

EVALUATION REPORT

Prosthetics and Orthotics Project

*Vietnam Veterans
of
America Foundation/Cambodia*

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List of Acronyms

AFSC	American Friends Service Committee
AK	Above knee (amputee)
BK	Below knee (amputee)
CT	Cambodia Trust
EOPS	End of project status
HI	Handicap International
ICRC	International Committee of the Red Cross
IG	Inspector General
KK	Kien Khleang
LOP	life of project
MOSALVA	Ministry of Social Action, Labor, and Veterans Affairs
NPI	New Partnership Initiative
NSPO	National School for Prosthetics and Orthotics
NGO	Non-Governmental Organization
NSPO	National School for Prosthetics and Orthotics
OAR	Office of the USAID Representative
OKA	Office of Khmer Affairs
PACD	Project agreement completion date
P&O	Prosthetics and orthotics
PSC	Personal services contractor
PTB	Patella Tendon Bearing
PVO	Private voluntary organization
RCG	Royal Cambodian Government
TEC	Total estimated cost
SACH	Solid ankle, cushioned heel (prosthetic)
SOW	Scope of Work
UCC	United Cambodian Community
UNTAC	United Nations Transitional Authority in Cambodia
USAID	United States Agency for International Development
VI	Veteran's International
VVAF	Vietnam Veterans of American Foundation

Table of Contents

List of Acronyms	I
I. INTRODUCTION AND OVERVIEW	1
A. Evaluation Objectives and Methodology	1
1. Purpose and Scope	1
2. Approach and Methodology	2
B. Project Background and Context	3
1. Cambodia: From Despair to Guarded Hope	3
2. USAID's Development Assistance Program	4
C. Updating Project Design Parameters	6
1. Project Background and History	6
2. Prosthetics in Cambodia Project Grant	7
3. Amendment 1	8
4. Amendment 2	9
5. Amendment 3	9
6. Amendment 4	11
II. TECHNICAL FOCUS: FINDINGS, CONCLUSION, AND RECOMMENDATIONS	13
A. History of Prosthetics in Cambodia	13
B. Technical Findings	14
1. Output Achievements	14
2. Unapproved Activities	18
3. Addressing Scope of Work Questions	19
C. Conclusions: Technical Focus	24
D. Recommendations: Technical Focus	26
III. MANAGEMENT FOCUS: FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS	29
A. History and Overview of Project Management	29
1. VVAF Project Management	29
2. USAID Project Management	30
B. Management Findings	31
1. VVAF Project Management	31
2. USAID Project Management	34

C.	Management Focus: Conclusions	35
D.	Management Focus: Recommendations	36
IV.	EVALUATION SYNTHESIS: CONCLUSIONS AND RECOMMENDATIONS .	39
A.	Evaluation Conclusions	39
B.	Evaluation Recommendations	40
C.	Lessons Learned	42

ANNEXES

Annex 1:	Scope of Work
Annex 2:	Documents Reviewed
Annex 3:	Individuals and Organizations Interviewed

I. Introduction and Overview

This first chapter reviews the evaluation purpose and methodology in part A, project background and context in part B, and an "updating" of project design parameters in part C.

Chapters II and III provide findings, conclusions, and recommendations for each of the two focus areas of the evaluation, that is, technical and management issues and concerns. The concluding chapter synthesizes the conclusions and recommendations and includes a section on lessons learned.

A. EVALUATION OBJECTIVES AND METHODOLOGY

1. Purpose and Scope

This is the final evaluation of the Prosthetics, Orthotics, and Wheelchairs in Cambodia Project (the project) managed by Veteran's International (VI), a program of the Vietnam Veterans of America Foundation (VVAFA), under Grant No. 442-002-G-00-2375-00. The evaluation covers the period September 30, 1992 (effective date of grant commencement) through September 30, 1995 (the arrival of the final evaluation team in Cambodia). The current Project Agreement Completion Date (PACD) is June 30, 1996.

The overall purpose of this project evaluation--the first undertaken by either USAID or VI--according to the Scope of Work (SOW) (see annex 1) is to:

Assess the capability of Vietnam Veterans of America Foundation to effectively and efficiently manage USAID resources in the delivery of prosthetics and other services related to the physical mobilization and rehabilitation of victims of war.

In addition, the evaluation was designed to answer a number of questions:

- C As a partner among a large community of governmental and non-governmental organizations (NGOs) providing prosthetic services in Cambodia, to what extent have VVAFA's contributions complemented or added value to the overall effort to serve the needs of victims of war in that country?

- C What are the direct and indirect contributions that the VVAF programs have made on behalf of war victims in Cambodia?
- C How has VVAF's internal management structure helped or hindered the development of its field operations and the quality of its products and services?
- C Are the programmatic approach and the technologies utilized by VVAF cost-effective, sustainable, and appropriate for the Cambodian situation?
- C Where should VVAF and USAID's support for prosthetics in Cambodia--be heading technically, programmatically, and geographically?

The SOW further calls on the team to focus the evaluation on both management and technical issues and concerns and includes a set of questions to be answered in this regard (see annex 1).

2. Approach and Methodology

The evaluation was conducted between September 25, 1995, and November 3, 1995, in Washington, D.C., and Cambodia. The evaluation team was composed of two members: a team leader/evaluation specialist with extensive experience working with private voluntary organizations (PVOs) and indigenous NGOs in the area of development management; and an experienced professional with orthotics and prosthetics certification and extensive work in developing countries, particularly Indochina.

The methodology included interviews with key individuals and organizations (see annex 2) in both the United States and Cambodia, a review of core project documentation (see annex 3) made available by USAID and VVAF in both countries, and site visits to a number of locations in Cambodia (Kracheh, Prey Veng, Kompong Speu) as well as to VVAF's headquarters in Washington, D.C. Prior to the team leader's departure for Cambodia, a briefing was provided by personnel from the Inspector General's (IG) office on a recently completed financial audit of VVAF's grant agreement.¹

Prior to the prosthetist's departure for the United States on October 13, a technical draft report was prepared and an oral briefing provided to both USAID and VVAF Phnom Penh staff. The team leader completed a draft final report, incorporating the technical report, and provided an oral briefing for USAID and VVAF staff on October 20. Concerned staff from both USAID

¹The briefing was based on the draft results of the audit, which were finalized in Report No. 0-000-96-001C, issued October 3, 1995 and entitled "Audit of Selected Costs Incurred by the Vietnam Veterans of America Foundation in Cambodia in Connection with Grant No. 442-0002-G-00-2375-00."

and VVAF were given a week to comment on the draft, and the final evaluation was submitted on November 3, 1995.

The team's approach to the conduct of this final evaluation was two fold. First, given the somewhat heightened sensitivities of the concerned parties surrounding this evaluation, team members viewed their role as providing a dispassionate and impartial assessment of the project, its management and progress to date. We believe this is consistent with the evaluation having been organized and coordinated by the War Victims Office of G/PHN/HN/EH at USAID/Washington rather than by either VVAF or USAID/Cambodia. Second, while all evaluations are by nature retrospective the team placed equal emphasis on its forward-looking value to both USAID and VVAF in terms of gaining consensus on subsequent actions to be taken through the PACD and on recommendations regarding a follow-on activity, as this appeared to be a principal concern of both parties. The team attempted, to the extent possible, to focus on the facts of the project and to downplay--or at least put in perspective--its considerable history.

B. PROJECT BACKGROUND AND CONTEXT

1. Cambodia: From Despair to Guarded Hope

Cambodia's history of the past 25 years is well known. A number of its more salient facts, particularly those that have forged the context in which the project was designed and subsequently implemented, deserve mention. Having attempted to isolate and spare his country from the growing Southeast Asian conflict that increasingly engulfed the subregion throughout the 1960s, Prince Norodom Sihanouk was deposed and replaced by the pro-American military regime of Lon Nol in 1970. Five years later, the extremist movement of Pol Pot's Khmer Rouge embarked on a four-year reign of terror intended to eradicate any vestige of modern Western influence and, in its place, create a "pure" Khmer society based on a radical concept of socialism. By mid-1979, Vietnam had invaded Cambodia and driven the Khmer Rouge from power. Over the next 10 years a vicious war was waged by four principal Cambodian factions, including the Khmer Rouge, against what had increasingly come to be seen as a Vietnamese occupying force.

In October 1991--after several years of negotiations between the various Cambodian factions and under pressure from the international community--peace accords were signed in Paris, leading to the formation of a coalition governing body headed by Prince Sihanouk and a provisional administrative structure under the responsibility of the United Nations Transitional Authority in Cambodia (UNTAC). While there were numerous setbacks to the implementation of the peace accords, including the refusal of the Khmer Rouge to disarm and demobilize,

national elections were held under UN auspices in May 1993, with the establishment of the country's first freely elected National Assembly and the ensuing installation of the Royal Cambodian Government (RCG) in September 1993.

The net impact of some two decades of war can be seen at both the institutional and individual levels as well as in a range of sociocultural and economic factors. One million people were killed under the Khmer Rouge and traditional village and family life across the breadth and width of the country was uprooted; the skilled and educated either were murdered or fled to safer havens. The continued fighting and imposition of a command economy over the following 10 years reinforced the policies of the Khmer Rouge, ultimately leading to collapse of the economy, loss of market institutions, and the overall inability of government to govern at either the national or local levels. In addition to the severe deterioration of the country's physical infrastructure, by the time of the installation of the RCG in late 1993, virtually all public services--from the delivery of health and education services to the maintenance of country wide public order--had come to a halt. Public, private, and civic institutions were essentially restarting from scratch but with a human resource base that had effectively been decimated and that would require years, if not decades, to repair.

Of particular relevance to this evaluation has been the brutal effect of decades-long conflict on civilians and military personnel alike. Estimates of casualties resulting from landmines during the war years range between 15,000 and 45,000; most concerned government and NGO agency personnel set the figure at 30,000 to 35,000. Given the fact that hostilities continue in a significant portion of the country and that an estimated 10 million landmines remain scattered throughout the country, this problem will likely extend well into the next century and beyond.

2. USAID's Development Assistance Program

In 1986 USAID recommenced assistance to Cambodia after a 10-year hiatus, initially providing humanitarian support to a number of Cambodian non-communist groups through its "cross-border" program and, following the signing of the Paris Peace Accords, undertaking a more traditional and focused bilateral assistance program. From the initial cross-border program until the opening of the Office of the USAID Representative (OAR) in mid-1992, administration of the Cambodian program was the responsibility of the agency's Office of Khmer Affairs (OKA) in Bangkok. USAID program levels of roughly \$3.5 million through 1988 had, by 1993, increased to \$60.0 million, reflecting the importance the U.S. government assigned to support for the peace process within an overall "post-crisis transition" program. Like most Missions, over the past two years USAID/Cambodia has felt the increasing pressure and uncertainty associated with a dwindling foreign aid budget.

From the beginning of USAID's newly constituted support to Cambodia, U.S. PVOs and, to a lesser extent, indigenous NGOs, were a critical element in the delivery of U.S. foreign assistance. In many cases, PVOs predated USAID's own physical presence in the country, operating their programs with the voluntary contributions of the American public under especially trying conditions. Humanitarian assistance has been an integral part of USAID activities since the initiation of cross-border programs in 1986, through the recommencement of its traditional bilateral program in 1991 and, as embodied in one of three strategic objectives (meeting basic human needs), in its first post-war country program strategy developed in 1993.

PVOs--whether initially funded by USAID/Washington under the Cambodian Children/Non-Communist Cambodian Assistance/War Victims Fund or directly by the Cambodia Mission--have played a critical role in this program for a number of reasons. Prior to 1993, with no official relations between the United States and Cambodia, PVOs were the only legal means for channeling official development assistance to the people of Cambodia. Virtually all humanitarian assistance during this period was provided through PVOs by USAID/Washington through funding under the Aid to Children and War Victims Fund. Second, even after the establishment of bilateral relations with Cambodia in late 1993, the U.S. Congress mandated, through relevant amendments to the Foreign Assistance Act, that not less than \$20 million be made available only through international relief agencies, U.S. PVOs, and international organizations.

Perhaps the most important reason for employing PVOs and NGOs as the principal implementing agents of U.S. development assistance, particularly under the current country program strategy, turns on the inability of both the RCG to absorb and manage U.S. foreign assistance and USAID to directly disburse and monitor it. Cambodia has neither the institutional base nor the human resource capacity to ensure accountable management of U.S. funds. Having started a new mission from scratch in mid-1992, with annual budgets in excess of \$25 million and growing, and limited to a relatively small contingent of Direct Hire staff, USAID/Cambodia was in no position to initiate a traditional bilateral program requiring intensive management oversight associated with government or contractor-implemented activities. The logical response under such circumstances was to develop a country program management strategy--as was undertaken in 1993 and 1994 and embodied in the *USAID Assistance Strategy to Cambodia: FY 1994-1997*--that relied almost exclusively on PVOs and NGOs to implement USAID/Cambodia's country program.

While recognizing the many well-known strengths that U.S. PVOs brought to its country program, USAID also was quite aware of their real and potential constraints. Of particular relevance to this evaluation, the most important of these constraints included (a) the tendency

towards diluting focused program activities with peripheral interventions; (b) the practice of operating their programs in isolation from other NGOs and government agencies, thus promoting conflicting development approaches and models while ignoring the need for coordination; © the fact that PVO programs--contrary to the mantra promoted by NGOs and donors alike--are not inexpensive undertakings and that cost-effectiveness is often not the bottom line; and (d) in some cases, the over reliance on expatriate staff to the extent of ignoring the human resource development needs of their local staff and the need for capacity building of indigenous NGOs.

Finally, it should be noted--as discussed in most of the strategy documents reviewed during the evaluation--that USAID/Cambodia promoted a program with an overall emphasis on the quick delivery of goods and services that were also intended to be visible and tangible in the local milieu. In short, the Mission was far more concerned with delivering assistance in this crisis environment in a responsive and timely manner than it was in managing this assistance. As will be discussed in greater detail in following chapters, USAID did, in fact, obtain responsive, critical relief and rehabilitation interventions through many of its PVO implementers, but the management deficiencies were both predictable and, apparently, a cost willing to be born.

C. UPDATING PROJECT DESIGN PARAMETERS

VVAF received its first USAID-financed Cambodian grant in September 1992. Over the course of the next three years, the project was amended or "modified" four times, increasing grant funding from \$830,000 to \$4,532,000. A brief review of the evolution of the Project and its objectives, inputs, and outputs is useful as a means of assessing project progress to date. Before discussing the status of these design parameters, a summary of the project's history and background is presented.

1. Project Background and History

In mid-1991, VVAF arrived in to Cambodia with the intention of providing prosthetics assistance to the people of Cambodia following nearly two decades of civil war. In December 1991, VVAF opened a prosthetics clinic in Kien Khleang, a government-sponsored rehabilitation site for disabled Cambodians. Initial services provided by this clinic included (a) prosthetics limbs for amputees on both an inpatient and an outpatient basis; (b) training for Cambodians in prosthetics technology; and © the establishment and running of a fish farm that acted as a therapeutic tool, teaching amputees to become more self-sufficient and physically active.

Of particular note was the introduction by VVAF of the Jaipur limb, an inexpensive yet extremely durable prosthesis that adapts well to the culture and terrain of Cambodia. The Jaipur limb was adapted by Dr. P.K. Sethi of Jaipur, India, for use in agricultural societies. VVAF opened a Jaipur clinic at Kien Khleang, hiring three Indian technicians who had been trained by Dr. Sethi in Jaipur to manufacture limbs and to train others in this technology. During the first year of operation, the clinic averaged 45 limbs per month, fitting both above-knee (AK) and below-knee (BK) limbs, with upper limb prostheses fitted at a rate of four per month. In addition, nine Cambodians, including two bilateral amputees and one woman, were under training to learn all aspects of making Jaipur limbs.

2. Prosthetics in Cambodia Project Grant

On September 30, 1992, VVAF received a USAID grant under the Cambodia component of the Regional Rehabilitation and Prosthetics Project (# 410-0002), a project financed through the congressionally-mandated War Victims Fund. The 18-month grant with an expiration date of March 31, 1994, was funded at \$830,000. The total estimated cost (TEC) of the grant was \$1,180,155, which included a VVAF cost-sharing requirement of 30 percent of the total amount, or \$350,155 over the life of project (LOP). The purpose of the grant, as stated in the agreement, was:

To operate a prosthetics clinic to provide prostheses and conduct training in prosthetics technology; provide funds to sponsor a wheelchair workshop and to train and employ Cambodians to make wheelchairs.

Over the duration of the project, the following outputs were detailed for completion:

- C A total of 810 (Jaipur) limbs at an average rate of 45 per month manufactured and fitted and an average of 2-4 upper limbs (arms) per month
- C Nine Cambodians trained in the manufacture, fitting, and adjusting of Jaipur limbs
- C A total of 225 wheelchairs manufactured at an average rate of 15 per month
- C Ten Cambodians trained in Hotchkiss wheelchair technology, of which four or five would be selected to continue working for VVAF at the clinic to make wheelchairs
- C The establishment of a fully operational fish farm for the therapeutic benefit of amputee clients and to serve as a source of income for both the residents of Kien Khleang and the clinic itself.

USAID contributions were utilized to finance the following:

<u>Line Item</u>	<u>Total Budget</u>
Personnel	\$ 419,300
Internal Audits	7,900
Programmatic Development	18,100
Operating Expenses	46,062
Wheelchair Program	48,650
Travel	98,450
Miscellaneous Clinic Expenses	0
Equipment and Materials	0
Subtotal	638,462
Overhead (30%)	191,538
Total	\$ 830,000

On October 7, 1992, authority to implement the VVAF grant was redelegated to the Office of the USAID Representative in Cambodia. The Grants Officer remained the USAID Contracts Officer based in the Regional Bangkok Office.

3. Amendment 1

The purposes of amendment 1, dated October 13, 1992, were (a) to reduce the overhead rate of 30 percent stipulated in the grant agreement to 10 percent; and (b) to make changes in Section L, Special Grant Provisions of Attachment 1 to the grant. No changes were made to grant objectives, outputs, or inputs. Whereas the total USAID contribution remained the same, budget line items were modified as follows:

<u>Line Item</u>	<u>Total Budget</u>
Personnel	\$ 389,500
Washington Office Support	100,100
Operating Expenses	45,000
Wheelchair Program	31,860
Vocational Training	29,800
Travel	131,015
Miscellaneous Clinic Expenses	0
Equipment and Materials	27,270
Subtotal	754,545
Overhead (10%)	75,455
Total	\$ 830,000

4. Amendment 2

The purposes of amendment 2, dated September 29, 1993, were (a) to increase the total estimated and obligated amount of USAID's contribution by \$202,000, to \$1,032,000, and that of VVAF from \$350,155 to \$442,410; and (b) to increase the overhead rate from 10 percent to 25 percent.

The additional funding provided under this grant was the result of both surplus funds available under the War Victims Fund for FY1993 and the need for extra funding by VVAF occasioned by the actual increased number of prosthetics fittings achieved at the Kien Khleang clinic during the first year of the grant. Neither the project objective nor the outputs changed under this amendment. An additional \$100,000 requested by VVAF at this time was funded under amendment 3.

5. Amendment 3

The purposes of Amendment 3, dated January 5, 1994, were (a) to extend the grant agreement completion date to June 30, 1996; (b) to increase the program budget; © to expand the program description; and (d) to add special provisions to the previous grant agreement. This amendment increased USAID's contribution by \$3,500,000. Total estimated costs increased from \$1,474,410 (of which USAID's contribution was \$1,032,000 and VVAF's was \$442,410) to \$6,141,410 (of which USAID's contributions was \$4,532,000 and VVAF's was \$1,167,000). This amendment increased the duration of the project 27 months, from 18 months to 45 months.

The amended project purpose was expanded as follows:

To assist Cambodians who are disabled as a result of either war injuries or disease to reenter the productive segment of society by fitting them with artificial limbs, orthotic braces, or wheelchairs. From an institutional point of view, the program will establish a Cambodian NGO to take over program activities.

Four corresponding objectives were also specified:

- C To provide additional funds to VVAF to enable it to meet the increased demands for artificial limbs and wheelchairs
- C To expand its service delivery geographically by opening, in two phases, two additional training and production centers

- C To introduce an orthotics training and production component to the current production line so as to answer the unmet needs of thousands of Cambodians crippled by polio and other diseases and injuries
- C To establish a Khmer NGO, with an independent funding base, to which project activities will be transferred upon completion of the grant.

Revised project outputs for the overall LOP as detailed in this amendment were as follows:

a) Prosthetics

- C A total of 4,676 manufactured and fitted limbs, of which 1,301 were to be allocated to funding made available through the War Victims Grant (completion date March 31, 1994) and 3,375 to new funding made available through USAID/Cambodia's PVO Co-financing Project (442-0112) covering the period April 1, 1994, to June 30, 1996. This represents an average of 100 limbs per month fitted through March 31, 1994, and 125 limbs under the new grant amendment.
- C A total of 14 Cambodians trained in the art of manufacturing, fitting, and adjusting of Jaipur limbs. An additional four technicians will receive training in other prosthetics technologies at the National School of Prosthetics and Orthotics and will become instructors in these technologies.

b) Orthotics

- C A total of 660 orthotics manufactured and fitted during the 30-month period of this grant, or approximately 20 to 25 Cambodians fit each month.
- C A total of 10 Cambodians trained in the art of manufacture, adjustment, and procurement of plastics for orthotics.
- C A total of 3 Cambodians selected to receive additional training to become instructors in fitting and manufacture of plastic orthotics.

c) Wheelchairs

- C The production and free distribution of approximately 2,275 wheelchairs, of which 225 were to be produced under the War Victims Grant and 2,050 with funding provided under the current amendment (PVO Co-financing Project), i.e., over the period January 1, 1994, through June 30, 1996.
- C Twenty-four Cambodians trained in improved wheelchair technology.

C Three apprentices will receive further training to become qualified wheelchair instructors.

d) *Therapeutic Assistance for the Disabled*

C Provision of physical therapy services for approximately 3,000 prosthetics, orthotics, and wheelchair patients (100 per month between January 1, 1994, and June 1, 1996).

C Six Cambodians will be trained in physical therapy, three of which will receive additional training to qualify them as physical therapy instructors.

e) *Programmatic Sustainability*

C A newly established and fully operational Cambodian NGO with its own source of funding to continue activities initiated under this grant agreement.

6. Amendment 4

The purpose of amendment 4 was to provide incremental funding to fully obligate the grant. There was no change to budget, inputs, or outputs under this amendment.

It should be noted that there were no end of project status (EOPS) indicators specified for this project and thus no way to assess whether grant activities had succeeded in achieving the project purpose.

II. Technical Focus: Findings, Conclusions, and Recommendations

Part II considers the technical aspects of VVAF's prosthetics program in Cambodia. It provides findings, conclusions, and recommendations related to the set of questions detailed in the SOW as well as a review of the progress of project outputs to date.

A. HISTORY OF PROSTHETICS IN CAMBODIA

Cambodia has become a melting pot of prosthetics technologies. In 1982, Handicap International (HI) and the American Friends Service Committee (AFSC) established the first prosthetics program in Phnom Penh, utilizing wood and leather to design functional, if somewhat crude, prostheses. During this period electricity was scarce, security a major concern, and supplies very difficult to obtain. The workshops continued operating despite these problems, but the number of amputees receiving prostheses was relatively small.

In 1991, with negotiations between the warring parties increasingly appearing to foreshadow peace and security, two additional prosthetics projects began. The Vietnam Veterans of America Foundation (VVAF) established operations across the river in Kien Khleang, and the Cambodia Trust (CT) commenced a prosthetics program on the grounds of Calmette Hospital. The International Committee of the Red Cross (ICRC) also began operations in Battambang and Phnom Penh.

The addition of these new NGO workshops increased the number of amputees being fitted with prostheses from several hundred per year to several thousand per year. However, problems quickly began to arise because each of these NGOs was using a different technology; each believed that its system and approach to prosthetics in Cambodia was the most appropriate. Little or no cooperation existed between these players. A British television program that praised VVAF and criticized Cambodia Trust exacerbated the problem. The RCG, through the Ministry of Social Action, Labor, and Veterans Affairs (MOSALVA), was unable to provide leadership or coordination during this period.

Later in 1991, these NGOs got together on their own initiative and decided to coordinate their efforts. An agreement was concluded in which it was decided that ICRC would produce polypropylene components for use throughout the country and would not fit patients in Phnom Penh and that HI would produce solid ankle, cushioned heel (SACH) feet for all other NGOs free of cost and would not fit amputees in Phnom Penh.

Under the leadership of the Cambodia Trust, the National School for Prosthetics and Orthotics (NSPO) was opened in 1993. NSPO is supported primarily by CT but also receives financial support from AFSC, VVAF, HI, and ICRC. NSPO has a capacity to graduate 12 students per year from a three-year program, which includes a final year of clinical internship. It is anticipated that 54 graduates will be trained by the year 2000. In terms of programmatic sustainability including both professional and technical requirements, all NGO prosthetics projects are dependent on the success of NSPO.

At the time of this writing in fall 1995, coordination between NGOs continues to improve. All NGOs have switched to using polypropylene technology (VVAF made the change on October 1), although each NGO has a slight variation, or customization, of the original ICRC technique. In addition, most NGOs are represented on a new national task force on rehabilitation formed by MOSALVA to formulate a five-year plan for the country.

B. TECHNICAL FINDINGS

In Part B, the team reports factual information related to the outputs updated and specified in chapter I, part C. The team's interpretation of these facts, is provided in section C, Technical Conclusions.

1. Output Achievements²

a) Prosthetics Services

Production: As of June 30, 1995, 3,352 prosthetic devices had been fabricated and fitted in all five VVAF sites. VVAF estimates that an additional 733 prostheses will be produced by October 31, 1995, for a total of 4,199.

² All numbers in this section are taken from output figures prepared by VVAF in August 1995. They include both actuals through June 30, 1995, and projections through October 31, 1995, the date when total grant funding is expected to run out.

This represents a short fall of 477 fittings, or 90 percent of total planned outputs.

Training: Eleven Khmer technicians were trained in the Jaipur method by three Indian prosthetists through September 30, 1995. The grant stated that 14 prosthetists would be trained, but it is a moot point since VVAF is converting to thermoplastics technology.

Five Khmer were trained to become trainers in the Jaipur method; the grant stipulated that four trainers were needed. Again, this training will not be necessary. The team did not believe that the Jaipur training was a complete loss because it developed very good technical skills.

b) Orthotics Services

Approximately 25 orthoses are fit each month at Kien Khleang. These include thermoplastic (polyethylene and polypropylene) and metal designs. Polio is still prevalent in Cambodia, and many young children have never received bracing. In many cases, surgery is required before the fitting of orthotic braces. The physical therapist made a videotape showing the different types of bracing that can be provided, and this tape is shown at schools, hospitals, and meetings to encourage parents to bring their children in for treatment. About 50 percent of the orthotics cases are children.

The head prosthetist/orthotist is prefabricating metal thigh and calf bands in a variety of sizes to speed the production of metal orthoses. He is also introducing a new plastic coating over the metal to protect against corrosion.

Training sessions are being conducted in both orthotics and prosthetics. Training manuals from NSPO, AFSC, and a program at the University of Texas program are being utilized and translated into Khmer.

Production: As of June 30, 1995, 248 orthotic devices had been fabricated and fitted. VVAF anticipates that an additional 730 orthoses will be fitted by October 31, 1995. If achieved, this figure would represent 148 percent of the planned output target.

Training: To date, six Khmer are being trained in orthotics fabrication and fitting. The relative newness of the service offering is the principal reason that fewer Khmer have been trained than the 10 specified in the grant agreement.

There are currently four Khmer attending (with VVAF funding) the NSPO's three-year training program leading to certification as a thermoplastic prosthetics and orthotics (P&O) specialist. Once certified these VVAF staff will be able to provide instruction in P&O as well as fabricate and fit orthotic and prosthetic devices. The grant agreement called for the training of three Khmer instructors.

c) *Establish Two Additional Provincial Centers*

A production and training center was set up in **Steung Treng** (northeast) Province in February 1994, but the demand for services was overestimated. Amputee fittings held at 20 per month for the first few months, dropped to 10 to 15 per month, and finally declined to a trickle, despite a very aggressive campaign to locate patients. Finally, an outreach team went to another town to fit 52 amputees, who could not make the trip to Steung Treng. This site was closed as far as prosthetics work is concerned, although VVAF still has a number of employees there on an agricultural project component, also financed with grant funding.

It should also be noted that from Steung Treng, Ratanakiri, another north eastern province was serviced by VVAF staff with a team set up in its capital. Fifty-two legs were manufactured and fitted in Ratanakiri over a 10-week period, which represented the actual beginnings of the mobile team concept. On average, amputees of Ratanakiri had lost a limb 10 years ago, and 90 percent were receiving their first leg.

The core of the Steung Treng prosthetics team--one expatriate site manager and three Khmer Jaipur foot technicians--moved to Kratie to find more amputees. Kratie is also considered a part of VVAF's Northeast program and is more centrally located on the Mekong River. It is roughly a five-hour "fast-boat" ride from Phnom Penh. A staff of 10 is now at Kratie. A building on the grounds of the provincial hospital was provided by the provincial governor, and 140 prostheses and 150 wheelchairs have been provided since the center opened in May 1995. It remains to be seen whether the number of amputees needing services will stay high enough to justify the financial commitment.

Prae Vihear province still has many war casualties, as the Khmer Rouge are actively fighting there. In July 1995, five VVAF staff flew into this province by military transport and were greeted by more than 200 amputees. The mobile Jaipur team fit 55 of these amputees by the end of August 1995. About 90 percent of the amputees were receiving their first limbs. VVAF suspended operations in this province due to logistical difficulties and the dwindling

funds remaining in the grant. VVAF estimates that at least 1,000 amputees await services in Prae Vihear.

Prey Veng is a town two hours east of Phnom Penh, just north of the road to Vietnam. VVAF set up a small, independent center there in May 1995. The center has a prosthetics workshop, a large therapy area, an office, and a transit center that can sleep 16 people. It is staffed by an expatriate administrator, an expatriate therapist, a Khmer administrator counterpart, therapy trainees, and Jaipur foot technicians. The center appeared to be an extremely busy facility and has averaged 20 to 25 prosthetic fittings per month. A growing number of orthotic patients are treated by the Kien Khleang head orthotist there every two weeks. Future demand for services at this center, located in one of the most densely populated areas in the country, is not known.

d) Wheelchair Services

Production: Through June 30, 1995, 1,043 wheelchairs had been produced at Kien Khleang. VVAF estimates that an additional 1,007 will be completed by October 31, 1995, for a total of 2,050 under the project. The total number of wheelchairs specified in the grant agreement was 2,275. Assuming that VVAF achieves its target of 2,050 by end-October, it will have achieved 90 percent of the planned outputs for this component.

Distribution: From records provided to the team by VVAF staff, it was not possible to determine the locations to which wheelchairs were distributed. What records were provided covered the period May through September 1995. During this period, 382 wheelchairs were distributed to a combination of VVAF sites, MOSALVA, and a number of international NGOs.

Training: As of June 30, 1995, eight wheelchair technicians and two instructors had received training. According to VVAF, an additional two technicians and one instructor are to receive training. Assuming that these targets are attained, actual outputs in the training area will exceed planned outputs, at 129 percent, and 100 percent, respectively.

e) Physiotherapy Services

Caseload: As of June 30, 1995, 2,872 patients had been provided some form of physiotherapy. VVAF anticipates an additional 900 patients will be served by October 31, 1995, for a total of 3,772. If VVAF is able to attain this figure, it will have exceeded planned outputs by 145 percent.

Training: As of June 30, 1995, eight technicians and two instructors had received physiotherapy training. VVAF anticipates that an additional 10 technicians and two instructors will receive training by October 30, 1995. If these figures are attained, actual outputs will have achieved 100 percent and 129 percent, respectively, of planned outputs.

f) *Creation of a Cambodian NGO*

Attempts were made during 1993 to establish an indigenous Cambodian NGO that would take over the VVAF prosthetics program. According to VVAF staff, serious problems were encountered during the process of creating the new entity, leading to the abandonment of this objective. This objective was therefore not achieved.

g) *Vocational Training*

The principal vocational training activity specified in the grant agreement was the establishment of a fish farm at the Kien Khleang where disabled patients could learn this new technology. The team saw no evidence of a fish farm at Kien Khleang or of a cooperative group that was to have taken it over. It is our understanding that the fish farm operated early during the grant period and was soon abandoned by VVAF.

2. Unapproved Activities

Two principal activities undertaken by VVAF using grant funding have taken place since the commencement of the project. The first was the establishment of an agricultural program at Steung Treng. An expatriate adviser and up to 50 Cambodians were engaged to manage a demonstration farm provided by the provincial administration. This activity is still ongoing and is still being financed with grant funds. The team thoroughly reviewed the project files and found no documentation indicating approval of this activity by USAID/Cambodia or any reporting--quarterly or otherwise--on this activity by VVAF.

The second activity is VVAF's financing of an expatriate technical instructor at the NSPO at a cost commitment of \$5,000 per month. VVAF's commitment to cover the costs of this expatriate started in January 1995 and to the best of our understanding extends until December 31, 1997. While it appears that USAID/Cambodia approved the funding of this position, there appears to have been no corresponding modification to the grant agreement, which would seem appropriate given the significant cost associated with this commitment.

3. Addressing Scope of Work Questions

A number of questions detailed in the SOW under the technical focus section have been answered in the preceding two sections. Other questions will be addressed in Section C, below. The following questions can be addressed based on factual information.

a) Kien Khleang Services

Kien Khleang (KK) is the jewel in the crown of VVAF operations in Cambodia. Roughly 90 percent of all VVAF P&O activities over the evaluation period,³ including patient treatment, have been rendered at this site. While KK is not technically the official administrative focus of the VVAF program, because of its dominance within the organization, it provides the major administrative and management support for its technical program.

A new building constructed with grant funds came on line at the beginning of 1995. Although funds were budgeted for rent rather than the new construction, the new building provides state-of-the-art prosthetics production facilities. In addition to housing the site's administration, including a patient intake area, the building contains workshops for wheelchair and prosthetics and orthotics production as well as a physiotherapy center.

The original buildings provided by MOSALVA are used for the lodging of patients at no cost; a kitchen, which provides meals for both patients and VVAF staff; a medical facility staffed by a Khmer doctor and related personnel, which screens patients and treats them and VVAF staff; a workshop, where a number of items are made for VVAF as well as for potential sale to the larger community; and a small school operation, which provides educational facilities for patients and their children.

Our discussions with patients at three of the VVAF sites, including KK, revealed a significant degree of satisfaction with the services provided to them. In addition to food and lodging, patients are also provided with transportation to and from their homes. As discussed below, the quality of prosthetic services is quite high and, as VVAF continues its transfer to polypropylene technology, satisfaction should increase accordingly. VVAF is also one of the few, if only, NGOs providing orthotics services and thus plays an important role within the community in this regard.

As VVAF has entered and increased its support in the orthotics area, its physiotherapy and outreach follow-up program has grown in importance. These two programs have also

³ Based on the measurement, manufacture, and fitting of prosthetics and orthotics devices, physiotherapy and rehabilitation interventions, and wheelchair production.

provided an increased focus on women and children, as a significant proportion of the orthotics program targets them. VVAF estimates that 6 percent of the women and nearly 50 percent of the children treated at its facilities are the beneficiaries of project assistance.

b) *Prosthetics and Orthotics Production*

VVAF has changed to ICRC polypropylene technology in Kien Khleang and will change soon in Prey Veng. A plaster, hand-molded impression is taken of the residual limb, with necessary measurements made at that time. The positive models are modified using conventional methods. Patella Tendon Bearing (PTB) and quadrilateral sockets are used. EVA foam inserts are used on transtibial, with leather cuff strap suspension. There is little doubt that the ICRC polypropylene technology has become the standard of prosthetic technology in Cambodia and is fully supported by VVAF. The fact that it still employs the Jaipur technology in its Northeast program is due more to the difficult logistical situation in this area than to VVAF's belief in the technology.

All prostheses are individually aligned, using ICRC components provided free of charge. The ICRC components are transferred out, and a polypropylene cosmetic shell connects the socket to the foot plate. Jo Nagels, the head VVAF prosthetist/orthotist, has developed a very clever finishing method that would require several diagrams to explain. It is a significant innovation and indicative of the expertise the organization now offers in this field.

The head O/P is also developing an AK system that would allow the amputee to disconnect the socket from the rest of the prosthesis, for easy donning and doffing when entering a house and sitting on the floor. He is also starting to use flexible AK sockets. The ICRC knee is a constant friction, manual lock design and is the only type used in the country.

VVAF started making its own Jaipur feet in March 1995 and now makes its own SACH and multi-axis feet. The SACH foot is made of natural rubber with reinforcing strips and a polypropylene keel. Mr. Nagels states that the HI feet break in about six months and require a shoe to be worn to prevent earlier deterioration. His new foot can be used barefoot and is reinforced to increase durability. The team prosthetist believes that the VVAF SACH foot is superior to that of HI, with up to twice the life and no need for an overshoe, although it costs roughly 50 percent more than the HI foot.

The multi-axis foot design resembles an engine mount--a circular piece of rubber 2 cm. high and 3 cm. in diameter with a threaded rod extending from the top and bottom. Two

threaded rods with loops on the end to connect them are encased in the rubber. The rubber piece is then bolted on top of a SACH foot (specially designed to accept the rubber) and to the shin block. A number of amputees were seen walking on this foot, and it had excellent shock absorption abilities. The cost to manufacture the foot is estimated at a minimum of \$7.50, relatively high for Cambodia, as HI feet cost \$3.50 and are given to NGOs, including VVAF, at no charge. Both VVAF and CT are currently evaluating the foot.

Upper limb prostheses are being made, although only below-elbow prostheses were seen. Polypropylene sockets and forearms are used, with a custom-sculpted cosmetic hand of EVA foam around electrical wire in the fingers, which allows for positioning of the fingers. Another terminal device is also used to hold utensils. The functional benefit of these prostheses is low, as most upper-limb amputees seen at the workshop did not wear a prosthesis at work.

c) Outcome Study

To the best of our knowledge, a specific outcome study on VVAF prostheses has not been undertaken. An outcome study of all amputees was presented by Mary Lynn Coren, O.T., of AFSC at the June 1995 (USAID-sponsored) International Symposium on Prosthetics and Orthotics (ISPO) conference. Although the team did not see a copy of the study, Ms. Coren specifically stated that there were no differences in the acceptance rates of prostheses made by the different NGOs. Other than this study, the team knows of no other work in this field. The team had neither time nor access to relevant data to comment further on the question posed in the SOW.

d) Prosthetists' Capabilities

The team was asked to comment on the capabilities and impact of two of VVAF's technical personnel on the program: Jo Nagels, head prosthetist/orthotist based at KK, and Jeffrey R. Frederick, a technical adviser to VVAF, based in the United States.

Jo Nagels' impact of on the VVAF Prosthetics Program in Cambodia has been extremely positive, particularly considering the short time that he has been with the organization. Although he is the second certified prosthetist/orthotist whom VVAF has hired since the establishment of the program, his knowledge of the field, commitment to the Cambodian disabled, and creativity and innovativeness have led to a major turn around in the organizations performance. Mr. Nagels was the principal advocate and motivating force for the conversion from Jaipur to polypropylene, and he improved relations with CT and other NGOs by maintaining a constant dialogue with them. He worked at CT for two weeks to better understand their methods. He has motivated the technicians by his leadership and fresh, innovative ideas. He has brought a high degree of credibility to VVAF for the first time since the establishment of the program.

Mr. Nagels took on the difficult task of bringing order to the significant degree of chaos at Kien Khleang when he took over management of this site in early 1995. Together with the new program director, Mr. Larrie Warren, he is responsible for releasing about 40 local VVAF employees since he arrived, and he believes more management changes are needed. At this point in the program's evolution, he is seen as the key expatriate necessary to its long-term success.

Jeffrey Frederick serves as Mr. Nagel's counterpart in the U.S., ostensibly addressing technical questions arising from the field and providing technical advice on a range of issues. Mr. Fredrick's main function for VVAF is at the Hanoi orthotics project, and he has extended his trips to Phnom Penh on two occasions. He would perhaps have some impact on the program if Jo Nagels were not there, but his impact has been and will most likely remain minimal. His presence in Cambodia does not appear to be necessary at this time. It is unclear to the team whether his services have been charged to the project.

e) *NGO Cooperative Efforts*

In 1993, international NGOs working in the prosthetics field formed a committee that meets regularly to discuss issues of mutual interest. All NGOs are converting to polypropylene technology, although every NGO has its own method of finishing the prosthesis. The ICRC technology is being taught to all Khmer trainees and will thus serve as an element in the sustainability strategies of all NGOs. All NGO directors believe, however, that the transition to Khmer-run, sustainable workshops will take a minimum of five to 10 years.

Cooperative efforts and the growing division of labor among the NGO prosthetics community that has evolved over the past four years are critical developments that can only strengthen the quality and effectiveness of P&O services in the country. Of particular note is the National Task Force on Rehabilitation formed by MOSALVA in 1994. The purpose of the task force, in addition to coordinating P&O activities in the country, is to develop a five-year national rehabilitation plan that would further rationalize and standardize technologies and allocate responsibilities among the concerned players accordingly.

It should be noted that each of the NGO managers interviewed for this evaluation offered only complimentary comments about VVAF's current program. For many, this was a complete turn around from opinions held as recently as one year ago. This change of heart is largely a result of the new in-country expatriate management and significantly increased technical competence.

f) Additional Wheelchair Issues

The team was asked to comment on the motivating force behind the intensive wheelchair production effort. As noted above, VVAF had produced some 1,043 wheelchairs, or roughly one-half the planned output, through June 30, 1995. In the period July through October 1995, VVAF intended to produce another 1,047 wheelchairs, or slightly less than the planned output of 2,275 detailed in the grant agreement.

Our conclusion is that the emphasis on wheelchair production has been and is currently driven by a desire to attain the project output number rather than an identified need. We base this conclusion on the following. First, given the fact that VVAF's realized in May 1995 that USAID funding had just about run out, it seems unusual that VVAF should have focused such a significant portion of remaining resources on this component of the program. As noted previously, less than half of the total number of wheelchairs had been manufactured by May 1995. Second, we question how the figure of 2,050 or 2,275 wheelchairs was derived in the first place. While in the abstract there was and probably continues to be something approaching an "elastic" demand for wheelchairs in Cambodia, it does not seem realistic for VVAF to have increased its production beyond the 25 per month that it initially estimated for its own needs and perhaps those of other NGOs made on a case-by-case basis.

VVAF's counter argument--that it was only adhering to the terms and conditions of its grant agreement with USAID, which specified 2,050 (or 2,275) wheelchairs--rings hollow to us. Although technically correct, amending grant agreements given unforeseen circumstances is not an uncommon practice. We believe that our reasons as noted above justify either USAID or VVAF having raised the issue and discussing the allocation of remaining resources.

It should be clearly stated, however, that the quality of the VVAF-produced Hotchkiss wheelchair is of the highest caliber; we heard this view repeatedly from other NGOs, and our own evaluation bears it out.

As to whether military staff/soldiers received wheelchairs or other services from VVAF under the USAID grant, we were unable to make such a determination. VVAF assured us that no support was given to the Royal Cambodian Armed Forces Hospital in areas in which fighting was taking place; prosthetics devices were provided only to noncombattants, most certainly veterans.

Concerning the safety measures employed by VVAF in its wheelchair production in KK as well as in its other service areas, we concluded that, all facilities have initiated adequate precautions and instituted required procedures to ensure the safety of VVAF workers. The problem seems, however, to rest on the willingness of the workers to adopt these measures (e.g.,

wearing safety goggles). Disincentives (e.g., fines) could help ensure adherence safety procedures.

C. CONCLUSIONS: TECHNICAL FOCUS

The team has no hesitancy in concluding that the technical work of VVAF has been of the highest standard and that the organization has become a critical player in the provision and delivery of prosthetic, orthotic, and wheelchair services in Cambodia. It has achieved a significant majority of the technical outputs detailed and stipulated in the project grant agreement. To review, VVAF has provided more than 4,000 prostheses, roughly 1,000 orthoses, and 2,000 wheelchairs. In addition, it established major training programs in the production of the Jaipur foot, physical therapy, orthotics, and wheelchair production. Furthermore, it financed one expatriate instructor at the NSPO; financed four Khmer P&O trainees, including their salaries, for a three-year course at the NSPO; took the courageous step of changing from Jaipur to polypropylene technology; and initiated improvements in prosthetic foot design. Finally, VVAF constructed a facility at KK that will outlive its own presence in Cambodia, established at least one permanent, fully-equipped satellite office, and provided services in one of the more remote and needy provinces in the country.

On the negative side, VVAF failed to create an indigenous NGO capable of taking over program responsibilities. In all fairness, however, the extreme difficulty of such an effort should not be overlooked. In fact, this objective, particularly as relates to a strategy for financial sustainability, was virtually doomed to failure from its very conception. We discuss this in greater detail below.

We strongly question the wisdom, if not the legality, of embarking on an agricultural vocational education project, which drained significant resources from mandated project activities. Verbal communications from USAID/Cambodia to VVAF may not have been firm enough. As noted above, we also question the logic of greatly increasing the rate of wheelchair production at a time when the dire financial situation was becoming increasingly clear. Continuing the stream of the benefits of its prosthetic and orthotics services--the primary purpose of the grant--through June 1996 would have been a better use of the funds. By diluting the technical focus of the program, VVAF decreased the overall impact of the program and made less than optimal use of USAID funding. (We return to this line of thought in chapter III.)

The team was specifically asked in the SOW to ascertain the nature of the services provided at the Japanese-financed workshop operating behind the VVAF Kien Khleang facility. Interviews with the other NGO prosthetics and orthotics providers revealed that few if any fittings of prosthetic devices or other services are being undertaken at this facility. There was significant talk of this facility being a front for other Japanese activities, but the team was in no position to verify what should be considered unsubstantiated statements.

Regarding the sustainability of the VVAF program, the issue of sustainability looms over every NGO involved in P&O, not to mention every other development sector in which USAID is working. VVAF has more than adequately addressed the dimension of programmatic or technical sustainability: it has introduced and solidified the use of appropriate technology, technical training has begun, and a growing cadre of expatriate and counterpart professionals has been put in place. Financial sustainability, however, is quite another issue.

The Cambodian government has virtually no money to put into prosthetics or even rehabilitation in general. While financial subsidies from government are therefore unlikely, government agencies, it should be noted, have made available buildings, staff, and other in-kind contributions to VVAF and other NGOs for their prosthetics programs. Few Cambodians are able to spend disposable income on prosthetics. Thus, the ability to charge user fees for the goods and services that organizations like VVAF offer their clients is limited at best. P&O NGOs are producing a number of P&O components, which they provide to or barter with each other. Asking them to require payment for these items would undermine the working relationships that they have spent years in developing.

So called income-generating activities--such as VVAF's strategy to make treadle pumps, office furniture, vocational training, or wheelchairs for sale outside the NGO community--have rarely borne the fruit of a steady stream of revenue. The problem is not the concept, but rather the organization's mission. VVAF started as and continues to be an NGO concerned first and foremost with the provision of P&O services. Its attempts at income generation have been secondary endeavors, as they should be. As the case of the United Cambodian Community (UCC) program demonstrates, an income-generating program--or, as they prefer to call it, an enterprise development program--must be the sole preoccupation of the organization if the desired outcome is to be achieved. An enterprise development program such as UCC's that aims at creating disabled rural entrepreneurs is far more likely to generate revenue and contribute to its financial sustainability than VVAF's "vocational" programs, which aim at providing skills in fish farming and related agricultural activities. UCC has spent three years focusing on building a rural enterprise program and on income-generating activities to support it, yet it is still far from its sustainability objective.

Virtually all funding for most NGO prosthetics programs comes from donors whose grants are of limited duration. The ICRC typically moves out of a country one or two years after a conflict has ended; Cambodia Trust's initial funding commitment ends in 1998; and VVAF is

out of money, awaiting a possible second USAID grant. The American Red Cross in Kompong Speu was scheduled to complete its support to the government hospital in 1994; but it is still there, with an uncertain future. Handicap International has a long-term commitment to Cambodia but is not in Phnom Penh. Closure of both the CT and the VVAF prosthetics projects would be a disaster, as each project fits about 1,200 amputees per year, which represents more than three-quarters of the total annual fittings. If one of the two projects closed, it is unlikely that the other project would be able to double its production due to funding constraints and limited absorptive capacity. In addition, the competition that is implicit in their relationship would likely lead to a decrease in both the quality of services and the innovativeness of their programs. In other words, donor funding has been critical to the efforts of international P&O NGOs, and it is doubtful whether other sources, could replace donor support.

NGOs sponsor students at NSPO by paying their salaries for the three years they are in school and promising them a job when they graduate (providing the NGO is still in business). In addition, training is being conducted at VVAF with formal lectures, textbooks, and clinical experience. The main impediment to sustainability in this regard is the inability of the RCG to pay the salaries of these people once they graduate, or the salaries of any of the employees currently engaged by NGO programs. MOSALVA pays a salary of \$15 to \$20 per month, which would roughly cover employees' cost of commuting to work. As a result, the NGOs "top-off" the salaries of government employees who are seconded to them with a monthly "indemnity" of \$60 to \$200 or pay non-public sector employees a salary far above the norm. Although this practice ensures that employees are paid a living wage, it will make it almost impossible for MOSALVA to sustain these wage levels.

In summary, the team feels that the issue of financial sustainability as part of an "exit" strategy--when applied to what should be considered a "safety-net" service, in a country that has yet to move into a truly developmental context--is simply unrealistic. Nor is it likely that a new grant to VVAF would prove any more financially sustainable than the current grant.

D. RECOMMENDATIONS: TECHNICAL FOCUS

- C VVAF's non-prosthetics/orthotics activities particularly potential income-generating and vocational education activities--should be institutionally separated or spun off from activities related to its primary mission. Other sources of funding additional to those of USAID should be sought for such activities.

- C VVAF should give serious consideration and USAID should permit stocking of wheel chairs made during the period July 1-November 1, 1995, for use in a future grant activity rather than distributing them in the manner they have been to date.
- C VVAF should enter into discussions with HI, perhaps through the National Task Force subcommittee on prosthetics and orthotics, concerning the production of SACH feet. HI's foot is admittedly inferior to that of VVAF, but the latter's is significantly more expensive. VVAF's production of its own foot is duplicative and adds an unneeded expense to its costs.
- C Given its financial difficulties, VVAF should consider de-funding one of the four trainees it currently supports at the NSPO. Hopefully, another organization will be willing to take over support of this person.
- C It seems much more realistic for VVAF to indigenize its local Cambodian operations by forming a local VVAF affiliate rather than to try to form an entirely new Cambodian NGO.
- C VVAF should institute a systems of fines and possible terminations for employees who do not adhere to safety policies and procedures.
- C In addition to the Kien Khleang operation, every attempt should be made to continue Prey Veng and to shift to thermoplastics technology, as is the current plan. The decision to maintain a Northeast operation at Kratie should be based on a review of whether this site could serve a presently unknown demand for prosthetics replacement and whether sufficient funds will exist to support it. The team also recommends that Prae Vihear operations recommence if logistics and security problems can be worked out and funding exists. In the case of both Kratie and Prae Vihear, we recommend that thermoplastics replace Jaipur technology. A discussion of this last issue is presented in chapter IV.

III. Management Focus: Findings, Conclusions, and Recommendations

Although not discussed in the SOW, the team considers USAID/Cambodia's management responsibilities as a principal input into project management. The success of the project is thus intimately tied to USAID grants management responsibilities and is discussed below, with those of VVAF.

A. HISTORY AND OVERVIEW OF PROJECT MANAGEMENT

1. VVAF Project Management

VVAF was founded 1980 with objectives of conducting programs of service to veterans promoting reconciliation with the countries of Indochina, and providing humanitarian assistance to victims of war and educational programs aimed at the elimination of war. VVAF is classified as a 501(c)3 charitable organization and has gained PVO status and thus the right to receive foreign assistance funding, through its registration with USAID.

VVAF has an elected board of directors that sets policy, appoints and oversees its top executive staff, and engages in fundraising. Its Washington headquarters office, which manages day-to-day operations, is staffed by permanent, paid employees--a president, executive director, controller, legal adviser, and a number of substantive area vice presidents.

VVAF submitted a set of personnel policies together with financial management, accounting systems and procedures, and procurement systems to USAID with its original grant proposal. In 1993, personnel policies were amended and attached to its proposal for additional funding provided through grant amendment 3.

VVAF had no experience in international program design and implementation prior to the start-up of its activities in Cambodia. Likewise, it had not worked with USAID under either a grant or any other procurement instrument.

VVAF arrived in Cambodia in 1991 prior to both UNTAC and USAID. Conditions including logistics and security were extremely difficult and there was little local support upon

which the VVAF expatriate team could rely. A high level of initiative, dynamism, and commitment on the part of these expatriates and local staff was needed to forge a program from scratch. The difficulty of the endeavor, and the success achieved during the first six to 12 months, should not be overlooked. The evaluation team applauds this success.

VVAF projects are, in general, administered by a director who is responsible for the day-to-day activities of the project. Each director is also responsible for planning and developing new programs and for raising funds for project activities. The country director is responsible to the VVAF director of development in Washington. The executive director and president administer the overall activities of the organization.

The Cambodia grant was to be managed by a project director and a project manager/country director in Phnom Penh. A full-time prosthetist and three Indian Jaipur technicians were to be supported by an expatriate technical adviser who would make several trips to evaluate overall production and the quality of the limbs.

Appropriate Technology Wheelchairs, a non-profit organization created to bring wheelchair technology to developing countries, was engaged to conduct the wheelchair workshop at Kien Khleang.

Washington office staff involved in project operations included (a) the VVAF controller, responsible for directing the expenditure and accounting of funds and the performance of periodic audits at the KK site to ensure compliance with not-for-profit guidelines and government regulations; (b) the legal director, who was to monitor project activities with © the executive director.

With the major expansion of the grant in January 1994, two new sites were added. This included additional expatriate staff, primarily to manage these new sites, and a simplified set of accounting procedures for use in the transfer and reporting on grant funds.

According to the grant agreement and its later modifications, VVAF was required to submit semi-annual work plans and quarterly financial reports, first to USAID/Washington and later to the Cambodia Mission.

2. USAID Project Management

The USAID/Cambodia Mission was established in mid-1992, initially with only two direct hire staff. A principal assumption in terms of USAID management of its Cambodia program was that the Bangkok regional office would provide important support and back-stop services. Moreover, the grants officer was based at this office.

From the earliest USAID assistance to Cambodia through its cross-border program and as later detailed in *USAID Assistance Strategy to Cambodia: FY 1994-1997*, the Mission's management strategy was based on PVOs serving as project implementers--either directly through grants under the PVO Co-financing Project or indirectly through subgrants from a PVO umbrella intermediary grant. A principal reason for utilizing PVOs, particularly through grant mechanisms, was that they entailed far less direct management burden--which was consistent with the Mission's limited management capacity.

Due to the fact that VVAF had received a grant, management responsibilities of USAID/Cambodia in monitoring and oversight were minimal. It should be noted that from 1992, the majority of USAID/Cambodia's portfolio was managed through the PVO Co-financing Project, a \$50 million, five-year project, a component of which has been managed through a PVO umbrella intermediary. From the establishment of the Phnom Penh Mission until late 1993, there were two USDH and two US PSCs to handle the entire USAID program, including the \$50 million PVO Co-financing Project.

B. MANAGEMENT FINDINGS

1. VVAF Project Management

- C There is no indication that VVAF ever prepared yearly project work plans and corresponding budgets. Project budgeting was undertaken on an ad hoc basis, with the managers of different sites requesting funds from the Phnom Penh office on a weekly or monthly basis. There is little indication that VVAF headquarters office was aware of the project's financial status.
- C There appears to have been little in the way of financial management and budget control provided by either the VVAF Washington or Cambodia office.
- C Corporate personnel policies as detailed in both the 1991 and 1993 personnel guidelines were not consistent with the actual contracts signed by employees, with regard to leave and R&R policies, termination, and severance payments.
- C VVAF recruitment policies, staff training, job descriptions, and salary scales for expatriate staff were either non-existent or not followed.

- C The majority of employment contracts other than those for program directors and several recently hired staff were negotiated, signed, and managed by the program director in the field, not by VVAF headquarters in Washington.
- C Employment contracts for the majority of expatriate staff had expired at the time of the evaluation, some for as long as nine months, creating insecurity among these staff.
- C Benefits of expatriates (e.g., leave, meals and laundry, severance pay) appeared to be overly generous in comparison with either USAID or other U.S. NGO employees.
- C There has been high expatriate turnover: five program directors in three years and some 16-plus expatriates during the course of the project.
- C As of September 30, 1995, there were 11 expatriate staff on the payroll plus one expatriate instructor at the NSPO whose salary and benefits are paid by VVAF. It is our understanding that as of October 31, 1995, expatriate staff will be reduced to 10 plus one expatriate instructor at the NSPO.
- C As of September 30, 1995, there were a total of 243 Khmer employees at all five VVAF sites: Kien Khleang, 131; Phnom Penh, 22; Prey Veng, 19; Steung Treng, 40; and Kratie, 31.
- C As of September 30, 1995, there were four VVAF Washington staff charged to the grant and perhaps one technical adviser, Jeffrey Frederick.
- C Employees--expatriate, Cambodian, and Washington-based--were engaged with little or no reference to budget plans developed in the initial grant agreement and subsequent modifications. Nor does it appear that the budget implications of this hiring pattern were ever analyzed and reported to USAID in the semi-annual work plans as per the grant agreement and modifications.
- C Fulfillment of USAID reporting requirements, including progress and financial quarterly reports and semi-annual work plans, was often significantly late.
- C No sustainability plan was prepared by VVAF and submitted to USAID/Cambodia as required by the grant agreement.
- C In at least one case--the hiring and travel of the most recently hired program director--VVAF ignored USAID directives, leading to strained relations.

- C There appears to have been little VVAF Washington backstopping of expatriate personnel and little overall supervision or guidance during project implementation other than in personnel matters (i.e., the termination of some expatriate employee contracts), although frequent visits were made and adequate Washington staff time was charged to the project.
- C A VVAF draft policy and procedures manual was reviewed and found to be consistent with good personnel policies.
- C There are divisions and ill will between expatriate staff hired locally and those hired internationally based on perceived differences in salary and benefits received and in terms of participation in planning and decision-making. As discussed below, it is probably to the credit of the new VVAF local management that more personnel problems were not evident during the evaluation, given the lax recruitment procedures that existed prior to their arrival.
- C By May 30, 1995, there was slightly less than \$200,000 remaining in the grant, with anticipated funding running out in July 1995.
- C VVAF did not prepare a close-out plan when it determined that it would complete all project activities by the end of September 1995.
- C It appears that VVAF will have fulfilled its counterpart contribution requirement by the PACD. A significant portion of this contribution will have been made in cash. This should be viewed, as the team has viewed it, as a show of considerable good faith on the part of VVAF.
- C The VVAF Prosthetics in Cambodia Project has had a high profile from its inception. It has received both good and bad press in Cambodia, has been the subject of a number of U.S. TV programs (the most recent aired on "60 Minutes," October 29, 1995), and has been a showcase of American foreign assistance in Cambodia.

2. USAID Project Management

- C The geographic separation of the grants officer and the project officer has led to delays in authorizations and dual sources of authority in terms of VVAF dealings.

- C There were two points, before and during the grant when USAID was required to make decisions about the type of procurement instrument to be used in providing funding to VVAF. At each of these points USAID chose to use a grant rather than a cooperative agreement; consideration was also given to placing the VVAF project under the PVO Co-financing Project and rejected. At the initial review of a VVAF request in mid-1992, the regional office recommended against a direct grant to VVAF.
- C USAID/Cambodia monitoring and oversight of the VVAF grant was light. This was the result of both a lack of adequate staff and the nature of the grant agreement, which called for little involvement in the day-to-day operations of the project.
- C An external management review of USAID/Cambodia that USAID conducted in 1993 found that there were too few staff to adequately monitor the program portfolio and thus an inability to ensure proper use of USAID funds.
- C In July 1994, a financial review of VVAF (issued in August 1994) was conducted by the USAID regional controller's office in Bangkok. The review found VVAF financial management and accounting systems and procedures to be more than adequate.
- C In October 1995, the Inspector General's audit of selected VVAF costs found no misuse of funds, although a number of items were deemed questionable and in need of review by the grants officer for a final determination.
- C Until late 1994, USAID/Cambodia praised the operations of the VVAF program in Cambodia.

C. MANAGEMENT FOCUS: CONCLUSIONS

It should first be noted that VVAF staff both in Cambodia and at the Washington headquarters have been open and forthcoming with the evaluation team during the conduct of this evaluation. Second, while the team's assessment of VVAF's management can be considered harsh, particularly criticisms regarding the lack of state-side oversight and supervision, we do note the difficult local context in which VVAF commenced and sustained its operations. Moreover, VVAF has taken steps to put in place the nucleus of a strong local management team.

Overall, the evaluation team found VVAF's management of the grant agreement to be the cause of significant inefficiency and ineffectiveness in the use of USAID funding. At the same time, we also note that significant steps have been taken by VVAF to rectify many of the problems detailed below. The current VVAF management team in Cambodia is a strong one and should be able to adequately manage future activities.

- C There was virtually no planning, budgeting, or financial management of the project undertaken by VVAF throughout the life of the grant. No annual work plans or budgets were prepared, followed, or monitored. In this regard, it is particularly difficult for the team to understand how--with USAID grant funding virtually exhausted as of the end of July 1995, and knowledge of this fact as early as May 1995--no measures were undertaken to conserve funding and plan for project close-out.
- C Practices of hiring expatriate staff were poor, with little or no criteria utilized for the selection of many locally recruited personnel other than their presence in Cambodia.
- C In general, far too many expatriate, local, and Washington staff were engaged by VVAF and charged to the grant. The same can be said of locally recruited Cambodian project personnel.
- C Washington backstopping, support, and supervision of the field operations, both managerially and financially, was inadequate and added little value as compared with the disproportionate amount of time and funds charged to the grant.

USAID's handling of the VVAF grant--from the initial choice of procurement instruments, to the significant increase in project funding, to implementation monitoring--was not consistent with best management practices.

- C Given VVAF's lack of international program experience and its lack of a track record in project management, the use of a grant agreement was inappropriate--particularly in view of the large funding made available to it.
- C Although the IG's audit report states: "In retrospect we believe that USAID's decision to forego a pre-award survey created a higher level of risk that USAID funds would be used ineffectively,"⁴ it is the team's conclusion that this is precisely what came to pass.
- C Although USAID's oversight of the grant agreement could be considered adequate given the use of a grant instrument to fund VVAF, the lack of more involvement in project management resulted in the inefficient use of grant funds.
- C Semi-annual work plans were an inadequate management tool, particularly coupled with the lack of a corresponding budget requirement, for both VVAF and USAID.
- C Particular mention is made of the financial review of VVAF operations conducted by the USAID controller's office in Bangkok. In the team's opinion, this review was flawed as it never inquired into whether VVAF was utilizing an annual work plan and budget to guide and manage its grant operations. Absent such planning and financial management tools, no amount of good accounting systems and procedures can ensure the proper and efficient use of grant funding. Had a proper review been undertaken and this issue examined, it is unlikely that major problems would have evolved. At a minimum, USAID would have been aware of the possibility of such problems.

D. MANAGEMENT FOCUS: RECOMMENDATIONS

- C In the future, VVAF should be required to prepare and follow annual work plans with corresponding budgets and tied to specific outputs.
- C The draft VVAF policy and personnel manual should be adopted immediately.
- C All future expatriate appointments should be made, and contracts signed by, VVAF headquarters in Washington.

⁴ October 3, 1995, audit report, p. 60

- C All expatriate employees without an employment contract should be issued one immediately.
- C A transition, or "right-sizing", plan including the timing of staff reductions and terminations should be prepared immediately. This plan should cover the period November 1 to December 31, 1995, or the period in which there is unlikely to be any current or future grant funding available to VVAF.
- C A determination of how much funding remains in the grant as of October 31, 1995, should be undertaken immediately. This should include both USAID grant funding and VVAF matching contributions, as well as reimbursements made to the grant based on the IG's audit report and the grants officer's determination of allowable and allocable costs.
- C In the context of advice, rather than as a recommendation, the team suggests that VVAF consider joining InterAction, the U.S. PVO umbrella organization. The wide range of PVOs belong to InterAction, its information exchange, and its lobbying/advocacy roles would provide VVAF with potentially valuable support for its growing programmatic presence in the developing world.

IV. Evaluation Synthesis: Conclusions and Recommendations

This concluding chapter synthesizes the conclusions and recommendations provided in the two preceding chapters and discusses lessons learned. The evaluation team arrived at these conclusions and made corresponding recommendations after two weeks in the field. This may be considered a short period of time in which to have made such forceful recommendations. In fact, the issues appeared to us to be fairly straight forward, at least those related to the overall management of the grant. While the concerned parties may not agree with all of them, this report should provide the basis for the VVAF and USAID to discuss where the program is going and what activities merit further support. This exercise is long overdue.

The bottom line for the team is to see the VVAF project continue in a period of decreased funding. If our recommendations to drop certain project components (e.g., outreach, rehabilitation and therapy) and to focus on a set of core activities appears somewhat cold-blooded, the alternative--cessation of project activities--was considered unacceptable. The same holds for certain management recommendations, particularly the closing of the Phnom Penh office and staff cuts (both expatriate and Cambodian). These will obviously cause severe short-term dislocations, but they should provide the basis for maintaining VVAF operations at a level that can be sustained over the long term.

A. EVALUATION CONCLUSIONS

- C VVAF's initial activities carried out under the War Victim's Fund, and most of its activities throughout the modified grant period, contributed to USAID/Cambodia's program strategy of providing responsive and tangible assistance during a period of extreme social and economic crisis.
- C VVAF has made a significant contribution to prosthetics and orthotics in Cambodia, is a respected player in the provision of these services, and has had a significant and positive impact on the disabled in Cambodia.

- C While VVAF provided a high degree of technical competence and quality in the provision of P&O and wheelchair service and will have achieved the majority of outputs detailed in the grant, its overall management of the grant has been poor, leading to inefficient and ineffective use of USAID resources. Viewed from the perspective of hindsight, this could have been anticipated.
- C The team notes VVAF's counterargument to the above conclusion and particularly the issue of wheelchair production: that it was acting to attain a stated objective of its grant agreement. We do not agree with this line of reasoning and have stated our reasons in chapter III. We might add that USAID as well as VVAF share in decisions made and the management of the project, in this regard.
- C Although we did not attempt to quantify the costs lost due to the inefficient management of the project, we strongly believe that adequate funding should have been available to cover the costs of at least an additional three months of project activities. The objective of continuing a project benefit stream through the grant agreement completion date was considered as important an objective as achieving the stated grant output objectives.
- C It is the team's conclusion that VVAF now has a solid core of management and technical personnel in Cambodia and Washington and, with the implementation of recommendations made above and below, is capable of managing efficiently and effectively a future USAID grant--but with a significantly higher degree of USAID oversight. Particular note should be made of the importance of the current project director and chief prosthetist and orthotist to the continuing success of the project.
- C The uncomfortable working relationship between USAID and VVAF that peaked in February and March 1995, and which was largely induced by VVAF headquarters staff, appears to be on the mend, due largely to the efforts by VVAF's new program director.

B. EVALUATION RECOMMENDATIONS

- C The team strongly encourages USAID to consider a new grant for VVAF for a period of two years and at a total estimated project cost (USAID and VVAF combined contributions) of \$1.5 million. The grant should, however, be made based on the following considerations:

- C Program parameters should be based on an average of 100 prosthetics and 25 orthotics fittings per month. These are considered core services. No wheelchair production should be funded under the new grant. Kien Khleang and Prey Veng should be the principal facilities funded, while the great unmet demand in Prae Vihear should be served using temporary mobile teams.
- C If technically and logistically feasible, Prae Vihear should be provided with polypropylene technology, with casting, measurements, and fittings undertaken in the province and fabrication of prostheses and orthoses undertaken at KK.
- C The wheelchairs produced and remaining at KK should be kept for use under the new grant, when a rational plan for distribution can be prepared.
- C VVAF should consider spinning the wheelchair workshop off as a separate institutional entity, capable of producing products for sale in the local and international markets. Costs associated with this activity should not be covered by the new grant. Likewise, VVAF should consider spinning off the Steung Treng agricultural vocational center into a separate training and income-generating project along the lines of the UCC effort in Kompot. No new grant funds should be used to fund this activity, whether this recommendation is accepted or not.
- C The Phnom Penh office should be closed and consolidated with the KK site, thus unifying administration and program services and achieving significant cost reductions.
- C Expatriate staff should be reduced to six and funded by the new grant. This includes a COP/project manager, a chief P&O technical director, two certified prosthetists/orthotists, a physiotherapist, and the technical instructor at the NSPO. If VVAF feels that an additional financial and administrative officer is necessary, and can justify it, then the NSPO technical instructor should be dropped--as worthy as this intervention has become to the overall sustainability of the prosthetics and orthotics program in Cambodia.
- C The combined time of Washington staff charged to the project should not exceed 50 percent of the time of one person. No more than two headquarters visits should be funded under the new grant.
- C Local Khmer staff should be cut back to under 100 in the new grant. One of the four trainees at the NSPO should be dropped if another organization can be found to cover the costs.
- C One prosthetist/orthotist and the physiotherapist would, in addition to services provided out of KK, cover Prey Veng and Prae Vihear on a periodic basis. If it is determined that thermoplastic technology is not feasible for Prae Vihear, then the continuation of an

expatriate site supervisor for a year or so to see the operations through to completion would seem warranted.

- C VVAF's physiotherapy outreach program should be significantly cut back and more services provided at KK and Prey Veng. Orthotics patients should be selected on the basis of their commitment to stay at these facilities for longer treatment periods. The criteria for patients requiring orthotics should mainly concentrate on the treatment of children, and patients that do not require surgical revision.
- C It is estimated that if these measures are undertaken, monthly operating costs should not exceed \$60,000 to \$65,000, or a total of roughly \$1.5 million over two years.

C. LESSONS LEARNED

It is totally unrealistic to think that financial sustainability can be achieved by what is generally considered to be a safety-net service in a post-crisis situation. When USAID engages in such activities in the future, as it will soon do in Bosnia and Angola, that there should be no expectation that it will be any more successful in creating a sustainable activity in those countries than it has been in Cambodia (or previously in Mozambique). If host country governments are unable to take over the funding and delivery of prosthetics services in particular, and rehabilitation programs in general, then it is highly unlikely that NGOs, whether local or international, will be able to do so without continued donor support. The question that USAID should be asking, particularly in an era of declining foreign aid budgets, is whether it wants to become involved in emergency relief and rehabilitation activities such as prosthetics with no realistic exit strategy available.

The agency's New Partnership Initiative (NPI) reflects its commitment to an expanded role for both PVOs and NGOs in USAID programming. At the same time, reduced foreign aid budgets, especially reduced operating expenditures budgets, means, in practical terms, increasing the implementation responsibilities of the PVO/NGO community in USAID-financed activities. The procurement instrument of choice will, in these circumstances, be a grant because it decreases USAID management responsibilities while providing PVOs and NGOs with the flexibility to manage their activities with the greatest likelihood of attaining results. In most

cases, these emerging trends are beneficial for both USAID and the PVO/NGO community. As the case of VVAF indicates, however, bringing in "new blood" to the agency's programs requires an honest assessment of a PVO's capacity to utilize and manage USAID funding effectively and efficiently. In a number of cases, this will require remedial training and capacity building for the PVO as well as increased oversight responsibilities for concerned Missions.

ANNEX 1
Scope of Work

ANNEX 2
Individuals and Organizations Interviewed

Individuals and Organizations Interviewed

Lloyd Feinberg, USAID Global/PHN/HN/EH

Peter Green, Inspector General's Office/A/FA

Mahl S. Avila, Inspector General's Office/A/FA

John Terzano, President, VVAF/Washington

Bobby Muller, Executive Director, VVAF/Washington

Bob Eaton, Director of Humanitarian Programs, VVAF/Washington

Julia Trotter, Legal Advisor, VVAF/Washington

John Howard, Controller, VVAF/Washington

Larrie Warren, Program Director, VVAF/Phnom Pehn

Edward Miles, Assistant to the Director/Phnom Pehn

Marc Vanhemelryck, Administrative and Financial Officer/PP

Jo Nagels, Rehabilitation Director/VVAF-Kien Khleang

Claudia Ung, Physiotherapist/VVAF-Kien Khleang

Bob Wilson, Professional Services Coordinator/VVAF-Kien Khleang

Rakesh Jain, Orthotics Supervisor/VVAF-Kien Khleang

David Gibbons, Project Manager/VVAF-Steung Treng

John Connelly, Project Manager/VVAF-Prey Veng

Don Kelly, Project Manager-Agriculture Project/VVAF-Steung Treng

Ruth Etherington, Physical Therapist/VVAF-Prey Veng

Antoinette Ferrara, Special Projects Officer, PVO/NGO Liaison Office, USAID/Cambodia

Joseph Goodwin, Director, USAID/Cambodia

Edward Greeley, Democracy and Governance Officer

M. Blattie, Director, American Red Cross

F.U. Khan, Prosthetics Trainer, American Red Cross

Moul Chhorn, Director, Kien Khleang Rehabilitation Center, Ministry of Social Action, Labor and Veterans Affairs

Cheryl Urashima, Country Director, PACT, Cambodia Community Outreach Project

Sue Leonard, Program Director, PACT, Cambodia Community Outreach Project

Linda McKinney, Country Director, UCC/Kampot Vocational Center

Hun Ly Huot, Under Secretary of State, Ministry of Social Action, Labor and Veterans Affairs

Peter Poetsma, Head of Prosthetics Program, International Committee of the Red Cross

Pascal Simon, Representative, Handicap International

Terry Nutter, Representative, Cambodia Trust

ANNEX 3
Documents Reviewed

Documents Reviewed

American Red Cross, External Evaluation: Phase 3, American Red Cross Project-Kompong Speu Project, August 23, 1994.

Grant Agreement No. 442-0002-G-00-2375-00 entered into between USAID Thailand and VVAF, dated September 30, 1992.

Amendment 1 to Grant Agreement dated October 13, 1992.

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Amendment 3 to Grant Agreement dated January 5, 1994.

Amendment 4 to Grant Agreement dated September 19, 1994.

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USAID Assistance Strategy to Cambodia: FY 1994-1997.

USAID/Thailand Regional Support Mission for East Asia, a Memorandum to VVAF transmitting the results of Financial Review, August 19, 1994.

VVAF, USAID/Cambodia Grantee Quarterly Report: Prosthetics in Cambodia, October-December 1992.

VVAF, Mid-Term Assessment Report to USAID: Prosthetics in Cambodia, October 1, 1992 to June 30, 1993.

VVAF, Status Report to USAID, March 28, 1994.

VVAF, USAID/Cambodia Grantee Quarterly Report: Prosthetics in Cambodia, January-March 1993.

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Evaluation Report VVAF/Cambodia

VVAF, USAID/Cambodia Grantee Quarterly Report: Prosthetics in Cambodia, July-September 1993.

VVAF, USAID/Cambodia Grantee Semi-Annual Workplan: Prosthetics in Cambodia, July 1, 1995 to December 31, 1995.

VVAF, IndoChina Project Monthly Reports covering period January 1993 to March 1994.

VVAF, USAID/Cambodia Grantee Quarterly Report: Prosthetics in Cambodia, January-March 1994.

VVAF, USAID/Cambodia Grantee Quarterly Report: Prosthetics in Cambodia, July-September 1994.

VVAF, USAID/Cambodia Grantee Quarterly Report: Prosthetics in Cambodia, October-December 1994.

VVAF, USAID/Cambodia Grantee Quarterly Report: Prosthetics in Cambodia, January-March 1995.

VVAF, USAID/Cambodia Grantee Semi-Annual Workplan: Prosthetics in Cambodia, January-June 1995.

VVAF, Draft for Comment: Policies and Procedures.