



ANNUAL REPORT

2017

OUR DONORS 2016-2018

We would like to thank all our donors; without their continuous support we would not be able to achieve our mission and goals to ensure that people with physical disabilities develop their full potential in an inclusive society. Our main donors for the 2016-2018 period are listed below, but we would also like to thank all of the individuals and institutions in the field that are not mentioned on this page. Moreover, we would like to thank the ICRC, which provides MoveAbility with administrative, logistical, and technical support (in the form of services).

Governments



National Societies

LIECHTENSTEINISCHES ROTES KREUZ



Croix-Rouge
monégasque



Norwegian Red Cross

Public sources



Private sources



Cover picture:

Blessings Chelo, 14 months old, is with her mother at the University Teaching Hospital (UTH) in Zambia to be fitted with two orthotic devices. Read the full story on page 16.

CONTENTS

OVERVIEW 2017	4
OUR OPERATIONS IN 2017	6
EAST AFRICA	8
WEST AFRICA	13
ASIA AND CENTRAL ASIA	17
AMERICAS	20
ANNEXES	
2017 -ORGANIZATIONAL CHART AND GOVERNANCE	24
2017 - MOVEABILITY BUDGET AND EXPENDITURE	25
ERNST & YOUNG AUDIT REPORT	26
IMPACT AND INDICATORS	34
2017 - BENEFICIARY SURVEYS	36
FIELD PARTNERS	37
ABBREVIATIONS AND ACRONYMS	38

OVERVIEW 2017



Barely a year ago, our organization embarked on a new journey. With a revised, ambitious working model, a new name and visual identity, one of our main objectives is to establish MoveAbility as a key actor in the promotion of sustainable physical rehabilitation systems in low- and middle- income countries.

In 2017, the implementation of this strategy met with some success. First of all, the strategy was welcomed both by our donors and our beneficiaries. It increased our visibility and the recognition of our work. We have expanded our activities and developed new partnerships with other like-minded organizations, with paraspports organizations and with the private sector. We have also strengthened our partnership with World Health Organization (WHO), who launched its "**Rehabilitation 2030: A Call for Action**", which exemplifies the importance of MoveAbility's work on physical rehabilitation. All this indicates that there is a momentum for the development of physical rehabilitation worldwide, and we are part of it.

However, we also face some challenges. Although we can count on longstanding, faithful and loyal partners, it remains very difficult to attract new donors. Disability and even more so physical rehabilitation remains an underfunded sector despite its importance and its recognition as one of the **Sustainable Development Goals**², and in spite of the fact that disability is a growing problem in many developing countries according to the WHO. So far we have not been able to expand into new countries, although the needs are there, due to insufficient long-term funding.

This, however, hasn't prevented MoveAbility from boosting our activities in the countries where we are present, or developing our work towards the realization of our five general objectives: establishment of national plans; education and training of professionals; better access to services; improvement of the quality of services; and improved management capacities.

In 2017, the implementation of **national plans** for physical rehabilitation has progressed significantly. For example, Togo and Tanzania have created national platforms which bring together physical rehabilitation actors. In Latin America, for the first time, a regional forum was held and gathered representatives of Ecuador, El Salvador and Nicaragua to discuss the rights and inclusion of persons with disabilities. In Tajikistan, we proposed a two-year plan of action to the Ministry of Health and Social protection for the Population which was aligned with the State Programme for rehabilitation of Persons with Disabilities.

In terms of **education and training**, we have placed great importance on supporting the training of the next generation of physical rehabilitation professionals, as well as strengthening the skills of those who work in this field. Education is an essential element for the sustainability of quality standards in the long term. These standards are assessed through satisfaction surveys carried out by external stakeholders among the beneficiaries of physical rehabilitation centers. The detailed results of these surveys, which are available on page 36 of this report, demonstrate the importance for people with disabilities to have **access to quality** devices to be included socially and economically, but also to have quality services so as to fulfil their potential as individuals. Based on these results, we have proposed measures and recommendations for progress at the rehabilitation centers and support them in their implementation.

¹ <http://www.who.int/disabilities/care/rehab-2030/en/>

² http://www.un.org/disabilities/documents/sdgs/disability_inclusive_sdgs.pdf



MoveAbility, the International Committee of the Red Cross (ICRC), the United States Agency for International Development (USAID) and the United Nations Development Programme (UNDP) organized an event featuring traditional dances and sports for the International Day of Persons with Disabilities at the Ismaili Center in Dushanbe.

Access to services is still a priority, with over 19,000 persons with disabilities who have received assistive devices from our partners. It has also been improved notably with the organization of events to increase awareness of the situation of people with disabilities, such as the International Day of Persons with Disabilities on December 3. For example, in Tajikistan, an event combining sports and traditional dance, jointly organized by the ICRC MoveAbility Foundation, the International Committee of the Red Cross (ICRC), the United States Agency for International Development (USAID) and the United Nations Development Programme (UNDP), was a great success. Sport, which is a powerful vehicle for communication, was also at the heart of our activities. In Tanzania we co-organized football training for children and adults with disabilities and in Viet Nam we held, with a local Disabled People's Organization, a badminton tournament, which brought together both athletes and amateurs.

The **management capacities** of our partners have been reinforced through the organization of training and workshops on the Essential Management Package (EMP), on the use of the Essential Management Systems Assessment Tool (EMSAT) and other training sessions. In 2017, 46 training sessions were organized in the 14 countries. Synergies with ICRC continue to be developed and this year our partners in Togo and Madagascar have been testing tools developed for the ICRC Programme for Humanitarian Impact Investment (PHII) and consisting of multiple indicators.

In 2017, we achieved an excellent implementation rate of 86%, for a total expenditure of CHF 5,514,245.

The differences between the budget and expenditure of some countries require explanations. We note expenses significantly lower than what was budgeted in the following countries: in Benin, Côte d'Ivoire and Rwanda, due to the late signature (during the last quarter) of memorandum of understanding with Ministries of Health thus limiting MoveAbility's investments. In Zambia, national authorities embarked on a vast and ambitious development program of the rehabilitation sector which required alignment of multiple stakeholders before we signed a formal cooperation agreement with the government in 2018.

In Somalia, on the other hand, we received additional funding from the Italian Ministry of Foreign Affairs, the Cooperazione Italiana and the Norwegian Red Cross. As a result, it allowed large investments in the rehabilitation sector to be run by our partner, the Somali Red Crescent Society.

Our constant efforts and activities contribute to build a system at national level which in return allows more than 40,000 persons with disabilities every year to live their full potential in life – and thus to contribute to the general welfare of their community. This does not require a huge investment, and the return far exceeds the initial cost – both at the individual and at the community level. This is why the commitment of our donors for a more inclusive society is so crucial.

Thierry Regenass
Executive Director

OUR OPERATIONS IN 2017



44,475
persons with
disabilities benefit from
our partners' services



19,043
beneficiaries
received material
support



792
professionals and
stakeholders of the
rehabilitation sector
received training/coaching



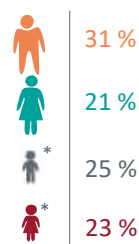
34
students received
a scholarship



687
Service satisfaction
interviews were
conducted



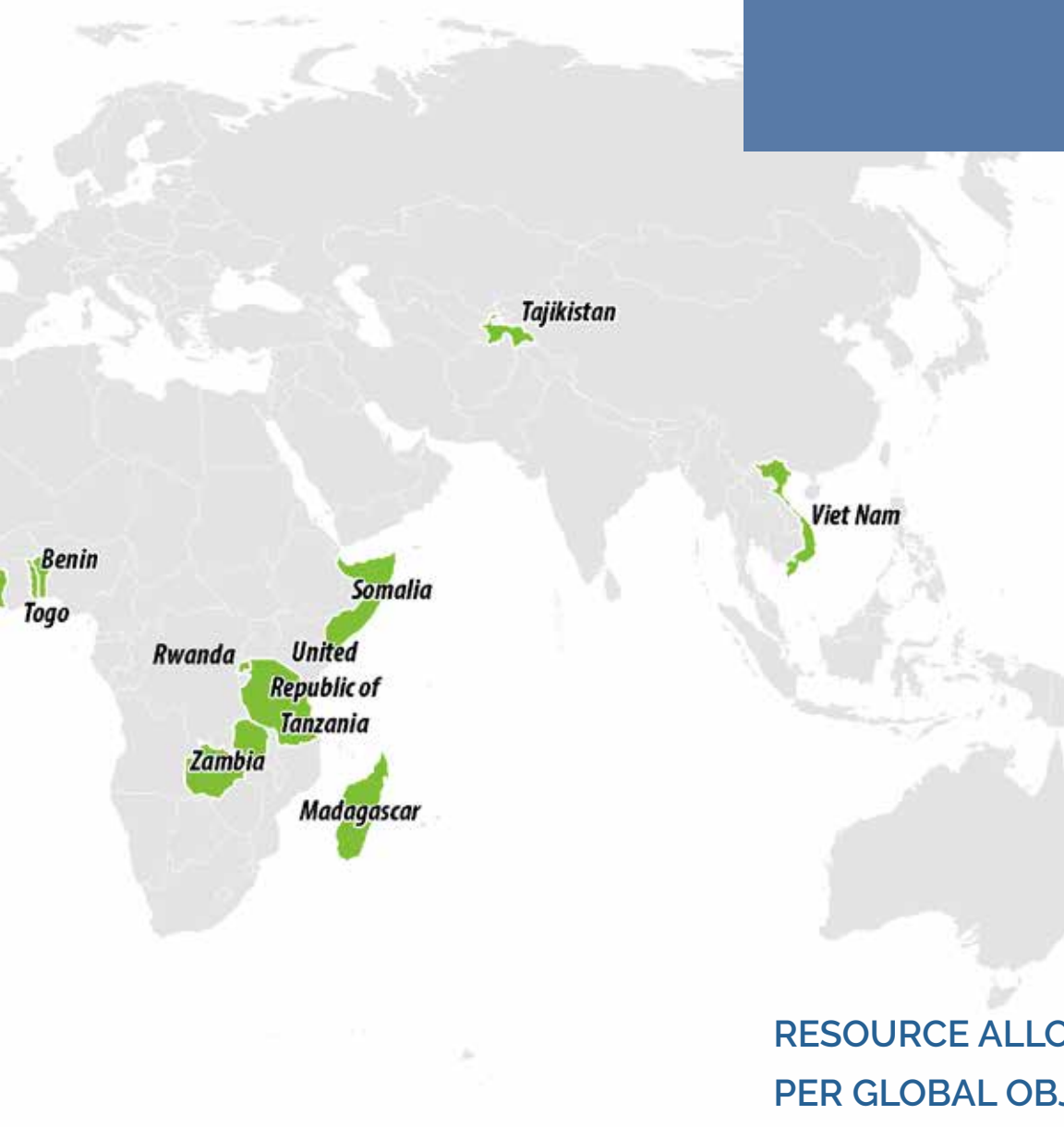
BREAKDOWN OF PEOPLE WHO RECEIVED SERVICES



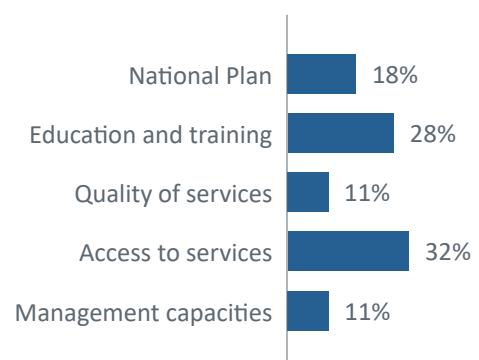
*0 - 15 years old

we are active in
14 countries

we support
32 projects



RESOURCE ALLOCATION PER GLOBAL OBJECTIVE.



¹ The chart indicates the volume of financial and human resources that were distributed over our 5 general

MADAGASCAR

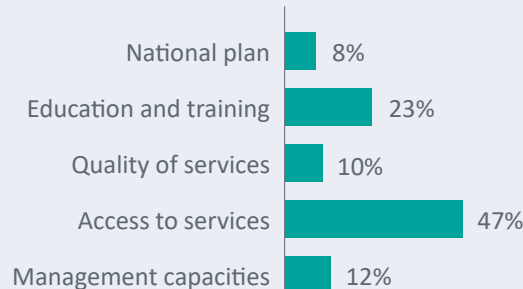
BUDGET 2017

CHF 582,279

EXPENDITURE 2017

CHF 432,930

RESOURCE ALLOCATION



COUNTRY HIGHLIGHTS

In Madagascar, MoveAbility focused on providing support at the central level, with the goal of having the authorities assume more responsibility for rehabilitation and disability-related matters. The government finalized, adopted and inaugurated their national plan for strengthening physical rehabilitation services, and disseminated it widely throughout concerned actors and stakeholders, with CBM (formerly Christian Blind Mission), Humanity & Inclusion - Handicap International (HI) and MoveAbility's help. Under an agreement with the Ministry of Health, we supported three public physical rehabilitation centers: the Centre de Reeducation Motrice de Madagascar (CRMM) in Antsirabe, and the Centre d'Appareillage de Madagascar (CAM) in Antananarivo and Mahajanga rehabilitation center. For example, we helped the centers order raw materials and machines, and implement checklists and other tools to enhance their services. We held a four-day course for physiotherapists, prosthetist/orthotists and doctors at CAM. MoveAbility scholarships enabled people to continue to train at the Institut Supérieur Technologique Montplaisir France; after their studies, they will begin to work at the CAM and CRMM.

We signed an agreement with the Madagascar Paralympic Committee, committing to provide sport wheelchairs to the members of their women's basketball league; we are in the process of providing the same type of assistance to the players of the women's wheelchair basketball league of the Paralympic League of Analamanga.

INDICATORS



PHYSICAL REHABILITATION ENTITY

- Existence of a national plan: **Yes**
- Budget for physical rehabilitation: **n/a**
- Number of professionals employed by the entity: **3**



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 17** physiotherapists, **1** Category II prosthetist and orthotist and **17** other health professionals



MANAGEMENT CAPACITIES OF OUR PARTNERS

- EMSAT has been completed and analyzed



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

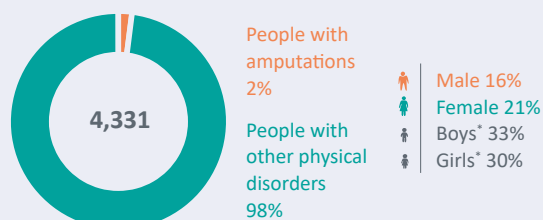
- n/a**



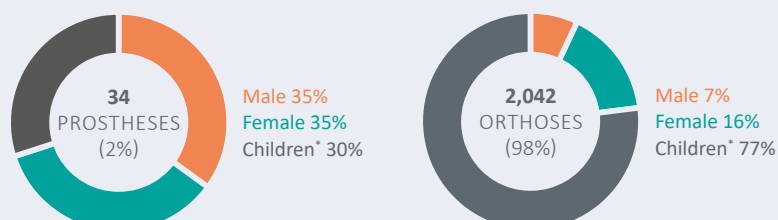
BENEFICIARY STATISTICS

- 4,331** people with disabilities received services provided from our partners

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



*0 - 15 years old

RWANDA

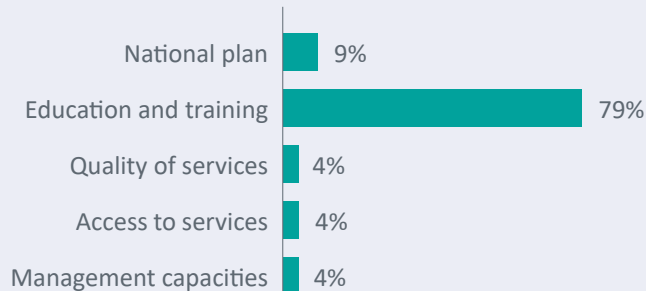
BUDGET 2017

CHF 348,111

EXPENDITURE 2017

CHF 203,678

RESOURCE ALLOCATION



COUNTRY HIGHLIGHTS

We met with the MOH's new director of clinical services in the fourth quarter of 2017 in order to discuss the signature of a memorandum of understanding covering, among others, the establishment of a national platform and the development of strategic plans for the sector.

The University of Rwanda's College of Medicine and Health Sciences (UR-CMHS) has moved to a new campus in Remera. We are currently working with Ottobock to renovate and furnish one building to serve as a workshop for prosthetics and orthotics. The school has also started to use Moodle, an open-source software program for creating personalized learning environments, in order to supplement its teaching methods. With our help, they've created course curricula and uploaded content to the learning platform. In addition, we ordered 50 reference books for their library.

We donated raw materials and supplies to UR-CMHS in order to facilitate clinical placements and the provision of services to people with disabilities.

INDICATORS



PHYSICAL REHABILITATION ENTITY

- Existence of a national plan: **No**
- Budget for physical rehabilitation: **n/a**
- Number of professionals employed by the entity: **n/a**



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- **n/a**



MANAGEMENT CAPACITIES OF OUR PARTNERS

- **n/a**



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

- **n/a**



BENEFICIARY STATISTICS

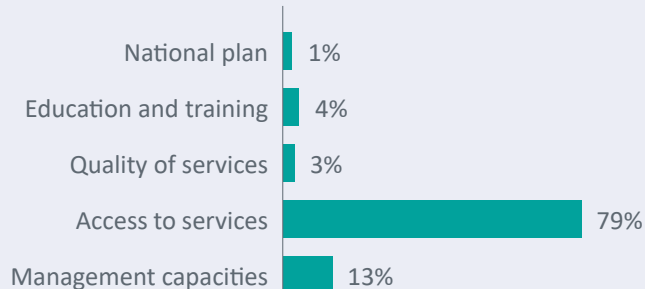
- **n/a** people with disabilities received services provided by our partners

SOMALIA

BUDGET 2017
CHF 499,537

EXPENDITURE 2017
CHF 587,027

RESOURCE ALLOCATION



COUNTRY HIGHLIGHTS

We continued to support the Somali Red Crescent Society centers in Galkayo, Hargeisa and Mogadishu, where we focus on providing technical expertise and logistical assistance. The centers contend with a lack of supplies and qualified staff, and limited government assistance; to help them carry out their work in spite of these constraints, we facilitated training for center staff and support the centers in implementing patient management system software to improve their collection of data.

We worked with the Norwegian Red Cross (NorCross) to ensure the material support to these centers was properly allocated and to improve their planning and ordering. We also helped procure raw materials and machines for them; in some cases these replaced machinery which was old or defective. To improve patient care in Mogadishu and Hargeisa, we advised on upgrades and improvements to the facilities there.

INDICATORS



PHYSICAL REHABILITATION ENTITY

- Existence of a national plan: **No**
- Budget for physical rehabilitation: **n/a**
- Number of professionals employed by the entity: **2**



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 2** physiotherapists, **4** Category II prosthetist and orthotist and **9** other health professionals



MANAGEMENT CAPACITIES OF OUR PARTNERS

- EMP training** has been provided to eight staff members from our partners
- EMSAT assessment** has been done at all 3 centers



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

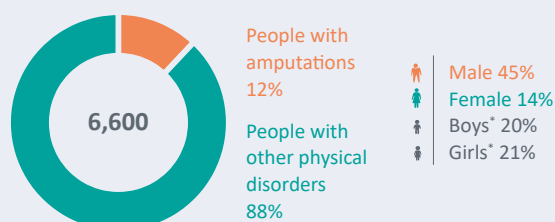
- n/a**



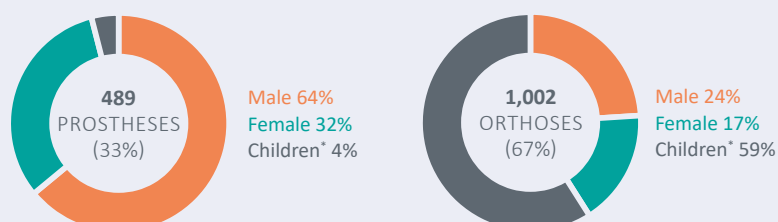
BENEFICIARY STATISTICS

- 6,600** people with disabilities received services provided by our partners

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



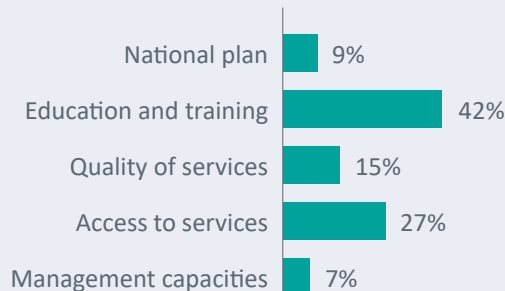
*0 - 15 years old

TANZANIA

BUDGET 2017
CHF 548,125

EXPENDITURE 2017
CHF 579,904

RESOURCE ALLOCATION



COUNTRY HIGHLIGHTS

The national platform regularly held meetings to discuss the development of Tanzania's physical rehabilitation sector, and a consultant has started to develop an action plan. More and more people are joining the platform, and a new chairperson has also been appointed by the MOH.

The Tanzania Training Centre for Orthopaedic Technologists organized several training sessions with our support. For instance, we worked with Ottobock, to conduct seminars on prosthetic design and manufacturing treadmill training¹ and other techniques; assistive devices were also donated to four patients.

We began to conduct patient-satisfaction surveys of people who had received financial assistance from MoveAbility for treatment at a center run by Comprehensive Community Based Rehabilitation in Tanzania (CCBRT), a local NGO.

In line with an agreement that we recently signed with Shivyawata, a Disabled People's Organization, three Bajaj² drivers – who also have physical impairments – have been hired to transport persons to CCBRT for treatment.

To celebrate the International Day of Persons with Disabilities, we worked with the Tanzanian Paralympic Committee to organize a basketball tournament and other events; in line with this, we helped repair 12 wheelchairs and ordered 12 more for participating teams.

As a result of our discussions with the Tanzanian Red Cross, activities related to disability inclusion were introduced into their plan of action for 2018.

INDICATORS

PHYSICAL REHABILITATION ENTITY

- Existence of a national plan: **Yes**
- Budget for physical rehabilitation: **n/a**
- Number of professionals employed by the entity: **n/a**



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 5** Category II prosthetist and orthotist and **2** other health professionals



MANAGEMENT CAPACITIES OF OUR PARTNERS

- TATCOT organized several **training sessions** with our support



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

- A **beneficiary satisfaction survey** was conducted at CCBRT³



BENEFICIARY STATISTICS

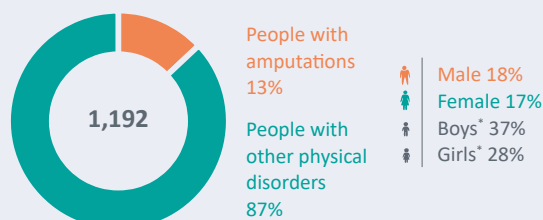
- 1,192** people with disabilities received services provided by our partners
- 120** economically vulnerable people with disabilities had their treatment fees subsidized

¹ <https://research.cerebralpalsy.org.au/about-cerebral-palsy/interventions-and-therapies/treadmill-training-for-people-with-cerebral-palsy/>

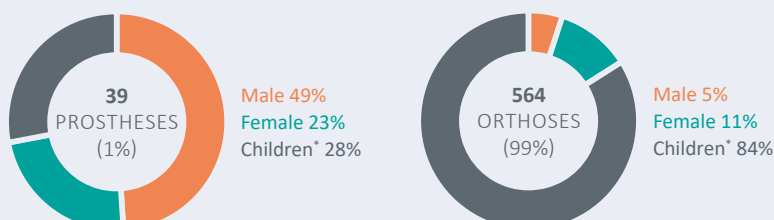
² Motorised three wheeler vehicle also known as Tuc Tuc

³ The detailed questions and results of the beneficiary satisfaction survey are available on page 36 of the present report

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



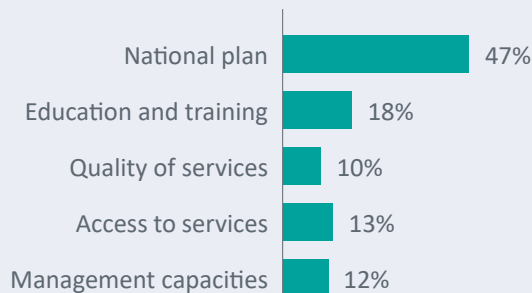
*0 - 15 years old

ZAMBIA

BUDGET 2017
CHF 134,749

EXPENDITURE 2017
CHF 46,490

RESOURCE ALLOCATION



COUNTRY HIGHLIGHTS

In the fourth quarter of 2017, final discussions were held with MOH for the finalization of the memorandum of understanding for the period of 2018 to 2020. It covers cooperation in several areas, including the creation of a national platform for physical rehabilitation.

We visited the University Teaching Hospital and the St. John Paul II Mission Orthopaedic Hospital to assess how they could improve their processes, for instance, in terms of implementing a more multidisciplinary approach and improving the management of data, including patients' records; support in this area, which is covered by the agreement with the MOH, is set to begin in 2018.

The University of Zambia is currently developing a business plan for a school that will offer a bachelor's degree and a diploma in prosthetics/orthotics. Together with Ottobock and the International Society of Prosthetists and Orthotists (ISPO), we supported the organization of planning meetings that convened the various stakeholders involved; we also provided input on these plans.

INDICATORS



PHYSICAL REHABILITATION ENTITY

- Existence of a national plan: **No, under development**
- Budget for physical rehabilitation: **n/a**
- Number of professionals employed by the entity: **n/a**



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 1** Category I prosthetist and orthotist



MANAGEMENT CAPACITIES OF OUR PARTNERS

- n/a**



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

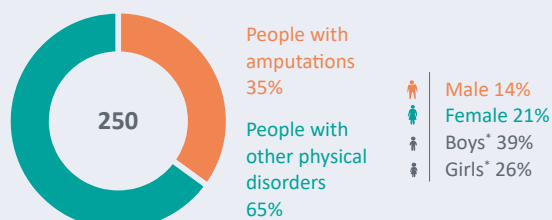
- Visit and assessment** of the UTH and St. John Paul II Mission Orthopaedic Hospital



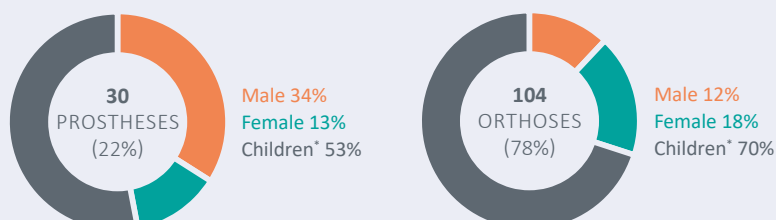
BENEFICIARY STATISTICS

- 250** people with disabilities received services provided by our partners

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



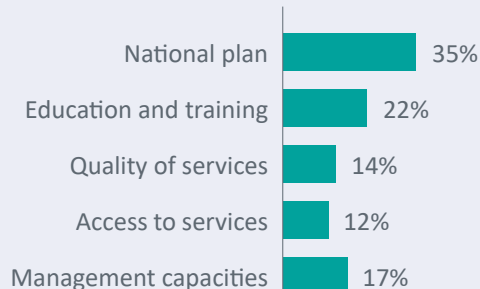
*0 - 15 years old

BENIN

BUDGET 2017
CHF 349,034

EXPENDITURE 2017
CHF 120,919

RESOURCE ALLOCATION



COUNTRY HIGHLIGHTS

Memorandum of understanding with the MOH was signed; it covered the creation of a national platform for physical rehabilitation and other related matters. The platform held its first meeting in December. In total, 26 people attended representing the main concerned Ministries, Service providers, professional associations, the Centre Médico-Social Sainte Elisabeth de la Trinité (Calavi), the Centre National Hospitalier Universitaire Hubert K. Maga, the Service de Kinésithérapie et d'Appareillage Orthopédique (SKAO), the national associations of physiotherapists and prosthetists/orthotists, and various disabled people's organizations.

With the support from MoveAbility, physiotherapists and one prosthetist/orthotists from Calavi were able to attend various training programs including technical courses and a seminar on project management, organized by the African Organization for the Development of Centres for Disabled People (OADCPH). We also supported financially Calavi and the SKAO for ordering raw materials and components from the OADCPH, and provided input on the first draft of Calavi for their orthopedic workshop.

In September, our technical team visited the SKAO for the first time after several years, due to security constraints. It expressed its interest in introducing patient-satisfaction surveys and technical assessments, and using the Essential Management Package (EMP) to improve its systems.

Up-to-date, the CNHU has not yet used the EMP's Essential Management Systems Assessment Tool (EMSAT) for its self-assessment; further support will be provided after completion and is currently pending.

INDICATORS



PHYSICAL REHABILITATION ENTITY

- Existence of a national plan: **Yes**
- Budget for physical rehabilitation: **n/a**
- Number of professionals employed by the entity: **1,1**



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 24** physiotherapists, **27** physiotherapists students, **25** Category II prosthetist and orthotist and **25** other health professionals



MANAGEMENT CAPACITIES OF OUR PARTNERS

- EMSAT has not yet been completed at CNHU



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

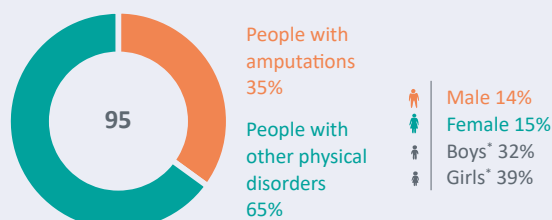
- n/a**



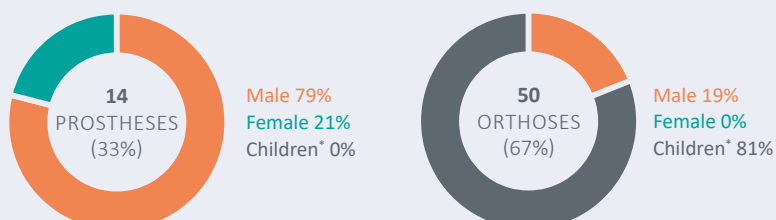
BENEFICIARY STATISTICS

- 95** people with disabilities received services provided by our partners

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



*0 - 15 years old

CÔTE D'IVOIRE

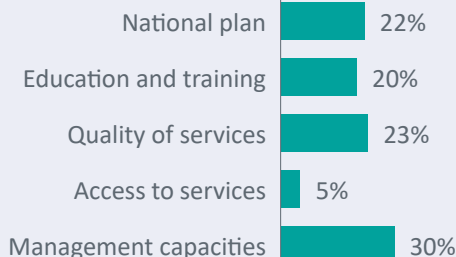
BUDGET 2017

CHF 263,950

EXPENDITURE 2017

CHF 126,435

RESOURCE ALLOCATION



COUNTRY HIGHLIGHTS

We continued collaborating with Vivre Debout (VDE), a local NGO, and supporting both its main physical rehabilitation center in Abidjan – with the aim of turning the center into a national reference institution for the provision of physiotherapy services and the production of assistive devices – and its satellite center in Bouaké. With MoveAbility's help, VDE prosthetist/orthotists underwent training and attended courses, both in the country and abroad; two technicians started a training for Category II certification and will work in the VDE Bouaké center upon completion of their courses. VDE ordered raw materials and components from the Organisation Africaine pour le Développement des Centres pour Personnes Handicapées, with our financial assistance. We also helped VDE carry out beneficiary-feedback surveys and technical assessments, and supported them in improving the management of their centers, including by facilitating the implementation of the Essential Management Package.

MoveAbility signed a memorandum of understanding on the development a national platform for physical rehabilitation with the Ministry of Health in December, in the presence of representatives from VDE, professional associations of prosthetists/orthotists, and associations for physically disabled people.

INDICATORS



PHYSICAL REHABILITATION ENTITY

- Existence of a national plan: **Yes**
- Budget for physical rehabilitation: **n/a**
- Number of professionals employed by the entity: **1**



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- **1** physiotherapist, **6** Category II prosthetist and orthotist and **5** other health professionals



MANAGEMENT CAPACITIES OF OUR PARTNERS

- EMSAT evaluation planned for 2018



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

- **A beneficiary satisfaction survey** was conducted at Vivre Debout¹

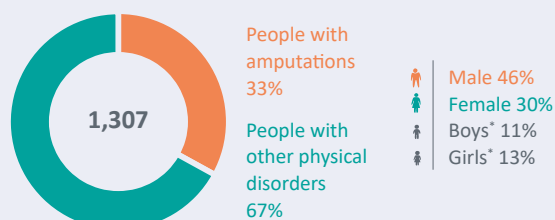


BENEFICIARY STATISTICS

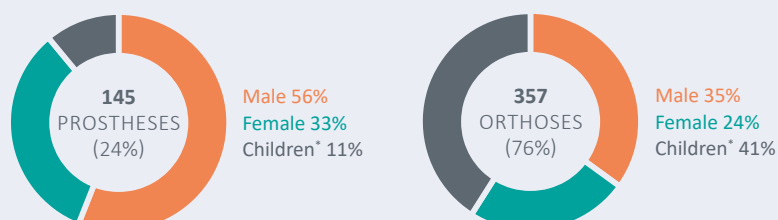
- **1,307** people with disabilities received services provided by our partners

¹ The detailed questions and results of the beneficiary satisfaction survey are available on page 36 of the present report

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS

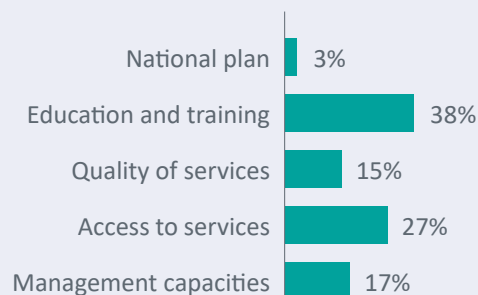


*0 - 15 years old

BUDGET 2017
CHF 793,552

EXPENDITURE 2017
CHF 814,438

RESOURCE ALLOCATION



COUNTRY HIGHLIGHTS

A national platform on physical rehabilitation policy was established in 2016, and in 2017 the Ministry of Health agreed on the terms of reference. At the same time, the authorities validated the 2016-2021 National Strategic Plan on Disability that included addressing needs related to physical rehabilitation.

In 2017, MoveAbility continued working with the École Nationale des Auxiliaires Médicaux (ENAM) in Lomé to train physical rehabilitation professionals from French-speaking countries in Africa, and with the Centre National d'Appareillage Orthopédique (CNAO) to improve the quality of services. Moreover, we continued to support the Centre Régional d'Appareillage Orthopédique de Kara (CRAO-K). MoveAbility has also advised and coached prosthetists/orthotists and physiotherapists at CNAO and instructors at ENAM, facilitated the clinical placements of ENAM students, and helped the CNAO and the CRAO-K to train caretakers of children with cerebral palsy in the provision of home-based care.

MoveAbility financially supported the procurement of materials for its partners to carry out rehabilitation services by working with the African Organization for the Development of Centres for Disabled People, which provides purchasing services and training. We also worked with other regional institutions present in Togo, including the African Federation of Orthopaedic Technicians, which facilitates networking among professionals.

INDICATORS



PHYSICAL REHABILITATION ENTITY

- Existence of a national plan: **Yes**
- Budget for physical rehabilitation: **n/a**
- Number of professionals employed by the entity: **3**



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 17** physiotherapists, **8** Category I prosthetist and orthotist, **2** Category II prosthetist and orthotist and **9** other health professionals



MANAGEMENT CAPACITIES OF OUR PARTNERS

- EMSAT, beneficiary satisfaction survey (BFTA) and Cost Calculation have been implemented at CNAO
- EMP training modules have been completed at CNAO



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

- A beneficiary satisfaction survey** was conducted at CNAO¹

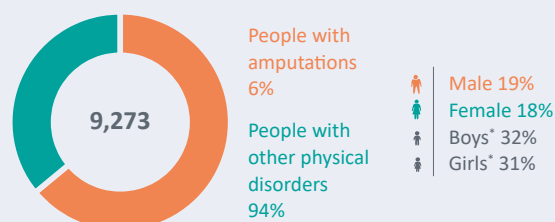


BENEFICIARY STATISTICS

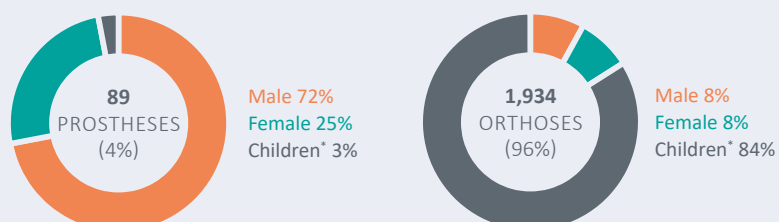
- 9,273** people with disabilities received services provided by our partners

¹ The detailed questions and results of the beneficiary satisfaction survey are available on page 36 of the present report

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



*0 - 15 years old

HAPPY BLESSINGS

Blessings Chelo is a baby girl of 14 months who lives on a farm with her parents in the village of Chongwe. Blessings suffers from Spina bifida, a congenital anomaly (commonly referred to as a birth defect) in which the spinal column does not develop normally during the first weeks of pregnancy¹, and had a hard time getting around. Her mother decided to go to the University Teaching Hospital in Lusaka, a two-hour drive from home, in search of treatment for her daughter. During the consultation, the rehabilitation team identified the physical impairment and referred Blessings to the orthotic department for an assistive device.

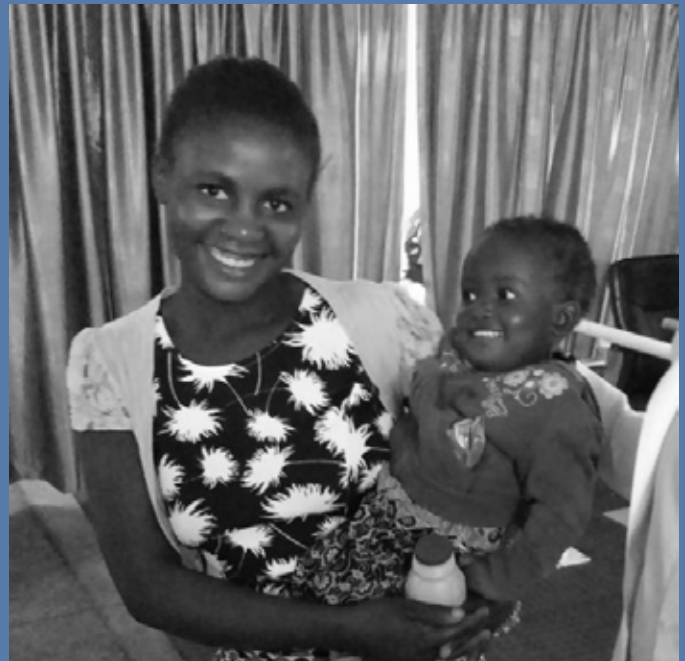
At the hospital she received comprehensive and detailed information about her daughter's condition and Blessings was fitted with two orthotic devices to help her stand and move around. The assistive device, coupled with appropriate rehabilitation services will allow her to walk freely, and enables her to learn to live and move as well as possible with her disability. She will be able to play and learn like other children, go to school and be free to do whatever she likes.

Her mother said: *"I want to give my daughter every chance to live a normal life, go to school, make friends and run around! I notice that thanks to her orthotics she can move around on her own and grow up almost normally."*

Every year, more than 300,000 children like Blessings are born with neural tube defects, resulting in approximately 88,000² deaths. Although in developed countries the risks of congenital deformity have been greatly reduced thanks to the intake of folic acid before and during pregnancy, in low- and middle-income countries, the number of cases unfortunately remains very high. In fact, 29% of neonatal deaths are due to apparent birth defects.

In Zambia, a reported estimate of 10-15% of the population suffers from a physical disability. According to a 2006 SINTEF study³, 14% of the disabilities are congenital and the resulting disabilities are often accompanied by lower rates of school enrollment and economic participation. In fact, 24% of children with disabilities never attend school, in comparison with 9% of children without disabilities. Less likely to go to school, children with disabilities, once they are adults, face similar barriers to socio-economic participation: 55% of people with disabilities are unemployed compared to 42% of people without disabilities.

Many consequences of congenital deformity could be avoided and quality of life could be significantly improved with appropriate medical care and rehabilitation services. Awareness and prevention campaigns to extend the prescription of folic acid to pregnant women, coupled with lobbying the relevant authorities for an effective and accessible public health system are needed to reduce the rate of birth defects. In parallel, it is essential to set up a functioning physical rehabilitation system which is accessible



and affordable for people with disabilities in general.

Services, facilities and institutions such as public transport, workplaces, banks, places of worship, health care facilities and schools are often not accessible for people with disabilities and there is a real need for more research into the everyday lives of people with disabilities in Zambia.

¹ http://www.who.int/features/2012/spina_bifida/story/en/

² Lo A, Polšek D, Sidhu S. Estimating the burden of neural tube defects in low- and middle-income countries. *Journal of Global Health*. 2014;4(1):010402. doi:10.7189/jogh.04.010402

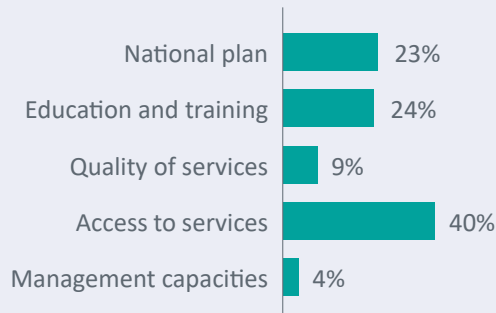
³ <https://www.sintef.no/globalassets/upload/helse/levekar-og-tjenester/zambialcweb.pdf>

VIET NAM

BUDGET 2017
CHF 922,252

EXPENDITURE 2017
CHF 920,455

RESOURCE ALLOCATION



COUNTRY HIGHLIGHTS

Together with the Action to the Community Development Centre (ACDC), a Disabled People's Organization, we have advocated to the Ministry of Labour, Invalids, and Social Affairs (MOLISA) for the legal classification of amputees as having a severe disability. This is in contrast to the current classification, which lacks both clarity and consistency in application. With ACDC, we continued to advocate for the revision of domestic labor policies for better integration of the concerns of people with disabilities in all professional domains, particularly orthotics and prosthetics. We also supported the development of a set of standards for the provision of mobility assistive devices. To this end, we brought government officials and staff from the Vietnamese Training Centre for Orthopedic Technology (VIETCOT) to Bangkok in November 2017, so that they could observe the systems there and exchange experiences with their peers.

We continue providing scholarships to eight people studying at VIETCOT and a ninth person in a Thai university, so that they could pursue a 3-year ISPO Category II¹ and 4-year Category I training, respectively.

VIETCOT staff completed all 10 modules of the Essential Management Package² at workshops that we facilitated. Two people also visited the University of Human Arts and Sciences in Japan. Based on these experiences, VIETCOT drafted a plan of action on the center's areas for improvement.

INDICATORS

PHYSICAL REHABILITATION ENTITY

- Existence of a national plan: **No**
- Budget for physical rehabilitation: **n/a**
- Number of professionals employed by the entity: **n/a**



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 2** physiotherapists, **16** Category I prosthetist and orthotist and **16** other health professionals



MANAGEMENT CAPACITIES OF OUR PARTNERS

- VIETCOT completed the EMP training modules
- Result-based management to help local partners build their management capacities



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

- Technical assessments of services** and **beneficiary satisfaction surveys** were conducted³



BENEFICIARY STATISTICS

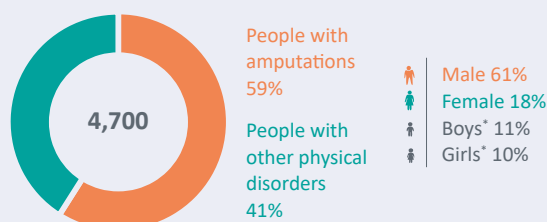
- 4,700** people with disabilities received services provided by our partners

¹ <http://www.ispoint.org/standards-guidelines>

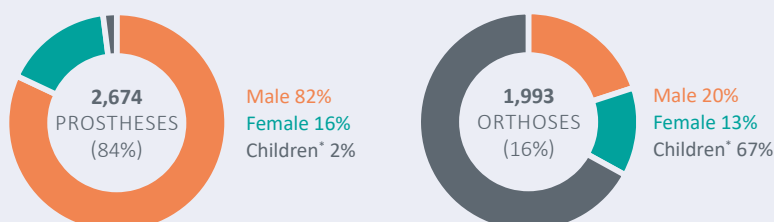
² <https://www.msh.org/resources/essential-management-package-for-strengthening-physical-rehabilitation-centers>

³ The detailed questions and results of the beneficiary satisfaction survey are available on page 36 of the present report

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



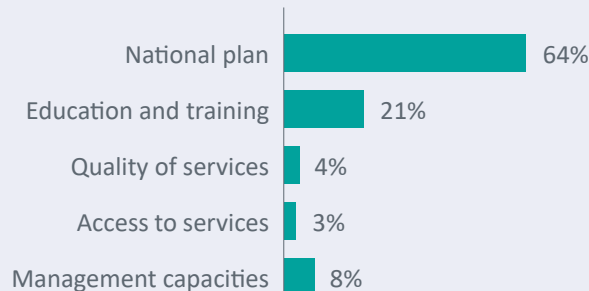
*0 - 15 years old

TAJIKISTAN

BUDGET 2017
CHF 459,099

EXPENDITURE 2017
CHF 485,749

RESOURCE ALLOCATION



COUNTRY HIGHLIGHTS

We maintained our assistance – in the form of training and technical advice, staff support and material donations – to the State Enterprise Prosthetic-Orthopedic Plant (SEOP). The Ministry of Health and Social Protection of the Population (MOHSPP) provides free physical rehabilitation services mainly at the SEOP's branch in Dushanbe; the SEOP's branch in Khujand was reopened in November 2016 and inaugurated in January 2017.

Among other activities to support the SEOP's work, training sessions were held for technicians without formal degrees, earning their certification upon completion of the course; others, who studied abroad with MoveAbility scholarships, returned to Tajikistan for employment with the SEOP. The reopening of the Khujand branch, to which we contributed, made physical rehabilitation services more accessible to people in northern Tajikistan. We continued to donate raw materials, components and tools to the SEOP, to help them cope with the effects of the financial crisis on their budget.

We continued to support persons with physical disabilities in Tajikistan, for example by taking the lead in organizing activities to celebrate the International Day of Persons with Disabilities and promoting the event notably among diplomatic community.

After its review by several government ministries, we received the final version of the cooperation agreement for 2018-2019, including the plan of action for 2018 from the MOHSPP; the signature of this agreement directly between the government and MoveAbility is an important step for our recognition in Tajikistan.

INDICATORS



PHYSICAL REHABILITATION ENTITY

- Existence of a national plan: **Yes**
- Budget for physical rehabilitation: **n/a**
- Number of professionals employed by the entity: **3**



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 2** physiotherapists, **2** Category II prosthetist and orthotist and **12** other health professionals



MANAGEMENT CAPACITIES OF OUR PARTNERS

- EMP training modules** have been completed
- EMSAT** training and implementation under development



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

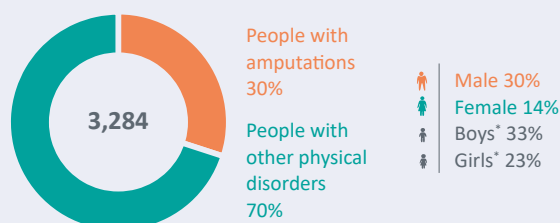
- n/a**



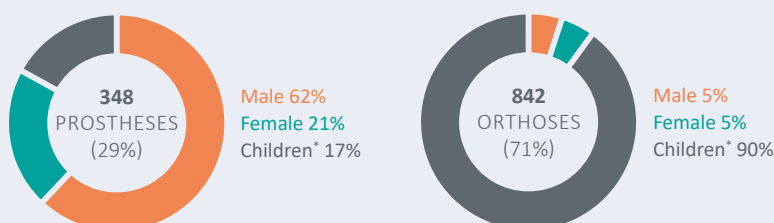
BENEFICIARY STATISTICS

- 3'284** people with disabilities received services provided by our partners

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



*0 - 15 years old

AN EVENTFUL YEAR IN THE AMERICAS

The year 2017 was rich in activities for and advances in the inclusion and visibility of people with disabilities. In April, the first regional forum on the theme of persons with disabilities was held in Quito. Over three days, representatives from Ecuador, Nicaragua and El Salvador met to discuss and exchange on best practices and experiences to promote the rights of people with disabilities.

The Ecuadorian First Lady, Mrs. Rocío González de Moreno, who is very committed to the cause, gave the opening speech. She underlined the importance of cooperation mechanisms to implement relevant actions towards persons with disabilities. She also highlighted the great symbolic value of this forum to raise awareness in Latin America.



The Ecuadorian First Lady held the opening speech for the first regional forum on persons with disabilities

The Ecuadorian Ministry of Health organized a visit to the Rehabilitation Center and demonstrated the successful system of identification; this system is essential in quickly and accurately determining the needs of persons with disabilities.

The forum ended on a musical tone as the students of an inclusive school performed a national dance. Dr. Gonzalez, President of the Instituto Salvadoreño de Rehabilitación Integral, concluded with a deeper reflection on the meaning of inclusion: "For me, inclusion means: everybody in, nobody out!"

This was followed by a series of events, including the popular celebrations for the International Day of Persons with Disabilities on December 3. In El Salvador, more than 100 people gathered for the occasion. A balloon release, a symbol of freedom, thrilled both children and adults! There were also different stands where artisans could showcase their products and share a friendly moment.



A balloon release was organized in San Salvador to celebrate the International Day for Persons with Disabilities



People from all over the country came to participate to the celebrations in San Salvador.

In June 2017, MoveAbility and the Program "Todos con Voz" from the Nicaraguan Ministry of Health organized the first meeting of physical rehabilitation actors from the country with the objective of creating a platform or an official commission of the physical rehabilitation actors in Nicaragua. 12 organizations and associations participated to this meeting. A second meeting was held in December 2017 and was organized by the board members of associations of people with disabilities of the Program "Todos con Voz".

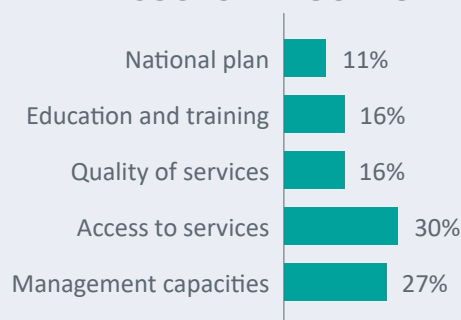
This is a very encouraging sign, not only for Nicaragua, but also for other countries in the region to follow its example.

ECUADOR

BUDGET 2017
CHF 186,692

EXPENDITURE 2017
CHF 184,767

RESOURCE ALLOCATION



COUNTRY HIGHLIGHTS

We maintained our support for Ecuador's physical rehabilitation sector by continuing to partner with the Fundación Hermano Miguel (FHM), a local charity that provides comprehensive rehabilitation services, including physiotherapy, and prosthetic and orthotic devices. Physiotherapists and technicians from FHM underwent training to improve their skills, including one prosthetist/orthotist from the FHM who continued to take distance-learning training modules organized by the University of Don Bosco in El Salvador for certification in ISPO Category II. We helped FHM evaluate their quality-control tools, and the quality of their services, and to use the information from these activities to address any points for improvement.

We support the efforts of the Consejo Nacional para la Igualdad de Discapacidades (CONADIS) – to develop and coordinate disability-related policies. For example, at the first regional forum on public policy for people with disabilities, which was organized at our initiative and with the help of CONADIS, representatives from Ecuador, El Salvador and Nicaragua shared information on their national disability policies, such as those on access to physical rehabilitation services, inclusive education, and vocational training. To further promote regional exchanges three CONADIS representatives participated in the event to commemorate the International Day of Persons with Disabilities, in El Salvador.

INDICATORS

PHYSICAL REHABILITATION ENTITY

- Existence of a national plan: **Yes**
- Budget for physical rehabilitation: **n/a**
- Number of professionals employed by the entity: **n/a**



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- **9** physiotherapists, **3** Category II prosthetist and orthotist and **8** other health professionals



MANAGEMENT CAPACITIES OF OUR PARTNERS

- The FHM has implemented roughly 90% of the recommendations from the Non-Governmental Organisations benchmarking assessment², conducted by the Société Générale de Surveillance in 2015



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

- **n/a**



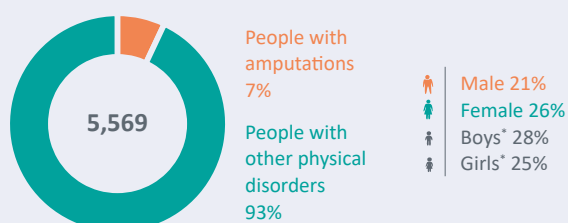
BENEFICIARY STATISTICS

- **5,569** people with disabilities received services provided by our partners

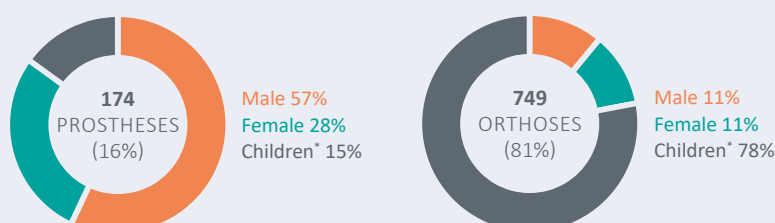
¹ <http://www.ispoint.org/standards-guidelines>

² <http://www.sgs.com/en/public-sector/monitoring-services/ngo-benchmarking>

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



*0 - 15 years old

EL SALVADOR

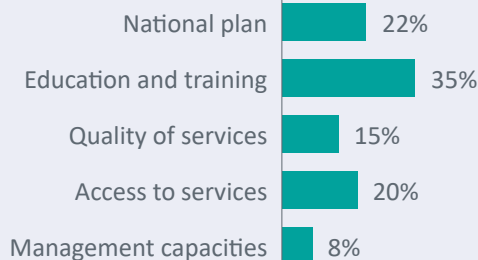
BUDGET 2017

CHF 438,035

EXPENDITURE 2017

CHF 330,919

RESOURCE ALLOCATION



COUNTRY HIGHLIGHTS

In December, we helped the Instituto Salvadoreño de Rehabilitación Integral (ISRI) organize the third edition of the international congress “Perspectiva Integral de la Discapacidad”. Around 300 people attended, representing local and international NGOs, and providers of physical rehabilitation services in Ecuador, Guatemala, Peru and Nicaragua; they discussed advances in national policies for people with disabilities, and other related matters.

Nine students from neighbouring countries and a student from El Salvador are studying at the Universidad Don Bosco (UDB) on MoveAbility scholarships. To help UDB further strengthen its teaching capacities, we provided financial support for one teacher to pursue a master's degree via distance-learning, and organized a course (led by two experts from the University Hospital of Geneva in November) on hand biomechanics and orthotics, which will be incorporated into UDB's curriculum.

We gave financial assistance to UDB and ISRI so that they could procure raw materials for producing assistive devices and send their staff to take courses on administration, communication and other specialized topics.

At our initiative, a working group was set up to plan the construction of the prosthetics/orthotics unit at the Centro para la Rehabilitación Integral del Oeste, a satellite centre of ISRI.

INDICATORS



PHYSICAL REHABILITATION ENTITY

- Existence of a national plan: **Yes**
- Budget for physical rehabilitation: **n/a**
- Number of professionals employed by the entity: **n/a**



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 32** physiotherapists, **6** Category I prosthetist and orthotist
- 14** Category II prosthetist and orthotist



MANAGEMENT CAPACITIES OF OUR PARTNERS

- We organized workshops for ISRI's staff on evaluating patients and on employing a multidisciplinary approach in assisting people with trans-femoral prostheses



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

- We trained UDB graduates to conduct **patient-satisfaction surveys and technical assessments**, and funded the cost of interviewing 100 people¹

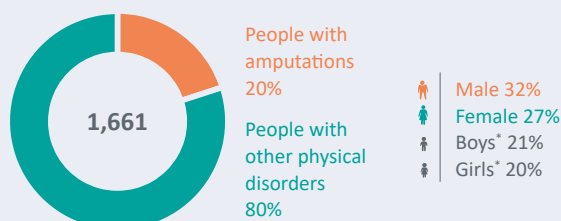


BENEFICIARY STATISTICS

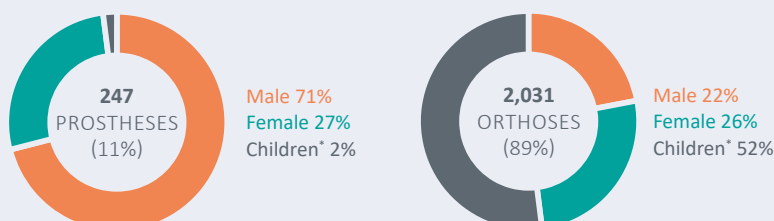
- 1,661** people with disabilities received services provided by our partners

¹ The detailed questions and results of the beneficiary satisfaction survey are available on page 36 of the present report

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



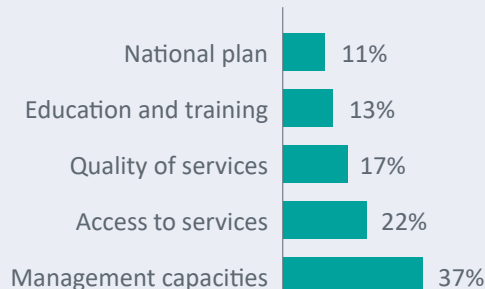
*0 - 15 years old

HAITI

BUDGET 2017
CHF 221,875

EXPENDITURE 2017
CHF 200,430

RESOURCE ALLOCATION



COUNTRY HIGHLIGHTS

MoveAbility continued to support Healing Hands for Haiti (HHH), a local NGO that provides physical rehabilitation services. HHH staff, including one technician and one physiotherapist, attended courses on clinical orthotics, and other training sessions, at the University of Don Bosco in El Salvador.

We assessed the services provided by HHH and shared our recommendations with them. We also gave them financial support for ordering raw materials for assistive devices, and helped them refine their procurement and stock management procedures.

Although the political, financial and organizational situation in Haiti is complex, we continued our engagement with the Bureau du Secrétaire d'Etat à l'Intégration des Personnes Handicapées (BSEIPH) – the main government agency responsible for assisting people with disabilities and fostering their social inclusion – and the Ministry of Health. We supported the BSEIPH in their recruitment of a new Executive Director, and also financed the NGO's benchmarking audit from SGS¹.

We facilitated discussions between the MOH and BSEIPH representatives, whose main focus was on the recognition and inclusion of the professionals from the rehabilitation sector in the health system.

INDICATORS



PHYSICAL REHABILITATION ENTITY

- Existence of a national plan: **Yes**
- Budget for physical rehabilitation: **n/a**
- Number of professionals employed by the entity: **n/a**



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 5** physiotherapists, **8** Category II prosthetist and orthotist and **8** other health professionals



MANAGEMENT CAPACITIES OF OUR PARTNERS

- n/a**



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

- n/a**

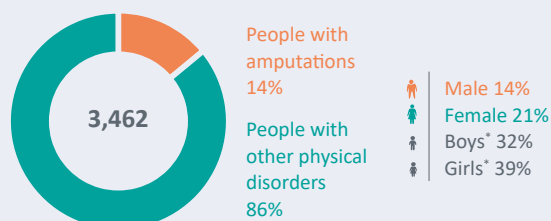


BENEFICIARY STATISTICS

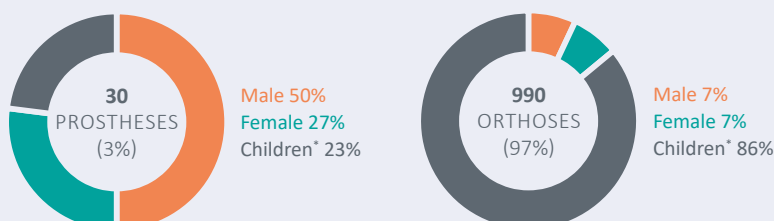
- 3,462** people with disabilities received services provided by our partners

¹ <http://www.sgs.com/en/public-sector/monitoring-services/ngo-and-aid-monitoring/ngo-benchmarking>

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



*0 - 15 years old

NICARAGUA

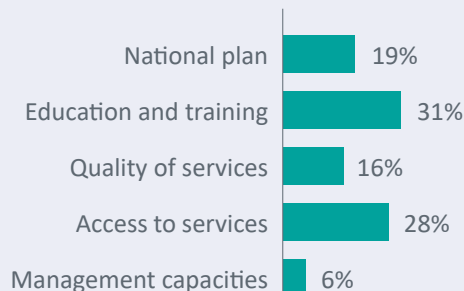
BUDGET 2017

CHF 620,735

EXPENDITURE 2017

CHF 480,104

RESOURCE ALLOCATION



COUNTRY HIGHLIGHTS

The physical rehabilitation platform created a planning committee in December, which included MoveAbility representatives, to discuss its objectives and other related matters. With our help, the Todos Con Voz program organized an event to celebrate the International Day of Persons with Disabilities, and an international congress that convened CBM, World Health Organization and other organizations.

We provided financial support to students pursuing degrees at the University of Don Bosco (UDB) in El Salvador, and to technicians from local service providers, who took distance-learning modules and short courses offered by UDB. We also worked with UDB to organize training sessions at our partner centres.

Following the renewal of our agreement with the Nicaraguan Red Cross and UNAN-POLISAL, the two organizations conducted patient-satisfaction surveys and technical assessments, to help these institutions get feedback on their services.

We provided government and FURWUS-run centers with support for procuring materials and components for devices.

Both FURWUS-run centers underwent a financial audit for 2012–2016 and subsequently shared the results with us. We sponsored courses on computer skills and other topics for staff from the Aldo Chavarría Hospital and FURWUS, and a master's degree in public health for the assistant of the director of Todos con Voz.

In collaboration with the MOH, we began national assessment of the physiotherapy unit with the UNAN-POLISAL.

INDICATORS

PHYSICAL REHABILITATION ENTITY

- Existence of a national plan: **No, but a national platform is in place**
- Budget for physical rehabilitation: **n/a**
- Number of professionals employed by the entity: **2**



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 9** physiotherapists, **12** Category II prosthetist and orthotist and **5** other health professionals



MANAGEMENT CAPACITIES OF OUR PARTNERS

- SGS assessment** for CAPADIFE and Walking Unidos



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

- A beneficiary satisfaction survey** were conducted at Aldo Chavarría and at CAPADIFE¹

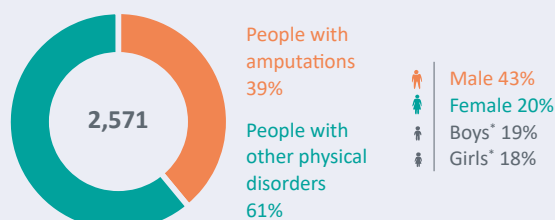


BENEFICIARY STATISTICS

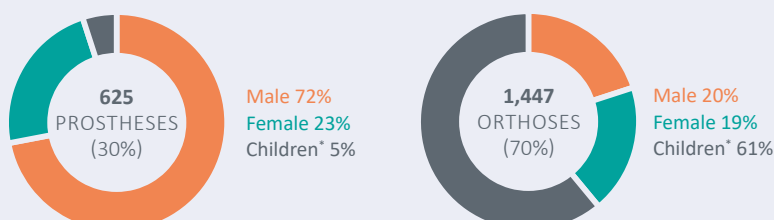
- 2,571** people with disabilities received services provided by our partners
- 106** economically vulnerable persons with disabilities received assistive devices and rehabilitation services

¹ The detailed questions and results of the beneficiary satisfaction survey are available on page 36 of the present report

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



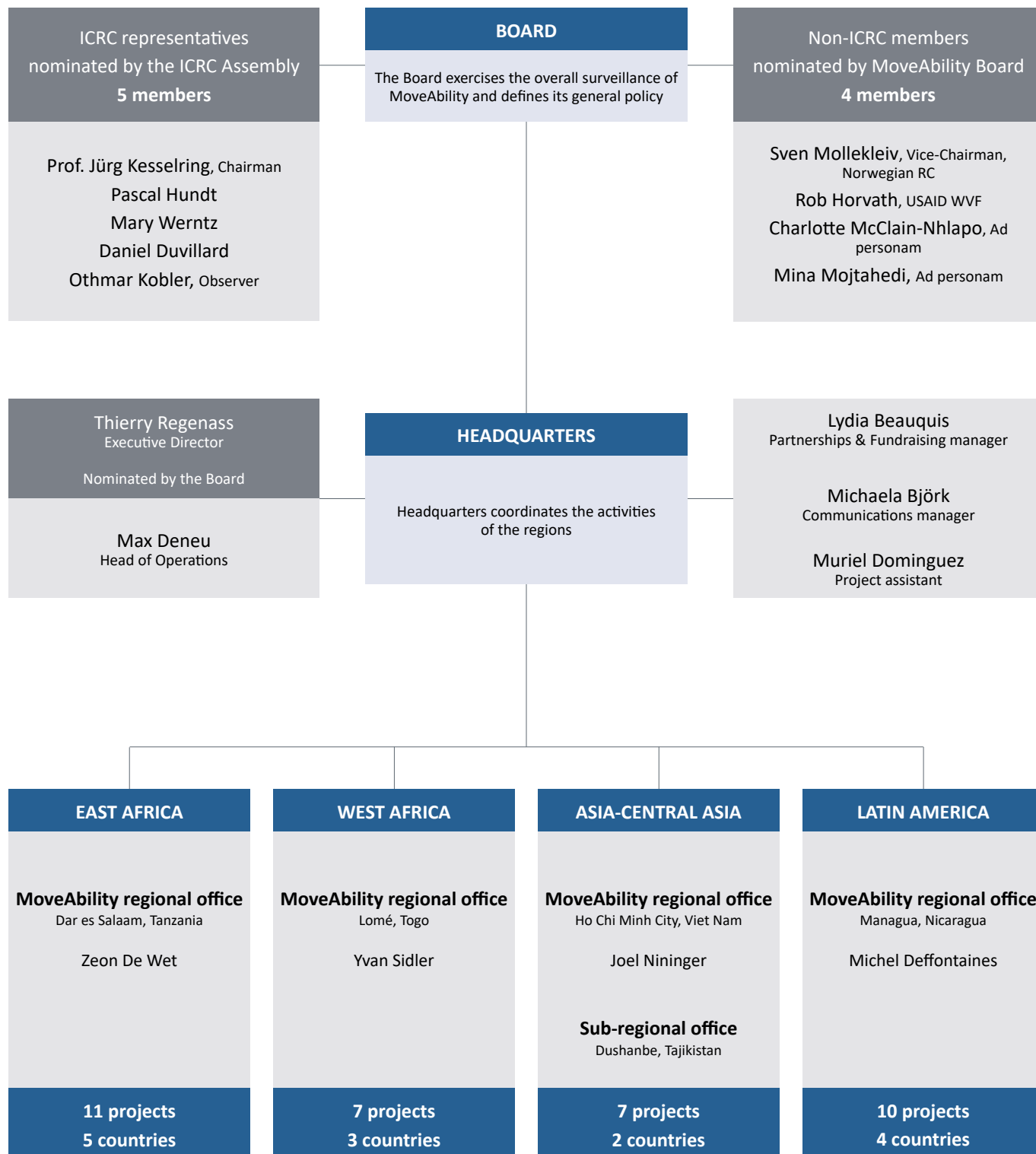
ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



*0 - 15 years old

ANNEX 1

2017 - ORGANIZATIONAL CHART AND GOVERNANCE



ANNEX 2

2017-MOVEABILITY BUDGET AND EXPENDITURE

	Budget CHF	Expenditure CHF	Implementation rate
EAST AFRICA, REGIONAL OFFICE IN TANZANIA			
Material (including transport) & financial assistance	1,084,504	788,837	73 %
Tuition & staff-related costs	616,959	685,659	111 %
Premises, equipment, general supplies, audit costs	129,942	81,724	63 %
Operational program support, financial management headquarters' administration	317,395	293,809	93%
TOTAL	2,148,800	1,850,029	86 %
WEST AFRICA, REGIONAL OFFICE IN TOGO			
Material (including transport) & financial assistance	485,742	271,283	56 %
Tuition & staff-related costs	611,726	528,554	86 %
Premises, equipment, general supplies, audit costs	101,312	93,329	92 %
Operational program support, financial management headquarters' administration	207,757	168,627	81 %
TOTAL	1,406,536	1,061,792	75 %
ASIA AND CENTRAL ASIA, REGIONAL OFFICE IN VIET NAM			
Material (including transport) & financial assistance	541,907	457,129	88 %
Tuition & staff-related costs	555,596	657,990	118 %
Premises, equipment, general supplies, audit costs	79,812	49,761	62 %
Operational program support, financial management headquarters' administration	204,037	223,323	109 %
TOTAL	1,381,351	1,406,204	102 %
LATIN AMERICA, REGIONAL OFFICE IN NICARAGUA			
Material (including transport) & financial assistance	647,907	448,519	69 %
Tuition & staff-related costs	482,297	470,584	98 %
Premises, equipment, general supplies, audit costs	120,387	87,141	72 %
Operational program support, financial management headquarters' administration	216,737	189,976	88 %
TOTAL	1,467,337	1,196,220	82 %
TOTAL MOVEABILITY			
Material (including transport) & financial assistance	2,766,068	1,986,767	72 %
Tuition & staff-related costs	2,266,578	2,342,787	103 %
Premises, equipment, general supplies, audit costs	431,454	311,955	72 %
Operational program support, financial management headquarters' administration	945,926	875,735	93 %
TOTAL	6,404,025	5,514,245	86 %

ANNEX 3

ERNST & YOUNG AUDIT REPORT



Ernst & Young Ltd
Route de Chancy 59
P.O. Box
CH-1213 Lancy

Phone +41 58 286 56 56
Fax +41 58 286 56 57
www.ey.com/ch

To the Foundation Board of
The ICRC MoveAbility Foundation, Geneva

Lancy, 12 April 2018

Report of the statutory auditor on the limited statutory examination

As statutory auditor, we have examined the financial statements (statement of income, statement of financial position, statement of changes in reserves and notes) of The ICRC MoveAbility Foundation for the financial year ended 31 December 2017.

These financial statements are the responsibility of the Foundation Board. Our responsibility is to perform a limited statutory examination on these financial statements. We confirm that we meet the licensing and independence requirements as stipulated by Swiss law.

We conducted our examination in accordance with the Swiss Standard on the limited statutory examination. This standard requires that we plan and perform a limited statutory examination to identify material misstatements in the financial statements. A limited statutory examination consists primarily of inquiries of company personnel and analytical procedures as well as detailed tests of company documents as considered necessary in the circumstances. However, the testing of operational processes and the internal control system, as well as inquiries and further testing procedures to detect fraud or other legal violations, are not within the scope of this examination.

Based on our limited statutory examination, nothing has come to our attention that causes us to believe that the financial statements do not comply with Swiss law and the deed of foundation.

Ernst & Young Ltd

Laurent Bludzien
Licensed audit expert
(Auditor in charge)

Paul Geiger
Swiss Certified Accountant

Enclosures

- Financial statements (statement of income, statement of financial position, statement of changes in reserves and notes)

FINANCIAL STATEMENTS

STATEMENT OF INCOME

FOR THE YEAR ENDED 31 DECEMBER

(CHF thousands)	Note	2017	2016
Contributions	[6]	5'138	5'024
Staff costs		-2'602	-2'057
Mission costs		-486	-407
Rentals		-91	-117
Sub-contracted maintenance		-39	-151
Purchase of goods and materials		-120	-160
Financial assistance		-1'829	-1'505
General expenditure		-313	-246
Depreciation		-35	-37
Operating expenses	[7]	-5'515	-4'680
Net (deficit)/surplus of operating activities		-377	344
Foreign exchange result, net		-120	54
Financial income, net	[4]	277	25
Net surplus of non-operating activities		157	79
(Deficit)/surplus for the year		-220	423
Allocation from/(to) Temporarily restricted reserves		377	-344
Allocation to Unrestricted reserves designated by the Board		-	-79
Allocation to Other unrestricted reserves		-157	-
Result for the year after allocation from/(to) reserves		-	-

STATEMENT OF CHANGES IN RESERVES

(CHF thousands)		Restricted reserves	Unrestricted reserves		Total Reserves
		Temporarily restricted	Designated by the Board	Other reserves	
	Note	[5]			
Balance at 1 January 2017		-60	2'863	786	3'589
(Deficit)/surplus for the year		-377	-	157	-220
Balance at 31 December 2017		-437	2'863	943	3'369
Balance at 1 January 2016		-404	2'785	786	3'166
Surplus for the year		344	79	-	423
Balance at 31 December 2016		-60	2'863	786	3'589

FINANCIAL STATEMENTS

STATEMENT OF FINANCIAL POSITION

AS AT 31 DECEMBER

(CHF thousands)	Note	2017	2016
Cash and cash equivalents		401	128
Investments	[4]	3'222	4'905
Accounts receivable		1'382	3'084
Current assets		5'005	8'117
Accounts receivable		615	543
Non-current assets		615	543
Assets		5'620	8'660
Accounts payable and accrued expenses	[8]	687	1'938
Deferred income		949	2'590
Current liabilities		1'636	4'528
Deferred income		615	543
Non-current liabilities		615	543
Liabilities		2'251	5'071
Temporarily restricted reserves for the funding of operations	[5]	-437	-60
Restricted reserves		-437	-60
Unrestricted reserves designated by the Board		2'863	2'863
Other unrestricted reserves		943	786
Unrestricted reserves		3'806	3'649
Reserves		3'369	3'589
Liabilities and reserves		5'620	8'660

NOTES TO THE FINANCIAL STATEMENTS

AS AT 31 DECEMBER 2017

1. ACTIVITIES

The year 1981 was declared by the United Nations to be the "International Year for Disabled Persons". In the same year, when it was convened in Manila, Philippines, the 24th International Conference of the Red Cross and Red Crescent adopted a resolution recommending that "a special fund be formed for the benefit of the disabled and to promote the implementation of durable projects to aid disabled persons". Pursuant to the ICRC Assembly's decision No. 2 of 19–20 October 1983, the Special Fund for the Disabled (SFD) was subsequently established. Its objectives were twofold:

- to help finance long-term projects for disabled persons, in particular, the creation of workshops for the production of artificial limbs and orthotic appliances, and centres for rehabilitation and occupational retraining; and
- to participate not only in ICRC and National Society projects, but also in those of other humanitarian bodies working in accordance with ICRC criteria.

In January 2001, the ICRC Assembly converted the SFD into an independent foundation based in Geneva, Switzerland, under Swiss law. The primary objective of the "ICRC Special Fund for the Disabled" remained, to a large extent, unchanged, i.e. to support physical rehabilitation services in low-income countries, with priority given to former projects of the ICRC. The statutes of the foundation allows the opening of its board to members of other organizations, and the SFD has developed its own independent fundraising and financial management structure.

In 1983, the ICRC donated an initial one million Swiss francs to set up the SFD. Since then, the SFD has received various forms of support from certain governments, National Red Cross and Red Crescent Societies, foundations and other public sources.

In 2017, the name Special Fund for the Disabled (SFD) was changed to The ICRC MoveAbility Foundation (MoveAbility).

FINANCIAL STATEMENTS

The Board is composed of 11 people, six of whom are ICRC representatives.

The ICRC MoveAbility Foundation is controlled by the ICRC and therefore is consolidated into the ICRC's consolidated financial statements in conformity with the IFRS.

2. BASIS OF PREPARATION

These statutory financial statements were prepared in compliance with Swiss law and are presented in accordance with the ICRC MoveAbility Foundation's Statutes. They were prepared in conformity with regulations of the Swiss law on commercial accounting and financial reporting (Swiss Code of Obligations Art. 957–963).

The financial statements were prepared using the historical cost convention, except for the investments which are recorded at fair market value.

All financial information presented in Swiss francs has been rounded to the nearest CHF thousands, except when otherwise indicated.

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

3.1 Accounts receivable

Receivables are stated at their cost net of an allowance on outstanding amounts to cover the risk of non-payment. The main pledge receivables positions are recognized at the moment of written confirmation, except for pledges falling due after five years, which are considered contingent assets only and are not recognized owing to uncertainties associated with their receipt; the organization recognizes this revenue when the written confirmation includes a clear and firm commitment from the donor and the realization of the income is virtually certain.

The organization maintains allowances for doubtful accounts in respect of estimated losses resulting from the inability of donors to make the required payments.

3.2 Unrealized foreign exchange gains

Unrealized foreign exchange gains in respect of foreign denominated non-current assets and liabilities are reported as current liabilities.

3.3 Reserves

- TEMPORARILY RESTRICTED RESERVES FOR THE FUNDING OF OPERATIONS

Refer to note 5.

- UNRESTRICTED RESERVES DESIGNATED BY THE BOARD

These reserves are not subject to any legal or third-party restriction and can be applied as the Board sees fit. They include initial capital, as well as general reserves. These general reserves are the accumulation of excess funds set aside with no specific reservation or restriction and may be designated for specific purposes to meet future obligations or risks.

- OTHER UNRESTRICTED RESERVES

These other unrestricted reserves relate to the unrealized gains or losses on the investment portfolio of the organization.

4. INVESTMENTS AND FINANCIAL INCOME, NET

In accordance with its documented investment management policy, the organization recognizes its investments at fair market value. Financial assets at fair market value are financial assets with an observable market price. A financial asset is classified under this category if acquired principally for the purpose of selling in the short term. All assets in this category are classified as current assets, as they are expected to be settled within 12 months.

(CHF thousands)

Investments

Quoted equity securities
Quoted debt securities
Total Current investments

2017	
Cost value	Fair market value
753	890
2'327	2'332
3'080	3'222

FINANCIAL STATEMENTS

(CHF thousands)	2016	
Investments	Cost value	Fair market value
Quoted equity securities	1'293	1'413
Quoted debt securities	3'506	3'492
Total Current investments	4'799	4'905

(CHF thousands)	2017	2016
Investments at fair value		
Realized portfolio result, net	112	-2
Unrealized portfolio result, net	157	5
Securities income, net	8	22
Total Financial income, net	277	25

5. TEMPORARILY RESTRICTED RESERVES FOR THE FUNDING OF OPERATIONS

These temporarily restricted reserves include the following:

- Donors' restricted contributions: Some contributions received by the organization are earmarked for specific uses. At the end of the financial year, any such funds which have not been spent are recorded under this heading. In cases where the funds cannot be used, the foundation either obtains agreement for reallocation for a different use or reimburses the funds to the donor, in which case they are recognized as a liability once the obligation to pay is established.
- Field operations with temporary deficit financing: This position relates to expenses which had not been financed by contributions received or pledged at 31 December.

(CHF thousands)	At 31 December 2015	Increase/ (decrease)	At 31 December 2016	Increase/ (decrease)	At 31 December 2017
Donors' restricted contributions	-	-	-	-	-
Field operations with temporary deficit funding	-404	344	-60	-377	-437
Total Restricted reserves for the funding of operations	-404	344	-60	-377	-437

The funding of operations reserves are allocated by region, as follows:

(CHF thousands)	Africa	Asia	Latin America (incl. Haiti)	Tajikistan	Total
Field operations with temporary deficit funding					
Balance at 31 December 2015	-74	-70	-210	-50	-404
Use of temporary deficit for operations	-	-	-	-	-
Allocation to reserve	74	70	150	50	344
Balance at 31 December 2016	-	-	-60	-	-60
Use of temporary deficit for operations	-455	-	-	-	-455
Allocation to reserve	-	-	66	12	78
Balance at 31 December 2017	-455	-	6	12	-437

FINANCIAL STATEMENTS

6. CONTRIBUTIONS

- Contributions, designated for general use by the foundation, are recognized as revenue upon receipt of a written confirmation from the donor. In the absence of such a confirmation, the contribution is recognized upon receipt of cash.
- Contributions received after the reporting date, but designated for use in the reporting period, are recognized as revenue in the reporting period.
- Contributions designated for use after the reporting date are reported as deferred income in the consolidated statement of financial position and recognized as revenue in the year designated by the donor.
- Contributions restricted to no other purpose than general field operations are considered non-earmarked.
- Contributions restricted to a given region, country or programme (worldwide) are considered loosely earmarked.
- Contributions restricted to a country are considered country-earmarked.
- Contributions restricted to a project or sub-programme are considered tightly earmarked.

The contributions are either earmarked by region or not earmarked, and were allocated by region as follows:

2017 (CHF Thousands)	Africa	Asia	Latin America (incl. Haiti)	Tajkistan	Total 2017
Australia	140	230	50	20	440
Italy	224	30	26	4	284
Liechtenstein	30	-	20	-	50
Monaco	23	-	-	-	23
Norway	779	90	462	128	1'459
Switzerland	100	150	20	30	300
United States	640	420	458	316	1'834
Governments	1'936	920	1'036	498	4'390
Liechtenstein	40	-	-	-	40
Monaco	5	-	-	-	5
Norway	99	-	51	-	150
National Societies	144	-	51	-	195
Geneva, Canton of	150	-	-	-	150
Public sources	150	-	-	-	150
Medicor Foundation	-	-	100	-	100
OPEC Fund for International Development	219	-	75	-	294
Other private companies	5	-	-	-	5
Other Foundations, Funds	2	-	-	-	2
Spontaneous donations from private individuals	1	-	-	-	1
Private sources	227	-	175	-	402
Total Contributions	2'457	920	1'262	498	5'138

FINANCIAL STATEMENTS

2016 (CHF Thousands)	Africa	Asia	Latin America (incl. Haiti)	Tajkistan	Total 2016
Australia	71	367	73	-	511
Italy	196	-	-	-	196
Liechtenstein	50	-	-	-	50
Monaco	5	-	-	-	5
Norway	501	158	473	-	1'132
Switzerland	100	100	100	-	300
United States	804	301	296	558	1'959
Governments	1'727	926	942	558	4'153
Liechtenstein	10	-	-	-	10
Monaco	5	-	-	-	5
Norway	-	12	119	-	131
National Societies	15	12	119	-	146
Geneva, Canton of	150	-	-	-	150
Geneva, City of	60	-	-	-	60
Public sources	210	-	-	-	210
Medicor Foundation	-	-	100	-	100
Other associations & service clubs	10	-	-	-	10
OPEC Fund for International Development	400	-	-	-	400
Other private companies	5	-	-	-	5
Private sources	415	-	100	-	515
Total Contributions	2'367	938	1'161	558	5'024

7. OPERATING EXPENSES

The operating expenses are allocated by region, as follows:

2017 (CHF thousands)	Africa	Asia	Latin America (incl. Haiti)	Tajkistan	Total 2017
Staff costs	1'440	410	395	357	2'602
Mission costs	196	57	196	37	486
Rentals	37	5	34	15	91
Sub-contracted maintenance	34	-	3	2	39
Purchase of goods and materials	47	5	22	46	120
Financial assistance	1'032	364	423	10	1'829
General expenditure	103	79	118	13	313
Depreciation	24	-	5	6	35
Total Operating expenses	2'913	920	1'196	486	5'515

FINANCIAL STATEMENTS

2016 (CHF thousands)	Africa	Asia	Latin America (incl. Haiti)	Tajikistan	Total 2016
Staff costs	985	369	348	355	2'057
Mission costs	185	62	122	38	407
Rentals	60	11	28	18	117
Sub-contracted maintenance	134	-	5	12	151
Purchase of goods and materials	75	26	17	42	160
Financial assistance	759	369	356	21	1'505
General expenditure	74	32	130	10	246
Depreciation	21	-	5	11	37
Total Operating expenses	2'293	869	1'011	507	4'680

The staff working for the foundation are employed by the ICRC but are permanently seconded to and financed by The ICRC MoveAbility Foundation. On the average, there are no more than 20 of these full-time positions every year.

8. RELATED PARTIES

8.1 Accounting support provided by the ICRC

The ICRC has been providing support to the ICRC MoveAbility Foundation over the years, both at headquarters and in the field. This support includes logistical services, such as supply chain and transport, and administrative services, including bookkeeping, treasury, human resources and management. The value of these pro bono services is estimated as follows:

(CHF thousands)	2017	2016
Estimated value of the pro bono services provided to The ICRC MoveAbility Foundation	708	658

8.2 Current account with the ICRC

The balance of the current account with the ICRC is as follows:

(CHF thousands)	2017	2016
Balance due to the International Committee of the Red Cross	687	1'938

ANNEX 4

IMPACT AND INDICATORS

GENERAL OBJECTIVES

Our approach to reducing the barriers and challenges faced by persons with disabilities focuses on strengthening national capacities in the field. Specifically, we work to improve the sustainability, accessibility and quality of physical rehabilitation services in low- and middle- income countries. In addition to helping people gain or regain mobility as a first step towards full and equal enjoyment of their rights, we also support partners and other stakeholders in developing or strengthening activities for social and economic inclusion and participation. In 2015, we adopted five general objectives that guide our work, which are described below.

NATIONAL PLAN

Improve the structure and sustainability of the national physical rehabilitation sector. Notably, this includes:

- urging governments to create entities within the pertinent ministry for the management of national rehabilitation services; develop national strategies for health coverage and for data collection/management regarding physical rehabilitation; and give higher recognition to ortho-prosthetists and other professionals and set their pay scales accordingly
- encouraging other stakeholders to create a policy platform to lobby for legislation in favour of persons with disabilities

EDUCATION AND TRAINING

Enhance the knowledge and skills of physical rehabilitation professionals by:

- helping technical training institutions make use of innovative and up-to-date methods, obtain domestic/international accreditation and respond to national/regional needs
- organizing and financing short courses, distance learning, scholarships and clinical placements/on-the-job training

QUALITY OF SERVICES

Help our partners improve the quality of their services through:

- provision of quality-assessment tools
- recommendations based on our visits and on feedback from users of their services, and support for their implementation

ACCESS TO SERVICES

Capitalize on synergies with the Red Cross and Red Crescent Movement and with other Partners to increase people's access to services and facilitate their social inclusion by:

- identifying, referring and following-up on people in need
- supplying service providers with raw materials for components and/or direct financial support for various expenses, including transport, treatment and accommodation

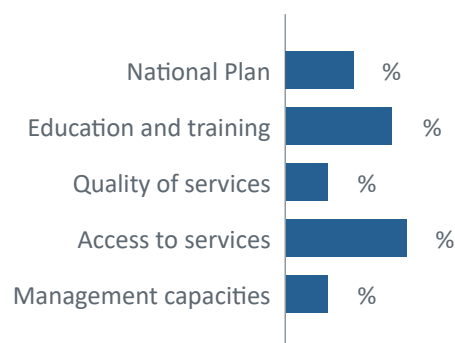
MANAGEMENT CAPACITIES

Help managers and other key staff strengthen the management systems and capacities of local institutions by:

- providing assessment tools and facilitating external evaluations to help them analyse their centre's performance
- offering organizational and management support when needed

RESOURCE ALLOCATION BY GENERAL OBJECTIVE

The chart on the right indicates the volume of financial and human resources that are distributed over our 5 general. Similar graphs are presented in the country-specific pages, to show the relative importance of each objective in a country. MoveAbility promotes a balanced approach aimed at strengthening the different pillars of the sector.



INDICATORS

A set of standard indicators have been defined to measure the progress and the impact of our activities. Monitoring of these indicators is available on our website.



PHYSICAL REHABILITATION ENTITY

- Existence of a national plan for physical rehabilitation
- Percentage of the national health budget allocated to physical rehabilitation
- Number of full-time employees (FTE) working for the ministry concerned who are directly involved in the implementation of the national physical rehabilitation plan



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

- Results of the quality assessment of prosthetic & orthotic services carried out using the technical assessment form (internally developed tool); the physiotherapy assessment tool is being developed
- Results of the interviews regarding the impact of satisfaction with services received, conducted by MoveAbility and/ or a third party



QUALIFIED PROFESSIONALS EMPLOYED BY PARTNERS' REHABILITATION CENTERS

- Number of qualified physical rehabilitation specialists (with an internationally recognized diploma or degree) employed in the physical rehabilitation centres



BENEFICIARY STATISTICS

- Number and type of training delivered to physical rehabilitation professionals and other stakeholders, by gender
- Number of physical rehabilitation services and devices delivered by our partners to persons with disabilities
- Breakdown of services delivered to persons with disabilities by gender and age group
- Breakdown of devices delivered to persons with disabilities by gender and age group



MANAGEMENT CAPACITIES OF OUR PARTNERS

- Result of the management assessment (EMSAT, SGS, LEAN)
- Number of professionals who have received management training, by gender

ANNEX 5

2017-BENEFICIARY FEEDBACK AND TECHNICAL ASSESSMENT

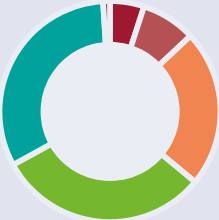
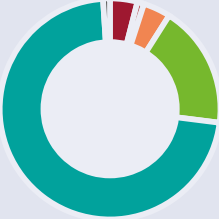

The Beneficiary Feedback and Technical Assessment (BFTA) is a tool developed by MoveAbility and the ICRC, used to provide objective feedback about services provided to beneficiaries at each physical rehabilitation center. It includes:

- General information about the service user / beneficiary
- Beneficiary feedback (through confidential interview) on:
 - » Accessibility
 - » Quality
 - » Socio-economic impact
 - » Technical assessment of the device & Conclusion

Interviews are conducted among persons with disabilities who have received a service or an assistive device in a physical rehabilitation center in the countries where we are active. These interviews are conducted by external or internal stakeholders on the basis of a range of questions related to the quality of services and products, but also to the importance of access to services and products to improve the quality of life.

The beneficiary feedback mechanism is a participatory monitoring tool, as well as an effective and concrete method to assess the outcome of the actions that have been implemented. Analysis of the results is very important to align future activities and have a positive impact on the final beneficiaries.

The results represented in the table below are a selection of three questions that were asked during interviews with **687** beneficiaries in **six countries**: Côte d'Ivoire, El Salvador, Nicaragua, Tanzania, Togo and Viet Nam.

QUESTIONS	RESULTS
Question 1: Is the device meeting your needs - (How satisfied are you with the quality of your device?)	 <ul style="list-style-type: none">5% Not at all satisfied8% Not very satisfied23% More or less satisfied31% Satisfied32% Very satisfied1% n/a
Question 2: How important is the device for your social life?	 <ul style="list-style-type: none">4% Not at all important1% Not very important4% More or less important18% Important72% Very important1% n/a
Question 3: How important is the device to earn a living?	 <ul style="list-style-type: none">1% Not at all important1% Not very important4% More or less important12% Important40% Very important42% n/a

ANNEX 6

FIELD PARTNERS - SERVICE PROVIDERS AND SCHOOLS

EAST AFRICA

MADAGASCAR

- Centre de Rééducation Motrice de Madagascar (CRMM), Antsirabe
- Centre d'Appareillage de Madagascar (CAM), Antananarivo
- SAR Majunga (MAJ), Androva Mahajanga

RWANDA

- University of Rwanda's College of Medicine and Health Sciences (UR-CMHS), Kigali
- Centre Hospitalier Universitaire de Kigali (CHUK), Kigali

SOMALIA

- Red Crescent Society Rehabilitation and Orthopedic Centre, Hargeisa
- Red Crescent Society Rehabilitation and Orthopedic Centre, Galkayo
- Red Crescent Society Rehabilitation and Orthopedic Centre, Mogadishu

TANZANIA

- Comprehensive Community Based Rehabilitation in Tanzania (CCBRT), Dar es Salaam
- Training Centre for Orthopedic Technologists (TATCOT), Moshi

ZAMBIA

- University Teaching Hospital (UTH), Lusaka

WEST AFRICA

BENIN

- Service de Kinésithérapie et d'Appareillage Orthopédique (SKAO), Parakou
- Centre d'Appareillage Orthopédique (CAO) du Centre National Hospitalier Universitaire (CNHU), Cotonou

CÔTE D'IVOIRE

- Centre de réadaptation physique Vivre Debout (CHU), Abidjan
- Centre de réadaptation physique Vivre Debout (CHU), Bouaké

TOGO

- Centre National d'Appareillage Orthopédique (CNAO), Lomé
- Centre Régional d'Appareillage Orthopédique (CRAO K) Projet Hambisela, Kara
- Ecole Nationale des Auxiliaires Médicaux (ENAM), Lomé

ASIA

VIET NAM

- Vietnamese Training Centre for Orthopedic Technology (VIETCOT), Hanoi
- Can Tho Centre for Orthopedics and Rehabilitation, Can Tho
- Orthopedic and physical rehabilitation hospital of Danang, Da Nang
- Ho Chi Minh Center for Orthopedics and Rehabilitation, Ho Chi Minh City
- Quy Nhon Center for Orthopedics and Rehabilitation, Quy Nhon

CENTRAL ASIA

TAJIKISTAN

- State Enterprise Orthopedic Plants (SEOP), Dushanbe
- State Enterprise Orthopedic Plants (SEOP) satellite in Khujand, Khujand

LATIN AMERICA

EL SALVADOR

- University Don Bosco Prosthetics and Orthotics School (UDB), San Salvador
- Instituto Salvadoreño de Rehabilitación Integral (ISRI), San Salvador
- Santa Ana General Hospital, Santa Ana

HAITI

- Healing Hands for Haiti Foundation (HHH), Port au Prince

NICARAGUA

- Centro Nacional de Producción de Ayudas Técnicas y Elementos Ortoprotésicos (CENAPRORTO), Managua
- Laboratorio de Protesis y Ortesis, Puerto Cabezas Hospital, Bilwi
- La Trinidad Hospital Workshop, La Trinidad
- Centro de Capacidades Diferentes (CAPADIFE), Managua
- Fundación para la Rehabilitación Walking Unidos (FURWUS), Leon

ECUADOR

- Hermano Miguel Foundation (FHM), Quito

ABBREVIATIONS AND ACRONYMS

ACDC	Action to the Community Development Centre, DPO, Viet Nam	ISRI	Instituto salvadoreño de Rehabilitación Integral, San Salvador
AFO	Ankle-Foot Orthosis	KAFO	Knee-Ankle-Foot Orthosis
AM	Foyer Akanin'ny Marary, Madagascar	LMG	Leadership, Management and Governance
BFTA	Beneficiary Feedback and Technical Assessment	LMICs	Low- and middle- income countries
BSEIPH	Bureau du Secrétaire d'Etat à l'intégration des Personnes Handicapées, Haiti	MOH	Ministry of Health
CAM	Centre d'appareillage de Madagascar, Antananarivo	MOHSPP	Ministry of Health and Social Protection of the Population
CAPADIFE	Centro de Capacidades Diferentes, Nicaragua	MoLISA	Ministry of Labour and Social Affairs, Viet Nam
CBM	Christian Blind Mission, Madagascar	MOU	Memorandum of Understanding
CBR	Community-based rehabilitation	MoveAbility	The ICRC MoveAbility Foundation
CCBRT	Comprehensive Community Based Rehabilitation in Tanzania	MSH	Management Science for Health
CENAPRORTO	Centro Nacional de Producción de Ayudas Técnicas y Elementos Ortoprotésicos, Nicaragua	NorCross	Norwegian Red Cross
CNAO	Centre National d'Appareillage Orthopédique, Togo	NRCS	Nicaraguan Red Cross Society
CNHU	Centre National Hospitalier Universitaire, Benin	NS	National Society of the Red Cross/Red Crescent
CONADIS	Consejo Nacional para la Igualdad de Discapacidades, Ecuador	OADCPH	Organisation Africaine pour le Développement des Centres pour Personnes Handicapées
CONAIPD	Consejo Nacional de Atención Integral a la Persona con Discapacidad, El Salvador	PCT	Parents and Caregivers training
CRAO	Centre Régional d'Appareillage Orthopédique, Togo	P&O	Prosthetist & Orthotists/Prosthetic & Orthotic
CRE	CR Equipements, Switzerland	PMS	Patient Management System
CRMM	Centre de Rééducation Motrice de Madagascar, Antanarivo	PT	Physiotherapist /Physiotherapy
DPOs	Disabled persons' organizations	PwD	Persons With Disabilities
EMSAT	Essential Management Systems Assessment Tool	SEOP	State Enterprise Orthopedic Plant, Tajikistan
EMP	Essential Management Package	SFD	The ICRC Special fund for the Disabled
ENAM	Ecole Nationale des Auxiliaires Médicaux, Togo	SGS	Société Générale de Surveillance
FATO	Fédération Africaine des Techniciens Orthoprothésistes	SKAO	Service de kinésithérapie et d'appareillage orthopédique de Parakou, Benin
FETOSPA	Fédération Togolaise de Sport pour Personnes Handicapées	SRCS	Somali Red Crescent Society
FHM	Fundación Hermano Miguel, Ecuador	TATCOT	Tanzania Training Centre for Orthopedic Technologists
FTE	Full-Time Employees	ToT	Training of Trainers
FURWUS	Fundación para la Rehabilitación Walking Unidos, Nicaragua	UDB	Universidade Don bosco, El Salvador
GHI	Global Health Initiative	UNAN	Universidad nacional autónoma de Nicaragua, Managua
HHH	Healing Hands for Haiti	UNCRPD	United nation convention for the right of Persons with Disability
HI	Handicap International/Humanity & Inclusion	VIETCOT	Vietnam Training Centre for Orthopedic Technologists
ICRC	International Committee of the Red Cross	VNRC	Vietnamese Red Cross Society
ISPO	International Society for Prosthetics and Orthotics	WHO	World Health Organisation

The ICRC MoveAbility Foundation Headquarters

19, avenue de la Paix

1202 Geneva, Switzerland

Tel: + 41 22 730 23 57 / 24 01 / 31 35

Email: MoveAbility@icrc.org

MoveAbility.icrc.org

Donations can be deposited in MoveAbility's account:

Post Finance SA

Bern - Switzerland

The ICRC MoveAbility Foundation

BIC: POFICHBEXXX

IBAN CH15 0900 0000 6049 3552 6

