Due to population growth, poverty, disease and violent conflict, the number of people who need rehabilitation services increases each year. Existing rehabilitation services do not come close to coping with this growing demand.

Thirty-five organizations and agencies collaborated to create a common approach to improve access for persons with disabilities to good quality prosthetics and orthotics services.

This approach will help promote the participation and inclusion in society by persons with disabilities, as is their right.

The Project Guide, and its companion document, the Programme Guide, are the results of these efforts.
The development of the Project Guide was facilitated and financed by the Swiss Agency for Development & Cooperation and the Landmine Survivors Network. Special acknowledgement and appreciation go to Anders Eklund, the lead consultant and writer who prepared the draft documents and made revisions throughout the process according to comments and suggestions from participating organizations and agencies.

The writer and editors would like to express their sincere appreciation for the efforts of the 35 organizations and agencies listed below that provided feedback on the draft document. Each and every submission, written and verbal, was given careful consideration and incorporated when possible into the final version.

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Annex: Summary of Paragraphs

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The Project Guide is intended for organizations that provide support to P&O programmes in low-income countries. It is beneficial to projects if supporting organizations share and discuss the Project Guide with staff of local programmes. The Project Guide aims to strengthen project implementation and collaboration, thereby enhancing the ability of local organizations to create sustainable P&O programmes.

The distinction between project and programme is important. Projects are designed to offer time-limited support to programmes, which are designed to be permanent as they address ongoing needs in society.
For over 25 years, aid projects have aimed at improving rehabilitation services for persons with disabilities in low-income countries. Substantial international assistance was intended to have a decisive and positive impact on the performance of rehabilitation services and to reduce the gap between the number of people in need of services and the number of persons assisted. Unfortunately, these impressive and well-intentioned efforts have not always generated permanent or long-term results. Few projects have managed to provide local counterparts with the capacity to continue activities at an acceptable level after the project-phase is over.

Due to population growth, poverty, disease and violent conflict, the number of people who need rehabilitation services increases each year. Existing rehabilitation services do not come close to coping with this growing demand. In early 2003, a group of international organizations and agencies met informally during the implementation process of the Mine Ban Treaty to discuss how to address issues that have kept prosthetics and orthotics (P&O) services in a stagnant or declining state in many low-income countries. The group agreed it would be beneficial to tap the collective knowledge and experience of both international and national P&O implementers in order to develop an approach to address ongoing challenges in the field. By developing a common approach for project implementation at the international level, it was believed collaboration between organizations could be strengthened at the country level. A common approach could also help reduce the negative effects of competition seen by P&O implementers in some countries (use of incompatible technologies, contradictory messages to local counterparts, inefficient use of resources, etc.) and promote a common process for national planning with relevant authorities and partners.

The companion document — the Programme Guide — addresses important issues for local programme planners and implementers. It should also be read by supporting organizations as it describes the goal of any project intervention: a well-working, local P&O programme. Thus all implementers would benefit from reading both the Programme Guide and the Project Guide.

This Project Guide is based on the following principled points:

- Projects should result in sustainable local programmes able to continue services without continuous outside technical and managerial support.
- Supporting organizations need to work with local counterparts and view projects through the perspective of the local programme.*
- Local P&O programmes must be built on national plans and infrastructure.
- Supporting organizations and local programmes need to work with governments to advance disability rights — from rehabilitation to social inclusion and non-discrimination.
- P&O project implementation should be seen as a responsibility assumed on behalf of the international aid community. (Regardless of project efficiency or effectiveness, the mere initiative of a supporting organization may preclude funding for other organizations. This makes international collaboration and exchange among supporting organizations — and the use of a common approach for project implementation — even more important.)

* The Programme Guide can be useful for this purpose. It points out the need for local programmes — and for supporting projects — to work with a broad range of issues, such as service user involvement, awareness raising, measures to ensure accessibility, integration, collaboration, planning and quality management.

* See page 10 for definitions of the terms project and programme.
The development of a common approach began in June 2003 with the aim of describing essential and generally accepted elements for the implementation of P&O projects. The process included:

- preparation of a draft working document based on a review of several milestone documents from the P&O field as well as relevant studies of more philosophical and less technical nature (see references list on page 38)
- review of the draft by the original group and subsequent revision of the document according to comments provided
- circulation of the draft document to a wider group of P&O project implementers for their review and recommendations for revision
- circulation of the draft to representatives of local P&O programmes and international organizations and agencies working with the broader issues of disability and rehabilitation for their review and recommendations for revision
- discussion of the draft in a two-day meeting in June 2004 with most of the organizations and agencies involved, and subsequent revision of the document, including dividing it into two: one document describing the features of sustainable local P&O programmes (the Programme Guide), and one dealing with the issues of the supporting organization’s project (the Project Guide)
- circulation of the new draft documents, final revision, printing and launch

The Project Guide and the Programme Guide: How They Relate

The process described above led to the development of two complementary documents:

- the Project Guide (this document), which describes issues that need to be considered by organizations supporting local P&O programmes
- the Programme Guide, which deals with the issues that need to be considered by local P&O programme planners and implementers (regardless of whether the programme is assisted by a supporting organization or not)

The Programme Guide should be seen as a free-standing document that can be used as is by local P&O programmes. The Project Guide is intended to be used by supporting organizations along with the Programme Guide. While the Project Guide sets forth the approach of a project, the Programme Guide sets forth the end goal by presenting the features of a local P&O programme ideally in place when the project phase is over. Thus, the Programme Guide is an important tool for supporting organizations to use when planning and implementing projects. Sharing the Project Guide with local staff will benefit both project and programme implementation. The input of local staff in the project process is vital. Each document has a primary audience, but both audiences will benefit from reading and discussing both documents.

The Objectives of the Project Guide

- to provide supporting organizations with a tool for project planning and implementation
- to enhance collaboration and coordination among supporting organizations at the country and international levels
- to enhance supporting organizations’ collaboration with national authorities and local counterparts
- to increase participation of local counterparts in the planning and implementation of projects and programmes
• to influence policies and practices of donors
• to generally stimulate discussions — at the country and international levels — on how to improve P&O services in low-income settings
• to contribute to changes that result in more people who need prostheses and orthoses having access to better quality and more sustainable services

How the Project Guide Can Be Used

The Project Guide may be used by long-established and new or young supporting organizations as:

• a guideline and checklist for planning, implementation and evaluation of P&O projects — at headquarters and at project implementation level
• a reference when preparing an organization's internal guidelines for project implementation
• a checklist for discussions and collaboration with local counterparts, governments, collaborating partners and other project implementing organizations
• a reference in discussions with donors
• training material for project staff
• teaching material at P&O schools in low-income and industrialized countries
• a guide for identifying research areas and conducting research
• a lobbying tool

Project Guide Characteristics

The Project Guide, produced by a wider group of agencies, is intended for organizations that implement P&O projects. The development of this document was originally coordinated among a group of international organizations and agencies which conduct P&O field operations. To emphasize the consensus among the group members, the paper was written in the first person, using words such as “we” and “our”. As the process continued, other types of organizations and agencies became involved (see page ii for a listing of organizations and agencies). Though the “we” and “our” language still relates to duties of supporting organizations, the principles and practices described in the document are supported by all the organizations involved in the process.

The Project Guide presents topics on which consensus has been reached. It attempts to present some fundamental and generally accepted principles for the implementation of P&O projects in low-income settings. It summarizes the views of many individuals and organizations with extensive experience and expertise in this field. The content has been reviewed to ensure it represents the standpoint of participating organizations and agencies.

The Project Guide acknowledges that mandates, viewpoints and scopes of work vary among organizations. Organizations implement P&O projects in different ways and with different aims. Some focus their work on war-victims, others on children. Some keep expatriate staff in their projects throughout their whole duration, while others prefer to provide periodic technical support through regular visits to local programmes. Some organizations limit their work to the P&O sector only in order to be efficient and achieve important, tangible results. Others find it important to back their efforts in the P&O field by working in closely related sectors, such as surgical care, physical and occupational therapy, vocational training and community-based rehabilitation. Still others provide support to areas dealing with overall development of systems for social security, promotion of democracy, etc., all of which may improve conditions for work in the rehabilitation sector.

Rather than debating the positions of each differing approach, this document seeks to identify, and stimulate collaboration on, the features that most organizations have in common.
The Project Guide presents ideals that a P&O project can strive to achieve. The description of P&O project implementation provided is limited to a general presentation that, as such, could be said to represent the “ideal” situation. Realities may be very different and make the ideals presented difficult to achieve. Even so, by having the “perfect situation” as a reference, and by setting goals accordingly, organizations can make sure that a good direction can be set for a project, and that this is not lost in the midst of the many challenges that are encountered in the daily work.

The Project Guide focuses on the field of prosthetics and orthotics, but may be of interest also to other sectors. It is beyond the scope of this document to suggest an approach for work in any rehabilitation sector other than the P&O sector. Even so, the document may be of interest to those sectors directly collaborating with P&O services, and for other fields sharing similar challenges. Indeed, non-technical parts of this document — such as the project-programme relationship, the central role of the local counterpart, and collaboration — can be applied to most development projects. Portions of the document’s more technically oriented sections may apply to the general field of assistive devices, including the production and supply of wheelchairs, crutches and other mobility devices, which in fact is sometimes also addressed by P&O professionals. The document discusses those features of physiotherapy that are relevant to P&O work since such interventions are essential for the overall success of P&O programmes. The particulars of this field, however, have not been presented and would need to be developed separately.

The Project Guide is a working document that could incorporate more evidence-based sections in time. The document should be seen as a work-in-progress that needs to be regularly revisited, reviewed and revised over time. It will be important to test the principles and recommendations presented, to develop them in more detail, to broaden the areas covered, and to make sure the document becomes more evidence-based.

**Acronyms**

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<th>Full Form</th>
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<tr>
<td>ISO</td>
<td>International Organization for Standardization</td>
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<tr>
<td>ISPO</td>
<td>International Society for Prosthetics and Orthotics</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>P&amp;O</td>
<td>Prosthetics and Orthotics</td>
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**Definitions**

For the purpose of the Project Guide:

Aid refers to support provided along the principles of development cooperation.

Donor refers to a national or international body providing financial assistance to (P&O) programmes in low-income countries.

Local typically means “of the country” (or a smaller geographic area of this, such as “province”, “city” or “community”). For example, local needs, local resources, local NGOs, local service providers and local practices would be the needs, resources, NGOs, etc. of the (concerned) country. Local level would normally be synonymous with community, district or provincial level (as opposed to national or “central” level) and local authorities the authorities of a municipality, city or province. The term local market may in fact apply to both the city/village market and the business environment in a country as a whole.

Local may also refer to an activity, a concept, an object or individuals of a (local) programme, organization or system (for example local staff, local administration, local management tools, etc., i.e. staff, administration and tools of the programme/organization/system).

Local counterpart refers to the particular local organization that a supporting organization is working with in its project.

Local (P&O) organization refers to a local organization or agency in charge of a P&O programme.
There is a large and steadily increasing need for P&O devices in low-income countries. Although figures on the exact need for prostheses and orthoses in low-income countries are difficult to obtain, estimates indicate that as many as 24 million people (0.5% of the total population) could need an orthopaedic device. Due to diseases, accidents, natural disasters, continuous conflicts and their aftermaths, the need is steadily increasing and, in most countries, growing faster than the expansion of P&O services. P&O facilities can be found in all countries, but services very often do not meet the need, either in quantity or quality. In the vast majority of low-income countries, P&O facilities are too few in number, too centralized and with too low a production to meet needs. According to the World Health Organization, possibly as few as five percent of those persons who could require assistive devices have access to them. The P&O technologies used are not always appropriate, the quality of the devices is often poor, and the numbers and qualification of personnel are not sufficient to satisfy the demand.

The users of P&O services in low-income countries are often among the poorest in society. Persons with disabilities often live well below the poverty line. Their situation is perpetuated by deeply rooted prejudices, the non-existence of educational and employment opportunities, and the view of many that disability is merely a medical issue (to be handled by hospitals) or a charity issue (affecting the "unfortunate" few). Disability can cause or increase the severity of poverty, and poverty — which contributes to increasingly hazardous environments and limits access to health and medical services — can also cause disability. This vicious circle, and the lack of social security systems, contributes to making persons with disabilities in low-income countries among the poorest of the poor and often keeps them beyond the possibilities of paying for services.

There is lack of awareness about P&O services and their potential. Awareness of the need for and the benefits of P&O services is generally very limited. Few people know about the services, and even those who need them may not be aware of their existence. Even planners and professionals in related fields frequently lack knowledge about the work that is done at a P&O centre.

There is lack of awareness about the rights of persons with disabilities. Disability is frequently regarded as a charity issue. In many countries it is difficult to win support for the idea of providing rehabilitation services as a means to guarantee the rights of persons with disabilities to have access to physical, social, economic and cultural environments.
P&O service may not be seen as a priority by a person with a disability’s family. The needs of persons with disabilities are often not considered a priority for low-income families. Families may find they have more pressing needs regarding direct survival and cannot take the time to go to a P&O service provider. They may perceive and decide it is better to carry on without a device.

P&O service is frequently not seen as a priority by decision-makers at the country or the international level. Due to the multitude of demands for services every government faces, the needs of persons with disabilities are often not prioritized. As a result, P&O and other rehabilitation services are frequently not taken into account in local budgets. Moreover, disability and rehabilitation services must also compete for attention of those who fund international aid.

Resources are limited for starting, running and improving the efficiency of P&O services — both at the country and international levels. In many low-income countries, governments allocate little or no funds for developing and running physical rehabilitation services, and non-governmental resources are generally just as limited. The situation at the international level is not much brighter as many sectors compete for scarce resources. Funds for this particular sector would need to be increased, and the limited resources available today would need to be used more efficiently and distributed more equitably.

P&O work in low-income countries is unsustainable as a commercial enterprise. The fact that prostheses and orthoses are manufactured to fit the specific measurements and anatomy of each individual user makes mass-production of P&O devices difficult. The production of P&O devices is a time-consuming and labour-intensive work. Even when the most inexpensive materials are used, the services are still expensive. As services users frequently cannot afford more than a token contribution, P&O services in low-income countries cannot generate the funds needed to run them, much less make a profit. Financial input from somewhere will always be needed to sustain the services.

P&O service provision requires long-term commitments. The nature of P&O services and the challenges associated with sustaining them make the establishment and development of a P&O programme a long process. The accomplishment of this work requires long-term commitment by local service providers, supporting organizations and donors.

**our focus**

The focus of our efforts is the service user. The service user is the one and only reason P&O programmes exist. Though providing P&O services requires technical, medical, administrative and financial skills and knowledge, it is important not to lose track of the focus of all efforts: the individual the intervention seeks to assist. Users must be shown respect, listened to, and involved in the planning, implementation and evaluation of P&O services.

**our goal**

Our work aims to maximize the number of persons with disabilities who — in the long-term — can be assisted with appropriate orthopaedic devices of satisfactory quality. It is generally agreed upon that projects of supporting organizations should contribute to the development of long-term sustainable national services that can ensure life-long assistance to service users. Though the need in many countries is urgent, and though a long-term approach may not always generate the fast, short-term results one would like to see, it is still imperative that all actions — and in particular those at the initial stage of a supporting organization’s project — are based on a comprehensive long-term plan that aims at creating sustainable services to benefit service users over many years to come.
**Supporting P&O Services in Low-Income Settings**

We run projects that establish and/or support local P&O programmes.

Aid organizations provide support to national authorities, organizations or private ventures in the management and development of P&O services. Where services do not exist, aid organizations assist local counterparts in the establishment of new P&O programmes. While the actions taken to support the services are time-limited (and planned to end when service provision functions satisfactorily and can continue on its own), the local services are intended to be permanent. Supporting organizations’ projects, therefore, assist local programmes (see definitions of the terms “project” and “programme” on page 10).

1.1 We see our work and achievements through the eyes of the local programmes. When implementing a project, a supporting organization makes technical and financial resources available to a local programme. These resources can help develop and strengthen the programme. They can enable staff training, purchase of materials and equipment, and construction or repair of facilities. While it could be argued that many such steps are attributed to the project, it is still clear that actual production of orthopaedic devices and the service provision must be seen as an integral part of the P&O programme. It is not the project that produces orthopaedic devices, but the programme. The role of the project is to support the programme so that production can be enhanced. Seeing the project through the eyes of the local programme means looking at the wide range of challenges the local service provider faces (as discussed in detail in the Programme Guide) and providing the programme with the support needed to manage these tasks. The success of the programme is the success of the project.

**GUIDING PRINCIPLES**

2. We make sure the project has been proposed or is supported by the government.

The support of the government, through relevant ministerial offices and services, is of major importance for the successful implementation of P&O projects. Even if a project does not work directly with a governmental programme, the support of the government is an indication of the relevancy of the local programme. Before initiating any work, supporting organizations should make sure the national authorities officially endorse the proposed work. An exception to this is when the project is implemented in an area not under control of the national government. Under these circumstances support should be sought from the highest local authority. Continuous reporting to national stakeholders on the progress of project implementation is essential. Regular communication may raise stakeholder interest and support and may lead the government to take on a more active role in the P&O sector (see potential tasks of the government in paragraph 11 on page 17 of the Programme Guide).

3. We support the establishment of services that provide both prosthetic and orthotic devices.

The establishment and development of P&O services requires considerable financial input. It is in everyone’s interest to generate maximum returns on this investment. From a financial and technical viewpoint, the step to upgrade a prosthetics or orthotics facility to a full P&O centre is small. The tools, machines, equipment and raw materials needed are much the same. By having some staff specializing in prosthetics and some in orthotics, both fields can be covered. With the great need for these services in mind, it is essential to plan the establishment of any orthopaedic facility so it can cope with both P&O production. In collaboration with other manufacturers, a P&O facility can also expand services with the provision of wheelchairs, crutches and other assistive devices.
4. We build capacities for both the technical and the managerial aspects of a P&O programme.

While the manufacturing and fitting of P&O devices involve technical and medical skills, the establishment of well-functioning P&O services also requires important knowledge of management, such as planning, finances (including budgeting and fund raising), human resources and logistics. To ensure sustainability, management capacity must be considered as important as technical program capacity, equally deserving of attention and support. This means, for example, that management staff should be provided with the same training opportunities as technical staff.

5. We promote the idea that services should be open for all.

The agendas of supporting organizations differ from one organization to another. Organizations have different mandates and raise and use funds with different goals; some work with mine survivors, others help children with polio or persons with leprosy. Even if rehabilitation services have been established for a particular target group, it is important to ensure they are also open to others who can be helped by the same facilities. People who have had an amputation because of traffic accidents or diabetes, for example, have the same needs as a person who has lost a limb due to a landmine explosion — all are amputees who can be assisted by prosthetics services. Since all persons with disabilities should have the same rights and deserve the same level of attention, organizations must support the establishment of P&O programmes open for all, benefiting the greatest number of people.

WORKING WITH LOCAL COUNTERPARTS

6. We work closely with local counterparts, who are the owners of the services.

To create long-term, sustainable P&O services, a supporting organization needs to work closely with the local body in charge of the programme — the counterpart. This organization or group is the legitimate owner of the services and the one who will continue the programme long after the project phase is over. When involved in the establishment of new services, a local counterpart must be identified to take charge and ownership of the programme (see paragraph 7 on page 20).

The relationship with the local counterpart has the following features:

6.1 We work closely with the local counterpart from the very first day.

The start of a support project can generate much interest, not only among the concerned target group of potential service users, but also among staff of the local programme, who are keen on managing the work. To make sure momentum is not lost and the local service provider’s sense of ownership is not undermined, it is important to work closely with the counterpart from the very first day of the project, i.e. already in the planning and preparation work that will eventually lead to the establishment/development of services.

6.2 We work closely with local counterparts in all aspects of the project.

Being the owner of the programme, the local counterpart must be given every opportunity to be fully responsible for the planning and running of the services. The counterpart’s interest and sense of ownership can be raised by making sure the authority/organization is consistently and fully involved in discussions, meetings and decision-making. No planning detail should be considered too trivial or insignificant, and no decision too small to be dealt with together with the local counterpart.

6.3 We encourage the local counterpart to maintain as much responsibility as possible — and to assume as many new responsibilities as possible, as soon as possible. The final aim of the project — to have the local counterpart responsible and capable for all parts of the service provision — must be a driving ambition from the first day of the intervention. Every responsibility must remain with, or — as soon as this can be done — be taken over by, the counterpart. It is the role of the supporting organization to provide all possible support so the counterpart can successfully manage new tasks.

6.4 We work closely with the local counterpart at all organizational levels. Working with a local counterpart implies being in contact with an authority/organization at several levels. It includes working with a focal point at service level, for example the Director or Administrator of the P&O/rehabilitation centre. The contact here should be continuous and close, including, if practically possible, sharing offices. Day-to-day tasks should be dealt with jointly. Regular, formal meetings should be held so that the development of the work — and of the collaboration as such — is documented. At a higher level, regular meetings are held with focal points of the agency’s overall administration (at ministerial level if the counterpart is a governmental authority) where the planning of rehabilitation services is done and strategic decisions are taken. The key persons here may be the Head of the counterpart organization and his/her Deputy, the Vice-Minister, the Director General of Medical Services or the National Director for Rehabilitation. The development of the programme is jointly analyzed and discussed with these individuals on a continuous basis. The key to project success is establishing trustful relationships with individuals at different levels.
6.5 We encourage the local counterpart to raise awareness at all political levels. The local counterpart should be encouraged to advocate for support from all relevant levels of the authority/organization in charge. This support will be indispensable for the long-term success of the programme.

6.6 We boost the local counterpart’s confidence and sense of ownership by keeping a low profile at centre level. To facilitate local ownership, a supporting organization must step back and let the local counterpart assume charge. This applies to daily operations — where local staff should be given room to assume technical and managerial responsibilities — as well as to the way services are presented to service users, partner organizations, authorities, the general public and local staff. It is important that the services are perceived as managed by the local organization, not the supporter. This means, for example, the name of the rehabilitation centre should carry the name of the local counterpart, and information leaflets, posters, documentation forms, etc. should have the logotype of the local organization. (Visibility may be important for supporting organizations to raise project funds, but this is normally more so in industrialized countries where the funds are raised. In country, at the centre level, it should be enough to present the supporting organization as just that — a supporter.)

6.7 We explain the rationale behind our approach in an open discussion with the local counterpart. To avoid raising false expectations, it is important to discuss expected results and the possibilities and limitations of intended support. The project approach may not always be readily accepted by the local counterpart. Local technicians, for example, may find that appropriate technology of perceived inferior standard is forced upon them. Taking steps to ensure satisfactory accessibility to the services may be perceived as too expensive by the organization in charge. The involvement of service users in the planning and the application of non-discrimination principles may be opposed initially by those who feel threatened by “modern” ideas of equality and inclusion. If the rationale for the project approach is not thoroughly explained to all concerned staff, it may be difficult to convince them to accept these ideas as useful and valuable. At the same time, the counterpart must be prepared to discuss the appropriate technology in a way that is acceptable to the staff involved. The involvement of all concerned staff in planning and implementation will help ensure that the approach is accepted and supported.

6.8 We recognize and value the local counterpart’s intimate knowledge of local issues. In the same way as a supporting organization can contribute expertise to a local P&O programme, it is essential to recognize and value the knowledge the counterpart can contribute. The counterpart is an expert on local issues, which can ensure a smooth adaptation of the supporting organization’s knowledge and skills to the actual reality of the country. This expertise is an indispensable complement to the supporting organization’s contribution.

6.9 We make sure our contribution to the running cost of the programme is fully transparent for the local counterpart. To enable the counterpart to assume financial responsibility for the programme at the end of the project phase, all costs of the services must be clearly understood and identified in a comprehensive budget. External assistance and subsidies must also appear in this budget so, from the start of the project, they are seen as a national responsibility. This will allow the counterpart to prepare itself for the takeover of full financial responsibility.

6.10 We recognize the importance of the local counterpart maximizing its contribution of resources to the programme from the start. Local resources need to be mobilized from the start of a project to sustain P&O services in the future. Resources the local counterpart should be expected to contribute from the start may include the provision of land and premises for a P&O centre and the covering of such local expenses as staff salaries and acquisition of local materials.

6.11 We are prepared to slow down the pace of the implementation to make sure the local counterpart can fulfil its part of the agreement. No matter how carefully project planning and preparation are done, it is common to underestimate the time needed for successful implementation. The challenges of a project frequently become visible after implementation has started. In particular, the counterpart, whose resources may be strained, may find it difficult to manage unforeseen problems and to fulfill its commitments. Though some of the counterpart’s problems might be eased if the supporting organization takes over certain responsibilities, there is a great risk this may lead to decreased involvement by the counterpart. It is important to be sensitive to any signs the counterpart is having difficulties following the original plan. Should problems occur, rather than redistributing responsibilities, the supporting organization must adapt the pace of implementation so the counterpart gets sufficient time to take on agreed-upon tasks, even if this delays the project.
7. **We make careful considerations when selecting the local counterpart.**

Local counterparts can include government agencies, non-governmental organizations and private enterprises. The appropriateness and exact role of each entity will differ from country to country. Preferably, the counterpart should have prior experience with rehabilitation and disability. The counterpart could also be a new body that shows a strong commitment to the disability cause and is prepared to work on these issues in the long-term (i.e., even after the supporting organization’s project ends). For a partnership to be successful, the mission and guiding principles of the supporting organization and the local counterpart must correspond strongly. Persons with disabilities should be involved in evaluating a potential counterpart to ensure the mission reflects their interests and priorities.

8. **We appreciate the different roles of the local bodies involved in P&O service provision.**

Different local bodies oversee and participate in the delivery of P&O services, including government ministries, non-governmental organizations (NGOs) and private enterprises. Each has its advantages and disadvantages, and the bodies best suited for providing P&O services will vary from one country to another. In many countries, services are provided by more than one of these bodies — sometimes all three — in which case close collaboration to develop a common plan for national services is particularly important (see paragraph 12 on page 17 of the Programme Guide).

8.1 **We recognize the key role of governments.** Regardless of which local counterpart is chosen for a P&O project (government ministry, NGO or private enterprise), the supporting organization should always work closely with the government, not only on P&O issues, but also on related disability issues. It is a government obligation to ensure rehabilitation services are available. Some governments assume this responsibility by being directly involved in the provision of P&O services. Such services have often proven reliable and long lasting. However, the productivity of government-run services is frequently low, and much support may be needed to improve programme efficiency and quality. If seeking to implement a P&O project with a governmental counterpart (particularly in a country where no ministry is yet providing such services), it may be an advantage for a supporting organization to work with the ministry for health, which is responsible for related medical services.

Even when not directly involved in service provision, the government should have a key role in P&O supervision and regulation, particularly when market-driven services are provided (see paragraph 11 on page 17 of the Programme Guide).

8.2 **We recognize the importance of non-governmental organizations.** In many countries, local NGOs play an important role in the P&O sector. Church missions and charity organizations frequently have programmes that produce good quality devices, sometimes spanning decades. Such NGO activities are normally dependent on foreign support, which makes them sensitive to changes in sponsor priorities. Apart from direct service provision, NGOs may carry out advocacy and provide financial support to service users. When working with local NGOs, supporting organizations should encourage them to collaborate closely with other service providers and national authorities to reinforce their efforts, plans and priorities.

8.3 **We recognize the potential and limitation of the private sector.** By targeting service users who can pay higher prices, the private sector can afford to pay their staff better, use technology of the user’s choice, and move users through the P&O process more quickly. A market approach can enhance competition among service providers, which in turn may increase efficiency and quality, and lower prices provided there is sufficient market competition. While the benefits of the private sector should be recognized, the drawbacks must also be considered. If there is no monitoring of the service providers, and if competition fails to lower prices, poor and vulnerable populations — which constitute the majority of P&O users — will be denied access to services. It is the responsibility of supporting organizations to make sure their projects do not contribute to such an outcome. Private sector service providers should be encouraged to use low-cost technologies that will enable the production of devices that are affordable for the greatest possible portion of the population. Supporting organizations should also actively encourage the government to supervise and regulate market-oriented service provision (see paragraph 11 on page 17 of the Programme Guide).

**BUILDING ON EXISTING SYSTEMS**

9. **We make sure the local P&O programme is built on and adapted to existing systems/infrastructures.**

To become sustainable, a local P&O programme must integrate with national services and health care. Integration and collaboration will allow the programme to influence decisions and policies that affect the environment in which the programme will function in the long-term. A supporting organization must aim at applying local procedures and maximizing the value of local resources and contacts.
9.1 We build on existing services as much as possible. Duplication of services should be avoided. Although in many countries existing P&O programmes do not meet the full demand for orthopaedic devices, they may be firmly established within the national infrastructure and therefore serve as a good basis for the development of more efficient services. The value of making an existing, well-integrated programme work better may often be greater than the value of creating new services. New services may be short-lived, and risk having negative effects on the services already in place.

9.2 We use readily available expertise as much as possible. Formal and on-the-job training of staff is a major and important investment. To ensure the best result, the persons hired and trained must have the best possible qualifications. When selecting staff for training, one should make a thorough assessment of existing professionals in the country. Qualified technicians may be unemployed but still suitable for P&O work and willing to rejoin the profession. It is important to identify these and other specialists with experience from related technical professions, who already possess important technical skills that could be applied to the P&O field. The same goes for administrative and finance staff who are already trained and experienced in finance and administration.

9.3 We apply local procedures for obtaining materials as soon as possible. It is sometimes more convenient for a supporting organization to use exclusive or private channels for obtaining materials, but it is crucial to utilize local procedures for this work. This is the way materials will be ordered, imported and transported when the supporting organization’s intervention has come to an end. By applying local procedures at an early stage of the project, the supporter will have opportunity to seek improvements in supply chain processes, thereby addressing routine problems before the project phase is over.

9.4 We use and improve existing tools for management and administration. It may be tempting for a supporting organization to introduce new and “centre-specific” tools for management and administration (planning, reporting, filing, budgeting, etc.) in an attempt to facilitate daily work and make a centre’s management more efficient. However, if the tools do not conform to standard procedures used more widely by other governmental or non-governmental agencies, this approach can be counter-productive and jeopardize the long-term integration process. Systems are not known for adapting quickly to changes that are “imposed” on them. It is therefore recommended that P&O programmes use management and administration tools that are the same or similar to those used by most organizations in country. These tools can be gradually improved within the framework set by the locally dominant or governing system.

9.5 We promote contacts with existing, permanent collaborating partners. At the initial phase of a project, and particularly in countries where much of the infrastructure has been destroyed because of a conflict, it may be easier to make use of medical and associated rehabilitation services provided by international agencies. This may accelerate the start of a P&O programme to relieve some urgent needs. It is important to note, however, that international projects are limited in time and scope. Some organizations will not — and do not intend to — leave permanent services behind when projects end. (This is often the case with medical projects, which are focused on emergency interventions rather than sustainable solutions.) It is therefore important to develop contacts and collaboration with services, facilities and organizations that could be helpful in the long-term.

9.6 We adapt fees to local practices. The introduction of a system for user fees may have positive effects on service provision (see paragraph 52 on page 53 of the Programme Guide). However, such fees may also jeopardize existing services, which means other service providers should be consulted and agreement sought on fees. The establishment of services that do not charge a fee in a country where fees are already requested by other service providers may have an equally negative impact on existing services. It may also hurt any local attempts to start such services, since the fee may in fact be an important incentive to run a programme (or a necessity, as is the case for private practitioners). It is therefore important to consider options carefully and adapt policies for service fees to local practices.

9.7 We adapt staff compensation to local practices. In low-income countries, where average salaries are extremely low, the wages of P&O professionals may be insufficient to support a family. To survive financially, it is common for workers to take on additional jobs outside their P&O duties. To encourage workers to devote their professional energy to work in the rehabilitation field, supporting organizations are tempted to compensate for low salaries by paying an “incentive”. This salary supplement can be linked to measurable results of production and often exceeds the total amount paid as salary. While this may have an immediate and seemingly positive impact on services and productivity, such incentives also bring negative consequences over time. Unless such financial support can be continued by the local service provider after a project ends, the staff will find it very discouraging to see their income drop by half or more. This is likely to be the end of the services. Salaries and incentives therefore need to be carefully adapted to local customs.
Unless there is a real prospect the local service provider can take on added financial support for the workers at the end of the project phase, incentives should be avoided. (This likely applies to most low-income countries, but there may be those where a gradual, long-term transfer of such financial responsibilities is possible. To succeed, this process must be carefully planned and mutually decided by the supporting organization and the local service provider in the project agreement.)

9.8 We avoid having programme staff employed by the project. For a variety of reasons (often administrative and financial), local P&O programmes find it difficult to employ the needed staff. This may tempt supporting organizations to assist the programme by employing key staff under the project instead. Intended as a temporary solution (so the P&O work can continue until the local programme has taken over all employer responsibilities), such arrangements are difficult to reverse. It may be impossible for the local programme to employ staff, and staff members may not be interested in switching to less favourable employment conditions. As far as possible, a more long-term arrangement, in which local staff are employed by the programme, must be sought from the beginning of the project.

TECHNOLOGY

10. We make careful considerations when deciding what P&O technologies to use.

The choice of technology may significantly influence the prospects for a P&O programme’s long-term success. If inappropriate, the technology will make sustainability impossible and will undermine and potentially destroy attempts of other P&O providers to utilize more appropriate technologies.

To ensure the right technology is used:

10.1 We have realistic ideas about what technologies can be used. In Africa, nearly 100 million people live on less than a dollar per day. Given the poverty in low-income countries, it is impossible for persons with disabilities to afford sophisticated prostheses and orthoses. The different conditions in low-income and industrialized countries — apparent in housing, transportation and local infrastructure — are bound to be reflected in the way P&O services are provided. Even though many cost-effective techniques and materials are already in use today, services still remain financially inaccessible to a great proportion of people, which means P&O devices may need to be even less expensive. The use of appropriate technologies (see paragraph 30 on page 30 of the Programme Guide) needs to be promoted and supporting organizations should see it as a challenge to develop ways of further decreasing costs (see paragraph 11 on page 27) without compromising quality.

10.2 We encourage the local counterpart to decide what technology to use. Wide ranges of prosthetics and orthotics technologies are used in the world today, each with their advantages and disadvantages. To understand which technologies are appropriate to the particular context of a country, one needs to compare the alternatives available by evaluating them according to a set of criteria developed for that particular country (see paragraph 30 on page 30 of the Programme Guide). The local counterpart should be encouraged to make such an evaluation in consultation with other service providers and assisting organizations, before deciding what technology to use.

10.3 We use P&O technologies that are either already in use in the country or generally accepted by other service providers. It may be easier for a supporting organization to use the same P&O technology in all its projects, but this is not always advisable. The introduction of a new technology in a country may have a negative impact on existing services. A new technology may impede much-needed standardization and confuse service users and technicians. Some countries have well-established technologies and even an industry that produces certain components. The introduction of a new technology may undermine the efforts of the existing industry, particularly if the technology is perceived as superior. Losing the possibility to develop according to the local need, the industry may then have to close. Should the new project turn out to be short-lived, the result will be the absence of any programme. Rather than insisting on the introduction of its own standard technology, a supporting organization must first assess existing technologies to understand if they could be used in the new project. If the country would greatly benefit from the use of the technology offered by the supporting organization, it is important to invite all organizations involved with service provision, as well as relevant authorities and representatives of service users, to participate in a thorough, transparent and objective evaluation of options at hand. While the final decision on what technology to be used should rest with the local counterpart, the participation in the process of other national and international bodies can make sure the knowledge base for the evaluation be maximized. A joint process will facilitate the eventual adoption and standardization of any new technology and increase acceptance among the concerned organizations and individuals.
10.4 We use technologies that are tested and proven safe. There is still a great need for the development of low-cost, quality orthopaedic devices appropriate to the conditions of low-income countries. Before introducing new technologies on a large scale, however, they must have undergone testing and evaluation to make sure that they are reliable and adapted to local challenges and conditions. When prosthetic and orthotic users are involved in such tests, their safety and rights must be ensured and sound ethical principles applied. For this purpose, standards and guidelines relevant to the tests must be established.*

Tests of P&O technologies may be carried out according to international protocols (for example those of ISO). However, it can be very difficult to meet these standards. In fact, setting such standards may prevent the adoption of technologies that are perfectly safe, functional and reliable in the context of their use. A simple, affordable reliability test by local professionals, and preferably with the involvement of ISPO, is likely to be a more appropriate way to ensure safety. Based on the tests, documentation of any technology's performance should be made available to other service providers in the country and anyone else interested in such information.

10.5 We discourage unmonitored use of recycled and inappropriate material from industrialized countries. There is a great shortage of P&O material in low-income countries. In industrialized countries, in contrast, used but functional components are often thrown away. For many, recycling such materials is an appealing thought: What better way to make use of medical materials and functional components are often thrown away. For many, recycling such materials is an appealing thought: What better way to make use of medical materials and equipment than to ship them off to low-income countries for re-use? In the world of prosthetics and orthotics, however, this can be very problematic. While the material may come from a variety of devices, the components are seldom interchangeable. And unless the technical personnel have been given specific training needed to work with each technology, there is a risk components will be mishandled and the quality of the devices will be poor. There is also concern the supply may not be constant, which means individuals with state-of-the-art recycled devices may later on have to accept using very basic devices or — even worse — get no devices at all. Recycling can also create negative image issues by implying that what industrialized countries throw away is good enough for low-income countries. It is important to educate people involved with recycling P&O materials about the disadvantages of this approach. If the use of such materials is not properly monitored, and technicians not given needed training or constant supplies are not ensured, recycling can in fact do more harm than good.

11. We promote continuous evidence-based research.

Although significant developments have been made on P&O working methods over the past few decades, there is still a need for further research. For the average person with a disability in a low-income country, the cost of devices is still too high. Service providers need to be open to alternative practices and seek ways to reduce costs without adversely affecting the quality. The implementation of applied research and development — and the documentation and publication of relevant, evidence-based results — is important in many different areas. Research and Development of alternative technologies, low-cost materials, componentry, cost-effective working methods and machinery/equipment should be encouraged in both low-income and industrialized countries.

DONORS

12. We are concerned that donors may have insufficient information about P&O.

On the surface, P&O services seem easy to understand. Seeing a person with an amputation walk with his/her first prosthesis brings a strong emotional response. This can convince people of the benefits of developing P&O programmes in low-income countries and motivate them to offer financial support. However, while donors are aware of the immediate effects of their financial support, they may not fully appreciate the complexities of providing P&O services. Users' needs are long-term and the development of appropriate and sustainable services may be a decades-long endeavour. If donors are not fully informed about nature of P&O, the risk is their commitment might not be deep enough to generate the permanent results that supporting organizations, counterparts and service users want to see.

12.1 We see it as our responsibility to provide donors with sufficient information. Donors must be given sufficient information to be able to make appropriate decisions about their support to P&O projects. It is the duty of supporting organizations to clarify a number of key issues, such as that non-discrimination principles must guide P&O work and that programmes cannot be established for one target group only. Above all, donors must know that short-term and short-sighted assistance may generate little, or even no lasting results. When the devices are worn out, the beneficiaries may find themselves in a worse situation than before. The long-term objective of creating sustainable services must therefore override the more narrow goal of assisting as many people as possible as quickly as possible. It has to be made clear that the establishment of good quality P&O services requires a long-term commitment.
12.2 We provide technical advice in the coordination of donor contributions at country level. Donors may have differing views about what ought to be achieved in the P&O sector in a particular country and in what direction the services should be developed. Supporting organizations have a responsibility to make sure that the aims and conditions set by their respective donors agree with the policies adopted by national authorities and with the direction set by projects funded by other agencies. If different funders push supporting organizations in opposite directions, this may provoke clashes within or between local service providers and have negative effects on the overall development of services. If differences are great, financial contributions may even neutralize each other and thereby reduce the result of both. These negative effects can be avoided by close collaboration and by the development of national plans that describe common goals (see paragraph 12 on page 17 of the Programme Guide). By informing donors of the directions set for the development of services, supporting organizations can make sure financial contributions will be used in the most beneficial and cost-effective manner.

12.3 We see it as our responsibility to influence the wider P&O-supporting community. Apart from local P&O programmes, national authorities, regular donor agencies and supporting organizations, there are many other groups contributing to the provision of orthopaedic services in low-income countries. These range from individuals helping their fellow citizens, local businesses contributing financial support and associations supplying recycled orthopaedic components (see paragraph 10.5 on page 26), to international organizations, such as UN-agencies and the European Union, making large financial contributions directly to local P&O programmes. Any contribution that may enhance local services should be valued, and local service providers should be encouraged to raise funding from as broad a spectrum of donors as possible (see paragraph 52 on page 53 of the Programme Guide). Some contributions may still result in the set up of systems that are not adapted to the financial reality of the country. This can make services too expensive to maintain and impossible to sustain. Such systems may also negatively influence attempts to establish more appropriate working methods. It is therefore important to involve any major funder in discussions on the broader issues of P&O service implementation and appropriate technology. This may be done within any framework for planning, collaboration and coordination at the national level (see paragraph 12 on page 17 and paragraph 20 on page 23 of the Programme Guide).

PROJECT STAFF

13. We make sure project staff members are well-prepared for their duties.

13.1 We employ well-trained personnel. Working with a supporting organization may include being a teacher and a mentor. This requires up-to-date knowledge of technical, medical and managerial issues. The demands on staff are high and they need to be selected on the basis of their professional merits, their experience and proven ability to adapt to new social-cultural environments.

13.2 We provide sufficient time for the introduction of new staff. The change of staff in a project may have a strong — and usually positive — impact on a local programme. New staff may see both problems and possibilities in a new, fresh light and be highly motivated to take on challenges. As long as the changes of project staff are not too frequent (longer contracts may sometimes need to be considered to reduce turnover of staff), and as long as initiatives of new staff are taken within the agreed frame of the project, the overall changes are likely to be positive. Still, there is a risk that new project staff may dismiss parts their predecessors’ work and focus on their own, sometimes conflicting priorities. New project staff need to be properly briefed at headquarters and country levels to avoid abrupt changes of priorities, deviating from the agreed path. This briefing should explain the aim of the project, philosophies and practices that should guide project implementation, the place of the project in the local programme and its role in the achievement of national priorities. To ensure continuity, the supporting organization must strive for sufficient overlap of staff during transition. This will allow understanding and respect for pre-existing commitments, and sufficient time to orient and introduce new staff to local counterparts and collaborating partners.
P&O SUPPORT IN EMERGENCY SITUATIONS

14. We find it important to provide prompt support in emergencies.

Restoring personal mobility to individuals with disabilities is critically important. If services are not provided promptly, it may be increasingly difficult to achieve positive outcomes. Rehabilitation of children with polio, or people with upper limb amputations, for example, cannot wait five to ten years. The sooner persons with disabilities can receive services, the more successful rehabilitation will be.

Even so, the supply of orthopaedic devices does not fall into the category of life-saving work. Field operations are normally not carried out during the emergency phase of a conflict or a natural disaster when the security of staff cannot be assured. However, much planning and preparation should be initiated in this phase. Decisions may be taken on the general approach to use, technology and training needs, which will allow starting field work immediately as improved security allows.

14.1 We work with the national government to the degree possible.

Working with the government is important in emergency situations since many crucial decisions made in this phase will impact future services. It may be very difficult to work with officials during an emergency situation where government capacity is stretched to the limit. There may not even be a functional national government in place. In this case, it is important to work with authorities at a lower level and, as soon as the political and socio-economic situation improves, resume efforts to support the national government.

14.2 We support the planning of P&O services during the emergency phase.

The emergency phase can in itself present an opportunity to put disability and P&O issues on the agenda. Increased interest at the country and international levels may often enable setting up structures that are needed for long-term services. If it is not possible to start the actual services, it is still important to create momentum by initiating the planning of P&O services. Comprehensive plans will prepare the way for establishing appropriate services, or repairing existing facilities, as soon as the general situation stabilizes.

14.3 We make sure that our projects fit into national long-term plans.

Work carried out in the emergency or immediate post-conflict phase should be part of a long-term development plan and integrated into national service activities. Such a plan can ensure persons assisted through the emergency intervention will receive continued support from a permanent centre once the conflict is over. The plan will also ensure working methods of the emergency phase are compatible with those planned for the long-term — so that devices can be repaired and maintained post-conflict. If these precautions are not taken, there is a risk the emergency intervention will raise expectations of continued services that may never be fulfilled.

14.4 We promote parallel support to long-term services.

Sufficient service provision extends beyond the emergency phase. Support to the establishment of long-term services is needed as well. The “emergency project” of a supporting organization should include a component to support post-conflict services. Or, the organization may coordinate its project with other organizations who can take on complementary, long-term issues. As part of the task of providing information to donors (see paragraph 12.1 on page 27), it is essential supporting organizations ask funding agencies to make balanced contributions to emergency and development work.

14.5 We carefully consider the technologies to use.

The preferred approach during an emergency is to provide permanent prostheses and orthoses based on a technology that is the same or compatible with devices produced in the long-term. In particularly difficult situations, where armed conflict is temporarily halted or where one natural disaster may quickly be followed by another, it may be impossible to maintain production of “permanent” devices. Under such circumstances, walking sticks, wheelchairs or temporary prostheses supplied through a provisional arrangement may be the best solution. If temporary devices are used, they should be low cost, easy to fit, have sufficient durability to avoid frequent need for repair and be compatible with long-term devices. By emphasizing function rather than aesthetics, the point can be made to the P&O community that this is an interim solution which must be followed by the supply of more permanent devices.

14.6 We ensure follow-up of service users.

Follow-up services are essential if the provision of orthopaedic devices is to be successful. This is a general rule that also applies to work in an emergency setting. If emergency outreach services are provided from mobile or temporary clinics with technologies that allow instant fitting, follow-up is likely to be even more important than when permanent services are provided. Follow-up may be a much more difficult task to achieve in an emergency setting than in a development project, but contacts with service users should not be limited to a single visit or service. Beneficiaries need regular visits and opportunities to return to the service provider.
COLLABORATION BETWEEN SUPPORTING ORGANIZATIONS

15. We collaborate with each other.

The agendas of supporting organizations are not always the same, but their similarities are far more important than the technical differences. Supporting organizations often have the same long-term goals, and by joining efforts and collaborating these will be easier to reach.

15.1 We collaborate at the international and regional levels. International and regional collaboration is essential for the success of projects at the local level. Supporting organizations should be in regular contact with each other at the headquarter level in order to effectively coordinate, support and encourage collaboration at the country level. It is essential to meet in person and exchange information, experiences, new developments and plans, and to share new working methods and teaching and training materials. It is also important to share experiences at international conferences and to document and disseminate information and research through international publications (such as Prosthetics and Orthotics International, OrthoLetter, and O&P World).

15.2 We collaborate at the country level. By collaborating closely at the country level, supporting organizations can agree on how to coordinate their support and divide tasks they have in common. This will make sure duplication of work is avoided, the use of resources optimized, and services are delivered in an efficient and cost-effective way. (For examples of collaboration, see paragraph 20 on page 23 of the Programme Guide.)

15.3 We actively seek collaboration as soon as we arrive in a country. The knowledge possessed by organizations already involved in P&O services in a given country is invaluable to any new organization interested in providing similar support. When arriving for its first assessment, a new organization should actively make contact with other organizations in order to make use of their knowledge and to avoid repeating mistakes that may create problems for both supporting organizations and local service providers. It is important to discuss potential plans with these agencies and benefit from their counsel.

15.4 Our collaboration is done within the local system together with our counterparts. Supporting organizations’ collaboration deals with issues that are of as much concern for the local service providers as they are for the organizations themselves. Therefore, all work-related discussions should include representatives of the respective counterparts and be held in a transparent manner within the local service structure.

15.5 Our collaboration is formalized. Collaboration should always be formalized and based on professional contacts since collaboration built solely on personal contacts may be jeopardized once expatriate staff is replaced. This means schedules, agendas and objectives for the collaboration should be clearly defined in writing.

THE PROJECT IMPLEMENTATION PROCESS

16. We make an assessment before starting a project.

Before a project is started, a needs assessment should be carried out with a local counterpart and representatives of service users and national authorities. Providing a justification for the intervention, the assessment should indicate where and how the project fits in by determining:
• the local demand for P&O services in terms of number of persons with disabilities, their geographical distribution and the types of devices they may need
• level of social/economic development
• legislation relevant to persons with disabilities
• existing plans for development of services
• existing financial resources for the sector
• existing insurance systems
• existing P&O facilities and their current production and capacity
• existing local resources to sustain a potential programme
• existing human resources and training needs
• existing local component production and the quality of the products
• availability of associated health and rehabilitation services
• the government’s priorities/interest in receiving assistance and possibilities of supporting planned activities
• existing collaboration networks and agendas
• presence of supporting organizations and potential for collaboration
• possible barriers to service provision
• security situation and safety issues
If the project will support an existing rehabilitation centre, a detailed assessment should be made of the facility (including equipment, materials, technologies, staff) and the organization/authority in charge (human and financial resources, visions and plans). The Programme Guide can be used as a checklist for some of this work. The information listed above, together with data collected in a separate baseline survey, will be used in the monitoring and evaluation process to track development and determine the impact of the project (see paragraphs 21 and 22 on page 36).

17. We prepare a detailed project plan together with the local counterpart.

As soon as a supporting organization has identified the local counterpart, a detailed project plan should be prepared. Even though this is a plan of the project, the local counterpart must be given every opportunity to participate in this process — and have an equal say — since the project plan in essence will impact and may define the local programme.

The overall project plan will include information such as:
• the project duration and implementation schedule
• the long-term goals
• measurable objectives with expected results
• milestones
• performance indicators
• budget
• human resources needed
• methods of monitoring, reporting and evaluation

At a more detailed level, the plan should consider issues such as:
• position in the local health care system of the supported programme
• measures taken to ensure long-term sustainability of the local programme
• a plan for collaborating with the local counterpart and other partners
• distribution of responsibilities (between the supporting organization and the local counterpart) and the transfer of these (see paragraph 19 on page 35)
• technology to be used (or process to be used to decide the technology)

If the project is supporting a programme that does not yet have its own routines for planning (see paragraph 45 on page 45 of the Programme Guide), the preparation of long-term and annual programme plans may be based on the information given in the project plan.

18. We analyze the anticipated long-term costs of the programme together with the local counterpart.

P&O services have a cost, but this fact may not always be evident to the local service provider since a great portion of the running costs are initially borne by the supporting organization (and its donor). Inevitably, a gradual shift must take place during the implementation of the project — from having services largely reliant on the supporting organization’s funding, to an increased financial commitment by the authority/organization in charge of the local programme. It is important that the issue of long-term financing of services be brought up for discussion, and expected long-term costs be identified, before the actual start of the project. This will enable the local counterpart to conceptualise needed financial resources, to express a commitment to assure long-term financial responsibility, and to make sure that the programme can be adapted to the resources that realistically can be made available in the long-term (by the local service provider or by other — local or international — sources of funding, see paragraph 52 on page 53 of the Programme Guide).

19. We prepare a plan for the phasing-out of our support.

To ensure smooth withdrawal of the support, a plan to phase-out the assistance should be prepared jointly by the supporting organization and the local counterpart and then included in the project agreement (see next paragraph). With the use of a time schedule and milestones, the plan should indicate the gradual transfer to the counterpart of any responsibilities — technical, managerial or financial — that may be taken on by the supporting organization. The process of phasing out and transferring responsibilities should be initiated at the very beginning of the project and then regularly monitored.

20. We sign a project agreement with the local counterpart.

The supporting organization and the local counterpart should sign a service-level agreement before the implementation phase begins. This will ensure expectations are clear and help avoid misunderstanding. The agreement defines the goals of the project, expected results, means and methods to achieve results, respective roles, responsibilities and contributions of both parties. It also presents a plan for withdrawal of the supporting organization’s assistance (see previous paragraph). During the planning process and the preparation of the agreement, the counterpart must be given every opportunity to evaluate what is being offered by the supporting organization and have the right to reject a project that is not financially feasible or does not fit into its rehabilitation plans.
21. We monitor the project.

Ongoing monitoring and follow-up are required to track and continuously improve the quality of project implementation. By regularly monitoring a project, the supporting organization can ensure it is being implemented according to the objectives and milestones of the project plan and it is consistent with the aims of the organization set at headquarters level. If stated objectives have not been achieved, the plan may need to be adjusted. Monitoring is carried out in two ways: (1) as an ongoing process completed by staff at project implementation level; and (2) by headquarters staff and/or consultants, who visit the project one or several times per year. Standardized performance indicators will help ensure continuity of the monitoring process and allow comparison of results between different projects of an organization. The result of the monitoring should be shared and discussed with the local counterpart.

22. We evaluate the project.

Evaluation, like the monitoring process, is a means to ensure the quality of a supporting organization’s work. Evaluation of P&O projects will determine their strengths and weaknesses, and suggest factors to improve existing services and the planning of new projects. Typically, an evaluation takes place at the end of the project, but it may also be used at earlier points during a project to clarify its status and benefits to a funding agency. The evaluation process should include a wide range of issues. It may require multiple evaluators, each dealing with different aspects of the project; technical, financial and managerial. Progress towards long-term sustainability of the supported programme remains a critical indicator of success. To assess the longer-term impact of project assistance, an evaluation should be repeated several years after the project has come to an end (see also endnote 16 on next page).

endnotes


2 The population of the world’s low-developed regions is 4.8 billion (United Nations Population Division).

3 In addition to the many diseases that are typical — and already constitute a great challenge — for low-income countries, some that are “new” to this part of the world are expected to increase, such as type 2 diabetes (61% of the world’s diabetes), January 2004, p. 16-22.

4 Motor vehicle accidents increase as societies become more prosperous.

5 It should be acknowledged that the lack of reliable data on the need (numbers of persons with disabilities, types of disability, etc.) in itself constitutes a challenge for planning P&O services and projects that support these.


8 In purely private markets, the distribution of goods and services is based on the distribution of income. The majority of potential service users in low-income countries are too poor to pay the full cost of a device. They will not, unless supported by other financial sources (such as credit, insurance and private donations), be of interest to private practitioners who, having contributed capital, expect to earn a profit.

9 The Helsinki Accords — endorsed by the World Health Organization and more governments, funding agencies, hospitals, educational and research institutions in the world — describe the ways human rights should be protected within the context of research. Subjects must be informed about the purpose, risks and benefits of the research, as well as any associated costs, and they must give their consent to participate.

10 The term “project staff” refers to staff employed by and working for the supporting organization. Staff individuals of the local programme, though they may occasionally be paid by a supporting organization, are not included in this term. Staff issues of a local programme are discussed in the Programme Guide, paragraphs 46-48.

11 The P&O field would benefit from internationally recognized training institutions offering courses to prepare staff for assignments in low-income settings.

12 Temporary prostheses are made of components with a limited lifespan that can assist persons with disabilities until production of “permanent” prostheses is established or resumed. This approach includes the use of kits or other simple technologies for immediate fitting (using materials such as thermoplastics and plaster of Paris). The suitability of these methods in a particular country depends on the availability of trained professionals.


14 A needs assessment format has been developed by ISPO in the document Planning, Monitoring and Evaluation of P&O Programme. This document may be adapted or be used in its original form — as an international standard — by any P&O implementer.

15 The phase-out procedure is sometimes called “hand-over”, but this term may be misleading since it suggests that the supporting organization is solely responsible for running the programmes until the end of the project when it is given to the local counterpart. In reality, the international project must strive to transfer responsibilities to the local counterpart as a continuous process from the very beginning of the project.

16 A detailed format for monitoring and evaluation has been developed by ISPO in the document Planning, Monitoring and Evaluation of P&O Programme. This document may be adapted or be used in its original form — as an international standard — by any P&O implementer.
For the preparation of the Project Guide, facts and inspiration were gathered from
the documents listed on the previous page according to the following:

The Challenge
ISPO I, 96-1; p. 115, ph. 4, w. 1; p.120; last ph. p.17; ph.2
ISPO II, 287, pt.1; p.290, ph.2; p.294, ph.2; last sn.
GTZ I, 38, ph.2, w. 1 & 3; p.40, ph.2, b.1-3; p.41, ph.1, w. 1); p.45, ph.2, last b.
WHO I, p.6-7, ph. 4
HI p.4, ph.3
Polus sn.2

Our Focus/Our Goal
ISPO I, 8.2, 9 & 14
ISPO II, 9.8 & 10
GTZ IWD 1.11 & 2.6

Our Approach
Guiding Principles
ISPO I, R. 3 & 6, p.14, ph.1
ISPO II, R. 1, 15 & 38 (first part); p.39, pr.2-4; p.49, pr.2, w. 2, b.2 (1-3) & b.4 (2-7); p.66, pr. b.1, b.1, b.1, b.2; p.96, b.2, b.2; pr.127, b.1, b.1, b.29, w.2, ph.2, p.326, last ph., first part
GTZ IWD 2.2.2, 2.3 & 2.8; p.154, L2-3
ICRC I, ch.2, ph.2 (first part)
HI p.5, ph.1, w. 1 & 2; p.6, ph.1, first part

Working with Local Counterparts
ISPO I, R.20; p.71, ph.6-2; ph.1; p.115, pr. b; p.116, pr.1, last b. (before pr.2) p.194; ph. 1 & 3 (w.5)
ISPO II, R. 1, 2, 6, 24, 38, 40 & 42; p.27, 30, 39; p.27, fr.; p.40, pr.1, ph.1, b.1, pr.4, B3-52, ph.2, ph.1, pr.1, b.1, b.1, b.2; p.105, pr.2, p.124, ph.1, b.49, ph.1
GTZ IWD 2.3.1, 2.4, 2.6 & 2.11; p.46, ph.2, b.47, footnote 5, ph.2, last ph., p.15, ph.4 & ph.5 (last b.1), p.65, ph.2 (b.4-5); ph.11 & 11 (w.4)
WHO I, p.6, ph.1, p.10-11 (w. 1-3)
ICRC I, ch. 2
HI p.4, ph.1, p.5, ph.1, se.1
Polus sn.1, ph.1-2, se.1, w.2, se.1-3
SL ch.4 & 16

Building on Existing Systems
ISPO I, p.59, ph. 6; last sep.; p.82, ph. 5, p.216, ph.9-10, p.237, ph.2
ISPO II, p.52, pr. b.(a), b.4, p.59, pr.2, se.2, b.2, b.49, ph.12
GTZ IWD 2.6 & 2.16; p.65, ph.2, b.2, b.115, ph.2; p.119, last ph.

ICRC I, ch.1, ph. 4, last sn.
HI p.5, ph.2, se.1; p.6, ph.3, se.2

Technology
ISPO I, R. 20, 23, 29 & 30
ISPO II, R. 30, 31, 12 & 14, ph.52, pr.2(a), b.4 & 6; p. 67, pr.260; p.69, pr.260, b.7; p.124, ph.1, b.2; p.126, last ph
GTZ IWD 2.16, 4.5 & 4.9; p.45, ph.2, last b.
Polus sn.3, ph.1, sn.6, ph.2

Donors
ISPO I, p. 117, ph.1
ISPO II, p. 59, pr. 2, sn.1, b.5; p.149, last ph.

Project Staff
ISPO I, 38
ISPO II, p.53, pr.(b), b.2; p.59, pr.2, sn.2, b.2

P&A Support in Emergency Situations
ISPO I, R. 15, 16, 17 (w.2 & 3) & 18; p. 20, ph.1, b.1; p.22, pr.2, ph.1, b.26, ph.1, b.13, pr.1, b.181, last ph
ISPO II, p.59, pr.2, sn.1, b.1, b.4; p.148, last 2 phs; p.295, sn.2; ph.1
GTZ IWD 2.8, p.65, ph.6
WHO I, W38, last section
HI p.3, last ph. p.1, ph.4

Collaboration Between Supporting Organizations
ISPO I, R.8; p.56, ph.1; p.122, last 2 phs.
ISPO II, R.33, p.67, ph.2(a)(b)(c); p.49, pr.2(a), b.6
GTZ IWD 2.13 & 4.9; p.6, ph.4
ICRC I, ch. 11

The Project Implementation Process
ISPO I, R. 7 & 12; p.20, pr.1, ph.2; p.22, pr.1a-c, p.31, last ph. b.1, b.4-4; pr.1 & 2; pr.7; p.62, ph.1, pr.204, bullets & last ph
ISPO II, p.205, ph.2, p.206; pr.1 & 2; p.207-219; p.220; ph.2, p.223, last pr
ISPO I, R.23, 24 & 26; p.4, pr.2; p.19, pr.2-6 & 8; p.44, B3-52, ph.2, p.99, pr.2, m.1, b.2, b.4, m.2; p.5; p.124, ph.2 & 3; p.128-130, p.144, Octavio, ph.2, p.247, ph.1, b.49, ph.1, c.7, b.15 (w.3)
GTZ IWD 2.1-2.2 (w.1), 2.6 (w.5), 5.1 & 5.2
ICRC I, ch.4-6 & 12
SL ch.2 & 14

Supporting P&O Services in Low-Income Settings
annex

PROSTHETICS AND ORTHOTICS PROJECT GUIDE: Supporting P&O Services in Low-Income Settings

Summary of Paragraphs

The Challenge

- There is a large and steadily increasing need for P&O devices in low-income countries.
- There is lack of awareness about P&O services and their potential.
- P&O facilities can be found in all countries, but services very often do not meet the need, either in quantity or quality.
- The users of P&O services in low-income countries are often among the poorest in society.
- P&O work in low-income countries is unsustainable as a commercial enterprise.
- Prosthetic and orthotic services are limited by the lack of awareness about the rights of persons with disabilities.
- P&O service may not be seen as a priority by a person with a disability's family.
- P&O service is frequently not seen as a priority by decision makers, at the country or the international level.
- Resources are limited for starting, running and improving the efficiency of P&O services — both at the country and international levels.
- P&O work in low-income countries is unsustainable as a commercial enterprise.
- P&O service provision requires long-term commitments.

Our Focus

The focus of our efforts is the service user.

Our Goal

Our work aims at maximizing the number of persons with disabilities who — in the long term — can be assisted with appropriate orthopaedic devices of satisfactory quality.

Our Approach

1. We run projects that establish and/or support local P&O programmes.
   1.1 We see our work and achievements through the eyes of the local programmes.

Guiding Principles

2. We make sure the project has been proposed or is supported by the government.
3. We support the establishment of services that provide both prosthetic and orthotic devices.
4. We build capacities for both the technical and the managerial aspects of a P&O programme.
5. We promote the idea that services should be seen as a priority.

Working with Local Counterparts

6. We work closely with local counterparts, who are the owners of the services.
   6.1 We work closely with the local counterpart from the very first day.
   6.2 We work closely with local counterparts in all aspects of the project.

6.3 We encourage the local counterpart to maintain as much responsibility as possible — and to assume as many new responsibilities as possible, as soon as possible.
6.4 We work closely with the local counterpart at all organizational levels.
6.5 We encourage the local counterpart to raise awareness at all political levels.
6.6 We boost the local counterpart’s confidence and sense of ownership by keeping a low profile at centre level.
6.7 We explain the rationale behind our approach in an open discussion with the local counterpart.
6.8 We recognize and value the local counterpart’s intimate knowledge of local issues.
6.9 We make sure our contribution to the running cost of the programme is fully transparent for the local counterpart.
6.10 We recognize the importance of the local counterpart in maximizing its contribution of resources to the programme from the start.
6.11 We are prepared to slow down the pace of the implementation to make sure the local counterpart can fulfil its part of the agreement.

7. We make careful considerations when selecting the local counterpart.

8. We appreciate the different roles of the local bodies involved in P&O service provision.
   8.1 We recognize the key role of governments.
   8.2 We recognize the importance of non-governmental organizations.
   8.3 We recognize the potential and limitation of the private sector.

Building on Existing Systems

9. We make sure that the local P&O programme is built on and adapted to existing systems.
   9.1 We build on existing services as much as possible.
   9.2 We use readily available expertise as much as possible.
   9.3 We apply local procedures for obtaining materials as soon as possible.
   9.4 We use and improve existing tools for management and administration.
   9.5 We promote contacts with existing, permanent collaborating partners.
   9.6 We adapt fees to local practices.
   9.7 We adapt staff compensation to local practices.
   9.8 We avoid having programme staff employed by the project.

Technology

10. We make careful considerations when deciding what P&O technologies to use.
    10.1 We have realistic ideas about what technologies can be used.
    10.2 We encourage the local counterpart to decide what technology to use.
    10.3 We use P&O technologies that are either already in use in the country or generally accepted by other service providers.
    10.4 We use technologies that are tested and proven safe.
    10.5 We discourage unmonitored use of recycled and inappropriate material from industrialized countries.

11. We promote continuous evidence-based research.
Donors
12. We are concerned that donors may have insufficient information about P&O.
12.1 We see it as our responsibility to provide donors with sufficient information.
12.2 We provide technical advice in the coordination of donor contributions at country level.
12.3 We see it as our responsibility to influence the wider P&O-supporting community.

Project Staff
13. We make sure that project staff members are well-prepared for their duties.
13.1 We employ well-trained personnel.
13.2 We provide sufficient time for the introduction of new staff.

P&O Support in Emergency Situations
14. We find it important to provide prompt support in emergencies.
14.1 We work with the national government to the degree possible.
14.2 We support the planning of P&O services during the emergency phase.
14.3 We make sure that our projects fit into national long-term plans.
14.4 We promote parallel support to long-term services.
14.5 We carefully consider the technologies to use.
14.6 We ensure follow-up of service users.

Collaboration between Supporting Organizations
15. We collaborate with each other.
15.1 We collaborate at the international and regional levels.
15.2 We collaborate at the country level.
15.3 We actively seek collaboration as soon as we arrive in a country.
15.4 Our collaboration is done within the local system together with our counterparts.
15.5 Our collaboration is formalized.

The Project Implementation Process
16. We make an assessment before starting a project.
17. We prepare a detailed project plan together with the local counterpart.
18. We analyze the anticipated long-term costs of the programme together with the local counterpart.
19. We prepare a plan for the phasing-out of our support.
20. We sign a project agreement with the local counterpart.
21. We monitor the project.
22. We evaluate the project.