



# ANNUAL REPORT

## 2016

The ICRC MoveAbility Foundation is a development organization with the objective to improve physical rehabilitation capacities in low- and middle- income countries, and remove barriers faced by persons with disabilities.

Our main goal is to maintain and increase access to rehabilitation services, while ensuring the quality and sustainability of these services.

We promote socio-economic integration for people living with disabilities, while still focusing on their initial needs for physical rehabilitation.

For more information on MoveAbility and related ICRC program, see:

- Appeal 2017
- 2016 Mid-term Report
- Ernst & Young 2016 Audit Report
- ICRC Physical Rehabilitation Programs: Annual Report 2016
- ICRC Special Appeal 2016: Disability and Mine Action

**MoveAbility.icrc.org**

#### PRELIMINARY NOTE:

In January 2017, the ICRC Special Fund for the Disabled (SFD) was rebranded and renamed ICRC MoveAbility Foundation. For this reason, in the following pages the SFD will be referred to as MoveAbility.

ICRC Special Fund for the 



Cover picture:

A P&O professional is preparing the plaster casting for her patient requiring an upper limb orthotic device at CCBRT in Tanzania.

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*Signature of the cooperation agreement between the University Don Bosco in El Salvador and MoveAbility. From left to right: Michel Deffontaines, Regional Manager at MoveAbility, Max Deneu, Director of Operations at MoveAbility, Mario Olmos, Rector at UDB, and Rolando Martínez, Dean of the Faculty at UDB.*

## ABOUT US

The ICRC MoveAbility Foundation (former ICRC Special Fund for the Disabled, or SFD) is a Swiss foundation with over 30 years of experience in developing and strengthening physical rehabilitation services for persons with disabilities (PwDs) in low- and middle- income countries (LMICs).

Our aim is to help PwDs fulfill their potential in a more inclusive society by enabling them to overcome the barriers they face – particularly those related to mobility. Taking a system-centered approach, we focus on building the capacities of the physical rehabilitation sectors in LMICs, to foster a sustainable response to people's needs. This entails long-term collaboration with national partners, such as government ministries, training institutions, physical rehabilitation service providers, associations of PwDs, and National Red Cross and Red Crescent Societies.

We provide our partners with technical advice, coaching and training through our teams in Africa, Asia, and Latin America, which comprise disability advisors, physiotherapists, prosthetists and orthotists, as well as public health consultants.

We also help our partners meet the needs of PwDs by giving financial and material assistance. For instance, we donate components and raw materials for producing assistive devices, and subsidize the accommodation, treatment and transport expenses of economically vulnerable patients; such support is often provided until our partners achieve self-sufficiency and/or the cost of rehabilitation is covered by social protection schemes. We also allocate funds for scholarships and other training-related costs, for personnel from our partner institutions.



# OVERVIEW FOR 2016



The year was an eventful one for our organization, as several exciting developments took place. Our board validated a new strategy and a new business plan, which will guide our efforts to expand our activities and strengthen our impact in 2017-2021.

We also rebranded ourselves in order to better reflect our identity and our work. Starting with our 2017 Appeal, launched in December 2016, we have begun to go by the ICRC MoveAbility Foundation (in lieu of the ICRC Special Fund for the Disabled), adopting a fresh, resolutely positive look to go with this new name. These changes emphasize our efforts to move forward with our partners and develop their abilities, as we work with them to help persons with disabilities (PwDs) regain their ability to move; they also highlight our synergy with the Red Cross and Red Crescent Movement.<sup>1</sup>

Amid these institutional changes, disability prevalence continued to grow worldwide; among the factors were aging populations, and an increase in the number of people with non-communicable diseases (NCD) such as diabetes and vascular conditions. The WHO is advocating the importance of strengthening and expanding rehabilitation services as part of continuum of health care— which is in line with our strategy – and we hope that this influences how governments respond to these growing needs.

With the need for physical rehabilitation services remaining greater than ever, we continued our efforts to strengthen the physical rehabilitation sectors of low- and middle-income countries (LMICs) in Africa, Asia, and Latin America. In 2016, we supported a total of 27 government- and privately-run physical rehabilitation centres, and 5 institutes that trained physical rehabilitation professionals. This contributed to the provision of services to 44'410 people, including 4'926 who were fitted with prosthetic devices, and 13'862, orthotic devices.

This report contains factsheets on the 14 countries that we work in throughout 2016, presenting overviews of our achievements for the year, as well as the challenges we faced. Among the highlights:

Governments, particularly health ministries, began to see the importance of having national platforms for advocating policies to strengthen their country's physical rehabilitation sector. At our urging, Madagascar, Tanzania and Togo established such platforms, which comprised representatives from the government, providers of physical rehabilitation services, training institutions, Disabled People's Organizations (DPOs), and Red Cross and Red Crescent Societies.

We will pursue our efforts to urge the governments to take the lead in establishing or presiding over these platforms, and to create entities within their health ministries for overseeing the physical rehabilitation sector. The challenge is also to bolster the development of national plans for physical rehabilitation, whether separately or as part of a broader plan for addressing NCD. In Tajikistan, the government approved the National Program on Rehabilitation of PwDs in October; it is comprehensive, covering both physical rehabilitation services and social inclusion and protection.

In El Salvador, we have built excellent working relationships with the Ministry of Health (MoH), the Instituto de Rehabilitación Integral (ISRI) and the University of Don Bosco (UDB). Most of our recommendations have been or are being implemented: state-run services are being consolidated under ISRI; the MoH has acknowledged the need for a national plan for addressing NCD, including disabilities; and UDB staff have participated in various short training courses throughout the region. In Nicaragua, better dialogue with the government led to the establishment of a coordination body, which conducted field visits with our teams; they also included the establishment of a national physical rehabilitation platform in the agenda for 2017.

<sup>1</sup> More information on these developments is available on our website



*Students from VIETCOT during a core training, Viet Nam.*

In Haiti, we continued to provide advice, material and training to Healing Hands for Haiti, the only functioning physical rehabilitation centre in Port-au-Prince. The new Secretary of State for the Integration of persons with disabilities was not appointed by the government in 2016. This hindered some of our plans, such as a meeting (which we were to co-organize with Handicap International) to convene stakeholders in Haiti's physical rehabilitation sector.

In Benin, Ivory Coast, Madagascar and Togo, some of our partner institutions began to use the Essential Management Systems Assessment Tool (EMSAT)<sup>2</sup> in order to evaluate their performance; they were trained and coached on the Essential Management Package (EMP). With the help of the EMSAT, the Vietnamese Training Centre for Orthopedic Technologists (VIETCOT), was able to identify areas for improvement, which it began to address.

We increased our support for Madagascar's MoH at the central level, by participating in the review of the national plan for addressing non-communicable diseases, and at the service provider level, by supporting two of its centres. As we anticipated in our mid-term review, we had to suspend support for Akanin'ny Marary, a local NGO in Madagascar, because of its staffing problems.

Our global financial implementation rate for 2016 was 87%. The total expenditures from January to December amounted to CHF 4'680'083.-. In West Africa, however, due to the difficulty of recruiting French-speaking physiotherapists, prosthetists and orthotists to conduct monitoring visits and train our partners' staff, it was just 67%. We identified solutions near the end of the year, and recruited two people to join our team in October 2016 and January 2017.

These achievements, and the others detailed in the fact-sheets that follow, were made possible by our partners' continued efforts and our donors' ongoing support, as we pursue our work for a more inclusive society, where people with disabilities can develop their full potential.

**Prof. Jürg Kesselring**

Chairman

The ICRC MoveAbility Foundation

<sup>2</sup> According to the WHO, "Effective leadership and management are essential to scaling up the quantity and quality of health services and to improving population health."

# OUR OPERATIONS

BUDGET 2016  
**CHF 5'369'958**

EXPENDITURE 2016  
**CHF 4'680'083**

In 2016  
we were active in  
**14 countries**

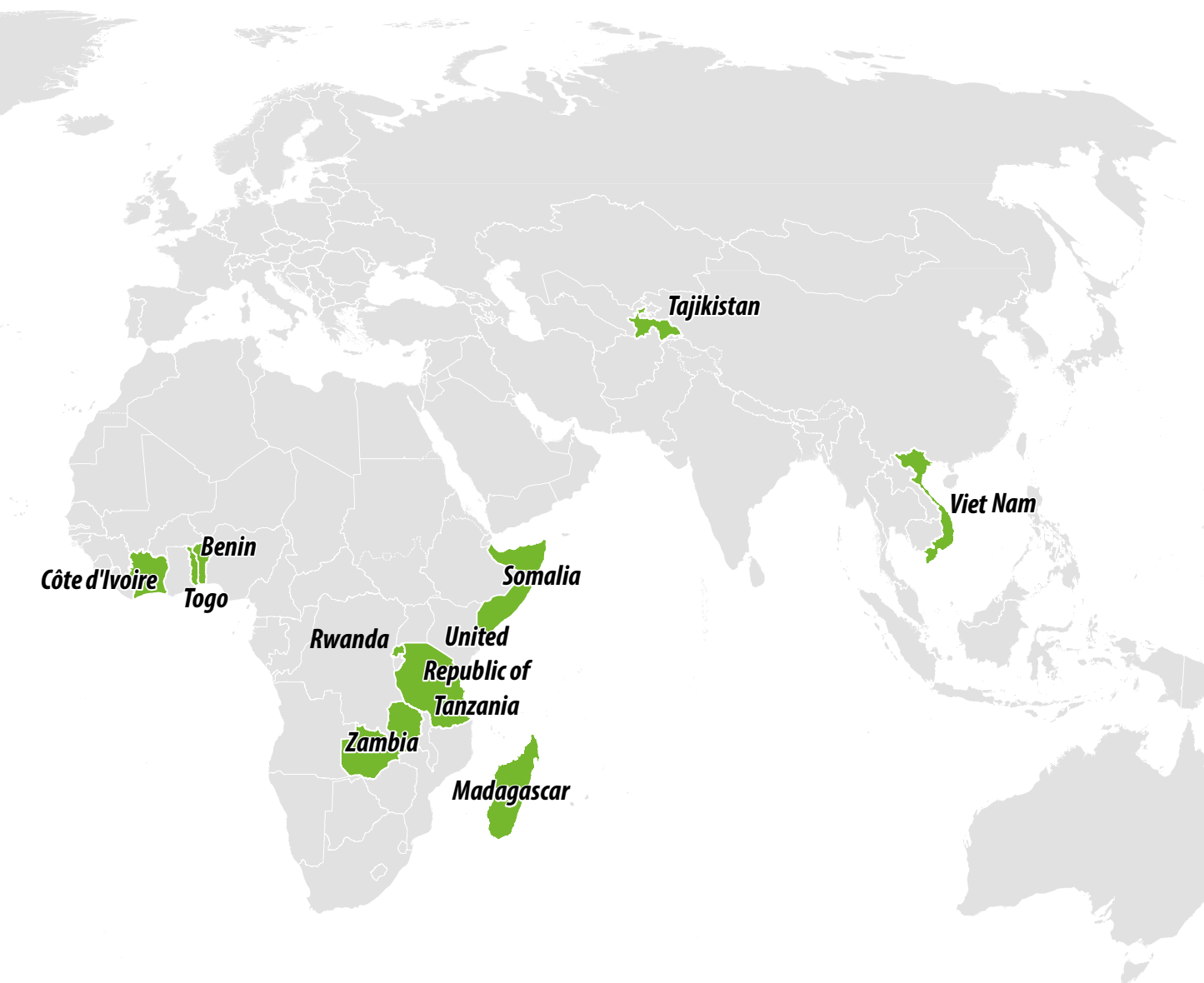
we worked on  
**32 projects**

through our partners  
**50'000 PwD**  
beneficiated from  
our support



MoveAbility Activities





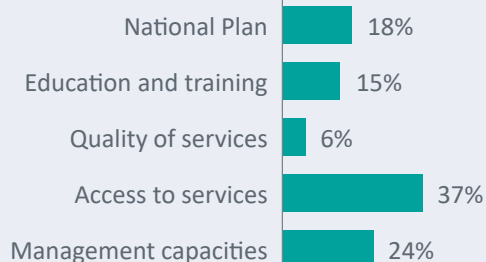
# BENIN

BUDGET 2016

**CHF 184'874**

EXPENDITURE 2016

**CHF 111'922**



## BACKGROUND INFORMATION

- Our first exploratory mission to Benin took place in 2008. We have been working with the Service de Kinésithérapie et d'Appareillage Orthopédique (SKAO) in Parakou and the Centre National Hospitalier Universitaire Hubert K. Maga (CNHU) in Cotonou since 2009 and 2011, respectively. In 2014, we also began offering modest support to the Centre Médico-Social Sainte Elisabeth de la Trinité in Abomey-Calavi. All 3 institutions provide physical rehabilitation services; the CNHU also trains physical rehabilitation professionals.
- Benin ratified the UNCRPD in 2012, and in 2014, the government validated a plan for its implementation. An entity within the Ministry of Health (MoH) oversees the physical rehabilitation sector, and national plans for strengthening physical rehabilitation services and the social protection and inclusion of people with disabilities both exist; however, more concrete support for the provision of assistive devices and other related services is still needed.

## MAIN ACHIEVEMENTS

### NATIONAL PLAN

- At year-end, discussions with the MoH regarding a memorandum of understanding covering several areas – including the creation of a national policy platform for physical rehabilitation – were still ongoing, as the process was delayed by the political situation. During the 8th FATO Congress in Lomé, we invited an important delegation of key professionals and authorities from Benin to participate.

### EDUCATION AND TRAINING

- With our support, the Organisation Africaine pour le Développement des Centres pour Personnes Handicapées (OADCPH) organized several short courses and a workshop on the provision of services to wheelchair users in Togo. Physiotherapists, prosthetists and orthotists from CNHU, SKAO and staff from the University Abomey-Calavi (UAC) have attended.

### QUALITY OF SERVICES

- Activities to help centres improve the quality of their services, such as the use of patient-feedback surveys and technical assessments, will begin with the implementation of the Essential Management Systems Assessment Tool (EMSAT).

### ACCESS TO SERVICES

- We subsidized the CNHU and the SKAO's orders of supplies from the OADCPH in Togo, and donated some light machinery to the centre in Calavi.

### MANAGEMENT CAPACITIES

- CNHU's Director and Head of physiotherapy attended training on the Essential Management Package (EMP) in Togo; they subsequently made plans to evaluate their systems in 2017, but we are still struggling to get the associated 10 modules of the Leadership Development Program implemented.

# CHALLENGES

- Communication with our local partners needs to be improved; several follow-ups are often needed to get replies regarding our joint activities. Firm discussions with our partners must take place in order to ensure their commitment, especially before agreements are signed or renewed.
- Dialogue with the Benin Red Cross was limited. As a result, we were unable to discuss the possibility of working with them – for instance, by supporting its physical rehabilitation centre in Porto-Novo, which has no staff and is actually not functioning.

## INDICATORS



### PHYSICAL REHABILITATION ENTITY

- Existence of 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

- **24** Physiotherapists, **4** Cat. II P&O<sup>1</sup> and including **25** other health professionals



### MANAGEMENT CAPACITIES OF OUR PARTNERS

- **2** staff members were supported to attend the EMP training
- The EMSAT evaluation hasn't been conducted yet



### QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

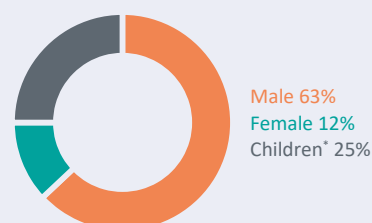
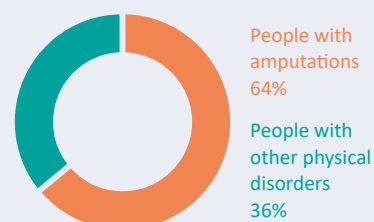
- **n/a**



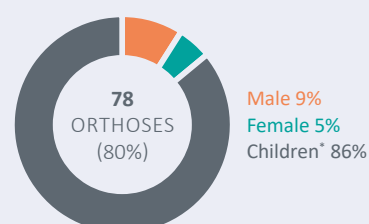
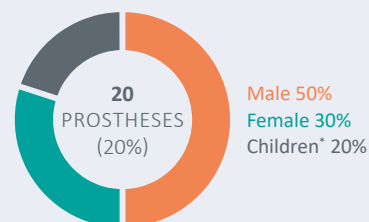
### BENEFICIARIES' STATISTICS

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

## PEOPLE HAVING RECEIVED SERVICES DELIVERED BY MOVEABILITY PARTNERS



## ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



<sup>1</sup> The ISPO categorization: Cat. I, meaning Prosthetist/Orthotist. Cat. II, meaning Orthopedic Technologist. For more information: <http://www.ispoint.org>

\*below 15 years old

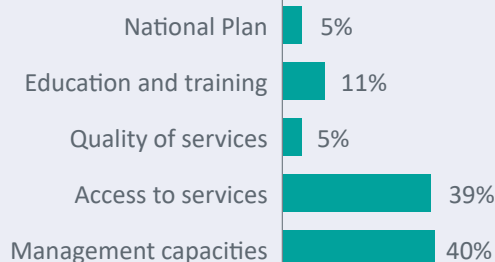
# CÔTE D'IVOIRE

BUDGET 2016

**CHF 77'306**

EXPENDITURE 2016

**CHF 67'678**



## BACKGROUND INFORMATION

- In 2012, we began collaborating with Vivre Debout, a local NGO. The goal was to help its physical rehabilitation centre become a reference institution for the provision of physiotherapy services and the production of assistive devices in the country.
- Côte d'Ivoire has signed or ratified various international instruments on the rights of persons with disabilities – including the UNCRPD, which it ratified in 2014. Despite recent economic growth and the existence of legislation for people with disabilities, some challenges remain, particularly in terms of access to employment and recreation. A national plan for disability-related matters is being developed by the Ministry of Employment and Social Protection.

## MAIN ACHIEVEMENTS

### NATIONAL PLAN

- We met with the Ministry of Health (MoH) to discuss the need for a comprehensive agreement formalizing our cooperation with them in various areas, including the creation of a national platform for advocating policies related to physical rehabilitation.

### EDUCATION AND TRAINING

- With our support, prosthetists/orthotists (P&O) and a physiotherapist from Vivre Debout underwent training in Togo: short courses organized by the African Organization for the Development of Centres for Disabled People (OADCPH), and a course on providing services to wheelchair users, which we organized with the Ecole Nationale des Auxiliaires Médicaux (ENAM) in Lomé. We also discussed the possibility of clinical placements at Vivre Debout for students from ENAM.

### QUALITY OF SERVICES

- We prepared to help Vivre Debout conduct patient-feedback surveys and technical assessments. Other initiatives to help the center improve the quality of their services were also scheduled for next year, after the implementation of the Essential Management Systems Assessment Tool (EMSAT).

### ACCESS TO SERVICES

- Vivre Debout drew on our financial support to procure supplies via the OADCPH in Togo. Other plans for improving people's access to services – for instance, by giving financial assistance to economically vulnerable patients – awaited the finalization of the agreement with the MoH.

### MANAGEMENT CAPACITIES

- To help Vivre Debout improve the systems at its physical rehabilitation centre in Abidjan and in its satellite in Bouaké, we sponsored the centre manager's participation in training on the Essential Management Package (EMP) and began to help the centre conduct an assessment with the EMSAT, starting in December with the improvement process through implementing the modules of the EMP.

# CHALLENGES

- Communication with Vivre Debout is limited, and it is difficult to obtain reports and other information from them. Closer coordination with it is necessary, because it has just started using the EMP to improve its management systems, and because it is a key institution, being the producer of the most assistive devices among our partners in West Africa.
- There is a need to foster the MoH's involvement in and commitment to strengthening Côte d'Ivoire's physical rehabilitation sector.

## INDICATORS



### PHYSICAL REHABILITATION ENTITY

- Existence of National plan: **No**
- Budget for physical rehabilitation: **n/a**
- Number of professionals employed by the entity: **0**



### NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- **4** Physiotherapists, **4** Cat. II P&O and **4** Orthopedic Technicians without formal training



### MANAGEMENT CAPACITIES OF OUR PARTNERS

- The Director of Vivre Debout and an Accountant were supported to attend the EMP Training of Trainers in Lomé
- The EMSAT evaluation and the prioritization meeting have been conducted



### QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

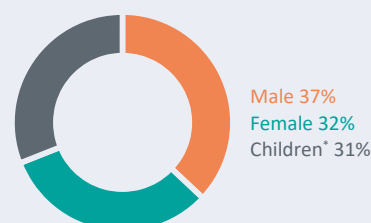
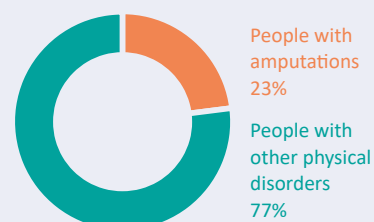
- **n/a**



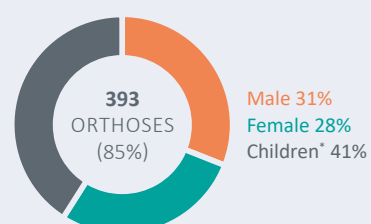
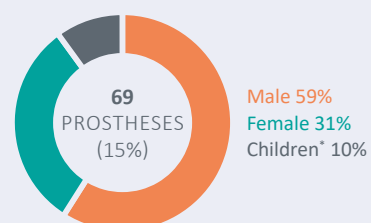
### BENEFICIARIES' STATISTICS

- **1'200** people with disabilities received services provided by our partners

## PEOPLE HAVING RECEIVED SERVICES DELIVERED BY MOVEABILITY PARTNERS



## ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



\*below 15 years old

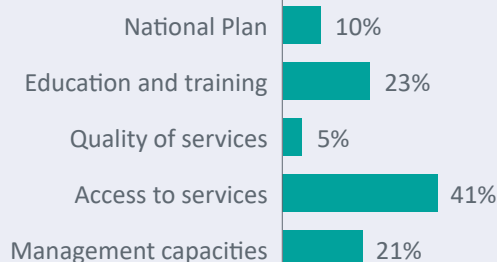
# MADAGASCAR

BUDGET 2016

**CHF 385'501**

EXPENDITURE 2016

**CHF 376'202**



## BACKGROUND INFORMATION

- In 2003, MoveAbility began to support Akanin'ny Marary (AM) centre in Ambositra, which cared for people with disabilities, as well as patients with leprosy, tuberculosis and other ailments. Since 2016, the partnership is reviewed and under discussion for renewal.
- In 2014, we changed our approach in Madagascar and began to focus on support at the central level, with the goal of having the authorities assume more responsibility for disability-related matters. We signed an agreement with the Ministry of Health (MoH) and started to support two public physical rehabilitation centres: the Centre de Rééducation Motrice de Madagascar (CRMM) in Antsirabe, and the Centre d'Appareillage de Madagascar (CAM) in Antananarivo.
- According to World Bank estimates<sup>1</sup>, over 75% of people in Madagascar were below the poverty line in 2010. Many of them cannot afford medical treatment. Physical rehabilitation centres often lack funding and trained staff.
- Madagascar ratified the UNCRPD in 2015.

## MAIN ACHIEVEMENTS

### NATIONAL PLAN

- We aided in the development of the national plan for strengthening physical rehabilitation services by providing financial and technical support for meetings and funding for a consultant.
- At year-end, the national plan for disability inclusion was still being reviewed in terms of compliance with national laws, according to UNCRPD recommendations.
- The creation of a national platform for physical rehabilitation awaited the finalization of both national plans.
- The physiotherapists' association submitted a document to the MoH regarding legal recognition for their profession; at year-end, it was still being reviewed.

### EDUCATION AND TRAINING

- After a renovation phase of CRMM working areas and the delivery of equipment, machinery and material, we facilitated the introduction of polypropylene technology at CRMM by providing on-the-job coaching to its staff, as a follow-up to training conducted in June.

- With our support, CAM and CRMM personnel attended courses abroad (such as training in Tanzania on managing upper-limb and trans-femoral amputations) and networked with potential partners at the FATO congress.
- 2 people pursued studies in France through MoveAbility scholarships.

### QUALITY OF SERVICES

- The continuous technical coaching by MoveAbility team, the Physiotherapist (PT) adviser and the local P&O field Officer enabled CRMM to produce a wider range of quality assistive devices and to use a multidisciplinary approach (combined training and coaching of PT and P&O.)

### ACCESS TO SERVICES

- We helped CAM and CRMM procure raw materials for producing assistive devices, notably, by covering the cost of these materials and advising them on materials-requirement planning.

<sup>1</sup> <http://data.worldbank.org/indicator/SI.POV.NAHC?locations=MG>

- The plans to help cover the transport and other expenses of economically vulnerable patients at these centres were delayed, as we only received the MoH's feedback on our proposal in late-December.
- Together with AM's management, we evaluated the possibility of resuming joint activities. The possibility of supporting another centre was postponed and set to be re-discussed in early-2017, in line with the finalization of the national plan for strengthening physical rehabilitation services.

## MANAGEMENT CAPACITIES

- CRMM and CAM began to implement the EMP<sup>2</sup>. With our support, they implemented 6 training modules in 2016; by year-end, they were finalizing self-assessments of their management systems.
- We regularly provided the Directors of CRMM and CAM with technical advice on various matters. At our urging, they agreed to involve the centres' assistant directors more, so that our collaboration with them could be more efficient.

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

## INDICATORS



### PHYSICAL REHABILITATION ENTITY

- Existence of National plan: **No, under development**
- Budget for physical rehabilitation: **n/a**
- Number of professionals employed by the entity: **1**



### NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- **17** Physiotherapists, **2** Cat. II P&O and **26** P&O Technicians



### MANAGEMENT CAPACITIES OF OUR PARTNERS

- **4** staff members from CAM and CRMM were supported to attend the EMP training
- The EMSAT scoring process and prioritisation matrix result was finalised at CRMM and CAM
- The EMP training at the centres are **50%** complete with the modules



### QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

- **n/a**



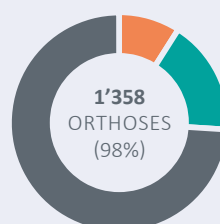
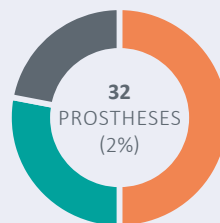
### BENEFICIARIES' STATISTICS

- **4'940** people with disabilities received services provided by our partners

## PEOPLE HAVING RECEIVED SERVICES DELIVERED BY MOVEABILITY PARTNERS



## ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



\*below 15 years old

## CHALLENGES

- Physical rehabilitation was not yet a priority for the government in 2016; physiotherapy and other services were not included in a pilot project for universal health coverage.
- At year-end, the MoH had no plans to replace the Technical Advisor and focal point, who had retired. Turnover among interlocutors, particularly managers, could hinder our ability to follow-up on projects.
- Replies from our partners were occasionally slow, hindering some activities. For instance, some Malagasy representatives were unable to join one training course because they did not indicate their interest in time.
- The cost of implementing polypropylene technology may be difficult to sustain as the cost of services and devices is too high for the majority of the beneficiaries who do not have health insurance coverage.

## STORY

### MADAGASCAR: A THERAPY TO IMPROVE THE ABILITY TO WALK

In 2016, Madam Ravelonirina Blanche Wilson received a polypropylene trans-femoral socket manufactured at the Madagascar Motricity Rehabilitation Centre (CRMM) in Antsirabe. After a bone infection (osteomyelitis) she was amputated from her right leg in 1994 and couldn't do the same activities as before. She received a prosthesis shortly after the amputation was made at the Centre d'appareillage de Madagascar (CAM), but was unable to move freely as it was heavy and not easy to use.

Madam Wilson was the first patient to benefit from the new gait training area constructed at CRMM. This training area, supported by the Christian Blind Mission (CBM), is a type of training course based on walking exercises with the new device and an additional support and guidance of a physiotherapists in a simulated real environment. This walking exercise is important to help improve the ability to use the prosthetic device and walk again.

Organized in an average of 10 sessions, depending on the adaptability of the patient, the gait training exercises can take a number of forms, but the general method consists of weight bearing and balancing exercises, functional control activities and the repetition of the motions performed during walking. Parallel bars are used during the gait training to help with confidence, especially in the early stages when a patient is first learning or re-learning to walk.

*"My new prosthesis feels much lighter than my previous devices and it is easier to use. I feel good to be able to use my knee. I can move freely even if it is more difficult at the beginning of the gait training,"* explained Madam Wilson.



*Madam Wilson is learning to walk with her new prosthesis with exercises based on the gait training.*

Since 2014, MoveAbility supports 3 physical rehabilitation centers in Madagascar, by notably providing technical knowhow, through its team of experts in rehabilitation, but also low cost and quality polypropylene material for manufacturing prosthetic and orthotic devices. This technology allows them to have a good quality devices and therefore facilitates PwD's everyday life, and ultimately their social inclusion.

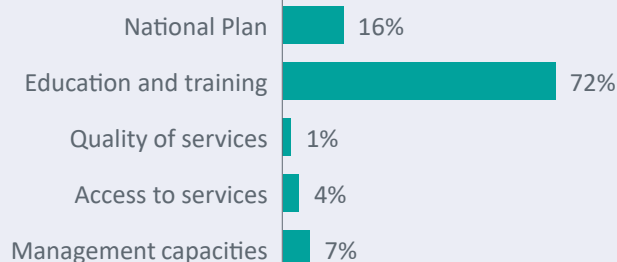
Following an external evaluation in 2015, the CRMM was renovated and the patient support was increased with annual donation for device production. The team received training in a multidisciplinary patient centered approach to provide quality services and devices more effective to the clients attending the rehabilitation services.



# RWANDA

BUDGET 2016  
**CHF 223'091**

EXPENDITURE 2016  
**CHF 235'566**



## BACKGROUND INFORMATION

- Rwanda ratified the UNCRPD in 2008. The National Council of Persons with Disabilities (NCPD), which focuses on advocacy efforts and promotion of social inclusion through sports, is developing a national disability policy.
- Though most households in Rwanda have health insurance, people with disabilities have reported that physical rehabilitation services remain unaffordable for them. Efforts to strengthen Rwanda's physical rehabilitation sector are hindered by a lack of trained local staff.
- The University of Rwanda's College of Medicine and Health Sciences (UR-CMHS) approached us in 2013 for assistance in various areas. Following an evaluation we conducted in the last quarter of 2016, we decided to begin supporting the national referral hospital, Centre Hospitalier Universitaire de Kigali (CHUK), which provides physical rehabilitation services and hosts UR-CMHS students for on-the-job training and field placements.

## MAIN ACHIEVEMENTS

### NATIONAL PLAN

- As of end-2016, Rwanda did not have a specific entity to oversee the physical rehabilitation sector. We had discussions with the government-run Rwanda Biomedical Centre (RBC), who has an Injuries and Disabilities Unit. They have shown an interest in co-organizing events to facilitate the creation of a multi-sectoral platform that could lobby for physical rehabilitation-related policies.

### EDUCATION AND TRAINING

- During our last field visit to the UR-CMHS, we found that it had been able to implement nearly all of the recommendations from a recent International Society for Prosthetics and Orthotics (ISPO) evaluation. To entail the development of on-campus facilities for practical training, buildings that could serve as such facilities have been identified. Because of administrative constraints, the renovation is on hold (see Challenges below).
- We evaluated the physiotherapy curriculum of the UR-CMHS to determine what support we could give them. We also sponsored the participation of a representative in the Fédération Africaine des Techniciens Orthoprothésistes (FATO) congress, and donated raw materials that students could use during training.

- We facilitated collaboration between UR-CMHS and the Comprehensive Community Based Rehabilitation in Tanzania (CCBRT); for instance, the head of UR-CMHS's physiotherapy department had access to an online course – which we developed with CCBRT – on managing children with cerebral palsy.
- To help ensure that UR-CMHS students had training opportunities, we began supporting the CHUK in the last part of the year. For instance, with equipment. We also discussed the possibility of renovating CHUK's prosthetics and orthotics unit, so that it would have more space for training and other activities. This was scheduled for 2017.

### QUALITY OF SERVICES

- Initiatives to help CHUK improve the quality of its services were planned for 2017. The possibility of carrying out beneficiary-feedback surveys and technical assessments was discussed with the national association of prosthetists and orthotists.

## SOCIAL INCLUSION

- After visiting the NCPD, we made plans to work with them, the Rwanda Paralympic Sports Association, and the Tanzanian Paralympic Committee to organize a sporting event in 2017.

## MANAGEMENT CAPACITIES

- We made plans to facilitate training on the Essential Management Package for the CHUK, upon the renovation of its facilities.

## CHALLENGES

- Ahead of the next ISPO visit, expected in mid-2017, UR-CMHS still needs support to ensure that it retains its accreditation.
- We could not yet carry out plans to help it renovate a building to serve for practical training because, at year-end, the building had not yet been made available to UR-CMHS by the school's administration.
- Collaboration among professional associations, service providers, and DPOs needs to be strengthened further.

## INDICATORS



### PHYSICAL REHABILITATION ENTITY

- Existence of National plan: **No**
- Budget for physical rehabilitation: **n/a**
- Number of professionals employed by the entity: **28**



### 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**



### BENEFICIARIES' STATISTICS

- **n/a**



*Students from the University of Rwanda's College of Medicine and Health Science practice on manufacturing prostheses*

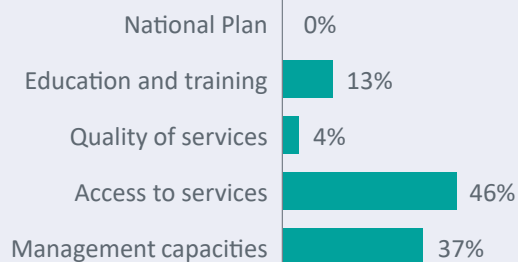
# SOMALIA

BUDGET 2016

**CHF 107'076**

EXPENDITURE 2016

**CHF 209'401**



## BACKGROUND INFORMATION

- Basic services in Somalia are severely lacking because of political instability, precarious security conditions, and climate shocks; the situation also makes it difficult for international organizations to deliver aid.
- Since the late 1990s, we have been working with the Norwegian Red Cross (NorCross) to help physical rehabilitation centres run by the Somali Red Crescent Society (SRCS) deal with, among others, a lack of supplies and qualified staff, and limited government assistance. We are currently supporting SRCS centres in Galkayo, Hargeisa and Mogadishu; NorCross is the main source of funding, while we focus on providing technical expertise and logistical assistance.
- Somalia has not yet signed the UNCRPD.

## MAIN ACHIEVEMENTS

### NATIONAL PLAN

- Plans to strengthen the physical rehabilitation sector at the central level could not be pursued because of the unstable situation in the country.

### EDUCATION AND TRAINING

- The training plans developed in 2015 for each centre were in the process of being updated to ensure that the centres have an adequate number of qualified staff. 2 P&O technicians continued their ISPO Cat. I training at the Tanzania Training Centre for Orthopedic Technologists (TATCOT) in Tanzania, and a physiotherapist pursued his studies in Rwanda; personnel from the centres in Hargeisa and Mogadishu also attended a two-week course at TATCOT on managing upper-extremity disabilities. NorCross sponsored these activities, while we facilitated the logistical arrangements and offered our technical expertise.

### QUALITY OF SERVICES

- During our visit to the centre in Hargeisa in December, we conducted a general evaluation and held preliminary discussions on the use of patient-satisfaction surveys and technical assessments, to provide the centre with feedback on ways to improve its services.

### ACCESS TO SERVICES

- Thanks to MoveAbility financial support, 161 wheelchairs were delivered to the three services centres and will be distributed once proper training is organised.
- We advised the SRCS centres in Galkayo, Hargeisa and Mogadishu on the procurement of supplies, including raw materials for producing assistive devices; NorCross provided the funding.
- Following our last visit to the centre in Hargeisa, we found that a referral system for physical rehabilitation services, involving hospitals and SRCS branches in neighbouring areas, already existed and that support for such a system was unnecessary.

### MANAGEMENT CAPACITIES

- Managers and other personnel from all three centres attended refresher training on the Patient Management System, which aimed to help them improve data collection.
- After the evaluation in December, we presented the Essential Management Systems Assessment Tool (EMSAT) to Hargeisa centre's personnel; the management validated the tool.

# CHALLENGES

- Because of the unstable situation in the country, we were unable to pursue several objectives, including: the development of a national plan for strengthening physical rehabilitation services; the creation of an entity to oversee the sector; and official recognition (particularly in terms of pay scales) for physiotherapists, prosthetists and orthotists.
- Field visits are difficult to organize because of the security situation; this limits opportunities to assess needs and to provide direct guidance to technicians.
- Most staff at the three centres only have on-the-job training, which may make it difficult to implement initiatives to improve the quality of services.

## INDICATORS



### PHYSICAL REHABILITATION ENTITY

- Existence of National plan: **No**
- Budget for physical rehabilitation: **n/a**
- Number of professionals employed by the entity: **0**



### NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- **3** Cat. II P&O, **9** Prosthetic certificate graduates



### MANAGEMENT CAPACITIES OF OUR PARTNERS

- **6** Staff were sponsored by Norcross to attend management training in Dar es Salaam



### QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

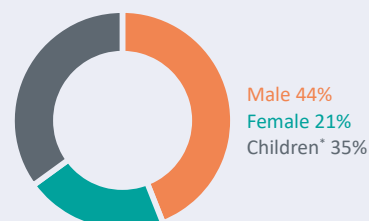
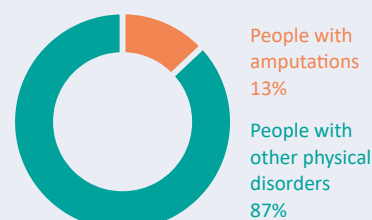
- **9** persons attended a seminar on follow-up training
- **3** rehabilitation centers have installed the software on Patient Management Administration System



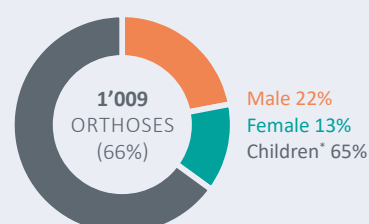
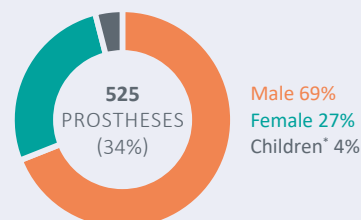
### BENEFICIARIES' STATISTICS

- **5'976** people with disabilities received services provided by our partners
- **107** devices for mine incident survivors were manufactured and provided by our partners

## PEOPLE HAVING RECEIVED SERVICES DELIVERED BY MOVEABILITY PARTNERS



## ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



\*below 15 years old

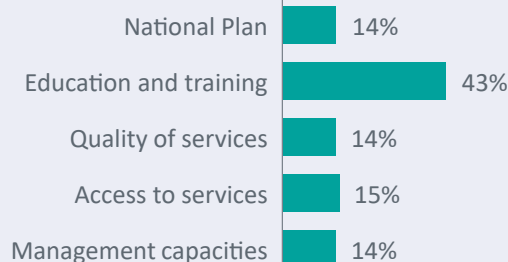
# TANZANIA

BUDGET 2016

**CHF 738'552**

EXPENDITURE 2016

**CHF 691'272**



## BACKGROUND INFORMATION

- Since 1997, MoveAbility has worked with the Tanzania Training Centre for Orthopedic Technologists (TATCOT) to train physical rehabilitation professionals from across Africa. In 2009, we began a partnership with the Comprehensive Community Based Rehabilitation in Tanzania (CCBRT), the largest hospital provider of disability services in Tanzania.
- According to the World Bank<sup>1</sup>, 28.2% of Tanzania's population were below the national poverty line in 2011. Among these people are a number of persons with disabilities.
- Tanzania ratified the UNCPRD in 2009, and passed the Persons with Disabilities Act in 2010. The Ministry of Health (MoH) has designated a point person for physical rehabilitation. However, an entity to oversee the sector has not yet been established, and some centres lack raw materials and staff.

## MAIN ACHIEVEMENTS

### NATIONAL PLAN

- Representatives from the government, DPOs, service providers, and the Tanzanian Red Cross formed a multi-sectoral policy platform after participating in the Senior Leadership Program run by the USAID-funded LMG project with MoveAbility and other partners. This policy platform, led by the MoH, aims to: study the needs of PwDs in Tanzania; develop a national plan for physical rehabilitation, based on existing government policies; and lobby for legislation in favour of PwDs. We provided it with financial and technical support for the development of its plans, and also helped it gain official recognition.

### EDUCATION AND TRAINING

- A new regional training centre has been opened at CCBRT in Dar es Salaam. This new facility will serve the whole African region and its main purpose is to be a clinical training unit for TATCOT students and professionals of the region. MoveAbility funded and supervised its construction and equipment.

- The ICRC and MoveAbility partnered with Physiopedia to run a six-week online course on managing cerebral palsy, in which around 800 people enrolled. We also provided CCBRT with technical and other support for conducting various seminars and hands-on training sessions for professionals from the region. These covered topics such as: assessing patients; best practices for working with lower- and upper-limb prostheses; and gait training<sup>2</sup>. With our assistance, representatives from CCBRT and TATCOT were able to attend the FATO Congress in Lomé, which gave them an opportunity to network with their peers.

### QUALITY OF SERVICES

- With our help, CCBRT drew up plans for an outdoor gait training area, where patients could practice using their devices before being discharged.
- We also advised them on several matters, such as the introduction of a system for managing appointments (to ease the pressure on employees and help them focus on delivering services) and managing complicated cases, particularly spinal deformities in adolescents.

<sup>1</sup> <http://data.worldbank.org/indicator/SI.POV.NAHC?locations=TZ>

<sup>2</sup> Gait training is a type of physical therapy that can help improve your ability to walk.

- Through a partnership with Shivyawata, a DPO, we carried out patient-satisfaction surveys and technical assessments, in order to provide CCBRT with feedback that could help them improve their services; the results were being analyzed at year-end.

## ACCESS TO SERVICES

- We continued to provide CCBRT with materials and other support, which contributed to the provision of devices to over 1'000 people. We also continued to subsidize the treatment fees of particularly vulnerable people, assisting 90 people during the year.
- With our support, CCBRT began to organize Parents and Caregivers training (PCT) on home-based care for children with cerebral palsy.

## INDICATORS



### PHYSICAL REHABILITATION ENTITY

- Existence of 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

- **1** Cat. I P&O, **4** Cat. II P&O, **2** auxiliary manufacturing assistants



### MANAGEMENT CAPACITIES OF OUR PARTNERS

- An EMSAT score is complete for the rehabilitation department. The Center is using LEAN management.



### QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

Beneficiary satisfaction:

- **80%** of respondents are satisfied or very satisfied with the quality of their device
- **85%** of respondents think the device is important or very important to their social life
- **75%** of respondents think their device is important or very important to earn a living



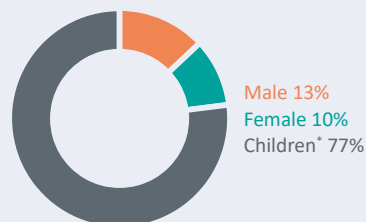
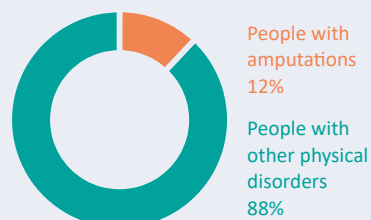
### BENEFICIARIES' STATISTICS

- **1'702** people with disabilities received services provided by our partners
- **31** devices for mine incident survivors were manufactured and provided by our partners
- **117** devices reimbursed to persons with disabilities

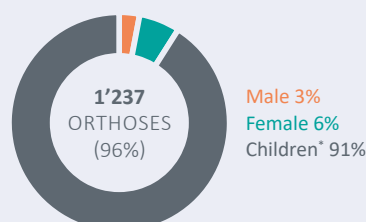
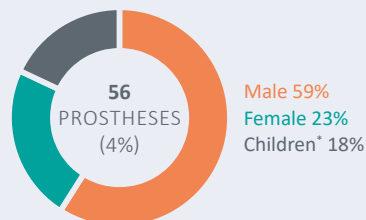
## MANAGEMENT CAPACITIES

- We regularly advised the head of CCBRT's physical rehabilitation department on the provision of physiotherapy and other services, and on the collaboration between the physical rehabilitation and cerebral palsy departments.

## PEOPLE HAVING RECEIVED SERVICES DELIVERED BY MOVEABILITY PARTNERS



## ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



\*below 15 years old



## CHALLENGES

- During the year, CCBRT decided to focus on providing services through its hospital instead of through community-based programs by 2017. This decision is motivated by the low quality care in support units by community workers, as well as the lack of funding to sustain this program. There is a risk that it will lose the community-based dimension of its identity, although mothers and carers of cerebral palsy children will still benefit from CCBRT support.
- Owing to the quality of data from the patient-satisfaction surveys and technical assessments, a different approach was considered for 2017.
- The Tanzanian Red Cross is part of the physical rehabilitation platform, but has not yet expressed strong interest in issues related to disability and physical rehabilitation.

## STORY

### THE BAJAJ PROJECT: A SUCCESS FOR THE INCLUSION OF WOMEN WITH DISABILITY

In 2016, for the first time, a woman with a physical disability benefited from the Bajaj project in Dar es Salaam. Mariana Mponji, 32 years old with a physical disability after contracting polio, had her personal, family and social life jeopardized by her situation. As a woman with a physical impairment, she suffered from gender and disability discrimination and was an outcast of the society. She made her living by selling small items at the city center, with other disabled persons, but depended mostly on charity. The money she got was used to pay her single room, and support her children's studies.

She acquired her own Bajaj, a small vehicle on three wheels carrying up to 3 passengers. Its small size makes it more agile in traffic, allowing its easier access in narrow spaces and making it a smart option for short trips in the city and suburbs. This mode of transport is usually more convenient and cheaper than standard taxis. Moreover, the low purchase price and maintenance costs makes it an interesting investment for people with low incomes.

The Bajaj project gave her the possibility to provide for her family, but also to gain a role in the society as a woman and as a person with a physical disability.



*The Bajaj project allowed Mariana to find her role in the society and to become independent and autonomous.*

Mariana, who became a motivator for other disabled women, moved from her single bedroom apartment to a two-room house with her four children and gained respect and admiration from her relatives. Well-rounded and fulfilled, she has also integrated a basketball team for women in wheelchairs.

She had her life changed after this experience.

*"I don't know how I managed before I had my Bajaj. It is everything to me and I take care of it like my baby! It changed my life," she said.*



*Mariana Mponji in front of her Bajaj (local taxi), a three-wheeler vehicle carrying up to 3 passengers.*

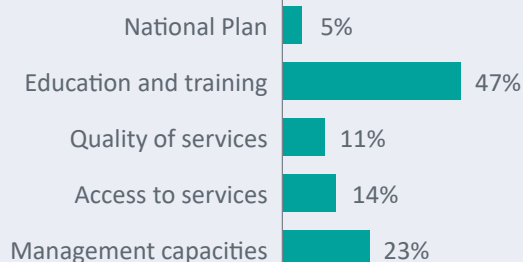
As part of its objectives and in line with MoveAbility's global objective to increase people's access to services and facilitate their social inclusion, SHIVYAWATA, the Tanzanian Federation of Disabled People's Organization (DPO), runs the Bajaj project; with the aim to increase and promote social inclusion of Persons with Disabilities (PwD) by supporting them in setting up their own business. Active since 1992, the Federation encompasses ten national DPOs, one of which advocates and empowers PwD.

BUDGET 2016

**CHF 903'789**

EXPENDITURE 2016

**CHF 506'628**



## BACKGROUND INFORMATION

- Since 2004, MoveAbility has been working with the Ecole Nationale des Auxiliaires Médicaux (ENAM) in Lomé to train rehabilitation professionals from African French-speaking countries and with the Centre National d'Appareillage Orthopédique (CNAO), to improve quality of physical rehabilitation services. Our agreement with both institutions runs until 2018 under the umbrella of the Ministry of Health (MoH). The Centre Régional d'Appareillage Orthopédique (CRAO-k) de Kara has been receiving support since 2011.
- We also work with regional institutions in Togo: the African Federation of Orthopedic Technicians (FATO), which fosters networking, and the African Organization for the Development of Centres for Disabled People (OADCPH), which provides purchasing services and training.
- The health sector has progressed in recent years, and Togo ratified the UNCRPD in 2011. However, public centres need more resources to fully meet the demand; many people still lack access to medical and rehabilitation care.

## MAIN ACHIEVEMENTS

### NATIONAL PLAN

- After attending the Management Science for Health's (MSH) Leadership training: local Authorities, service providers, the Togolese Red Cross and DPOs established a multi-sectoral policy platform in 2016. The MoH also appointed a director for physical rehabilitation, who took part in the platform's meetings from October onwards.
- We financially and technically supported the platform for developing its plan of action – including an assessment of Togo's physical rehabilitation sector in 2017 – and terms of reference (ToR), which were being reviewed by the MoH at year-end.
- The Ministry of Social Action created a committee to foster the social inclusion of Persons with Disabilities (PwD), which we were part of. With our support, the committee organized events to celebrate the International Day of PwDs. We also participated in workshops on employment for PwDs.

### EDUCATION AND TRAINING

- Thanks to MoveAbility funding and supervision, the full renovation of the P&O premises, the gait training room and a new lecture area of the technical institution of Ecole Nationale des Auxiliaires Médicaux in Lomé (ENAM) has been completed, and new machinery and equipment installed. This new set-up was officially inaugurated by the MoH and other local authorities in February 2016.
- To help ENAM retain its ISPO accreditation, we worked with MSH to organize a management training in Togo for the ENAM's heads of physiotherapy and P&O departments; a team from CNAO also attended. An ENAM teacher took an ISPO Cat. I course in Tunisia, with financial assistance from MoveAbility and another NGO.
- We supported participation to OADCPH-organized training modules for people from ENAM, CNAO, CRAO-K and other regional structures and organized a training on the provision of services to wheelchair users.



- With our support, representatives of educational institutions, service providers, and DPOs in West Africa attended the 8th FATO Congress, which we helped organize. This event enabled stakeholders in Africa, including international organizations, to discuss areas of potential collaboration. It was an opportunity for the participants to attend scientific communications and technical presentations.

## QUALITY OF SERVICES

- We were unable to fully implement beneficiary-feedback surveys and technical assessments with our partners because of a misunderstanding about the target population, which was supposed to cover all patients instead of just MoveAbility beneficiaries.

## INDICATORS



### PHYSICAL REHABILITATION ENTITY

- Existence of 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

- **17** Physiotherapists, **8** Cat. I P&O, **17** Cat. II P&O



### MANAGEMENT CAPACITIES OF OUR PARTNERS

- **3** staff members from CNAO and **3** from ENAM were supported to attend the EMP training
- CNAO is doing well with EMSAT and **2** modules of the training already implemented



### QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

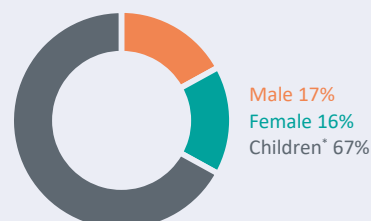
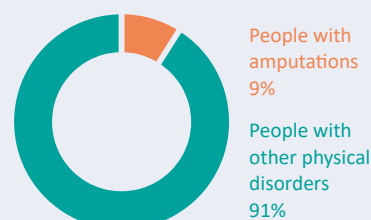
- Implementation of the quality assessment tools at CNAO



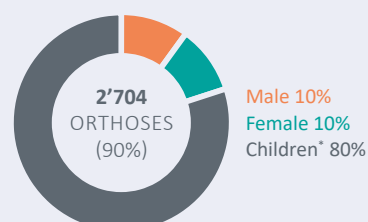
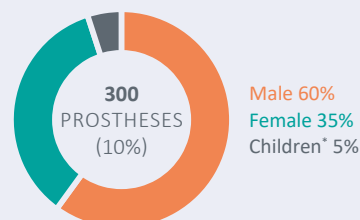
### BENEFICIARIES' STATISTICS

- **9'680** people with disabilities received services provided by our partners
- **270** devices for mine incident survivors were manufactured and provided by our partners
- **98** devices reimbursed to persons with disabilities

## PEOPLE HAVING RECEIVED SERVICES DELIVERED BY MOVEABILITY PARTNERS



## ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



\*below 15 years old

## ACCESS TO SERVICES

- We continued working with CNAO and CRAO-K to run PCT program, which entailed training for parents and caregivers of children with cerebral palsy in the provision of home-based care and sponsored the fitting of some children with orthopedic devices.
- CNAO, CRAO-K and ENAM carried out their activities with materials that we donated and ordered through OADCPH.

- We supported the Fédération Togolaise de Sports pour Personnes Handicapées (FETOSPA) to become an official National Paralympic Committee. A FETOSPA powerlifter participated in the 2016 Paralympics.

## MANAGEMENT CAPACITIES

- We helped CNAO to begin implementing the self-assessment of their systems and the first two training modules of the EMP in order to strengthen its management capacities.

## CHALLENGES

- Efforts to urge the MoH and CNAO to gradually take over the PCT program have to be strengthened; throughout 2016, MoveAbility was still the program's main organizer and financier.
- Students' Training need to be improved. Lack of leadership and clinical experience due to early recruitment of teachers after completion of studies are the main obstacles.
- Furthermore, only CNAO was able for clinical placements in 2016; we held talks on the possibility of setting up such a program with CRAO-K in 2017.
- P&O in Togo have difficulty finding jobs after graduation. Our engagement in the region may provide job opportunities since this sector is usually lacking professionals (like in Benin, Ivory Coast, Senegal).

## STORY

### TOGO: A LOAN FOR A NEW START

Nouglo Ame, 35 years old, lost her right leg after a car accident in 2003. Due to the lack of funds, she couldn't afford to pay for a prosthesis and couldn't therefore carry out a professional activity.

In 2015, her situation changed, thanks to a loan granted by the "Faîtière des Unités Coopérative d'Epargne et de Crédit" (FUCEC), a local NGO, and supported by MoveAbility. The FUCEC's mission is to "offer sustainable, profitable and secure financial services to the disadvantaged people and other socio-economic categories in Togo, through a unified network of financial cooperatives, concerned with applying the best practices in terms of management."

With the FUCEC loan and business support, Nouglo started an activity in the sale of porridge and sugar. A few months later, she received a visit from a MoveAbility Disability Officer who came to see her progress. The Officer noticed that despite the improvement in her situation, she still didn't have a prosthesis, which made her life and work difficult. She therefore was sent to CNAO to be fitted with a suited prosthesis.



*Nouglo Ame, lower limb amputee, was able to create her own business, thanks to a local loan and management support.*

Since then, Nouglo has seen a real change in her life, as she points out: "Now, my life has changed. Before, I depended on others to do things. Now, I make use of my prosthesis and I can go everywhere I want, I'm independent and finally free! I can walk a long distance, doing tasks related to my business; shortly I can do everything I need easily. People in my neighborhood, my church and my family are proud of my ability to walk again. I feel useful to the society and the prosthesis has a great value in my life."

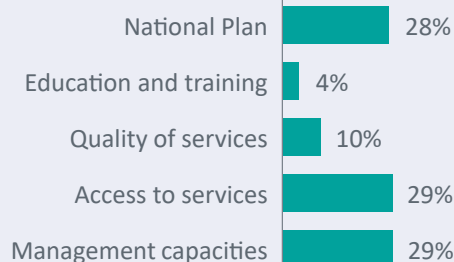
# ZAMBIA

BUDGET 2016

**CHF 107'231**

EXPENDITURE 2016

**CHF 91'462**



## BACKGROUND INFORMATION

- The University Teaching Hospital's (UTH) centre for prosthetics and orthotics, managed by the Ministry of Health (MoH), has intermittently received assistance from MoveAbility or the ICRC since 1996.
- We have been supporting the St. John Paul II Mission Hospital (formerly known as the Zambian Italian Orthopedic Hospital ZIOH), since 2009.
- Zambia ratified the UNCRPD in 2010. Local legislation for people with disabilities exists, but disability-related matters are not among the government's public health priorities. The government has mandated the Zambia Agency for Persons with Disabilities (ZAPD) to provide and coordinate physical rehabilitation services, engage in advocacy efforts, and foster social and economic inclusion for people with disabilities (PwD).
- The National Health Strategic Plan has been under review since June 2015. The ZAPD published a policy for disability in December 2015, which included budget estimates for related activities, though at year-end these had not yet been finalized.

## MAIN ACHIEVEMENTS

### NATIONAL PLAN

- Dialogue with the MoH regarding our proposed memorandum of understanding (MoU) for 2017 continued, though the agreement was not finalized by year-end; these discussions were set to resume in early 2017. The MoU covered, among other initiatives, the creation of a national multi-sector platform to lobby for legislation related to physical rehabilitation.

### EDUCATION AND TRAINING

- The Otto Bock group asked for our help in finding a senior prosthetist who could help develop the curriculum of the University Teaching Hospital (UTH – MoH) a new school that will be launched in September 2017. At year-end, we were in the process of assessing the extent of our possible involvement.

### QUALITY OF SERVICES

- The implementation of beneficiary-feedback surveys and technical assessments was included in the MoU for 2017 that we proposed to the MoH.

### ACCESS TO SERVICES

- We donated raw materials and other supplies for producing assistive devices to St. John Paul's II Mission Hospital, after it resumed operations in the third quarter of the year.
- The provision of support for financially vulnerable patients' transport expenses was discussed for possible inclusion in the MoU with the MoH for 2017.

### MANAGEMENT CAPACITIES

- We were unable to meet with UTH medical faculty during our last visit; the possibility of including the Essential Management Package (EMP) in their training curriculum was postponed for subsequent visits.

# CHALLENGES

- A high turnover rate among the MoH's senior staff made it difficult for us to establish contact, build rapport, and support and follow up on the implementation of activities to help make the physical rehabilitation sector sustainable. This was further hindered by the reshuffling of the government after the elections.

## INDICATORS



### PHYSICAL REHABILITATION ENTITY

- Existence of 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

- **2** P&O, **5** Physiotherapists and **2** other health professionals



### MANAGEMENT CAPACITIES OF OUR PARTNERS

- **n/a**



### QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

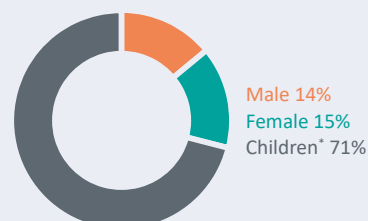
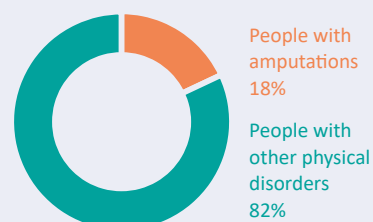
- **n/a**



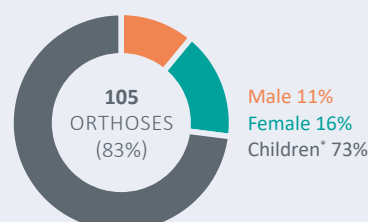
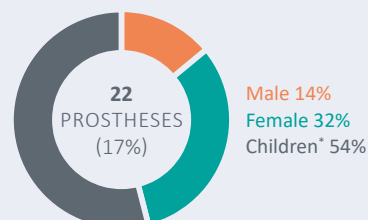
### BENEFICIARIES' STATISTICS

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

## PEOPLE HAVING RECEIVED SERVICES DELIVERED BY MOVEABILITY PARTNERS



## ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



\*below 15 years old

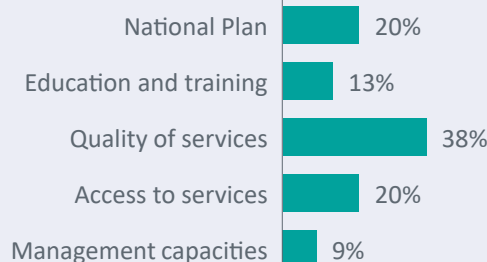
# VIET NAM

BUDGET 2016

**CHF 976'548**

EXPENDITURE 2016

**CHF 868'619**



## BACKGROUND INFORMATION

- Cooperation between the Ministry of Labour, Invalids and Social Affairs (MoLISA) and the ICRC began in 1989, focusing on orthopedic assistance for people with disabilities (PwD). MoveAbility took over from the ICRC in 1995, and we have expanded our activities since then. In 2002, we began our partnership with the Vietnamese Red Cross, which we work with to identify and follow-up on people in need of physical rehabilitation services.
- Viet Nam's economy has been improving over the past few years. Some PwD – primarily caused by past conflict – still lack funds for medical care. The situation acutely affects those in rural areas, where poverty is more prevalent.
- The Vietnamese government ratified the UNCRPD in 2015, and is revising national legislation regarding disabilities. The MoLISA and Ministry of Health (MoH) both conduct activities for PwD, while the Vietnamese Training Centre for Orthopedic Technology (VIETCOT) trains prosthetists and orthotists (P&O).

## MAIN ACHIEVEMENTS

### NATIONAL PLAN

- We signed an agreement with the MoH and MoLISA on a comprehensive national study – to be completed by end-2017 – on the needs of PwDs and the services available to them. Baseline data from this study will inform the government's efforts to advance universal health coverage, to establish an entity for overseeing the country's physical rehabilitation services, and to create a multi-sectoral physical rehabilitation policy platform. The MoLISA also invited us to participate in several events, including meetings regarding implementation of the UNCRPD, and workshops on creating jobs for PwDs and international cooperation in promoting their rights.
- Our lobbying efforts led the MoH to issue a circular that paved the way for the inclusion of orthoses in national health insurance coverage. We worked with Action to the Community Development Centre (ACDC), a DPO, to further its implementation by training representatives of service providers and DPOs to promote the circular and by organizing an event to launch it. With a view to helping government officials develop criteria for, among others, the price and quality of orthoses, we facilitated

trips to study Thailand's national health system and to observe operations at Da Nang Orthopedic and Rehabilitation Hospital.

### EDUCATION AND TRAINING

- Through scholarships from MoveAbility, 8 students began an ISPO Cat. II training at VIETCOT, and 1 student started a Cat. I training at a university in Thailand. To strengthen VIETCOT's teaching capacities, we organized an exchange visit to Cambodia that enabled the school's representatives to exchange best practices with their peers. With the support of an ICRC engineer and of MoveAbility, VIETCOT drew up plans for the renovation of their facilities.

### QUALITY OF SERVICES

- To help our local partners improve the quality of their services, we organized 2 P&O workshops for doctors from 2 physical rehabilitation centres; we carried out a second round of patient-satisfaction surveys at 5 centres, and conducted a training course on soliciting beneficiary feedback for representatives from Disability Research and Capacity Development, a DPO.

## ACCESS TO SERVICES

- Thanks to MoveAbility financial support, a total of 1'357 prostheses and 122 orthoses were reimbursed for vulnerable patients.
- Amongst the overall total of prosthetic services users, 43% are mine victims.
- Several PwDs availed themselves of various services, such as the fitting of prostheses and orthoses, at our partner centres. We also renewed partnerships with local

DPOs that identified and referred some of these patients, and expanded the areas covered by our agreements. Plans to provide three athletes with disabilities with specialized devices were postponed to January 2017 because of our partner's schedule.

## MANAGEMENT CAPACITIES

- To help VIETCOT strengthen their management capacities, we provided them with support for a self-assessment using the EMSAT tool.

## INDICATORS



### PHYSICAL REHABILITATION ENTITY

- Existence of National plan: **No**
- Budget for physical rehabilitation: **n/a**
- Number of professionals employed by the entity: **0**



### NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- **16** P&O, **2** Physiotherapists, **21** other therapists



### MANAGEMENT CAPACITIES OF OUR PARTNERS

- **2** persons from VIETCOT, including the director, attended an EMP Training of Trainers
- An EMSAT evaluation of the school was done



### QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

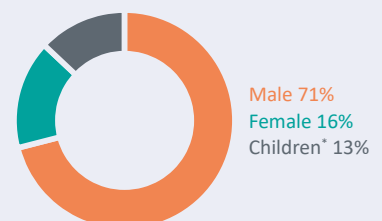
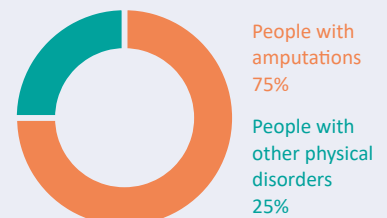
- Twice per year about **10-20%** of MoveAbility beneficiaries are assessed using the BFTA Quality measuring tools
- Starting in 2016, partner DPOs are also carrying out beneficiaries satisfaction and impact survey for all persons they refer for MoveAbility support



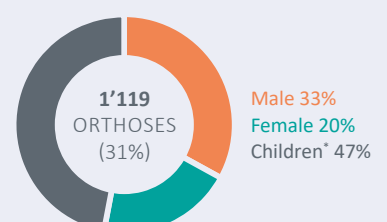
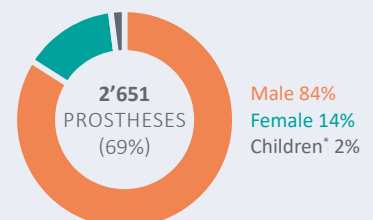
### BENEFICIARIES' STATISTICS

- **3'448** people with disabilities received services provided by our partners
- **1'132** devices for mine incident survivors were manufactured and provided by our partners
- **1'479** devices reimbursed to persons with disabilities

## PEOPLE HAVING RECEIVED SERVICES DELIVERED BY MOVEABILITY PARTNERS



## ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



\*below 15 years old



# CHALLENGES

- The implementation of the national study was delayed, as key personnel became unavailable to work on it until March 2017, and the survey tools still had to be refined.
- Despite progress on legislation for PwDs, at year-end, some issues still remained: prostheses were not included in health insurance coverage; amputees were not classified as severely disabled (and thus, were ineligible for some types of government assistance); and PwDs were not legally eligible to work as P&O.
- ACDC is involved in our advocacy efforts; however, as they are working with several other international organizations, their most experienced staff are in high demand, our joint activities could not always be prioritized.

## STORY

### VIETNAM: GREAT VICTORY FOR THE DISABILITY SPORT

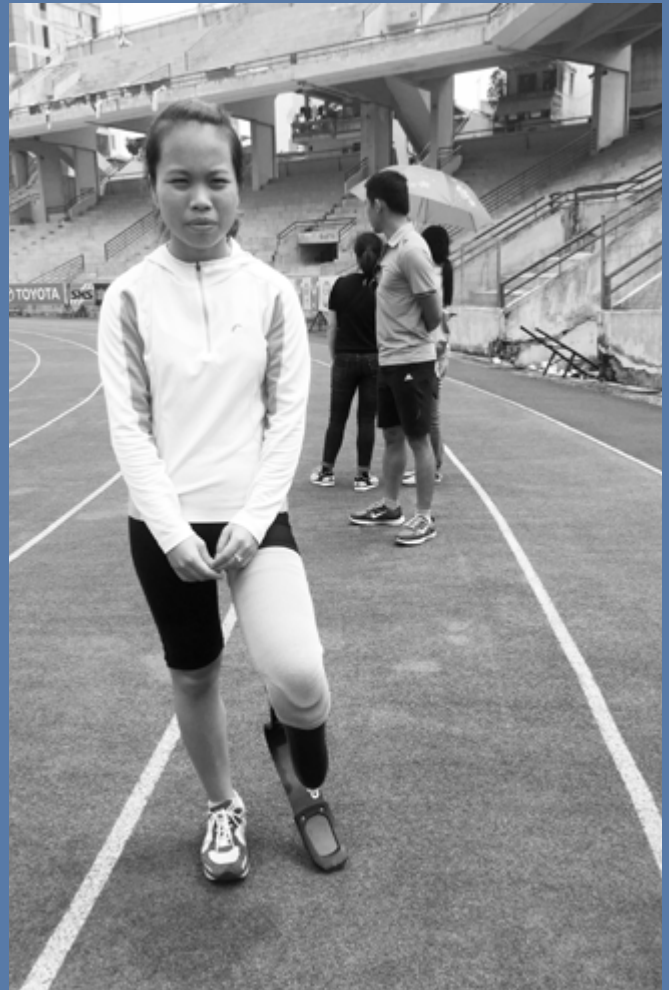
Over the last years, Disability sport in Vietnam has achieved significant milestones. In fact, since 2014 the Vietnamese Disability Sport Delegation won a large number of medals. During the ASEAN game in 2015, Lai Thi Ngoc Anh who was running on a MoveAbility donated prosthesis won a Gold Medal for Women's Long jump with a Game record at 3.8.

At the Paralympic Games in Rio de Janeiro in 2016 the Vietnam Paralympic Delegation (VPD) had the most successful Paralympic Games in history with 11 athletes performing in athletics, swimming and powerlifting.

VietNam won its first-ever gold medal, 1 silver medal, 2 bronze medals and Vietnam ranked 55th in the medal tally. In addition, Paralympic weightlifter Le Van Cong broke the Paralympic record in the men's 49kg powerlifting competition.

MoveAbility, involved in sports for PwDs, has fitted 3 athletes in 2016: 1 woman runner, 1 woman Badminton and 1 man table tennis player. Since the beginning of the project, we are working with our partner Otto Bock, who provides the fitting, Vietcot, who provided the venue and used the fitting as exposure for students and the Vietnam sport committee, who co-selected the players.

All those achievements and successes have delighted the expectations of athletes, authorities and fans as well as credentials to attract new investment from the government on diet, compensation, infrastructure and application of science and technology in Vietnam Paralympic Delegation to achieve higher results at the Paralympics in 2020.



*Lai Thi Ngoc Anh is training for the next ASEAN Paragames.*

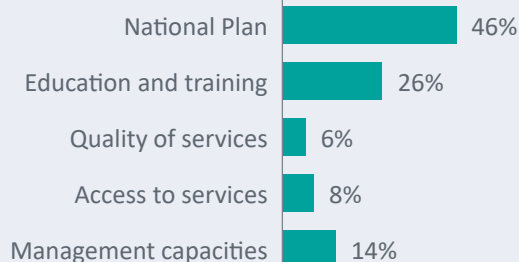
# TAJIKISTAN

BUDGET 2016

**CHF 587'822**

EXPENDITURE 2016

**CHF 507'386**



## BACKGROUND INFORMATION

- The Ministry of Health and Social Protection of the Population (MoHSPP) provides free physical rehabilitation services at the State Enterprise Prosthetic-Orthopedic Plant (SEOP) in Dushanbe, and at its newly reopened branch in Khujand.
- The ICRC supported the SEOP from 1998 to 2008, after which it handed over assistance for physical rehabilitation services to MoveAbility. This initially took the form of short-term missions, as well as ad hoc donations of supplies. As more support became necessary, we hired a full-time expatriate prosthetist/orthotist, who was based in Dushanbe from 2013 onwards.
- Tajikistan has not yet acceded to the UNCRPD. Nevertheless, in October, its president approved the National Program on Rehabilitation of Persons with Disabilities, which includes plans for strengthening the physical rehabilitation sector. Tajikistan, however, is undergoing a financial crisis, that may disrupt its efforts to implement the program and to provide services at the SEOP.

## MAIN ACHIEVEMENTS

### NATIONAL PLAN

- Together with ICRC personnel, we installed the machinery at the SEOP's branch in Khujand and supervised the renovation of its facilities. Though the inauguration was scheduled in January 2017, it already received patients in November.
- In coordination with WHO and USAID, we continued to meet with the MoHSPP and the SEOP, to support the physical rehabilitation sector and the drafting of the National plan.
- We drew up a new agreement that covered cooperation with the government in 2017, based on the newly approved National Program on Rehabilitation of PwDs, and in coordination with WHO.

### EDUCATION AND TRAINING

- Our P&O continued to provide on-the-job coaching to SEOP personnel, and visited the SEOP's Khujand branch to provide it with technical support as it began to resume operations.

- We also mobilized and coordinated with other organizations to facilitate other training initiatives. Meanwhile, 3 women and 2 PwDs began training at Mobility India and at the Vietnamese Training Centre for Orthopedic Technology (VIETCOT), our training partner in Viet Nam, with a view to becoming physiotherapy assistants and orthopedic shoemakers at the SEOP.

### QUALITY OF SERVICES

- The conditions at the SEOP were not yet met to conducting beneficiary-satisfaction surveys.

### ACCESS TO SERVICES

- The renovation of the Khujand branch of State Enterprise Prosthetic-Orthopedic Plant (SEOP) was completed and was operational during the second semester, thanks to funding from the Japanese Embassy in Dushanbe.
- We donated components, raw materials and tools to the SEOP, in order to help them cope with the effects of the financial crisis on their budget.



- Plans to facilitate referrals to the SEOP through collaboration with the Tajikistan Red Crescent and Imkoniyat, a DPO, did not push through in 2016, as working with external organizations was not yet a priority for the SEOP.

## MANAGEMENT CAPACITIES

- Training using the EMP<sup>1</sup> will finally take place in April 2017 with the participation of overhead staff from all rehabilitation entities related to the MoHSPP.

<sup>1</sup> <https://www.msh.org/resources/essential-management-package-for-strengthening-physical-rehabilitation-centers>

## INDICATORS



### PHYSICAL REHABILITATION ENTITY

- Existence of National plan: **No, under development**
- Budget for physical rehabilitation: **n/a**
- Number of professionals employed by the entity: **0**



### NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 4** Cat. II P&O technicians, **2** Physiotherapists, **12** other health professionals



### MANAGEMENT CAPACITIES OF OUR PARTNERS

- n/a**



### QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

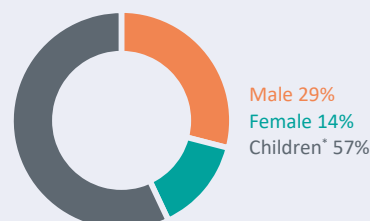
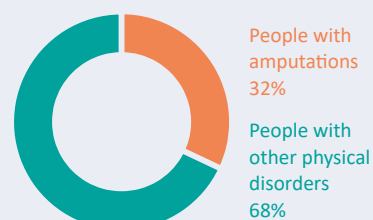
- n/a**



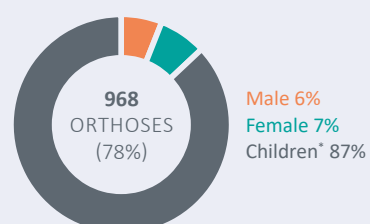
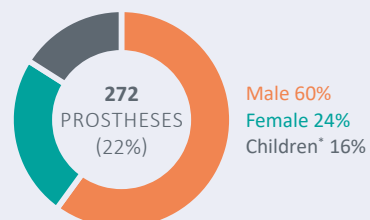
### BENEFICIARIES' STATISTICS

- 3'304** people with disabilities received services provided by our partners
- 14** devices for mine incident survivors were manufactured and provided by our partners

## PEOPLE HAVING RECEIVED SERVICES DELIVERED BY MOVEABILITY PARTNERS



## ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



\*below 15 years old

## CHALLENGES

- A total of 5 P&O, who had trained at VIETCOT with our support, left the SEOP to seek jobs abroad – in part, because of the financial crisis in the country. As a result, we had to postpone or adjust several of our plans; for instance, we increased on-the-job coaching for the remaining personnel, and lobbied for the appointment of a new workshop supervisor who could implement quality-control mechanisms.
- The financial crisis also affected the SEOP's budget – particularly its ability to import raw materials and other supplies – and slightly increased its dependence on our support.
- The SEOP and its branch in Khujand are the only structures in Tajikistan that provide assistive devices; however, they lack medical doctors and are not connected with any hospitals.

## STORY

### TAJIKISTAN: INAUGURATION OF A NEW P&O PLANT

In January 2017 was inaugurated a new branch of the State Enterprise Orthopedic-prosthetic Plant (SEOP) in Khujand, Tajikistan. The event was attended by a large number of participants including Kitaoka Hajime, Ambassador Extraordinary and Plenipotentiary of Japan to the Republic of Tajikistan; Kurbonov Kudatullo, Head of Social Protection Department and other representatives of Ministry of Health and Social Protection of Population, as well as Sugd regional government officials; Claudia Azzolini, ICRC Head of Mission in Tajikistan and Joël Nininger, MoveAbility Regional Manager for Asia.

The opening of the new center was made possible by the joint efforts of the MoveAbility team, ICRC Mission in Dushanbe and the Japanese embassy in Tajikistan. MoveAbility has fully equipped the new center and supported the education of P&O staff in the frame of the USAID earmarked grant for the program in Tajikistan, whereas the Japanese embassy allocated the resources for the full reconstruction of premises. ICRC Mission has provided the necessary administrative and logistical support on spot. The new center will serve a large number of PwDs from the Sugd region who had to take a long journey to Dushanbe in the past to receive P&O services.



*Juraeva Nigora, one of the MoveAbility sponsored female students at the VIETCOT, who is working in Khujand branch after graduating as orthotist. On the right bottom of the picture is one of the bench workers assisting her by thermoforming of an orthosis. Picture was taken in the newly opened workshop.*



*Kitaoka Hajime, Ambassador Extraordinary and Plenipotentiary of Japan to the Republic of Tajikistan, is making a speech for the inauguration of the SEOP in Khujand.*

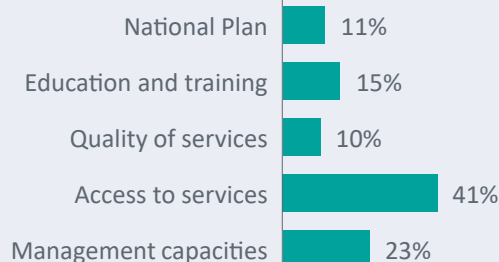
# ECUADOR

BUDGET 2016

**CHF 160'786**

EXPENDITURE 2016

**CHF 194'394**



## BACKGROUND INFORMATION

- In 2007, MoveAbility began to support Ecuador's physical rehabilitation sector by partnering with the Fundación Hermano Miguel (FHM), a local charity that runs a prosthetic workshop, to promote the use of ICRC-developed polypropylene technology.
- Ecuador has signed or ratified several disability-related conventions. It ratified the UNCRPD in 2008 and has been working to implement it, for instance, by adopting the Organic Law on Disability in 2012 and by creating a social registry of PwDs.
- We support the efforts of the Consejo Nacional de Discapacidades (CONADIS) – the agency run by the Ministry of Health (MoH) and Ministry of Education – to develop and coordinate disability-related policies.
- In April 2016, an earthquake devastated north-western Ecuador, causing several new disabilities; CONADIS has identified and registered 98 amputees to date.

## MAIN ACHIEVEMENTS

### NATIONAL PLAN

- During meetings with the CONADIS and the Dirección Nacional de Discapacidades, a department of the MoH, we promoted the use of ICRC-developed polypropylene technology – particularly in MoH-run physical rehabilitation centres – as a more cost-effective way of manufacturing assistive devices; however, this technology was not adopted within the year, so training and other activities dependent on it had to be put on hold.

### EDUCATION AND TRAINING

- With our support, an orthopaedic technician and a physiotherapist from FHM participated in a short course in clinical orthotics at the University Don Bosco (UDB) in El Salvador, our regional training partner. We also helped 3 P&O technicians continue their distance-learning training modules at UDB; 2 of them graduated and obtained ISPO accreditation.

### QUALITY OF SERVICES

- We advised FHM on the production of assistive devices and gave them recommendations for improving their services; several of these were implemented.

### ACCESS TO SERVICES

- With our support, FHM revised its criteria for identifying economically vulnerable PwDs. We also subsidized the cost of procuring raw materials and components; after the earthquake in April, this financial support was increased.

### MANAGEMENT CAPACITIES

- 2 senior staff from FHM participated in a week-long course on administration, which we organized in cooperation with UDB. With our financial support, all FHM personnel received customer service training from Corporación De Capacitación Creativa.
- With our help, FHM began to implement some recommendations from an NGO benchmarking assessment that SGS conducted in 2015; this was initially delayed by the earthquake, but was set to continue in 2017.
- We sponsored the participation of 2 FHM staff members in the Uniendo Fronteras congress, where they were able to network with suppliers and other service providers in the region and participate in various workshops on orthopedics.

# CHALLENGES

- MoH-run physical rehabilitation centres – notably the centre in Quito, which we visited in April – did not have enough staff to cope with the number of people who were newly disabled because of the earthquake. Moreover, MoH-run centres use expensive imported materials to manufacture assistive devices, and technicians have had no formal training in the production of orthoses.
- People depended mainly on FHM for P&O services; this situation will continue until State-run services are strengthened.
- FHM did not have a social worker in the first half of 2016, which hindered the provision of financial assistance to economically vulnerable patients. A new one was recruited in May.

## INDICATORS



### PHYSICAL REHABILITATION ENTITY

- Existence of National plan: **No**
- Budget for physical rehabilitation: **n/a**
- Number of professionals employed by the entity: **0**



### NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- **4** P&O, **11** Physiotherapists, **14** other health professionals



### MANAGEMENT CAPACITIES OF OUR PARTNERS

- **2** administrative staffs participated to a management course organized by MoveAbility at UDB
- All FHM staff participated to a Customer Service Excellence seminar, sponsored by MoveAbility
- **1** short course organized on clinical orthotic



### QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

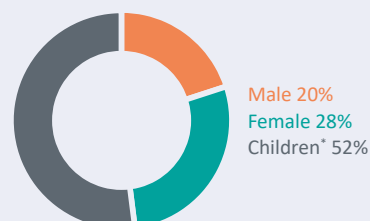
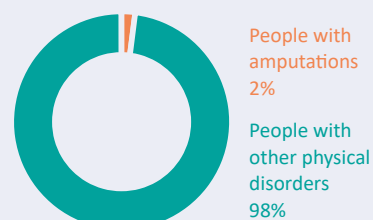
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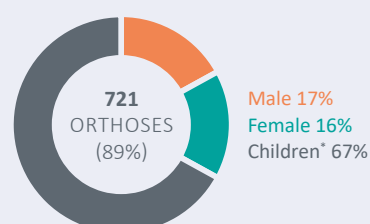
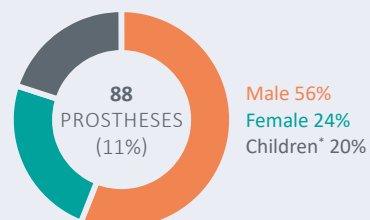
### BENEFICIARIES' STATISTICS

- **5'989** people with disabilities received services provided by our partner
- **6** devices reimbursed to persons with disabilities

## PEOPLE HAVING RECEIVED SERVICES DELIVERED BY MOVEABILITY PARTNER



## ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNER



\*below 15 years old

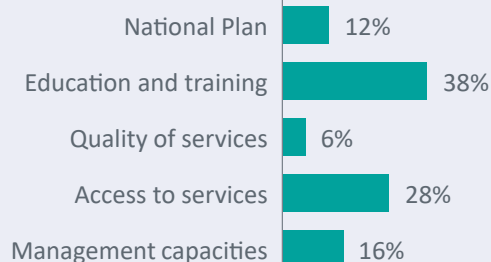
# EL SALVADOR

BUDGET 2016

**CHF 244'051**

EXPENDITURE 2016

**CHF 274'712**



## BACKGROUND INFORMATION

- The University Don Bosco (UDB) offers on-site training and distance-learning courses in P&O services, to people in the region; it is the only school in Latin America with ISPO Cat. I and II accreditation. Since 1999, we have been giving scholarships for training at UDB to personnel from MoveAbility-supported centres in other countries. In 2008, we began to cooperate with UDB more closely, to help it further strengthen its programs.
- El Salvador ratified the UNCRPD in 2007. The Consejo Nacional de Atención Integral a la Persona con Discapacidad (CONAIPD) has carried out activities for persons with disabilities (PwDs) since 1993, focusing on social protection and social integration mechanisms.
- Physical rehabilitation services at government facilities – such as the Instituto Salvadoreño de Rehabilitación Integral (ISRI), the national reference centre – are free of charge; however, the provision of services is hindered by a lack of funding and restrictive importation policies.

## MAIN ACHIEVEMENTS

### NATIONAL PLAN

- We met with representatives from CONAIPD, ISRI, the Ministry of Health (MoH), and UDB, aiming to facilitate creation of an entity within the MoH to coordinate the physical rehabilitation sector.
- With our financial support, ISRI organized an event for the International Day of Persons with Disabilities, where stakeholders from El Salvador discussed areas of common interest, and an invited representative from Costa Rica presented their national committee's efforts to implement the UNCRPD.
- Experience exchange was facilitated between stakeholders, in El Salvador and Nicaragua, including ISRI representatives in Nicaragua, on importation procedures and on managing patient databases. UDB and Nicaragua's national reference centers were helped to exchange information on technical matters.
- Meetings with the P&O association opened plans for financial support in 2017.

### EDUCATION AND TRAINING

- With our financial and technical support, UDB continued to offer on-site and distance-learning courses to physical rehabilitation professionals from the region. Staff from ISRI were trained to polypropylene technology, and personnel from Ecuador, Haiti and Nicaragua attended short courses on clinical orthotics; moreover, 14 students from neighbouring countries pursued degrees through MoveAbility scholarships.
- We donated supplies, equipment and teaching material to UDB, to strengthen teaching capacities. UDB also received financial support to develop tools for services promotion and key personnel was sponsored to participate in a regional congress. There, they assessed with other stakeholders the possibility of developing a course on P&O prescription, aimed at rehabilitation professionals (P&O, PT, General practitioner).

## QUALITY OF SERVICES

- UDB's director attended training on developing and conducting beneficiary-satisfaction surveys and technical assessments, and subsequently trained staff from our partner institutions in Nicaragua, as well as an ISRI representative.
- Personnel from UDB and ISRI participated in the implementation of these tools in Nicaragua; both institutions were set to begin using them in 2017.

## ACCESS TO SERVICES

- We provided ISRI with financial support to purchase machinery and raw materials for assistive devices, as the prevailing importation regulations hardened independent materials acquisition at reasonable costs. Staff was also trained in inventory management.

## INDICATORS



### PHYSICAL REHABILITATION ENTITY

- Existence of 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

- **13** P&O, **22** Physiotherapists, **5** other Therapists



### MANAGEMENT CAPACITIES OF OUR PARTNERS

- **3** qualified professionals from ISRI participated to the clinic orthotics training course at UDB
- **11** qualified professionals from ISRI participated to a Polypropylene training course
- **4** administrative staffs participated to a management course organized by MoveAbility at UDB
- **33** administrative staffs from ISRI participated to a local administrative training course sponsored by MoveAbility
- **5** administrative staffs from UDB participated to a local administrative training course sponsored by MoveAbility



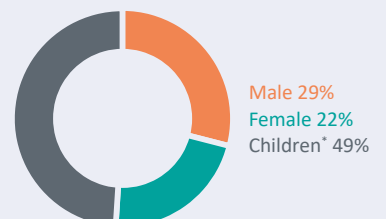
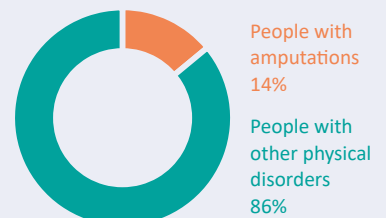
### BENEFICIARIES' STATISTICS

- **1'647** people with disabilities received services provided by our partners

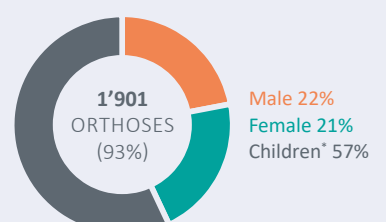
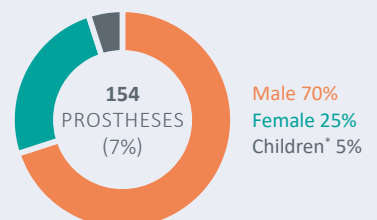
## MANAGEMENT CAPACITIES

- Managers and senior staff from Ecuador, Haiti, Nicaragua, and ISRI, as well as UDB and ISRI personnel, attended a course on administrative matters (database, inventory and project management), developed together with UDB.
- Staff from ISRI and CONAIPD participated in Uniendo Fronteras congress, with our support. It enabled them to network with suppliers and other regional service providers.

## PEOPLE HAVING RECEIVED SERVICES DELIVERED BY MOVEABILITY PARTNERS



## ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



\*below 15 years old



## CHALLENGES

- At year-end, a National entity for overseeing the physical rehabilitation had not yet been established, and importation procedures remained restrictive.
- Despite our lobbying efforts, the P&O unit of the general hospital in Santa Ana was not integrated into the Centro para la Rehabilitación Integral del Oeste (an ISRI satellite centre) during 2016; as a result, we were unable to support it during the period covered by this report.
- We could not provide UDB and ISRI with as much technical support as we planned to, because of the difficulty in recruiting an additional physiotherapist for our team.

## STORY

### EL SALVADOR: REINFORCEMENT OF THE P&O TECHNICIANS CAPACITIES

In December 2016, 11 prostheses and orthoses technicians from the the Insituto Salvadoreño de Rehabilitación Integral (ISRI) received their certification attesting their capacities to manufacture prostheses with the polypropylene technology.

The training, organized in collaboration with the University Don Bosco (UDB) and supported by MoveAbility, falls within the general objective to enhance knowledge and skills of physical rehabilitation professionals. Thanks to this training, the technicians have gained competencies, allowing to customize the prostheses themselves and at low cost.

During the course, 17 amputees from all over the country, have served as test patient and received their own tailor made prostheses. One of the patient said:

*“It was great to receive my own prosthesis. It brought a big change in my life. But it was also nice to help the technicians improve their skills. It was really a collaborative work.”*

In the coming years, such training will be pursued in El Salvador.

To help service providers and students of the region hone their skills, the technical support to UDB will be reinforced and distance-learning modules and courses on physical rehabilitation will be organized.



*First steps for this patient learning how to walk with her new prosthesis at the Insituto Salvadoreño de Rehabilitación Integral (ISRI).*



*Patients during the weekly technical consultation at the ISRI center with a multidisciplinary team and students to control the quality of the rehabilitation process and the efficiency of the devices.*

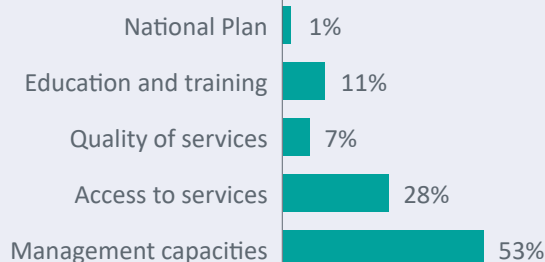
# HAITI

BUDGET 2016

**CHF 164'302**

EXPENDITURE 2016

**CHF 185'389**



## BACKGROUND INFORMATION

- In 2005, Healing Hands for Haiti (HHH), a local NGO that provides physical rehabilitation services, expressed interest in using the polypropylene technology developed by the ICRC. We subsequently organized an evaluation mission, and have been supporting HHH intermittently since 2006. In 2010, we worked with donors to help it rebuild its premises after the earthquake in 2010.
- Haiti acceded to the UNCRPD in 2009. The Bureau du Secrétaire d'Etat à l'Intégration des Personnes Handicapées (BSEIPH) is the main government agency responsible for assisting persons with disabilities (PwDs) and fostering their social inclusion. However, the country is still recovering from the effects of the earthquake, which exacerbated the already precarious state of its public services and increased the number of PwDs. The ongoing political crisis has complicated the situation further.

## MAIN ACHIEVEMENTS

### NATIONAL PLAN

- Data-gathering procedures were improved with the ICRC patient management software. The political situation resulted in postponing a meeting, for local and international stakeholders in the physical rehabilitation sector.

### EDUCATION AND TRAINING

- Participation of HHH personnel was sponsored – PT/P&O and head of the physiotherapy unit – in short courses held at the University of Don Bosco (UDB) in El Salvador. HHH staff were then provided with technical support, to start using the tools introduced to them during these courses.

### QUALITY OF SERVICES

- Advice was given to increase quality on assistive device production (e.g. for cerebral palsy and scoliosis). We also engaged discussions with organizations to help us implement beneficiary-satisfaction surveys and technical assessments at HHH in 2017. After visits, we shared recommendations with HHH management, and organized meetings to follow-up implementation.

### ACCESS TO SERVICES

- Financial support was provided to purchase components and raw materials for assistive devices. Installing inventory management software allowed overhauling their logistics, and monthly statistical monitoring are now carried out.

### MANAGEMENT CAPACITIES

- Two representatives from HHH attended training on administrative matters (services cost calculation, inventory and database management), developed with UDB. Project management training was supported for 3 employees at a local university.
- With our support, 3 key personnel from HHH underwent training on the Essential Management Package (EMP), aiming to implement it in 2017. We also contributed to the head of the P&O department's salary, who supervised assistive devices production.
- We sponsored participation of 2 Haitian representatives in Uniendo Fronteras congress, for networking with suppliers and other service providers in the region.



## CHALLENGES

- At authorities level, there is no physical rehabilitation specific entity . It results in lack development, coordination and supervision mechanisms, in particular to explore possibilities of services decentralization, and assess professionals' needs.
- HHH needs to diversify its partners. Furthermore, most patients in need of physical rehabilitation services are not able to access those unless they are subsidized or free.

## INDICATORS



### PHYSICAL REHABILITATION ENTITY

- Existence of National plan: **No**
- Budget for physical rehabilitation: **n/a**
- Number of professionals employed by the entity: **0**



### NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- **6** P&O, **5** Physiotherapists, **4** other health professionals



### MANAGEMENT CAPACITIES OF OUR PARTNERS

- **3** qualified professionals from HHH participated to the clinic orthotics training course at UDB
- **2** administrative staffs participated to a management course organized by MoveAbility at UDB
- **3** administrative staffs participated to a local administrative training course, sponsored by MoveAbility



### QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

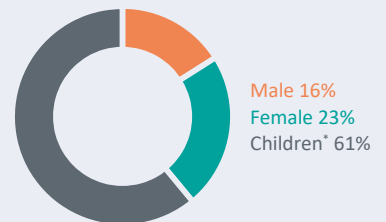
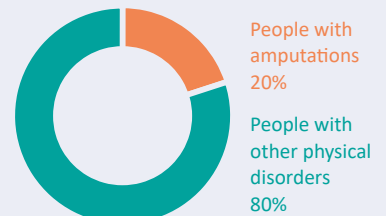
- **n/a**



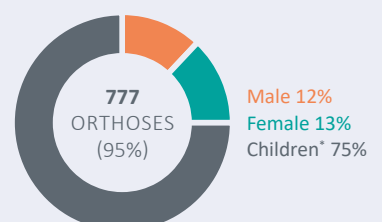
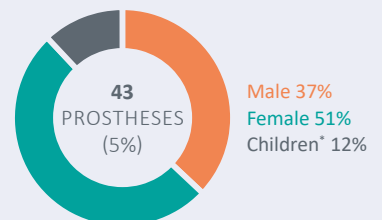
### BENEFICIARIES' STATISTICS

- **3'402** people with disabilities received services provided by our partners

## PEOPLE HAVING RECEIVED SERVICES DELIVERED BY MOVEABILITY PARTNERS



## ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



\*below 15 years old

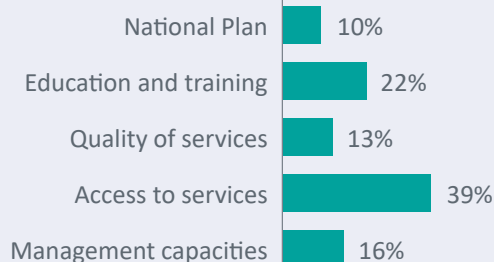
# NICARAGUA

BUDGET 2016

**CHF 509'030**

EXPENDITURE 2016

**CHF 356'269**



## BACKGROUND INFORMATION

- After the ICRC withdrew from Nicaragua in 1993, MoveAbility stepped in to support the Centro Nacional de Producción de Ayudas Técnicas y Elementos Ortoprotésicos (CENAPRORTO), run by the Ministry of Health (MoH).
- In 2000, we established a regional office in Managua in order to increase our assistance for institutions in Latin America. As the MoH decentralized its free physical rehabilitation services in 2010, we started to assist its satellite centres in La Trinidad and Puerto Cabezas.
- We have also been supporting the Centro de Capacidades Diferentes (CAPADIFE) in Managua and Walking Unidos (WU) in León since 2004; these centres are privately run by Fundación para la Rehabilitación Walking Unidos (FURWUS), a local charity. In 2016, we signed an agreement with a new partner, the Instituto Politécnico de la Salud “Luis Felipe Moncada” (UNAN-POLISAL).
- Nicaragua ratified the UNCRPD in 2007. In 2016, the MoH extended the Todos Con Voz program to the whole territory, which entails, among others, visiting people with disabilities to monitor their health, as well as providing them with an official ID and a disability certificate to receive medical assistance in the national public hospitals.

## MAIN ACHIEVEMENTS

### NATIONAL PLAN

- Todos con Voz has led coordination meetings with representatives from government-run physical rehabilitation centres and provincial health authorities. An entity to oversee the national physical rehabilitation sector was subsequently established, and a focal point (Todos Con Voz's technical director), designated; at year-end, however, the entity still needed official recognition from the MoH.
- In parallel, Todos con Voz, which received government funding, remained in charge of the physical rehabilitation policy platform; we continued to attend the platform's meetings. With our support, Todos con Voz organized an event to celebrate the International Day of Persons with Disabilities, where representatives from the Instituto Salvadoreño de Rehabilitación Integral (ISRI) gave a presentation on physical rehabilitation services in their country.

- At our urging, the MoH hired additional technicians for CENAPRORTO and the satellite centre in La Trinidad. For the first time, it also included imported materials for satellite centres in its annual purchase order.

### EDUCATION AND TRAINING

- Personnel from CENAPRORTO, La Trinidad, FURWUS and Los Pipitos attended short courses on clinical orthotics and other topics at the University Don Bosco (UDB) in El Salvador, our regional training partner.
- Further to an agreement we signed with the MoH in 2016, we provided scholarships to UDB for 4 students, who were to work as orthopedic technicians in satellite centres after graduating; we also supported 4 technicians, who were taking distance-learning training modules at UDB.

## QUALITY OF SERVICES

- We advised CAPADIFE and CENAPRORTO on the production of assistive devices. Together with CENAPRORTO, we also visited the satellite centres in La Trinidad and Bilwi, and gave them recommendations on how they could improve their services.
- Personnel from the Nicaraguan Red Cross and UNAN-POLISAL – whom we trained, in cooperation with UDB – conducted beneficiary-satisfaction surveys and technical assessments at CENAPRORTO and CAPADIFE.

## ACCESS TO SERVICES

- With our support, economically vulnerable patients at centres run by FURWUS, and children referred by Los Pipitos, were fitted with assistive devices; some of them received financial aid for accommodation and/or transport expenses. We also subsidized the cost of raw materials for FURWUS.

## INDICATORS



### PHYSICAL REHABILITATION ENTITY

- Existence of 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

- **13** P&O, **22** Physiotherapists, **5** other health professionals



### MANAGEMENT CAPACITIES OF OUR PARTNERS

- **10** administrative staffs from **5** partner centers participated to a management course organized by MoveAbility at UDB
- **9** administrative staffs from **4** partner centers participated to a local administrative training course, sponsored by MoveAbility



### QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

Beneficiary satisfaction:

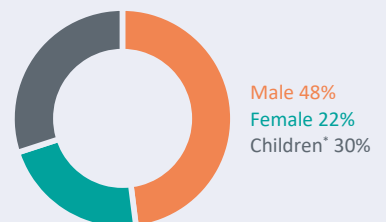
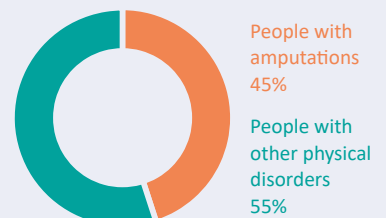
- **82** % of respondents are quite or very satisfied with the quality of their device
- **94** % of respondents think the device is important or very important to their social life
- **88** % of respondents think their device is important or very important to earn a living



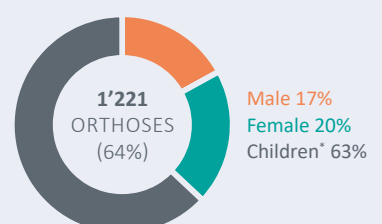
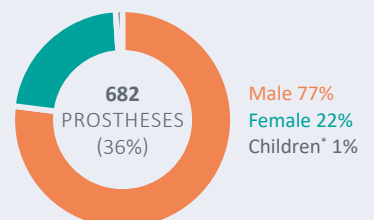
### BENEFICIARIES' STATISTICS

- **2'535** people with disabilities received services provided by our partners
- **129** devices for mine incident survivors were manufactured and provided by our partners
- **168** devices reimbursed to persons with disabilities

## PEOPLE HAVING RECEIVED SERVICES DELIVERED BY MOVEABILITY PARTNERS



## ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



\*below 15 years old

## MANAGEMENT CAPACITIES

- Senior staff from MoH- and FURWUS-run centres attended managerial training – for instance, in calculating the cost of services, and in purchasing and managing stocks – that we worked with UDB to develop. Other MoH and FURWUS personnel were trained in computer skills, project management fundraising, and other administrative matters by a local institution.
- With our help, FURWUS finalized a plan for implementing the few remaining recommendations from an NGO benchmarking assessment that SGS conducted in 2013.
- We sponsored the participation of Nicaraguan representatives in the Uniendo Fronteras congress, where they were able to network with suppliers and other service providers in the region.

## CHALLENGES

- Though the MoH began to include satellite centres' requirements in its annual purchase order, these centres still need more resources and technical guidance, and coordination mechanisms must be strengthened.
- Some students are having difficulty with completing their education and/or obtaining ISPO accreditation, and may need more assistance in this regard.
- We were unable to immediately find a national physiotherapist who could provide more technical support to our partners throughout the region. By year-end, we were able to hire an expatriate physiotherapist, who was set to begin working in March 2017.
- Collaboration with Los Pipitos was on standby, while it sought to replace the physician who had been tasked with screening and referring children for orthopedic treatment. It resumed after they found a new one in July.

## STORY

### NICARAGUA: CELEBRATION IN GREAT STYLE FOR THE INTERNATIONAL DAY OF PERSONS WITH DISABILITIES

On the 3rd of December, the Ministry of Health (MoH) organized a celebration for the International Day of Persons with Disabilities (PwD). 400 people, including kids, took part in this celebration in great style, during which many cultural activities and games were organized. The children were very happy to play around a piñata, a decorated vessel as of papier maché filled with candies and hung up to be broken with sticks by blindfolded persons.



*Promoting a disability inclusive society, children participating in the celebration for the International Day of Persons with Disabilities were disguised for the occasion.*

Dr. Alex Gonzalez, President of the Instituto de Rehabilitación Integral, San Salvador (ISRI), who participated at the event, explained to the audience the role and activities of the ISRI. The institution is active in the physical rehabilitation of PwD since 1957.

Michel Deffontaines, Regional Manager at MoveAbility, in his presentation, has introduced the Foundation and its activities in the Physical Rehabilitation sector. He said:

*"A lot of improvements have been done since the ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2007 in Nicaragua, but there is still a lot to be done, especially in the aim of social inclusion of PwD. Our foundation is also very active in cooperating with the MoH to create a national coordination to improve the quality of the Rehabilitation sector in general."*

The event ended on a very positive note. The children went back home full of stars in their eyes and gifts in their arms. The adults were plenty of great moments and full of hope for the future.

# ANNEX 1

## 2016 - ORGANIGRAM AND GOVERNANCE



# ANNEX 2

## 2016-MOVEABILITY BUDGET AND EXPENDITURE

	Expenditure	Budget	Implementation rate %
<b>AFRICA, REGIONAL OFFICE IN TANZANIA</b>			
Material (including transport) & financial assistance	808'215	1'050'723	77
Tuition & staff-related costs	875'637	1'175'681	74
Premises, equipment, general supplies, audit costs	310'102	193'353	160
Operational program support, financial management headquarters' administration	299'362	307'662	97
<b>TOTAL</b>	<b>2'293'316</b>	<b>2'727'419</b>	<b>84</b>
<b>ASIA, REGIONAL OFFICE IN VIET NAM</b>			
Material (including transport) & financial assistance	392'711	443'825	88
Tuition & staff-related costs	329'837	358'883	92
Premises, equipment, general supplies, audit costs	32'684	63'683	51
Operational program support, financial management headquarters' administration	113'387	110'158	103
<b>TOTAL</b>	<b>868'619</b>	<b>976'548</b>	<b>89</b>
<b>EUROPE-CENTRAL ASIA, SUB-REGIONAL OFFICE IN TAJIKISTAN</b>			
Material (including transport) & financial assistance	59'337	88'757	67
Tuition & staff-related costs	329'944	366'882	90
Premises, equipment, general supplies, audit costs	51'873	65'875	79
Operational program support, financial management headquarters' administration	66'232	66'308	100
<b>TOTAL</b>	<b>507'386</b>	<b>587'822</b>	<b>86</b>
<b>LATIN AMERICA, REGIONAL OFFICE IN NICARAGUA</b>			
Material (including transport) & financial assistance	370'569	547'494	68
Tuition & staff-related costs	426'048	309'322	138
Premises, equipment, general supplies, audit costs	82'204	99'730	82
Operational program support, financial management headquarters' administration	131'942	121'621	108
<b>TOTAL</b>	<b>1'010'763</b>	<b>1'078'168</b>	<b>94</b>
<b>TOTAL MOVEABILITY</b>			
Material (including transport) & financial assistance	1'630'833	2'130'799	77
Tuition & staff-related costs	1'961'466	2'210'767	89
Premises, equipment, general supplies, audit costs	476'862	422'642	113
Operational program support, financial management headquarters' administration	610'922	605'750	101
<b>TOTAL</b>	<b>4'680'083</b>	<b>5'369'958</b>	<b>87</b>

# 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 Special Fund for the Disabled, Geneva**

Lancy, 12 April 2017

### **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 Special Fund for the Disabled for the year ended 31 December 2016.

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

## STATUTORY FINANCIAL STATEMENTS OF THE ICRC SPECIAL FUND FOR THE DISABLED

### STATEMENT OF INCOME

FOR THE YEAR ENDED 31 DECEMBER

(CHF Thousands)	Note	2016	2015
<b>Contributions</b>	[7]	<b>5,024</b>	4,584
Staff costs		-2,057	-2,265
Mission costs		-407	-282
Rentals		-117	-103
Sub-contracted maintenance		-151	-138
Purchase of goods and materials		-160	-113
Financial assistance		-1,505	-1,282
General expenditure		-246	-273
Depreciation		-37	-41
<b>Operating expenses</b>	[8]	<b>-4,680</b>	-4,497
<b>Net surplus of operating activities</b>		<b>344</b>	87
Foreign exchange result, net		54	-4
Financial income, net	[5]	25	-10
<b>Net surplus/(deficit) of non-operating activities</b>		<b>79</b>	-14
<b>Surplus for the year</b>		<b>423</b>	73

### STATEMENT OF CHANGES IN RESERVES

(CHF Thousands)		Restricted reserves	Unrestricted reserves		Total
		Temporarily restricted	Designated by the Board	Other reserves	Reserves
	Note	[6]			
Balance at 1 January 2016		-404	2,784	786	3,166
Surplus for the year		344	79	-	423
Net allocation of unrealized portfolio result		-	-	-	-
<b>Balance at 31 December 2016</b>		<b>-60</b>	<b>2,863</b>	<b>786</b>	<b>3,589</b>
Balance at 1 January 2015		-491	2,798	829	3,136
Surplus for the year		87	-14	-	73
Net allocation of unrealized portfolio result		-	-	-43	-43
<b>Balance at 31 December 2015</b>		<b>-404</b>	<b>2,784</b>	<b>786</b>	<b>3,166</b>

# FINANCIAL STATEMENTS

## STATEMENT OF FINANCIAL POSITION

AS AT 31 DECEMBER

(CHF Thousands)	Note	2016	2015
Cash and cash equivalents		128	235
Investments	[5]	4,905	3,205
Accounts receivable	[9]	3,084	2,119
<b>Current assets</b>		<b>8,117</b>	<b>5,559</b>
Accounts receivable		543	1,683
<b>Non-current assets</b>		<b>543</b>	<b>1,683</b>
<b>Assets</b>		<b>8,660</b>	<b>7,242</b>
Accounts payable and accrued expenses	[9]	1,938	3
Deferred income		2,590	2,390
<b>Current liabilities</b>		<b>4,528</b>	<b>2,393</b>
Deferred income		543	1,683
<b>Non-current liabilities</b>		<b>543</b>	<b>1,683</b>
<b>Liabilities</b>		<b>5,071</b>	<b>4,076</b>
Temporarily restricted reserves for the funding of operations	[6]	-60	-404
<b>Restricted reserves</b>		<b>-60</b>	<b>-404</b>
Unrestricted reserves designated by the Council		2,863	2,784
Other unrestricted reserves		786	786
<b>Unrestricted reserves</b>		<b>3,649</b>	<b>3,570</b>
<b>Reserves</b>		<b>3,589</b>	<b>3,166</b>
<b>Liabilities and reserves</b>		<b>8,660</b>	<b>7,242</b>

## NOTES TO THE FINANCIAL STATEMENTS

AS AT 31 DECEMBER 2016

### 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 1 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 public sources.

The Board is composed of 11 people, of whom 6 are ICRC representatives.

# FINANCIAL STATEMENTS

The SFD is hosted 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 SFD'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 at fair 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 a 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 Reserves

#### - TEMPORARILY RESTRICTED RESERVES FOR THE FUNDING OF OPERATIONS

Refer to note 6.

#### - 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. CHANGES IN ACCOUNTING POLICIES AND DISCLOSURES

Net unrealized results on the investment portfolio is expensed from the financial year 2016 when it was allocated directly to other unrestricted reserves until the financial year 2015.

## 5. INVESTMENTS AND FINANCIAL INCOME, NET

In accordance with its documented investment management policy, the organization recognizes its investments at fair value. Financial assets at fair value are financial assets held-for-trading. 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)	2016	2015
<b>Investments at fair value</b>		
Quoted equity securities	1,413	976
Quoted debt securities	3,492	2,229
<b>Total Current investments</b>	<b>4,905</b>	<b>3,205</b>

# FINANCIAL STATEMENTS

(CHF Thousands)	2016	2015
<b>Investments at fair value</b>		
Realized portfolio result, net	-2	-45
Unrealized portfolio result, net	5	-
Securities income, net	22	35
<b>Total Financial income, net</b>	<b>25</b>	<b>-10</b>

## 6. 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 yet 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 before the effective payment takes place.
- 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 2014	Increase/ (decrease)	At 31 December 2015	Increase/ (decrease)	At 31 December 2016
Donors' restricted contributions	-	-	-	-	-
Field operations with temporary deficit funding	-492	88	-404	344	-60
<b>Total Restricted reserves for the funding of operations</b>	<b>-492</b>	<b>88</b>	<b>-404</b>	<b>344</b>	<b>-60</b>

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

(CHF Thousands)	Africa	Asia	Latin America (incl. Haiti)	Tajikistan	Total
<b>Field operations with temporary deficit funding</b>					
Balance at 31 December 2014	-135	-205	-152	-	-492
Use of temporary deficit for operations	-	-	-58	-50	-108
Allocation to reserve	61	135	-	-	196
Balance at 31 December 2015	-74	-70	-210	-50	-404
Use of temporary deficit for operations	-74	-70	-150	-50	-344
Allocation to reserve	-	-	-	-	-
<b>Balance at 31 December 2016</b>	<b>-</b>	<b>-</b>	<b>-60</b>	<b>-</b>	<b>-60</b>
<b>Total Temporarily restricted reserves - 2015</b>	<b>-74</b>	<b>-70</b>	<b>-210</b>	<b>-50</b>	<b>-404</b>
<b>Total Temporarily restricted reserves - 2016</b>	<b>-</b>	<b>-</b>	<b>-60</b>	<b>-</b>	<b>-60</b>

## 7. CONTRIBUTIONS

- Contributions in cash are recognized on receipt of a written confirmation of donation from the donors, except for revenue relating to future years.
- Contributions from private sources are recognized upon receipt of unrestricted cash.
- Contributions restricted to no other purpose than general field operations are considered non-earmarked.
- Contributions to a given region, country or programme (worldwide) are considered loosely earmarked.
- Contributions to a country and to a project or sub-programme are tightly earmarked.

# FINANCIAL STATEMENTS

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

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
<b>Governments</b>	<b>1,727</b>	<b>926</b>	<b>942</b>	<b>558</b>	<b>4,153</b>
Liechtenstein	10	-	-	-	10
Monaco	5	-	-	-	5
Norway	-	12	119	-	131
<b>National Societies</b>	<b>15</b>	<b>12</b>	<b>119</b>	<b>-</b>	<b>146</b>
Geneva, Canton of	150	-	-	-	150
Geneva, City of	60	-	-	-	60
<b>Public sources</b>	<b>210</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>210</b>
Medicor Foundation	-	-	100	-	100
Other associations & service clubs	10	-	-	-	10
OPEC Fund for International Development	400	-	-	-	400
Other private companies	5	-	-	-	5
<b>Private sources</b>	<b>415</b>	<b>-</b>	<b>100</b>	<b>-</b>	<b>515</b>
<b>Total Contributions</b>	<b>2,367</b>	<b>938</b>	<b>1,161</b>	<b>558</b>	<b>5,024</b>

2015 (CHF Thousands)	Africa	Asia	Latin America (incl. Haiti)	Tajkistan	Total 2015
Italy	158	-	-	-	158
Liechtenstein	50	-	-	-	50
Monaco	21	-	-	-	21
Norway	300	386	50	103	839
Switzerland	100	100	100	-	300
United States	1,116	302	520	300	2,238
<b>Governments</b>	<b>1,745</b>	<b>788</b>	<b>670</b>	<b>403</b>	<b>3,606</b>
Canada	6	-	-	-	6
Monaco	5	-	-	-	5
Norway	-	-	90	-	90
<b>National Societies</b>	<b>11</b>	<b>-</b>	<b>90</b>	<b>-</b>	<b>101</b>
Geneva, Canton of	150	-	-	-	150
<b>Public sources</b>	<b>150</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>150</b>
Fondations Pro Victims	238	-	-	-	238
OPEC Fund for International Development	488	-	-	-	488
Other associations and service clubs	1	-	-	-	1
<b>Private sources</b>	<b>727</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>727</b>
<b>Total Contributions</b>	<b>2,633</b>	<b>788</b>	<b>760</b>	<b>403</b>	<b>4,584</b>

# FINANCIAL STATEMENTS

## 8. OPERATING EXPENSES

The operating expenses are allocated by region, as follows:

<b>2016</b> (CHF Thousands)	<b>Africa</b>	<b>Asia</b>	<b>Latin America (incl. Haiti)</b>	<b>Tajkistan</b>	<b>Total 2016</b>
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
<b>Total Operating expenses</b>	<b>2,293</b>	<b>869</b>	<b>1,011</b>	<b>507</b>	<b>4,680</b>

<b>2015</b> (CHF Thousands)	<b>Africa</b>	<b>Asia</b>	<b>Latin America (incl. Haiti)</b>	<b>Tajkistan</b>	<b>Total 2015</b>
Staff costs	1,268	334	302	361	2,265
Mission costs	159	44	54	24	282
Rentals	38	21	32	12	103
Sub-contracted maintenance	122	1	3	12	138
Purchase of goods and materials	43	20	31	20	113
Financial assistance	773	211	297	1	1,282
General expenditure	156	22	86	9	273
Depreciation	15	-	13	13	41
<b>Total Operating expenses</b>	<b>2,573</b>	<b>653</b>	<b>818</b>	<b>453</b>	<b>4,497</b>

The staff working for the foundation are employed by the ICRC but seconded to and financed by the SFD.

## 9. RELATED PARTIES

### 9.1 Accounting support provided by the ICRC

The ICRC has been providing support to the SFD 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. These pro bono services are estimated as follows:

(CHF Thousands)	<b>2016</b>	<b>2015</b>
Estimated value of the pro bono services provided to SFD	<b>658</b>	<b>603</b>

### 9.2 Current account with the ICRC

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

(CHF Thousands)	<b>2016</b>	<b>2015</b>
Balance owed by the International Committee of the Red Cross	-	756
Balance due to the International Committee of the Red Cross	<b>1,936</b>	-

# 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:

- 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

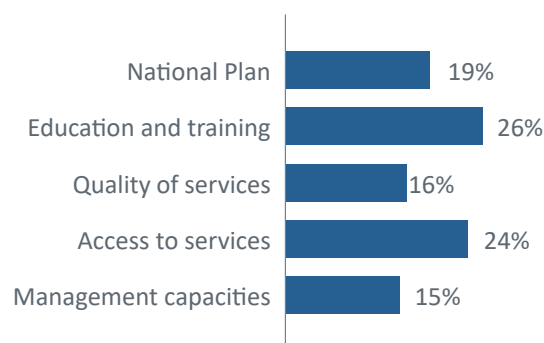
Help managers and other key staff strengthen the management systems and capacities of local institutions:

- 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 were distributed over our 5 general objectives in 2016. 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



### 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



### MANAGEMENT CAPACITIES OF OUR PARTNERS

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



### 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



### BENEFICIARIES' 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

# ANNEX 5

## FIELD PARTNERS

### 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, Abidjan

#### MADAGASCAR

- Foyer Akaninsny Marary (FAN), Ambositra
- Centre de Rééducation Motrice de Madagascar (CRMM), Antsirabe
- Centre d'Appareillage de Madagascar (CAM), Antananarivo

#### 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

#### TOGO

- Ecole Nationale des Auxiliaires Médicaux (ENAM), Lomé
- Centre National d'Appareillage Orthopédique (CNAO), Lomé

#### ZAMBIA

- St. John Paul II Mission Hospital, (former Zambian Italian Orthopaedic Hospital (ZIOH)), Lusaka

### ASIA

#### VIET NAM

- Action to the Community Development Centre (ACDC)
- Vietnamese Training Centre for Orthopedic Technology (VIETCOT), Hanoi
- Can Tho Rehabilitation Centre, Can Tho
- Da Nang Rehabilitation Centre, Da Nang
- Ho Chi Minh Rehabilitation Centre, Ho Chi Minh City
- Quy Nhon Rehabilitation Centre, Quy Nhon

### CENTRAL ASIA

#### TAJIKISTAN

- State Enterprise Orthopedic Plants (SEOP), Dushanbe
- State Enterprise Orthopedic Plants (SEOP), 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
- Walking Unidos (WU), Leon
- Instituto Politécnico de la Salud "Luis Felipe Moncada" (UNAN-POLISAL)

#### ECUADOR

- Hermano Miguel Foundation (FMH), Quito

# ABBREVIATIONS AND ACRONYMS

ACDC	Action to the Community Development Centre, DPO, Viet Nam	KAFO	Knee-Ankle-Foot Orthosis
AFO	Ankle-Foot Orthosis	LMG	Leadership, Management and Governance
AM	Foyer Akanin'ny Marary, Madagascar	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
CENAPORTO	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 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, Antananarivo	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
ICRC	International Committee of the Red Cross	VIETCOT	Vietnam Training Centre for Orthopedic Technologists
ISPO	International Society for Prosthetics and Orthotics	VNRC	Vietnamese Red Cross Society
ISRI	Instituto de Rehabilitación Integral, San Salvador	WHO	World Health Organisation



## OUR VISION

Persons with physical disabilities develop their full potential in an inclusive society.

## OUR MISSION

The ICRC MoveAbility Foundation strengthens national capacity in less-resourced countries to remove barriers faced by persons with physical disabilities, by fostering sustainable, accessible and quality physical rehabilitation services and promoting inclusion.



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