



## First Annual Report to The Sylvia Adams Charitable Trust

November 2012

<b>Organisation name:</b>	Advantage Africa
<b>Project name:</b>	Improving and Expanding Rehabilitation Services for People with Disabilities – Eastern Kenya
<b>Date:</b>	Grant approved 15 <sup>th</sup> December 2011
<b>Amount of Grant:</b>	£27,000 (£15,000 for year 1 and £12,000 for year 2)

### What has been achieved?

#### **Project Aim:**

*To significantly expand and improve the quality of rehabilitation services for people with disabilities in Kibwezi District, Kenya.*

#### **Summary of achievements**

We are pleased to report that after completion of the first year, this two year project is performing very well. Progress against the original project objectives is on track, and is slightly ahead of schedule in the area of surgical procedures (objective 3).

#### *During the year:*

- Over 300 support visits have been made to the families of disabled people in the community, and these have been more effective.
- Over 160 rehabilitation appliances have been supplied or repaired and the KDPO workshop has been up-graded and better publicised.
- 10 disabled people have benefitted from corrective surgery and another 10 have been identified and assessed for assistance in project year 2.
- KDPO has been well supported by Advantage Africa and the capacity of the organisation has been enhanced in many areas. The project has been effectively managed and its impact monitored.

This is a particularly good for our local partner Kibwezi Disabled Person's Organisation (KDPO) who continue to build their capacity in project management, advocacy and their knowledge and expertise in providing rehabilitation services for disabled people. It is also worth noting that this progress has been achieved in a part of rural Kenya which continues to experience a long term drought and where most communities are having serious difficulties in securing their basic daily needs.

## Achievements by project objective

### **Objective 1.**

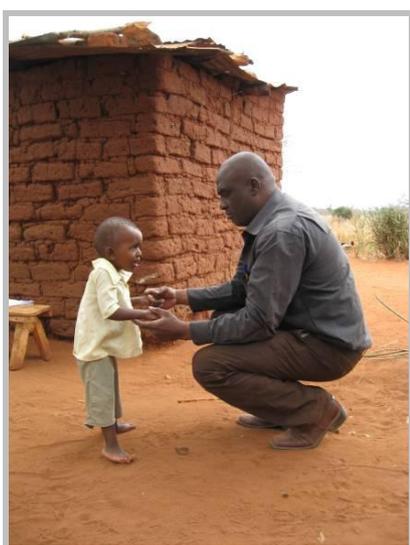
#### **Increase the number and quality of support visits for disabled people in the community:**

##### **1.1 Outreach visits for assessments, referrals, distribution of appliances and follow-ups.**

Through this project we have increased both the quality and quantity of home visits made to the families of disabled people. The target of over 300 visits per year will be achieved by the end of December 2012. Home visit days were organised on the basis of 3 homes per day, 9 days per month for 11 months of the year. They were mostly made using the project motorbike and reached throughout Kibwezi District (3,954 kms sq.). The majority of homes are in the areas north and east of Kibwezi town, as Chulu and Tsavo reserves are located to the west and east respectively. The nature of the individual visits differed from home to home depending upon the family's situation. First and foremost the visits were used to give vulnerable families emotional support against a background of an often unsympathetic and discriminatory wider community. Earlier in the year many visits also involved assessments of people's disabling conditions and referrals to hospitals or to the mobility workshop. Many beneficiaries were supplied with rehabilitation equipment, and the home visits were essential not only in physically delivering appliances but also in helping people to understand and make proper use of their equipment in the domestic setting. The imparting of specific rehabilitation information and advice was also a key purpose of the visits. The frequency of visits to beneficiaries identified for corrective surgery was increased pre and post operation.

As part of the outreach programme KDPO has also encouraged groups of disabled people and their families to form local support groups. This year two such groups have been formed in Kisayani and Kyangiywa and both groups received one day training sessions in simple home therapy / rehabilitation techniques and adaptations which can be made to the domestic environment.

The quality of visits and outreach training has improved this year principally by the recruitment of David Kariuki into the project team. David is a well qualified physiotherapist with extensive experience of community based rehabilitation and his direct contact with beneficiaries has been very valuable. He has also acted as a mentor to the home visits team and the knowledge and practice of the other KDPO outreach staff has developed greatly as a result. The community outreach work provided by KDPO is essential, but at times it is also demanding and emotionally draining for the staff. In this drought prone region of Kenya the poverty of some of the families visited is extreme, and the presence of a disabled family member can often be regarded by the family as an unwanted burden. In these situations KDPO staff are attempting to change negative attitudes while not having the resources to tackle the underlying poverty. Their emotional and practical support is very valuable, but the problems they encounter in some families can seem insurmountable at times.



**David Kariuki (physiotherapist) assessing a child during a home visit.**



**Agnes Musembi (KDPO co-ordinator) during a home visit.**

## 1.2 Exchange visits for KDPO staff

In May 2012 six KDPO staff made their first visit to Bombolulu Workshops and Cultural Centre near Mombasa to learn from the approaches being used there. This is a long standing project run by the Association for the Physically Disabled in Kenya and its aim is to help over 100 people to overcome their physical limitations and empower them economically and socially to become fully integrated members of their communities. The centre also provides social benefits to the workers e.g. clinic, nursery school, social hall, sports and HIV prevention. KDPO staff learnt how the centre was structured and gained knowledge in the types of micro-enterprises that are likely to be viable for people with disabilities. They also made critical observations about the institutional nature of the project and the wage levels of the workers. In line with the project plan another exchange visit is planned for December 2012 to Joytown Special School for the Physically Handicapped in Central Province, Thika District.



**KDPO staff during their visit to Bombolulu**

### **Objective 2.**

**Increase the number of people benefiting from rehabilitation appliances through improved workshop capacity, facilities and expertise**

#### **2.1 Purchase and install engineering tools and equipment,**

Production facilities at the KDPO rehabilitation workshop were enhanced by the purchase of the following tools and equipment: Electric planer, pillar drilling machine, electric grinding wheel, electric sander, electric jigsaw and bench vice. Many of these electric power tools have increased the speed and quality of production by superseding the equivalent non-electric hand tools. To improve the privacy of clients attending the workshop for physical assessments, a private consulting room was built by partitioning part of the workshop and a high bed was installed.

#### **2.2 Production of orthopaedic measurement / assessment apparatus.**

This has not been completed yet. The design of this apparatus has been discussed during a visit by Advantage Africa's Programme Manager Robert Aley but it is a technically challenging piece of equipment to design and make. Further support from Advantage Africa will be provided to achieve this in year two of the project.

#### **2.3 Production and / or repair of at least 320 assistive appliances or rehabilitation aids over the 2 year project period.**

The target of producing / repairing 160 assistive appliances or rehabilitation aids in year one of the project has been achieved. Principally as a result of the extensive home visits programme and the improved public awareness of the services of the KDPO rehabilitation workshop, a vastly increased number of requests and referrals have been received by the workshop this year, and production has increased accordingly. Most rehabilitation equipment such as special seating or standing frames has to be custom designed, involving an orthopaedic assessment and fitting process.

*The assistive appliances and rehabilitation aids supplied in year one of the project were:*

- Seating, standing and walking aids (including parallel bars) 12
- Crutches (pairs) 22
- Special boots and callipers (pairs) 7
- Others (e.g toilet adaptation) 13
- Wheelchairs and Tricycles (purchased) 4
- Repairs (various) 44
- Sets of educational and therapy toys / equipment 65

*Recipients of therapy toys / equipment where:*

- Molomuni Special Education Unit
- Kambu Special Education Unit
- Tumbuni Special Education Unit (in Emali)
- Kisayani Special Education Unit
- Kibwezi Sub-District Hospital (Occupational therapy)
- Individuals



**Educational resources being delivered to Molomuni Special Education Unit**



**Construction of a standing frame underway at the KDPO workshop**

In addition to the above, the project has facilitated the assessment, fitting and aftercare of 6 people requiring prosthetic limbs.



**A beneficiary testing his new prosthetic leg.**



**Agnes at the home of a tri-cycle beneficiary.**

## 2.4 Technical support and training from Advantage Africa and national disability organisations.

Robert Aley has made two support visits to KDPO during the year and has advised on the equipment, layout and record keeping for the workshop. KDPO have developed good links with equipment providers at the Association for the Physically Disabled of Kenya (APDK) and Jaipur Limb, the prosthetic limb providers, both in Nairobi. They have also had initial contact with Motivation in Kenya with a view to a possible future partnership.

## 2.5 Strengthen the promotion and marketing of the workshop facilities

In line with the project plan the rehabilitation workshop facilities have been publicised widely. Six announcements about the project have been made on Musyi FM (<http://www.musyifm.co.ke/>) which is a very popular Kamba language radio station with national coverage. KDPO have also produced information leaflets about the workshop and Advantage Africa have assisted in designing a new logo which has been applied to prominent sign boards. The results of this publicity have contributed to the workshop having its busiest year ever.



### **Objective 3.**

**Refer and manage 20 surgical procedures and support the process from assessment through to post-op therapeutic care**

**3.1 and 3.2 Identify 20 (10 per year) suitable beneficiaries for surgical procedures and facilitate and co-ordinate appointments for pre-ops, surgery and post-op care.**

In the project's first year ten disabled people have successfully benefitted from surgical procedures which will dramatically improve their lives.

The possible beneficiaries were first identified and assessed in the early part of the year as part of the home visits programme. KDPO started to build links with hospitals to determine where further medical assessments and surgery could take place. This process proved to be more involved and time consuming than anticipated, as the various hospitals all have different facilities, procedures and charges and had to be visited in person to get reliable information. Hospitals visited were: Makindu District Hospital, Wote District Hospital, Mutomo Mission Hospital, Kijabe Mission Hospital and Machakos District Hospital. As a result of these enquiries arrangements were made for the potential beneficiaries to attend pre-operative assessments with an orthopaedic / reconstructive surgeon at Machakos District hospital in August 2012. Following this, the operations were booked in for ten Sylvia Adams funded beneficiaries (and seven others) to take place in early September. Unfortunately industrial action by doctors caused delays in September and then the sudden resignation of the senior surgeon (to become a politician) caused a further postponement for the beneficiaries.

KDPO successfully managed the delays and undertook to reassure the beneficiaries that the hold-ups did not mean their operations had been permanently cancelled. New arrangements were made with another orthopaedic / reconstructive surgeon, and after more pre-operative assessments he successfully carried out all of the operations in early November 2012.



**Surgeon making pre-op assessment**



**The operating theatre**

Of the ten beneficiaries there were four girls, four boys, one woman and one man. Five of the children had TAL (tendo achilles lengthening) surgery to correct CTEV (congenital talipes equinovarus) otherwise known as club foot. Three had joint or post burns contractures released and the remaining two had a locked knee joint released and a displaced knee-cap released and repositioned.



**Lulu at home before his operation**



**Lulu's leg before and after surgery**

The large number of disabled people benefitting from surgery drew the attention of the media, and the story was featured on local radio and TV channel K24 live.

Since the operations in early November KDPO have been engaged in the process of post-operative care. It is critical that beneficiaries know how to avoid infection and other possible complications. The project physiotherapist will attend to those children who have had TAL surgery as they will require frequent replacement of plaster casts as the joints strengthen. Following this the KDPO workshop will supply fitted orthopaedic footwear. The full levels of success of the surgery will not be known for some months.

Plans for surgical procedures and support for a further ten beneficiaries are well under way for project year two. A number of potential beneficiaries have already been identified and the project staff are now much more conversant with the facilitation process.

### **3.3 Training and mentoring of KDPO staff by medical experts in identifying and advising on operable conditions.**

During the year several days were allocated for training to build the expertise of KDPO staff in identifying and advising on disabling conditions. Occupational therapist Mr Kilonzo and physiotherapist Mr Kariuki conducted three days training in orthopaedic assessment for KDPO staff and 15 disabled members of the community and their families. A further two days in-house training was conducted to cover the topics of disabling conditions and their terminology, assessment methods and how to record orthopaedic assessments.

As mentioned above, mentoring of KDPO outreach and workshop staff by Mr Kariuki has been a valuable continuous process during the project activities, especially given the scarcity of qualified physiotherapists in rural Kenya.

## **Objective 4.**

### **Build capacity and expertise of KDPO**

#### **4.1 Capacity building of KDPO by Advantage Africa and others in project planning, management and monitoring.**



**Project planning during Robert Aley's visit.**

Two project visits were made by Advantage Africa's Programme Manager Robert Aley in the year. During the first visit a comprehensive process of project planning was completed, including activity time scheduling and budget management planning. Further training on ICT and project monitoring was also provided. KDPO are becoming increasingly proficient in the use of the computer and use of the digital camera for project recording and monitoring (The project budget for a new computer has not yet been used). During his second visit Robert spent time meeting some of the project beneficiaries and noting the impacts of the project so far. He conducted a review of project progress against objectives and activities and helped KDPO write a plan for the remainder of the project year.

With support from Advantage Africa KDPO has made significant advances in building its organisational credibility and influence over the last year.

*Some of the tangible results of this are:*

- Lobbying for and securing monthly cash payments (of Ksh 2,000) for 52 severely disabled people. These are provided by the National Council for Persons with Disability through the ministry of Gender and Social Development.
- With help from Advantage Africa, KDPO applied to the University of Iowa to become a resource centre for the Global Disability Rights Library (GDRL). In May 2012 they became the only Kenyan organisation outside Nairobi to receive the 'e-granary', which is a huge digital disability information resource for communities with unreliable internet access. KDPO Co-ordinator Agnes Musembi attended associated training in Nairobi.
- KDPO secured local funding from AMREF, Maanisha project to provide training to disabled people in behaviour change and communication in HIV & AIDS.
- Agnes Musembi represented disabled people at the National Peace Forum in Nairobi.

## **Objective 5.**

### **Project management and monitoring**

#### **5.1 Project management and monitoring activities and reporting (local).**

Throughout the year the project team have produced quarterly narrative and financial reports and the physiotherapist has also written regular reports detailing the progress of beneficiaries towards surgery and their medical and social rehabilitation. Production of assistive appliances and rehabilitation aids has been recorded in the workshop records book and the use of the motorbike has been logged. These reports and records have fed into this annual report to Sylvia Adams Charitable Trust.

#### **5.2 Project administration and monitoring (UK).**

In addition to the project visits Advantage Africa has monitored progress closely through frequent phone calls and email communications with the local staff. Quarterly reports from the field have been collated throughout the year and a brief up-date was sent to Sylvia Adams Charitable Trust in March 2012 after Robert's first visit.

## **Impact on your organisation and more widely**

The support that the Sylvia Adams Charitable Trust has provided for this project has been a significant advance for Advantage Africa's disability programme in several key ways.

### **Multi-year funding**

With two years of funding (subject to approval) we have been able to plan this project properly in the knowledge that funds have been secured for a reasonable period. This frees up our limited Advantage Africa staff capacity to better develop the project work, rather than having to allocate time to constantly fundraise for the following year's work. It reduces the uncertainty that many small organisations experience when they have to rely on piece-meal and short term funding for their work. It is also reassuring and motivating for local project staff that their salaries are secure for a longer period.

### **Recognition of realistic costs**

We appreciate that the Sylvia Adams Charitable Trust recognises the real costs of managing and supporting overseas development work, especially where local partner organisations still need help to develop. Funders that stipulate that all money must be used exclusively in beneficiary communities and exclude reasonable management costs (such as associated UK staff salaries and monitoring costs) put additional demands on the limited unrestricted funds that small organisations

work so hard to raise. We therefore appreciate the funds available within this project for the real costs of project support and ultimately delivering proper benefits on the ground.

### **Developing the Advantage Africa disability programme.**

The project achievements detailed in this report focus upon direct positive impacts on disabled beneficiaries. However the wider benefits for Advantage Africa are also to do with the broader lessons and knowledge gained from the project as a whole. Advantage Africa is building on its reputation as an organisation with a genuine understanding of the reality of life for disabled people living in poverty. Much is made of the existence of international conventions and policies which are supposed to safeguard the human rights of disabled people (eg. the UN Convention on the Rights of Persons with Disabilities). Our projects show that the reality is that most poor disabled people are not only unaware of their rights, but are unable to safeguard them even if they are. Advantage Africa's practical project work informs the wider debate, and although we recognise the importance of progressive policies and legislation, we are also well placed to show that there is a big gap between the aspirations of policies and laws and the day-to-day reality for disabled people. On the basis of this experience Advantage Africa have recently reached the second round of applications for significant funding into the reduction of sexual abuse of disabled people, and we are seeking funds to develop our disability programme in Uganda.

### **What has gone wrong?**

Fortunately the project has not had any significant problems and therefore the expected results for year one have been achieved.

One of the biggest challenges was the delays to surgery dates. Making solid arrangements for surgery with both the surgeons and the hospitals proved difficult, and the frustration was compounded by the doctor's strike which came just at the time operations were due. The sudden resignation of the senior surgeon that we were dealing with at Machakos Hospital caused another unpredictable delay. However, since the project made good early progress and was well advanced in identifying and assessing beneficiaries for surgery, we managed to absorb these delays within the original time plan and ten people still benefitted from operations within the first project year as planned. We anticipate that the same number of surgical procedures will be easier to manage in year two because beneficiaries have already been identified and partnerships with surgeons and hospitals are now established.

The KDPO workshop technician Mr Nguli Mutisya has impaired mobility and his health has deteriorated significantly this year as a result of arthritis in his hip. He has therefore had to reduce his physical workload and has taken more of a supervisory role in the workshop over recent months. He is due to have a hip replacement operation soon and we anticipate that he will be able to return to normal work in due course.

### **Conclusion**

The project has started well, the beneficiaries have been assisted according to plan and the capacity and confidence of KDPO has been enhanced.

The high number of disabled people needing support services has been reconfirmed in the course of the project outreach work. There is a clear and critical need for, not only rehabilitation services, but also education and welfare services. Additionally, the beliefs and attitudes of the wider population continue to create barriers for disabled people, and prevent them from playing a full part in community life. Despite the positive achievements of the project so far, these factors remain major challenges for the future.

The staff and beneficiaries of KDPO and Advantage Africa would like to convey their sincere thanks to all at the Sylvia Adams Charitable Trust, without whom this valuable work would not have been possible.

## Expenditure summary (£s)

<b>Project Expenditure</b>	<b>Local admin and running costs</b>	<b>Home visits / outreach</b>	<b>2 Exchange visits</b>	<b>Workshop machines and tools</b>	<b>Production and purchase of appliances</b>	<b>Promotion of workshop</b>	<b>Surgery</b>	<b>Capital equipment</b>	<b>Allowances - (transferred quarterly)</b>	<b>Kenya staff allowances (paid monthly)</b>	<b>Ad Af overseas training and monitoring</b>	<b>Ad Af UK costs</b>	<b>TOTALS</b>
<b>Quarter 1</b>	185	115	0	846	308	0	554	113	225				<b>2,346</b>
<b>Quarter 2</b>	185	115	323	0	140	438	554	0	225				<b>1,980</b>
<b>Quarter 3</b>	185	102	0	0	308	0	600	0	255				<b>1,450</b>
<b>Quarter 4</b>	130	197	230	0	0	100	0	0	255				<b>912</b>
<b>Funds Transferred to date</b>	<b>685</b>	<b>529</b>	<b>553</b>	<b>846</b>	<b>756</b>	<b>538</b>	<b>1,708</b>	<b>113</b>	<b>960</b>	<b>3,572</b>	<b>623</b>	<b>1,376</b>	<b>12,259</b>
<b>Annual Year 1 budget</b>	<b>691</b>	<b>432</b>	<b>518</b>	<b>863</b>	<b>1,151</b>	<b>575</b>	<b>1,726</b>	<b>969</b>	<b>837</b>	<b>3,105</b>	<b>388</b>	<b>1,376</b>	<b>12,631</b>
<b>Funds Remaining</b>	<b>6</b>	<b>-97</b>	<b>-35</b>	<b>17</b>	<b>395</b>	<b>37</b>	<b>18</b>	<b>856</b>	<b>-123</b>	<b>-467</b>	<b>-235</b>	<b>0</b>	<b>372</b>

### Notes on expenditure

*All year 1 project transfers to Kenya have been completed, however the salaries for local staff who are paid monthly have not yet been paid to the end of the project year (KDPO Co-ordinator and Technician December to pay and Physiotherapist November and December to pay). The project computer (Capital equipment budget line) has not yet been purchased as the existing computer is still functioning well.*