

BRAC Limb and Brace Fitting Centre (BLBC)

# ANNUAL REPORT

*September 2000 – August 2001*

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BRAC

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Annual Report of BRAC Limb and Brace Fitting Centre (BLBC)  
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## Executive Summary

Considering the needs and growing demands due to epidemiological transition from communicable disease to non-communicable disease, developmental or congenital anomalies, accidental injuries coupled with other diseases like Diabetes, Cerebro Vascular Accidents (CVA), Burgers disease and bone cancer etc. BRAC has decided to work to main stream the disabled population.

BRAC's current health programs represent the culmination of its three decades of experience in providing community based primary health care services. BRAC is working for the empowerment of the poor especially the women and children and poverty alleviation. Until recently BRAC added rehabilitation component to its health program – BRAC Limb and Brace Fitting Centre (BLBC). This rehabilitation component has been initiated and focused primarily for the physically disabled population especially the poor. This innovative project has the vision to provide support to the physically disabled persons who could be self rehabilitated by using quality limbs or brace and subsequently involved in the social and economical or income earning activities in order to reverse his/her status in the society.

The goal of this project is to support the physically disabled population with rehabilitation aids and services through appropriate technology. With a view to sustaining the services of the centre, BLBC included other indirect or support services. The major components of this project are: i.) Service delivery, ii.) Capacity development, iii.) Marketing and promotion of products and services and iv.) Sustainability.

To operationalize this project BRAC has been working in collaboration with one of the acclaimed and pro-poor specialized institution for health services – SDMH, Jaipur, India. BLBC has been transferring the technology and offering services through a Dhaka fixed facility since November 2000. BLBC has ensured its five years funding to establish this centre. Since September 2000, a London based organization - the Jaipur Limb Campaign (JLC) has been supporting the BLBC.

During the reporting period BRAC has set up the centre, organized training of technicians from Jaipur under the collaboration agreement with the SDMH – Dr. P.K. Sethy Limb and Brace Fitting Training Centre, Jaipur. A total of four staff including one Medical Officer and In-Charge of BLBC received basic training. In addition one senior staff also got an exposure of such an innovative program for the disabled.

Since this was the first year of the project, priority was to set up the centre, identifying appropriate staff to be developed as technician and promotional activities. During the period, a number of management tools, and plans were developed and finalized for smooth running of this centre.

### Highlights of achievements of the BLBC:

- BLBC set up and equipped with staff, instruments and management tools
- Agreement of funding signed between the JLC and BRAC
- Basic training of technical staff organized through SDMH, Jaipur, India
- BRAC joined in the rehabilitation network through ADnet (Assistive Device Network)
- Two technicians from Jaipur visited the centre for monitoring and hands-on training of BLBC staff trained by them.
- A total of 296 patient was served – 225 male and 71 female.
- BLBC recovered its operational cost up to 46%
- The medical Officer and In-Charge visited most of the senior professionals in this field
- Total 20,000 referral slips and 2000 brochures distributed among the professionals and interested parties or institutions.
- Monitoring and evaluation visit was conducted by the JLC.

During the 1<sup>st</sup> year of the project, BRAC received an amount of Tk. 2,776,436 from the Community Fund through JLC, London and utilized an amount of Tk.2, 247,675 for the BLBC activities accordingly.

## **Introduction**

According to the statistics of World Health Organization (WHO), ten percent of the total population is estimated as disabled in Bangladesh. Among this large and growing numbers are from Road Traffic Accident (RTA). In Bangladesh incidence of RTA is very common. In 1989, Mr. Bob Plalner of WHO in a survey report on RTA in Bangladesh. Each year approximately fifteen thousand patients are being amputated in Bangladesh.

BRAC has been working for the people especially poor, women and children since its beginning. A comprehensive sustainable model of essential health care evolved and has been implementing in an integrated fashion as holistic approach of development. The essential health care included preventive, promotive and curative care until 1999. Considering the emerging problems of the increasing number of physically disabled population, BRAC has added the fourth dimension of health care i.e., rehabilitation with the essential care. Moreover, the services available for the disabled particularly rehabilitation aid services, quality, affordability and the greater interest of the poor, BRAC has conceptualized a low cost Limb and Brace production and service centre adapting Jaipur (India) model.

This report presents BRAC Limb and Brace Fitting Centre's annual accomplishments including centre's goals, objectives, basic information and performance analysis, collaborative efforts, quality assurance, problems/constraints and next year's plan at a glance. The period covered one year from September 2000 – August 2001.

## **Goal and Objectives**

### **Goal**

Disabled population supported with rehabilitation aids and services through appropriate technology.

### **Objectives**

- To set up a limb and brace center for the disabled.
- To provide low cost appropriate appliances and training for the disabled with an emphasis to poor women and children.
- To provide user friendly and qualitative limb and brace through continuous improvement
- To provide information, education, counseling services to disabled and their family members
- To provide services to BRAC staff and its program participants
- To provide first aid, general services and essential physiotherapy to all.
- To develop the capacity of the centre through appropriate technology transfer.

## **Project Elements and Service Delivery**

The project has included the following essential elements to reach the target population :

- Service delivery :
  - Direct – artificial limb and brace production, counseling, trial and training
  - Indirect – support services like physiotherapy, minor surgical procedure/dressing and medicine as well as Hepatitis-B Vaccination.

- Capacity development through transfer of technology from national, regional and international levels
- IEC/ Marketing of product and services
- Sustainability:
  - Programmatic
    - Service utilization
    - Building alliance and networking through institutional capacity building – individual and professional organizational levels
    - Provision of support services
    - Utilizing BRAC programs network and infrastructure
    - Continuous search for increasing capacity building sources
    - Quality of product and services
  - Financial
    - Cost recovery
    - Cross subsidization through support services
    - Fund raising – individual and organizational efforts

### **Service Delivery Mechanism**

**Fixed service delivery site:** BLBC is the only set up to provide direct and indirect services. During this year the concentration was given to set up the centre and initial marketing of the services. The indirect services have been gradually added and are planned to offer from the last quarter of the next year.

**Mobile centre:** BLBC has a plan to orient all BRAC staff involved in the health program/projects. Special sessions are planned to be held during the next year. Preparatory activities like referral slip, sticker and brochure distribution were completed as an introduction of BLBC to 90 BRAC Health Centre (Shushatho) spread all over the country. Through this centres BLBC staff will initiate organizing mobile centre from the 3<sup>rd</sup> year of the project. Moreover, additional need based patient centred mobile centre will be organized and planned for the 3<sup>rd</sup> year. For this purpose the potential patient's and BLBC product users who will be used for organizing such need based mobile centres.

### **Services and Products**

Considering the time and staff training and availability of essential materials, the services of BLBC will be of two types: Immediate services and Long-term services. The following is the detailed of the services to be provided from the BLBC in its 5 years project period:

- **Immediate services**
  - Artificial limb(lower limb) and brace production, fitting, training and supply
  - Information, education and counseling
  - Trial and Observation of fitting limbs and brace
- **Long term services**
  - Special services like physiotherapy
  - Mobile services : Need based out-reach and BRAC Shushasthos based



- Out-door services and investigations:  
General patients, minor-ailments, first aid including minor surgical procedure/dressing and drug dispensing.  
Blood and Urine for sugar monitoring of amputees
- Foot production-Jaipur model

### **Set up of the Centre**

In collaboration with the Dr. PK Sathy Artificial Limb and Brace Fitting and Training Centre, BRAC planned to set up a centre called BRAC Limb and Brace Fitting Centre ( BLBC) in Dhaka city. In order to respond to the special need of the Bangladeshi people particularly the poor, BRAC has been working closely with one of the acclaimed and pro-poor specialized institution for health services – SDMH, Jaipur, India. The BLBC was operationalized through transferring Jaipur technology in collaboration with the SDMH (Jaipur, India). Since BRAC has been offering services through static centre called Shushtho in rural areas, it has been using its experience and established such a specialized centre to operate efficiently valuing the disabled for their productivity return, social participation as a human being with dignity.

The centre initiated its services in a rental house near the national specialized hospitals and private clinics in Dhaka City. An agreement was signed between the house owner and BRAC for two years. During selection of the location of this centre, BRAC considered some important criteria likewise central location, well communication and transportation facilities, space and facilities, close to tertiary referral facilities, easy access for the disabled, road side and visible site. This was found to be helpful for the physically disabled person and their families who did not face any problem to reach the centre.

During the period BLBC prepared a procurement plan on furniture, equipment and materials and all essential equipment, furniture were ordered through the procurement department three months before starting the centre. The bulk supply of materials / supplies was made at least twice in a year to avoid any problem in terms of shortage or unavailability of the appropriate materials for the production and services. BRAC has a very good communication with the international market for materials that are not available in Bangladesh. The special quality materials like polypropylene sheet, joints etc. and Jaipur foot were imported before the start. However, quality materials were also collected locally from the market following a rigorous search. Although the formal opening of the centre was on the 5<sup>th</sup> July, 2000 but the preparatory work – set up, training of first batch from Jaipur, India was initiated during November 1999. The service delivery and working hour has been settled for the BLBC which is from 8 a.m. – 4 p.m. For convenience of the disabled a separate indoor facilities has been created to avoid harassment of the patients and their families and to create an environment where the clients may be observed closely by the technicians any time after the office period.

### **Staff Recruitment**

#### *Staffing*

A total of four full time staff (One Medical Officer, three Asst. technicians) were recruited and trained to start the services. The staff selection is a challenging task for this type of work. The staff selection criteria was developed and shared with the SDMH, Jaipur and identified carpenters and mechanics who are motivated to work hard for limb and brace production and services.

The following selection criteria for the recruitment of Assistant Technician were considered:

- A traditional carpenter and mechanics
- Preferably literate or can effectively communicate
- Intelligent
- Hard working and sincere
- Want to do this type of work
- Mentally prepared to support disabled people
- Agreed to work for limb and brace production
- Willing to work in extended hour.

### **Marketing and Promotion of Services and Product**

An information, education and communication promotional plan for BLBC was developed. An introductory advertisement of the BLBC services and products was published in BRAC's widely circulated (more than one hundred thousand readers) monthly Bangla magazine - Ganakendro from July 1999 to April 2000. A number of articles was also published in the BRAC's Bangla and English Newsletters- Setu and Access respectively.

Before inauguration of the centre the BLBC staff visited a number of professionals, government hospitals and private clinic to aware and inform about the centre and its services and product. Through these drive, valuable advice and recommendations for improvement of services and expectations of the professionals from the centre was received.

Before and after opening of the centre a number of Bangla and English National Dailies disseminated information about the centre and the BLBC services. A privet TV channel- ETV (Ekushe Television) provided exclusive interview and extensive coverage about disabilities and their rehabilitation in Bangladesh through BLBC.

Regular contacts with the professionals are critical to BLBC. The Medical Officer has been contacting individually and informed about BLBC services and products for referrals and clinical support. A total of 31 Orthopedic surgeons were already contacted during the reporting period.

A promotional campaign launched with materials designed, printed and distributed among the diverse population/audience. This included designing and printing 10,000 stickers, of which 5,000 stickers were distributed amongst medical and rehabilitation professionals, health centres, hospitals, clinics, pharmacies and on long distant transport vehicles.

During this year a brochure on BLBC product and services detailed was developed and printed. A total of 2,000 brochure was distributed among the clients, professionals and patient's attendants.

In addition, referral slips( 20,000 copies in booklets of 50 each) were developed and distributed among the Orthopedic surgeons and professionals in Physical Medicine and Rehabilitation to refer prospective clients to BLBC. Since BRAC has 90 BRAC hHealth Centre staffed with medical Officer, Paramedics and Laboratory Assistant the referral slip were also provided to all these centres.

Several advertisements on BLBC services were placed in 6 national daily newspapers. Articles were published in BRAC's internal newsletters like Ganakendro (Bangla) and in Access (English) and in BRAC's special reports. Road-side publicity gatherings on BRAC activities have included dissemination about BLBC services. BLBC is included in BRAC's Web-site and Annual Report.

During the period, several medical and rehabilitation professional visited BLBC including 5 groups (one group comprised of 10-15 professionals) physiotherapy students and their lecturers as well as 5 orthopedic surgeons and one pediatrician.

The BLBC staff also shared about the BLBC services and products through formal/informal forums/sessions with other organizations.

A BRAC sponsored workshop 'Assistive Devices Services, Towards Nationwide Coverage' was held in December 2000 and was attended by BRAC senior management as well as the Medical Officer in charge of BLBC. The outcome is an inter-net database called ADNet which included BLBC. BLBC management also attended workshop - 'Anthropological approach to disability' organized by the Organization for Social Development and Anthropological Approaches.

As part of the follow up and patient contacts, BLBC also sent Eid (major Muslim festival) greeting cards to 105 clients, many of them responded with opinions and feedback.

Recently, BRAC has instituted a new training module on Road safety for all staff and information where BLBC activities and services were disseminated in one of the session on Road Safety. Since BRAC staff are highly mobile and the field staff has to ride Bicycle and Motor Cycle who are vulnerable to RTA, this orientation created an awareness on the burden and tragedy of physical disability and rehabilitation aspects in order to take preventive measures accordingly.

### **Joining Rehabilitation Network**

BLBC established rehabilitation network between other rehabilitation centre in Bangladesh through ADNet (Assistive Device Network). BLBC is now the member of ADNet and attend every monthly meeting to know the services of others and disseminate latest massage of BLBC services. BLBC jointly organized workshop on "Assistive device services" on 21-23 November, 2000 with AD net, ADD (Action on disability and development), Inter-Life Bangladesh. BLBC also establish international network with Mobility India, JLC and ICRC. Recently British Journal (British and Bangladesh) published BLBC activities.

### **Staff Training and Capacity Development**

BRAC developed a five-year master training plan and shared with the JLC for their feed back and concurrence. For local training and foundation basic training, BRAC developed a training curriculum, which was also shared with the professionals for feedback and comments.

#### ***Local Training***

Selection of trainees: A group of three staff was recruited for the basic training, which was organized by BRAC. During this training period they visited RIHD orthopedic ward and limb centre, National Medical College anatomy department, HEED Bangladesh artificial limb production unit, CMH limb centre and CRP rehabilitation unit. After basic training they were selected for training in Jaipur, India. The Medical Officer was involved in developing and organizing such a special course in collaboration with the orthopedic surgeons and physiotherapist. The output of the training was a team of four staff was finally selected and recruited for the centre and specialized training from SDMH- Jaipur Limb and Brace Fitting and Training Centre.

The local training included Basics of Human Anatomy and Essential Functions of Musculo-Skeletal Joints. This was a two-week course. The entire methodology was a team training and practice session by role-play and demonstrations.



The purpose of the training was to acquire:

- the basics of anatomy and musculo-skeletal joint function
- medical terminology in a simple way
- communicate the workshop language
- the language of a limb maker
- Behave with a patient who lost her/his limbs or sufferings
- Become empathic and sincere to the patient.
- Finally select potential candidates as staff for the center
- Select finally for skill training in India-SDMH

#### *Training Abroad*

As part of the collaboration for Technology Transfer from the Rehabilitation Aid and Limb Fitting Centre, SDMH (Santokba Durlabhji Memorial Hospital), Jaipur, India, three technicians including the Medical Officer and In-Charge of the BLBC received intensive basic training from the RALFC. Dr. P.K. Sethi and his team organized this training where three technicians attended for 100 days.

#### *Training of Medical Officer*

The Medical Officer and In-charge of the centre was also attached to SDMH, Orthopedic and Limb Training Centre for practical training. The major focus of his training was on decision making, diagnosis, design, modifications and justifications, details of operation of a center and Limb and Brace production and dealings with the patients with problems and how locally could be solved with alternatives and fitting and trial etc. In addition, special sessions were offered to the Medical Officer on basics of Physiotherapy and Management of Prostheses and Orthotics services.

#### *Training of Assistant Technician*

Following local training and exposure in orthopedic and rehabilitation institutions three staff received 100 days intensive practical training on Limb and brace making, fitting, training and service delivery including counseling. The training course was developed and organized

#### *Staff Exposure*

Develop all contacts and agreements for technology transfer. Regular contacts are being maintained for technology transfer with the SDMH (RALFC), Jaipur. This was achieved through visit program in August 1999 and subsequent visits were conducted. Further contacts with other relevant organizations in India have also been initiated via JLC networking efforts. Discussions are going on with the RALFC/SDMH, Mobility India and Gandhigram Trust and TVS Rubber Industry and ICRC in order to build the capacity and tap resources and expertise for the improvement and further development of the centre.

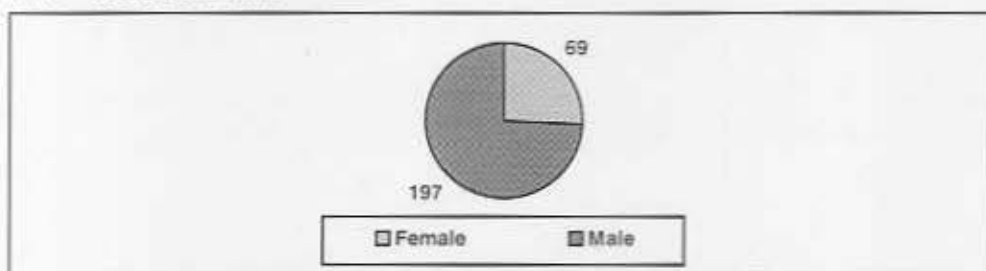
A team of two technical staff from RALFC/Jaipur made a follow up visit to BLBC for hands-on-training and quality control of the product and services provided by the trained BLBC technicians.

BRAC has continued its contact with ICRC, New Delhi with a view to using their expertise, experience and mobilizing resources to develop BLBC capacity and prostheses especially appropriate knee joints for the AK patients. BRAC staff also made exchange visit to ICRC, Delhi and their supported institution – CMC, Velore, India. Following the visit, the master training plan was revised incorporating the findings, possible cooperation areas.

## Services and Product Delivery

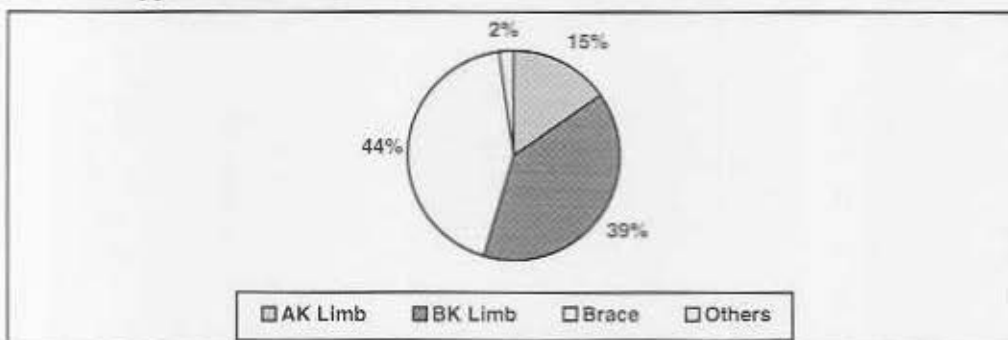
As of August 2001 a total of 296 patients were received services from the centre. Among these patients 266 were provided with various appliances. The table shows 197 (74%) were male and 69 (26%) were female.

Table – 1: User sex ratio



Forty four percent 44% (# 115) patient received Brace, 39% (# 104) patients received BK limb and 8% (# 41) patients received AK limb. During this period, 10 poor patient provided with limbs and brace through individual donors. These donors identified these poor patients for appliance and referred them to BLBC for appropriate appliance from the centre. Of these 10 patients, 9 were provided with limb and 1 with brace. Among them 2 were female and 8 were male. The donors also supervised their referred patients personally and some have assured to continue such donation for the poor.

Table – 2: Appliance distribution



## BLBC Patient Profile

The following table shows patient profile, which was prepared based on the patient's history, and hospital/clinic records.

Table – 3 : User profile

Sl.No.	Disease/Conditions	Female	Male	Total	%
1.	Congenital/Development anomalies	30	49	79	28%
2.	Road Traffic Accidents(RTA)	11	62	73	25%
3.	Injury	6	54	60	20%
4.	Diabetes	5	11	16	5%

5.	Post-Polio Paralysis	5	10	15	5%
6.	Cerebral Palsy(CP)	5	11	16	5%
7.	Burgers Disease	0	12	12	4%
8.	Bone Tumors	4	5	9	3%
9.	Others	5	11	16	5%
	Total	71	225	296	

### Quality Assurance

Since inauguration BLBC delivered 266 appliances for the disabled. During the reporting period, BLBC introduced a checklist on quality assessment and customer's complain card. In cooperation with the Monitoring Department, customer appraisal tools have been developed and is at the final stage. BLBC purchased material and equipment as per specimen and specifications, which was jointly recognized by BRAC and RALFC, Jaipur, India team. It is interesting to note that out of 266 patients; professionals referred 52 and 15 by the patient and their family members.

*For quality assurance of production, product/services and promotion, following issues have been considered:*

- Initial supply of Jaipur foot for two years requirement from OM engineering, Jaipur, India
- Ensure supply of artificial knee joint from ALIMCO, Kanpur, India and develop collaboration with the ICRC, Geneva for right kinds of knee joints and accessories/limb components.
- Ensure supply of right type of polypropylene from Bombay, India
- Continuous monitoring of the services, production and product as per standards set for the particular items/products
- Periodical monitoring of the materials, equipment function test and status, staff satisfaction, skills and dealings with patients
- Patients satisfaction survey
- Patients follow up through letters and greetings
- Product information and product sharing with Jaipur.

### Financing BLBC

BLBC fund initiated by BRAC initially then BLBC contacted with JLC, a London based organization who collect fund for BLBC from the Community Fund (NLCB). Apart from the donors source BLBS staff also mobilized funds for the poor patients. This year, 10 poor patients received artificial limb and brace through individual donors. These donors identified the poor patients for appliance and referred them to BLBC for appropriate appliance. Of them 9 were provided with limb and 1 with brace. Among them 2 were female and 8 were male. The donors also supervised their referred patients personally and some have assured to continue such donation for the poor. This was the first step towards self-financing. A sustainability plan for the BLBC is under preparation.

### Monitoring and Evaluation

BLBC staff organized meetings with the monitoring department and developed a monitoring and evaluation framework, which was shared with the JLC. During the monitoring visits, JLC coordinator provided feedback and input and finalized the tools. To evaluate the effect and impact of the services, BLBC prepared a plan to organize a meeting to identify research issues.

BRAC's Monitoring and Audit Department has initiated monitoring activities and is finalized an exit interview form and monitoring plan and working with the Research and Evaluation Department to carry out social impact studies. JLC input into this was given during M & E visits.

### **Problems and Constraints**

Since this project was conceptualized based on the enormous needs and growing demands of quality products, alter-ability assistance through micro-finance and multiple options of appliances BRAC has been learning to set up such a challenging centre. The 1<sup>st</sup> year of the project was devoted to set up the centre and establish essential links with the professional organizations. However, BRAC is completely new in the field of Prostheses and Orthotics services and faced problems and constraints.

Procurement of essential materials such as polypropylene sheets, joints (ICRC and Alimco) and ensuring a smooth regular supply of Jaipur feet constained production due to non availability of such specialized materials in Bangladesh. BLBC has been actively searching potential suppliers to resolve this issue. During the period, frequent contacts have been maintained with JLC partners in India and also with the ICRC. Their representatives had already visited BRAC to discuss possible supply sources and prerequisites. Another constraint has been the high cost of Alimco (a Government of India undertaking that produces prosthetic and orthotic components) parts. BLBC is in contact with the Mobility India(MI- a specialized organization) to negotiate the price of such joints. In addition, a local small scale-manufacturing firm who produces quality equipment in Dhaka was consulted accordingly, so that local quality joints could be available locally. For this purpose, BRAC may extend its loan for the production of such kinds of joints in Bangladesh (Micro Enterprise Lending Arrangement/BRAC MELA) which of course depends on reaching the appropriate agreements.

For regular supply and availability of quality Jaipur Foot, BRAC is in contact with the MI as well as Gandhigram in India. The supply from Gandhigram will be necessary until a fully-fledged BLBC foot production is operational which is planned in the 3<sup>rd</sup> year. Currently feet are being procured from a small Jaipur based manufactures and Gandhigram.

During the reporting period, one trained technician had to leave BRAC because of his inappropriate behavior with clients, fellow staff and did not comply with BRAC norms and values. This vacancy was filled by two apprentices recruited from within BRAC and from within the BLBC network. To avoid such interruptions, BRAC has planned to develop a pool of technicians trained and attached, which will increase the production and service delivery capability.

### **Cost Recovery**

BRAC projected to recover 19% of its operational cost in the first year. Since training, marketing/promotional work was not done vigorously, these activities were revised and planned for the second year. BLBC recovered 47% of its operational cost during July to December 2000 and 49% during January to April 2001. The trend of cost recovery is increasing and tells us to raise the production as well as the promotional activities.

### **Plan for the Next Year: Priority Activities**

The following activities/tasks were identified and agreed upon which, will implemented in the 2<sup>nd</sup> year: September 2001 – August 2002.

1. ***BLBC is fully operational***

Physiotherapy services will be implemented in a full swing, General out-door services will be introduced and Hepatitis vaccination services will be started. Following Jaipur technology prostheses and orthotics will be produced at the BLBC and search for alternative options( e.g., knee joint production feasibility testing through local entrepreneurs and collaboration with ICRC will be explored for capacity building in terms of equipment supply and training.

2. ***Capacity development of BLBC***

One Physiotherapist will be recruited to start the Physiotherapy unit of BLBC. Foot production unit will be opened during the next year. For this purpose two technician will be send to Jaipur and Gandhigram. Two female staff will be recruited as apprentice from the BRAC Carpenter shop (SRIZONY) who will be trained as Asstt. Technician. BRAC has a plan to recruit three BSc/equivalent female staff who have been serving in the health field and will be attached to the technician and Physiotherapist. They will in turn receive long course in prosthetics, orthotics and rehabilitation therapy.

3. ***Strengthen services of BLBC***

Besides training and staffing, equipment and technical assistance and material support will be sought from the ICRC and Mobility India. The technicians will be exposed to community based rehabilitation services to introduce mobile service delivery concept.

4. ***Aggressive promotional activities of the BLBC product and services***

Along with the capacity building and strengthening of services, BLBC will start promotional activities aggressively. Mass media (poster, newspaper, leaflets etc.) use and interpersonal and group communication activities will be organized. Satisfied, enthusiastic customers will be selected to organize such community meetings and act as a promoter of BLBC.

5. ***Ensure quality of care/services and appliances***

Professionals will be encouraged to provide informal/formal feedback on the BLBC services and products. The BRAC's Monitoring Department will monitor the quality of care through customer's satisfaction assessment. BLBC will invite Jaipur/Gandhigram/MI technical staff to provide such assistance.

6. ***Evaluate and monitor the progress of BLBC***

Monitoring department will continue periodical monitoring and will provide feedback – written and verbal. In addition, the department will survey BLBC product users and provide feedback on their social status and economic involvement including constraints etc. An attempt will be made to conduct a survey on the physical disability of the rural community and the impact of BLBC services on the users especially to the women.