainment and to acquire professional competence beyond limited vocational and technical training. The Program is an educational initiative that adopts the concept of inclusive (mainstream) education where special learners are not always segregated from other learners, and maximum inclusion is facilitated with full consideration of special learning needs. This concept allows the special learner to complete a certificate course by enrolling in a three-year curriculum, the general courses of which are commensurate with special needs. The classes are taken with non-handicapped students in the different colleges of the University, with non-disabled students serving as academic tutors and sign language interpreters for the hearing-impaired.

SO 492-011 (Education)

1) The “**Kapit-Tinig (Reach for Your Voice) Program**” is a 3-year grant to the Link Center for the Deaf (Link Center) which started in October 2002. It is centrally-funded for \$75,000 under the Other Vulnerable Children Fund.

The “Kapit-Tinig” Program builds partnerships among public and private schools to develop academic and support services for deaf students in public schools. Among other objectives, the program provides pertinent and practical growth experience for deaf children and youth to help them lead normal lives, including equipping caregivers and teachers with necessary skills for supporting deaf school children.

Indicator 2: Disabled People’s Organizations (DPOs) have increased capacity to provide assistance to PWDs and to advocate successfully for the rights of PWDs.

The GRP is fully committed to addressing the issues and concerns of PWDs. It has a National Council for the Welfare of Disabled Persons (NCWDP) <http://www.ncwdp.gov.ph/>, the national agency mandated to formulate policies; coordinate the activities of all agencies, whether public or private (DPOs), concerning disability issues and concerns; develop programs for persons with disabilities (PWD) and delivery of services to this sector. The NCWDP is tasked to monitor the implementation of several laws to ensure the protection of PWDs’ civil and political rights. These laws include the Republic Act No. 7277 (Magna Carta for Disabled Persons), Batas Pambansa Blg. 344 (Accessibility Law), Republic Act 6759 (White Cane Act) and ILO Convention No. 159 (vocational rehabilitation of persons with disability). NCWDP has also been tasked, through Proclamation No. 125, to coordinate activities and to monitor the observance of the Asian and Pacific Decade of Disabled Persons (1993-2002) in the Philippines. Proclamation No. 125 issued on January 15, 1993, enjoins both government and private entities to organize projects based on the NCWDP agenda for action for PWD.

To further demonstrate the GRP’s commitment in promoting assistance to PWDs, the country will host the 3rd ASEAN Para Games, a multi-sports event for PWDs, in December 2005.

Indicator 3: PWDs have access to, and are included in, the staff and activities of each USAID mission/office.

The USAID/Philippines’ offices moved to a new location in 2001. Working with the building administrator at the time we moved to our facility, we had ramps installed for access, built in a restroom for disabled staff and obtained agreement to run elevators on weekends as well as weekdays to insure access to our offices. Our new web site has been developed to meet disability standards under Section 508 of the amended Rehabilitation Act.

Indicator 4: USAID missions/offices implement activities in accordance with their own disability plans of action.

The Mission envisions no further efforts on disability assistance under the current FY 2004-2009 strategy. This is because the Government of the Republic of the Philippines (GRP) is relatively advanced in addressing disability concerns, as

described above. Thus, USAID/Philippines sees no further need to fund policy-building on disability in the country. However, the Mission will bring the Agency's disability policy to the attention of our partners and encourage them to seek opportunities to involve PWDs in their program thrust.

Sri Lanka

Introduction:

The following report has been prepared in response to a letter from Mr. Lloyd Feinberg of USAID to all USAID Mission Directors in regards to collecting information on mission-level activities related to disability services and people living with disabilities (PWD). As requested, the information focuses on activities implemented during the 2004 fiscal year (October 1, 2003 through September 30, 2004). The report is structured around the Indicators identified by Mr. Feinberg. Although the initial letter requested a response by April 25, 2005, unfortunately the letter was not received by the USAID Sri Lanka until some time in May. This report is now being submitted within a revised deadline established by USAID/W of May 23, 2005.

Indicator 1: People with disabilities (PWDs) included in programs or initiatives funded by USAID.

USAID Sri Lanka's Strategic Objective 7 focuses on "Improved Social and Economic Integration of Targeted Disadvantaged Groups". This SO promotes improved social and economic integration of disadvantaged groups, which include people with disabilities, children affected by armed conflict and societal violence, torture survivors and their families, and those affected by and living with HIV/AIDS. Through sound and sustainable management guidance, this SO strengthens the capacity of Sri Lankan organizations to provide humanitarian services to meet the needs of these vulnerable populations. One of the core program under this SO is a five-year program to develop and improve rehabilitative services for PWD. This program is being implemented through a cooperative agreement provided to Motivation Charitable Trust, a UK-based international NGO.

The USAID Disability Support Program (DSP) achieved its primary target in FY2004 with all four partner rehabilitation centers implementing polypropylene prosthetics/orthotics production. Other DSP accomplishments included training on four modules of organizational capacity building for local partners, supporting ongoing prosthetics training at several facilities in Asia, facility improvement and workshop refurbishment for several partner centers and the incorporation of physical therapy as a standard component of rehabilitative services. These accomplishments contributed to a notable increase in the quality of services provided and numbers of beneficiaries reached.

Some further details on activities undertaken by the DSP program include:

- ***Job Training*** - USAID, in conjunction with its partner Motivation Charitable Trust, provided job-seeking skills training to 57 disabled people. In addition, a job fair was hosted providing private sector companies with an opportunity to interview disabled job-seekers. This year saw a record turn-out of companies participating in the fair. As a result, 29 disabled participants obtained jobs.
- ***Improved skills/knowledge through international training*** – During the reporting period four trainees departed Sri Lanka to become internationally certified prosthetists/orthotists. These trainees started a three-year, USAID-funded training program at the Vietnamese Training Center for Orthopedic

Technologists in Hanoi. Three students previously funded by USAID in rehabilitative therapy and physiotherapy at Mobility India in Bangalore, India, returned to Sri Lanka and found opportunity to apply their new skills into the ongoing operations in DSP partner organizations in Jaffna, Galle and Kandy. Another group of Sri Lankan students were continuing ongoing studies for orthopedics in Cambodia; these students will return and contribute their skills within the DSP during FY2005. All these study programs highlight a crucial component of the DSP – building an indigenous capacity for design and application of prosthetics that was not available in Sri Lanka previously.

- ***Improved equipment services*** – Motivation Charitable Trust and its local partners finalized a comprehensive study designed to assess several tricycle models (large three-wheeled wheelchairs with a chain drive using a hand crank) and determine the most appropriate, high quality and cost-effective tricycle that will meet the needs of disabled and immobile people. Following the study, a new and improved hand powered tricycle was designed and prototyped. A motorized tricycle has also been developed and introduced to assist those who have limited strength, limited endurance, or have long distances to travel.

Indicator 2: Disabled People’s Organizations (DPOs) have increased capacity to provide assistance to PWDs and to advocate successfully for the rights of PWDs.

A fundamental component of USAID’s Disability Support Program is to partner with and strengthen the capacity of Sri Lankan mobility disability organizations to have improved quality of services and more effective organizational management. Achieving all set targets in FY04, USAID’s DSP implementing partner Motivation Charitable Trust made strides in capacity building training with Sri Lankan organizations. Several remarkable achievements stand out this year:

- ***Technical Assistance for improved material services*** – A major achievement of the year is that all four partner rehabilitation centers began producing prosthetics (artificial limbs) and orthotics (braces) made from polypropylene. This type of material is the only one meeting international quality standards, yet this production was not done in Sri Lanka prior to the DSP. Other improvements in quality included the introduction of improved design of prosthetic and orthotic devices, and the introduction of standard application of physiotherapy. The numbers of clients to utilize these services in FY2004 included 731 fitted with prostheses and 120 with orthoses. In addition, over 1800 patients have received physiotherapy since the program’s inception. USAID and Motivation Charitable Trust additionally completed the first phase of the Wheelchair Distribution program, which provided local manufacturers with guidance in how to design and build appropriate wheelchairs that met international standards of quality. As a result, 10 new wheelchair designs are now available on the local market. During the program’s second phase, a distribution network was established that increased the availability of wheelchairs throughout the country and special training in proper assessment, prescription and fitting of wheelchairs was provided to rehabilitation therapy assistants at each of the distribution points in Jaffna, Kandy, Galle and Tangalle.

- ***Training for organizational development*** - Motivation completed training on four modules of organizational capacity building for its local partners – helping them to conduct effective strategic planning, to better manage operations according to plans, to improve standards of product quality and production safety, and to accurately manage finances for accountability and sustainability. Motivation Charitable Trust assigned expatriate prosthetist/orthotists and physiotherapists to provide on-site training and technical assistance to four local partner organizations. The objective was to ensure that these local partners are independently capable of providing a package of comprehensive rehabilitative services. As a result of this activity, all four organizations have adopted the practice of physiotherapy into their physical rehabilitation services. Training is still ongoing and the majority of trainees are now able to independently carry out many of the activities and provide quality services in areas of physical therapy, prosthetics, and orthotics.
- ***Physical improvements to partners' facilities*** – Concurrent to these various training and mobility activities, USAID funded improvements made on physical facilities operated by partner organizations' prosthetics centers in Galle and Tangalle. The improvements were required in order to create space and allowances for equipment, clinical and patient consultation, and rehabilitative treatment areas necessary to implement improved prosthetics and orthotics technology. Through Motivation, USAID also provided the necessary machinery and equipment to three organizations to undertake manufacture of polypropylene devices. Gait and wheelchair training areas were constructed at the therapy centers in Kandy and Galle to provide obstacles such as slopes and stairs which are consistent with those found in the social and work environments of the clients,. These areas aid in the training of amputees to walk properly using a prosthetic leg or to navigate and maneuver with a wheelchair.
- ***Support for public advocacy work*** - Through its Advocacy Program, Motivation Charitable Trust collaborated with other Sri Lankan disability organizations to draft a national Disability Bill that guarantees the rights of the disabled. In addition, pressure was put on the Government of Sri Lanka to implement standards for the design and manufacturing of wheelchairs. The collaborative effort also raised awareness at various governmental levels about accessibility issues of the disabled.

Indicator 3: PWDs have access to, and are included in, the staff and activities of each USAID mission/office.

During FY04, USAID Sri Lanka has sought the participation of disabled people in program implementation, monitoring and evaluation, particularly in relation to the DSP. Within the DSP, there are a number of employees of our implementing partner Motivation who have physical disabilities including requiring the use of wheelchairs. These staff members have been key participants in program events including planning sessions, field monitoring visits, and quarterly activity reviews.

USAID Sri Lanka is open and inclusive in its hiring practices towards people with disabilities. PWD are welcomed to submit applications in our recruitments, though there was not a specific outreach to that community in FY04. Unfortunately, due to our facility being a “historical landmark” building under rules of preservation by the

Government of Sri Lanka, we have been limited in the degree to which we have been able to modify the building to promote improved access. Nonetheless, during FY04, there was one able-bodied staff member who unfortunately suffered a stroke and afterwards required a wheelchair for mobility. Arrangements were made for her to have working space in an accessible part of the building. While not directly related to recruitment within the US Mission, USAID was a financial sponsor (through the DSP) of a job fair in which Sri Lankan employers were encouraged to interview and recruit from a pool of disabled job candidates. Out of this event 29 disabled candidates received job offers.

Indicator 4: USAID missions/offices implement activities in accordance with their own disability plans of action.

During FY04, the USAID Sri Lanka Mission (as well as the US Embassy Mission) did not have a Disability Plan of Action. The missions will engage in dialogue about developing this in accord with USAID's Disability Policy in the future.

Vietnam

Indicator 1: People with disabilities (PWDs) included in programs or initiatives funded by USAID. While some activities may have PWDs as their primary focus, USAID's ultimate objective is to ensure that development and humanitarian programs across all sectors consider the needs and concerns of PWDs and include PWDs in planning, implementation, and evaluation. Please briefly describe program activities that have included PWDs, categorizing them by Mission strategic objective.

In the reporting period, USAID funded program with a focus on inclusive education for children with disability, rehabilitation (provision of prosthetic and orthotic devices), barrier free access, policy and advocacy development, vocational training, job placement, and self help (SO 400-007: Improved Access to Services for Selected Vulnerable Groups). All of these programs were supported after lengthy consultation between USAID staff and Vietnam's disabled. At present, USAID's other program activities do not incorporate disability, nor inclusion of PWD. USAID Vietnam's programs focusing exclusively on PWDs are:

1. Expansion of Community Support for Children with Disability (CWDs) Program. This program is implemented by Catholic Relief Services (CRS) in partnership with the Vietnam Ministry of Education, National Institute of Education, Strategy and Curriculum Development, and the Center for Special Education/National Institute for Social Sciences.

The project's objectives are (1) to increase awareness of and support to Children with Disability (CWD) in Vietnam by documenting and disseminating experiences, teaching methodologies and training curricula for use in preschools and primary schools, (2) to expand inclusive education to three districts in northern Vietnam through increasing awareness among families and community members about capacity and needs of CWDs and through teacher training, and (3) to establish community-based support for CWDs.

2. Vietnam Rehabilitation Program. This project is implemented by Health Volunteers Overseas (HVO) in cooperation with the Vietnam Ministry of Labor, Invalids and Social Affairs (MOLISA), the Ministry of Health (MoH) and the Vietnam Training Center for Orthopedic Technologists.

This project aims to support the MOH in providing volunteer technical training on disability in addition to supporting the 'Disability Forum' to link and support professionals involved in rehabilitation services as well as broaden the understanding of the needs of people with disabilities, both within the rehabilitation sector and the larger community.

Disability's forum's strategy planning is conducted primarily with people with disabilities, and the forum, through HVO, employs three disabled staff and consults the disabled community when planning projects.

3. Sustainable Benefits for the Mobility Impaired. This project is implemented by the Vietnam Veterans of American Foundation (VVAFA) in cooperation with the

Vietnam Ministry of Health (MOH), Bach Mai Hospital, the National Institute of Pediatrics and the Rehabilitation Departments in Nam Dinh and Ha Giang provinces.

The project is designed to expand delivery of thermoplastic orthotics to the disabled in Hanoi and surrounding provinces and to improve services. The project supports two rehabilitation workshops in Hanoi and two satellite workshops in Nam Dinh and Ha Giang, providing thermoplastic braces for people and children with mobility impairments. The project also provides outreach services through mobile outreach trucks to patients who cannot afford to come to the national workshops.

VVAF employs a number of staff with disabilities, and consults disabled persons when planning their strategy.

4. Disability Policy and Rehabilitation Program. This project is implemented by Vietnam Assistance for the Handicapped (VNAH) in cooperation with the Ministry of Labor, Invalids and Social Affairs, the National Coordination Council on Disabilities (NCCD), the Committee of Social Affairs (National Assembly), and the Ministries of Construction, Transportation and Home Affairs.

The project works to build capacity of the NCCD, advocating for the promulgation of an NGO law, enforcing barrier free access codes, and promoting barrier free society.

VNAH employs staff with disabilities.

5. Adaptive Vocational Training for Adolescents with Disabilities. This project is implemented by World Concern Development Organization (WCDO) in cooperation with local Departments of Labor, Invalids and Social Affairs (DOLISA) and the Vietnam Red Cross.

WCDO is implementing a vocational training and job placement project for disabled adolescents.

6. Integrated Health and Education Program for Children with Disability. This program is implemented by Save Children US, in cooperation with the Provincial Department of Education. Activities include training to raise community awareness on disability, training teachers on inclusive education, parent education, disability prevention training, maternal health education, and inclusion of CWDs in schools in Hue and Quang Ngai provinces.

7. Community-based Integration of Children with Disabilities. This program is implemented by Pearl S. Buck International (PSBI), in cooperation with the Provincial Departments of Education, Health and Social Affairs in Kon Tum province.

The project provides health checks and disability screening, community awareness raising, and teacher training on inclusive education for hearing impaired children in a minority community in Vietnam.

8. Sustainable Orthotic Component Manufacturing in Vietnam. This project is implemented by the Prosthetics Outreach Foundation in cooperation with the Vietnam Prosthetics Outreach Center and Bavi Orthopedic Technology Center.

It works to strengthen the capacity of Vietnamese partners to manufacture high quality components for orthotic devices in Vietnam.

9. Hesperian's Early Assistance Handbook for Children with Disabilities. This project, implemented by the Hesperian Foundation, developed a handbook for caretakers (families and communities) of children who are deaf or hard of hearing for use in Vietnam and other developing countries.

Indicator 2: Disabled People's Organizations (DPOs) have increased capacity to provide assistance to PWDs and to advocate successfully for the rights of PWDs. For PWDs to become integrated into their communities and societies, PWDs themselves must demand change and have the capacity to see it through. At the same time, public education and policy/legal reform can create an environment that is more conducive to the integration of PWDs. Please identify any activities funded or organized by your mission/office that have supported the capacity-building of indigenous DPOs, provided organizational or advocacy skills to DPOs and/or affected policy change/legal reform for people with disabilities.

The USAID Office has supported a number of capacity building initiatives for DPOs, provided advocacy skills to DPOs and funded activities focusing on policy change and legal reform for people with disabilities. Many of the activities are details above. These include:

1.) *Support for Disabled Peoples Organizations.* USAID Vietnam, through Health Volunteers Overseas (HVO), has been providing support to the Disability Forum – a local forum for disability information sharing and exchange. The forum was initially administered by international NGOs, but has gradually shifted to a group run by Vietnamese PWDs. With USAID support, the Disability Forum:

- Serves as a communications hub for disability issues through activities such as a monthly newsletter, web sites, online discussion groups, distribution of publications and other resources and databases.
- Forms linkages among international and local non-governmental organizations, groups of people with disabilities and individuals, private business, the government and the media.
- Coordinates activities among members such as training workshops, exchange events, meetings and conferences.
- Promotes awareness of the general public about PWD issues and appropriately supports advocacy efforts of the members.
- Expands the disability forum to the national level with representatives in the central and southern regions, and outreach to rural areas

2. *Providing organizational or advocacy skills to DPOs.* Through the work of HVO, USAID has supported the formation of a number of Vietnamese DPO self-help groups, including groups which focus on accessibility of public buildings, employment, outreach and information technology.

Through VVAF, USAID has supported nine additional DPO, two of whom have obtained legal status for their organizations. VVAF also provided training in management and leadership skills to these groups.

3. Affecting policy change/legal reform for people with disabilities.

Through USAID funding, VNAH worked closely with the Ministry of Construction to develop policies on barrier free access in public buildings. Technical assistance included the training of thirty professionals in the construction and design fields and government officials from nationwide to become trainers/inspectors on the Barrier-free Access Code and Standards (BACS). Assistance was also provided to the National Coordinating Council on Disability to improve strategic planning for policy development and coordination among line ministries on the incorporation of disability in their strategies. VNAH also worked with the Committee of Social Affairs (CSA) of the National Assembly (NA) to promote the Ordinance on Disabled Persons and to solicit feedback from grassroots level organizations on the effectiveness of the implementation of this Ordinance. The major event during this period was a regional workshop in Dong Thap Province (Mekong Delta). The workshop involved over 200 participants including members and staff of the National Assembly, People's Councils, local government officials, and representatives of mass organizations, the private sector and groups of people with disabilities.

Indicator 3: PWDs have access to, and are included in, the staff and activities of each USAID mission/office. Please describe the ways in which your mission/office has removed barriers to the participation of PWDs in its work and how PWDs have been included in the planning, implementation, and evaluation of USAID-supported programs. This may include construction or rehabilitation of facilities to ensure universal accessibility, recruitment and hiring of PWDs, training for staff on disability issues, involvement of DPOs in developing program strategies and reviewing proposals, or other similar initiatives.

In this reporting period, PWDs were not included in the planning and implementation of USAID programs, other than programs dealing directly with disability. However, USAID did broker discussions with the Embassy on creating a more accessible environment for PWDs inside the Embassy, and provided training for personnel staff on equal opportunities. As a result, the Embassy now posts all job postings on the Disability Forum distribution list.

Indicator 4: USAID missions/offices implement activities in accordance with their own disability plans of action. If your mission/office has developed a disability plan of action (a recommendation of the first report on the Disability Policy), please identify successes and/or challenges to its implementation.

In this reporting period, the office did not develop a disability plan of action. However, plans are underway to develop a plan in the near future.

