

Skills-Training and Microfinance for Kono's Amputees

Kono District, Sierra Leone

Princeton University

Raphael Frankfurter, Class of 2013

I sat with Finda Komba on the veranda of the crumbling house she was resettled in ten years ago while she told me the story of how she lost her hands: the rebels ambushed her village, shot her husband and children in front of her eyes, and then brought her to a tree trunk laid in the street and chopped both arms at the wrist with a rusty machete. She brought out a bag of her belongings: like many of the amputees I had interviewed, she showed me a certificate given to her by the United Nations High Commissioner for Refugees indicating that she had completed a soap-making-with-disabilities course in a refugee camp. I asked her why she had not started a business, given how little food she was able to afford from her income gleaned from begging; her answer: she couldn't afford a pot to melt the ingredients.

I met Finda and the hundreds of other amputees and war-wounded in Kono District, Sierra Leone last summer. I had come for ten weeks to do ethnographic research on mental health and chronic pain using several locally adapted questionnaires, and was affiliated with a small primary care clinic run by the American NGO Global Action Foundation (GAF). This clinic, one of the only foreign organizations providing community-based care in the region, assured me that there would be funding available for a psychosocial mental health or chronic pain project centered on pharmaceuticals and counseling. But as I spent every day in the amputees' villages, observing life and experiencing first-hand the suffering and idleness that destitute poverty inflicts on them, I became convinced that any project that does not address the very real material constraints that the war-wounded experience will not be effective at improving their quality of life.

Ten years after Sierra Leone's civil war, the international aid effort in the country has lost its coordination. I made contacts with highly trained technicians in the NGO Handicap International's workshop in Kono who wait every day for an amputee to come in for free physical therapy and prosthesis-fitting, but who do not conduct outreach in the villages so have no clients. I met with representatives from an American NGO who were unaware that several months before, their trucks had stopped delivering wheat to amputee camps that had depended on the support for years. I spoke with workers from the organization that had supplied the amputees' housing because they did not have access to funding to address the buildings' dismal conditions. The amputees, all of whom were resettled in dense camps of twelve houses each in order to facilitate the delivery of aid, identified to me three very basic needs that were not being met: employment, money for children's school-fees, and food. And every single amputee identified one way that I could provide this support: microfinance.

Until now, microfinance has not been successful in Sierra Leone. Loans given to the destitute poor are often spent on immediate necessities, indebting the receivers to loan-sharks and forcing interest rates up. I did some research into the few for-profit banks in Kono, and learned that they usually require a collateral, often a property deed, which keeps the majority of the population from accessing their services. Also, the amputees' handicaps prevent them from proposing business plans that seem realistic to local microfinance institutions. International NGO's have also steered away from providing microfinance to Sierra Leoneans: I heard and read arguments from aid-workers that the destitute poor do not have enough sense of the future to make an investment, that they do not understand what it means to work every day, and that their families are too dysfunctional to allow for sustained employment. These explanations reminded me of arguments that Dr. Paul Farmer and his organization, Partners in Health, have faced from people skeptical of their work providing the poor with HIV medication: essentially, that poor people are not responsible enough to stick to a regimen. Farmer's answer to his skeptics was simple: to ensure that HIV patients take their medication, he hired other HIV patients to visit them daily to give social support, model responsible behavior, and remind them to take their medication. This model has been extremely successful at promoting patient adherence, and has since been implemented throughout the world.

But last summer, a microfinance program seemed impossible, so I worked with another Princeton student to implement a pilot project that provided a different type of microgrant to three amputee villages: large shelters to hold a herd of thirty goats, small starter-herds and a comprehensive livestock-rearing education program. We worked with the communities to develop and organize the project, and decided on a communal model for labor and income distribution. But after the project's completion, I don't believe that this model is ideal: it is awkward for the 'goat chairman' to delegate the labor, and the wealthier inhabitants of the camp

don't see the value in working hard to raise goats. Additionally, not all the amputees were interested in raising goats, and we afforded them no freedom in their choice of employment. While individual, cash-based microfinance may not have worked in Sierra Leone in the past, it may be the only way to implement effective and personal development in the region—and I believe, with a creative strategy, amputees can be successfully assisted in managing microloans. In collaboration with GAF, I propose to implement a prosthesis and skills-training program integrated with a monitored microfinance scheme, based off of Partners in Health's Community Health Worker model.

Each amputee will be assigned a 'Community Microfinance Worker' (CMW), an amputee who will be trained in good financial decision-making, life-coaching and peer-counseling skills. Those amputees who have received training already will be assisted in starting a business with useful prostheses and a microloan of approximately \$300. Other amputees will enter a month-long training program to teach them a skill that they are able to do with their handicaps, such as soap-making, livestock rearing, advanced agricultural techniques and weaving before receiving the loan. The participants will be encouraged to use their loan for agricultural projects given the rampant hunger and high demand for food in the region, which will also prevent too many amputees from producing the same product. Additionally, GAF plans to purchase an industrial palm-oil processing facility this summer which will be made available to all farmers; there is huge demand for this staple product both within Kono and in other regions of the country, and microloans used to purchase and cultivate large palm farms will be particularly lucrative. After the training, the participants will be given a low-interest microloan, and the CMW will observe the participant buying materials for their business, help arrange for effective marketing, and proceed to visit them every-other-day for a year to ensure that they are maintaining good financial habits and business practices, as well as on-time repayment of the loan.

GAF has already piloted an amputee community health project that I helped design, and has partnered with Handicap International's regional office to bring amputees into the workshop for prosthesis-fittings. A Projects for Peace Grant will allow this project to build off of the current pilot: we will develop a curriculum for the CMWs at Princeton, hire and train four new CMWs in the summer who will each be assigned approximately four amputees to coach and monitor, and supply seed money for the most valuable part of the program: the microloan. GAF will assume administration of the project after the summer, with assistance from future Princeton interns.

I know all of the amputees in the region well; I understand their language, have relationships with local leaders, and have experience with this type of development work. Success will be easily measured qualitatively, and we will use the mental health surveys we developed last year for which we have a baseline. We will periodically apply a validated questionnaire that measures food-insecurity, in order to measure the project's impact on income.

While this project's three components—the skills and prosthesis trainings, the microloans, and the daily life-coaching as the amputees build businesses— may seem ambitious for one summer, this project is really just a matter of leveraging existing resources. A prosthesis workshop is already staffed and waiting for amputees, agricultural laborers are idle and waiting to be hired, and many amputees have already received skills-training and are waiting for small amounts of seed-money. A Projects for Peace grant will allow these resources to be organized into an effective intervention, while testing a new strategy for microfinance that can be implemented in other areas of the world. This project can easily expand in years to come: initial funding will be recycled to incorporate more amputees into the program, and past participants will be hired as CMWs. Microloans in Sierra Leone have never been distributed alongside a life-coaching program like this, and if successful, this project could serve as a new model to make personal economic development accessible to Sierra Leone's poorest citizens.