



ANNUAL REPORT

2018

OUR DONORS 2016-2018

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

Governments



National Societies



Public sources



Private sources



Cover picture:

Those two ladies from Viet Nam participated to the running competition for persons with disabilities despite the rain. Read the full story on page 16.

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OVERVIEW 2018



2018 has been an important year for the disability movement, for the rehabilitation sector, and for MoveAbility.

On July 24, the Global Disability Summit took place in London, convened by the UK Department for International Development (DFID), the Government of Kenya

and the International Disability Alliance (IDA). The Summit focused on two themes: inclusion and technology, in particular access to assistive technology (AT). A two-pronged initiative was announced – AT Scale and AT 2030 – which aims to provide 500 million people with assistive devices by 2030, through innovation and market-shaping.

For this initiative to have a sustainable impact, the provision of assistive technologies is not sufficient. A strong rehabilitation system needs to be in place in the public health system so that the technology is appropriately used and maintained by qualified professionals, and so that the beneficiaries are properly followed-up – in short, a sound national policy on rehabilitation must be in place.

With this in mind, the Global Rehabilitation Alliance (GRA) was founded on May 22 by different stakeholders coming from the physical rehabilitation sector and the academic world. The mission of the GRA is to advocate for the availability of quality, coordinated and affordable rehabilitation through system strengthening according to population needs. The Alliance is composed of 18 organizations, among which are user groups, professional associations, condition-specific organizations, development organizations active in the field of disability and rehabilitation, scientific societies, and academic institutions. I was honored to be elected President of the GRA – an honor that reflects and recognizes the quality of the work of MoveAbility in the development of the physical rehabilitation sector.

We are also happy to report that MoveAbility's approach – in particular our emphasis on helping countries establish a "National Platform," as an instrumental step towards adopting a National Plan – was awarded as an innovative practice by the Zero Project Conference 2018 of the ESSL Foundation in Vienna. This prestigious award is yet another recognition of the quality and importance of our work.

Even so, we recognize that our most important successes are those achieved in the field, where we work with our partners to assist people who need rehabilitation services.

Countries in which we work continued to make progress towards the adoption of **national plans**, thanks in part to the advocacy work done by MoveAbility and the World Health Organization (WHO). Most of these countries showed a growing interest for adopting specific policies for the rehabilitation sector; for example, the tools developed by the WHO as part of a rehabilitation support package were implemented in Haiti at the end of 2018, and marked by the launch of the Standard Assessment of Rehabilitation. In Tanzania, the Ministry of Health instructed the National Platform to further develop the National Rehabilitation Services for the Health Sector, a project supported by MoveAbility. In other countries, like El Salvador or Viet Nam discussions were held with respective ministries of health to raise the importance of using WHO tools.

Education and training play an important strategic role in the delivery of quality rehabilitation services; MoveAbility is keenly aware that to improve the quality of education, the academic level of the instructors employed by local schools for prosthetics and orthotics, and physiotherapy, needs to be raised to Master's degree level. This was made possible in Tanzania and Rwanda. MoveAbility also uses external resources – like individual experts – or partners with other organizations such as Miraclefeet to organize short training which is attended by our partners from throughout Africa. We also facilitate dialogue between universities; towards the end



A zambian proverb says: "when you run alone your run fast, but when you run together you run far." What better photo to illustrate this proverb than that of these two teammates running together to reach the finish line.

of the year, the Universities of San Salvador and Maastricht conducted a two-week training session for physiotherapists from Central America.

To measure the **quality of services** provided by our partners in the field MoveAbility conducts two types of assessment. The interviews of service users are usually conducted by a third party (i.e. Disabled People's Organization, after receiving training from MoveAbility); this type of assessment provides broad information on the impact of rehabilitation services. Another type of assessment focuses on the quality of prosthetic and orthotic services and is conducted by professionals such as trainers from schools or MoveAbility experts; results are shared with partners following the assessment. For example, we conducted, for the first time in Tajikistan, a technical assessment and shared the results with the Director of the State Enterprise Orthopaedic Plants (SEOP); the SEOP then took measures to improve the quality of services, for instance by organizing training to address identified technical gaps. Assessments of this type, for physiotherapy services, are in development.

In 2018, a total **35,421** people with disabilities **accessed rehabilitation services** provided by MoveAbility-supported partners in the 14 countries in which we work. Although a substantial part of MoveAbility's budget is used to facilitate the provision of materials entering into the manufacture of prosthetic and orthotic devices, most of our partners make efforts to increase local contributions to the sector, for example by the government; this can be seen in countries like Benin, Nicaragua and Togo. In other countries like in Somalia, where the Somalian Red Crescent run three rehabilitation clinics, there is still a need for substantial external support to respond to the demand for services. The benefit of

rehabilitation is also demonstrated during major sports events, like in Tanzania where MoveAbility and the European Amputee Football Federation were instrumental in organizing a national tournament and coaching class, which were broadcast on a national TV channel with high viewership.

The **management capacities** of our partners have been improved through training on the use of the Essential Management Systems Assessment Tools (EMSAT) – participative management tools that allow the measurement of progress based on 20 dimensions. For example, in Tajikistan, the MoveAbility team began training our partners in the EMSAT; the implementation of such training is being discussed with our partner in Rwanda. To evaluate the management capacity of our partner MoveAbility also uses the services of the Société Générale de Surveillance (SGS), who has developed an assessment methodology for Non-governmental organizations (NGO). In Côte d'Ivoire, the SGS benchmarking of our NGO partner Vivre Debout was completed last October. The SGS NGO benchmarking is performed by a small group of SGS consultants, and is an important assessment tool that informs us of areas to be strengthened and which may be part of the entry or exit criteria.

In 2018, our overall expenses reached a total of **CHF 5,800,378** (CHF 5,514,245 in 2017) representing a budget implementation rate of 87%. Unfortunately, we did not manage to raise sufficient funding to cover the overall expenses. The deficit has been covered by MoveAbility reserves.

Thierry Regenass
Executive Director

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

OUR OPERATIONS IN 2018



35,421¹
persons with
disabilities benefit from
our partners' services



20,584
beneficiaries
received material
support



701
professionals and
stakeholders of the
rehabilitation sector
received training/coaching



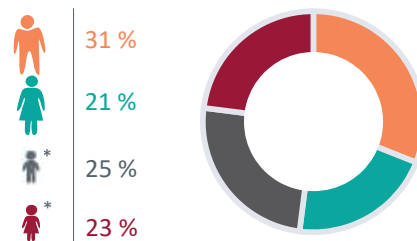
35
students received
a scholarship



680
Service satisfaction
interviews were
conducted



BREAKDOWN OF PEOPLE WHO RECEIVED SERVICES

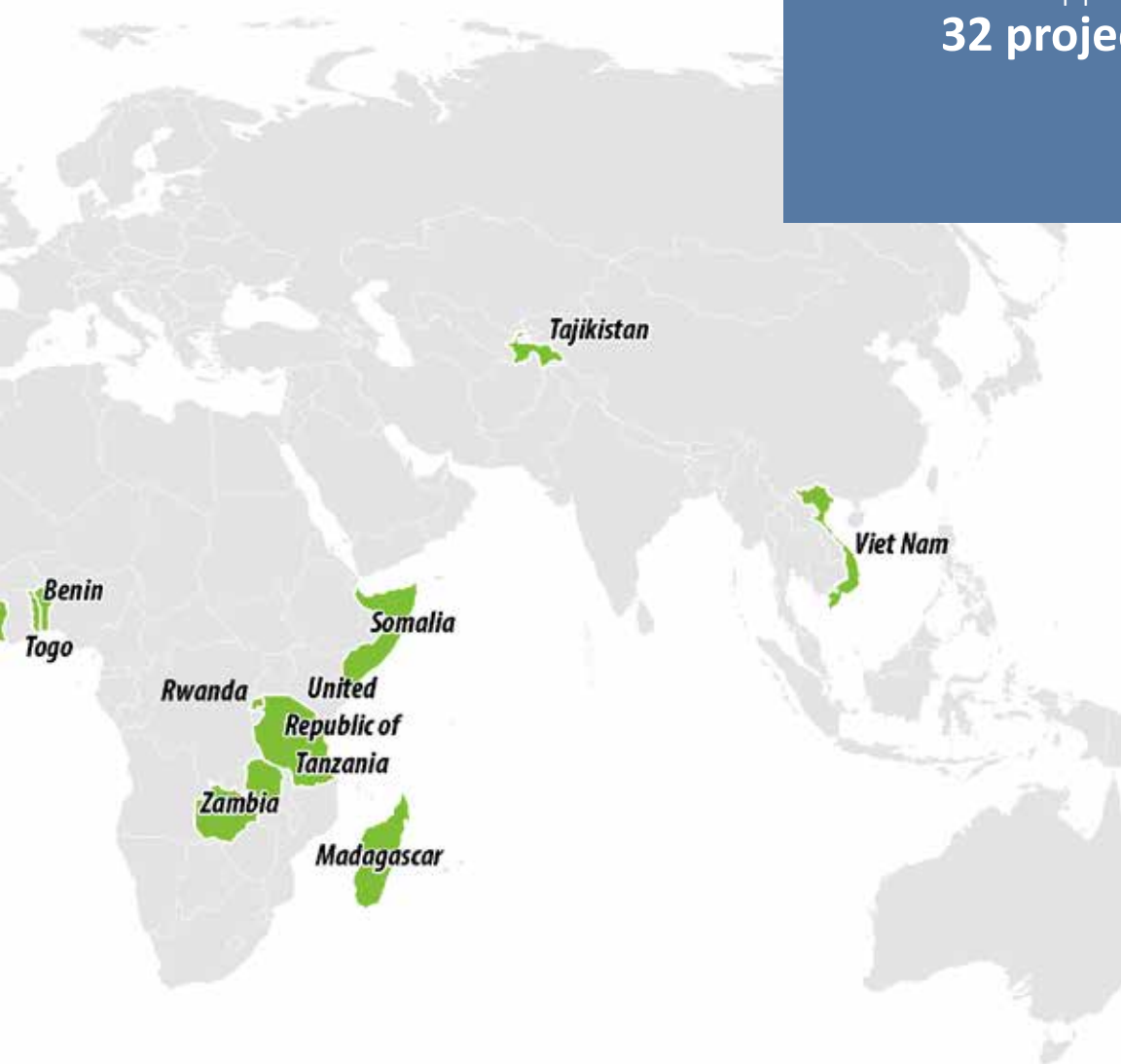


*0 - 15 years old

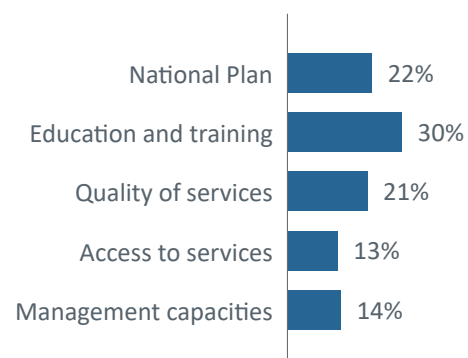
¹ The difference in the number of beneficiaries between 2017 (44,475) and 2018 is due to the fact that some of our partners in the field have set up another accounting system

we are active in
14 countries

we support
32 projects



RESOURCE ALLOCATION PER GLOBAL OBJECTIVE¹



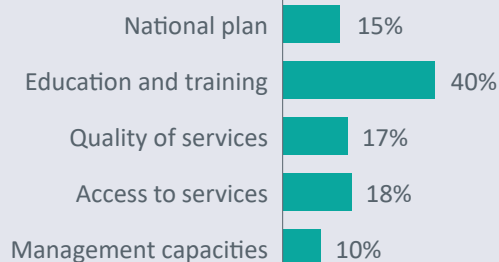
<> The chart indicates the volume of financial and human resources that were distributed over our 5 general

MADAGASCAR

BUDGET 2018
CHF 571,606

EXPENDITURE 2018
CHF 468,672

RESOURCE ALLOCATION BY GLOBAL OBJECTIVE



COUNTRY HIGHLIGHTS

Under our agreement with the Ministry of Health, we supported the Centre Hospitalier Universitaire d'appareillage de Madagascar (CHUAM) in Antananarivo, the Centre de Rééducation Motrice de Madagascar in Antsirabe and the Service d'Appareillage et Rehabilitation in Mahajanga with prosthetic and orthotic material and equipment. One of the students on a MoveAbility scholarship at the Institut Supérieur Technologique Montplaisir in France graduated and returned to CHUAM as the first CAT I Prosthetist/Orthotist (P&O) in the country. Several courses and workshops were organized for physical rehabilitation professionals in Madagascar, enabling them to increase their technical and managerial skills.

The CHUAM continued to develop its management capacity with the support of the ICRC Program for Humanitarian Impact Investment and MoveAbility. A beneficiary feedback and technical assessment exercise was conducted by CHUAM professionals, alongside MoveAbility technical advisors; this activity will be implemented in all three supported centers.

The Rehabilitation Doctors, Physiotherapy and P&O Professional Associations held their annual congresses and other events. A new federation of rehabilitation practitioners was formed by these associations in the latter half of 2018.

We provided 12 sports wheelchairs to the women's basketball league of the Madagascar Paralympic Committee. The wheelchairs were used, by both male and female players, in a national wheelchair basketball tournament in Tulear. This type of events raises public awareness on disabilities and shows the ability of people with disabilities to participate in sport events.

INDICATORS

PHYSICAL REHABILITATION ENTITY

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



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 29** physiotherapists, **24** Category II prosthetists and orthotists and **2** other health professionals



MANAGEMENT CAPACITIES OF OUR PARTNERS

- EMSAT** has been completed and analyzed
- PHII** action plan implemented at CHUAM and CRMM



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

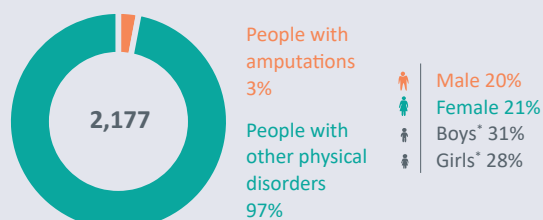
- A beneficiary satisfaction survey** was conducted at CHUAM



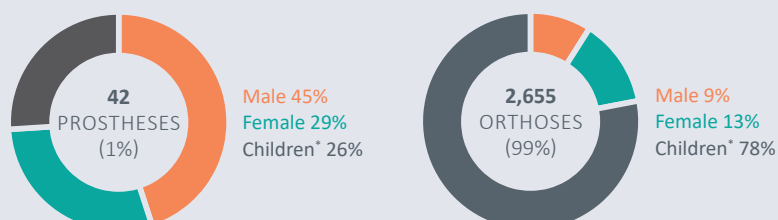
BENEFICIARY STATISTICS

- 2,177** people with disabilities received services provided from our partners

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



*0 - 15 years old

RWANDA

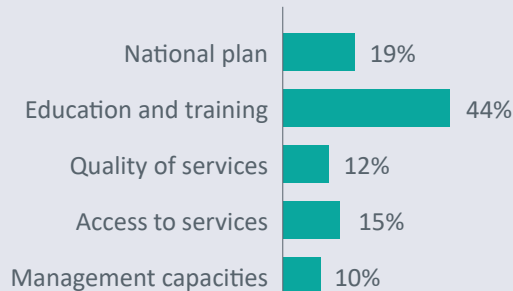
BUDGET 2018

CHF 465,117

EXPENDITURE 2018

CHF 290,341

RESOURCE ALLOCATION BY GLOBAL OBJECTIVE



COUNTRY HIGHLIGHTS

We continued working with Ottobock towards renovating and equipping facilities in the University of Rwanda's College of Medicine and Health Sciences, in line with an ISPO recommendations. We ordered raw materials and other supplies for the university, to facilitate their hands-on training sessions and their clinical placements for students. Nine students graduated from the university's prosthetics and orthotics program in 2018. Seven more began their studies in the same year; in all, at the end of 2018, 12 students were pursuing diplomas in prosthetics and orthotics, with our support.

With our support, the Centre Hospitalier Universitaire de Kigali was able to renovate its machine and store rooms; the hospital provides physical rehabilitation services and field placements for students.

A new two-year framework agreement with the Ministry of Health was under review. This agreement should propose the creation of a national platform composed of representatives from the rehabilitation sector and other stakeholders.

To enhance the social inclusion of people with disabilities through sports, we donated a dozen multi-sport wheelchairs to the National Paralympic Committee of Rwanda. A player and a coach of a wheelchair basketball team in Rwanda attended a training camp in Ethiopia, sponsored by MoveAbility.

A wheelchair basketball tournament was held in December.

MoveAbility also focused on strengthening the interdisciplinary skills for management of amputees by physiotherapists, and prosthetists and orthotists, through financial and technical assistance to their professional associations in Rwanda.

INDICATORS



PHYSICAL REHABILITATION ENTITY

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



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 10** physiotherapists, **3** Category II prosthetists and orthotists and **1** other health professional



MANAGEMENT CAPACITIES OF OUR PARTNERS

- Online training for data analyzes** was provided to CHUK



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

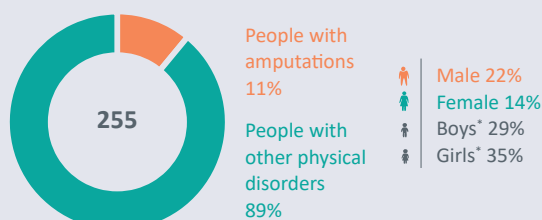
- n/a**



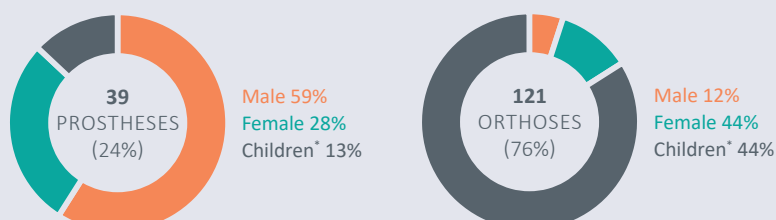
BENEFICIARY STATISTICS

- 255**

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



*0 - 15 years old

SOMALIA

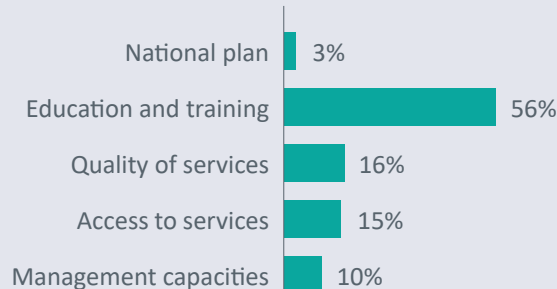
BUDGET 2018

CHF 654,532

EXPENDITURE 2018

CHF 890,237¹

RESOURCE ALLOCATION BY GLOBAL OBJECTIVE



COUNTRY HIGHLIGHTS

We continued to back the Somali Red Crescent Society centers in Galkayo, Hargeisa and Mogadishu, where we focused on providing technical expertise and logistical support. The centers contend with a challenging security context, a lack of qualified staff and no government assistance.

To help them carry out their work in spite of these constraints, we supported training for their staff to develop their skills. One student graduated with a bachelor of science in physiotherapy in Rwanda, and will become the head of physiotherapy department in the Galkayo center. Six staff members from the Somali Red Crescent Society supported by MoveAbility scholarships, began a year-long course in Cambodia, with the goal of becoming certified prosthetic and orthotic technicians. In Mogadishu center, a new crutch manufacturing unit began operations. We had provided the center with the tools, machines and equipment necessary for the unit to start production.

We worked with the Norwegian Red Cross to ensure that the material support was properly allocated to these centers, and to help the centers improve their stock planning. We also facilitated the annual orders for raw materials and wheelchairs for the three centers; the orders for this year were significantly higher than those made in 2017.

Somali physiotherapists and prosthetic and orthotic technicians continued their studies abroad, with our technical support. For the first time, 10 SRCS staff members followed a one-year rehabilitation therapy assistant course in Mobility India.

INDICATORS



PHYSICAL REHABILITATION ENTITY

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



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 4** physiotherapists, **12** Category II prosthetists and orthotists and **18** other health professionals



MANAGEMENT CAPACITIES OF OUR PARTNERS

- n/a**



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

- A beneficiary satisfaction survey** was conducted at Mogadishu rehabilitation center

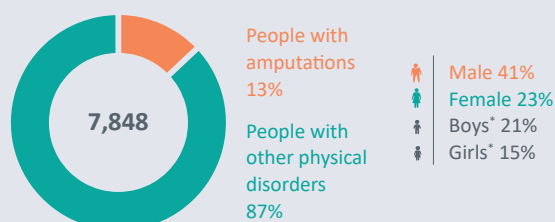


BENEFICIARY STATISTICS

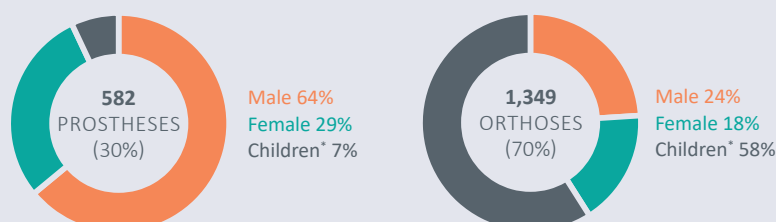
- 7,848** people with disabilities received services provided by our partners

¹ In 2018, we have received an additional funding from the Italian Agency for Development Cooperation (AICS), a private Foundation and the Norwegian Red Cross. As a result, it allowed large investments in the rehabilitation sector run by our partner, the Somali Red Crescent Society (SRCS).

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



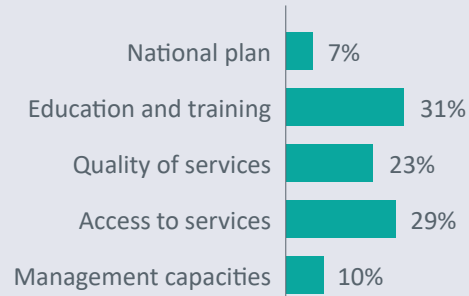
*0 - 15 years old

TANZANIA

BUDGET 2018
CHF 493,605

EXPENDITURE 2018
CHF 448,040

RESOURCE ALLOCATION BY GLOBAL OBJECTIVE



COUNTRY HIGHLIGHTS

The national rehabilitation platform continued to discuss the development of Tanzania's physical rehabilitation sector and develop a strategy and an action plan.

With our help – and in cooperation with the Comprehensive Community Based Rehabilitation in Tanzania (CCBRT), the Tanzania Training Centre for Orthopaedic Technologists (TATCOT), and other stakeholders – training sessions and courses were organized for physical rehabilitation professionals and students working towards their continuous professional development. The subjects tackled included socket design for prosthetics and orthotics, and intermediate-level training on providing wheelchair services. Eight physiotherapists were included in an interdisciplinary course on pre and post prosthetic training.

We also worked with the CCBRT and TATCOT to help improve access to services and opportunities for social integration of people with physical disabilities in Tanzania. Shiryawata, a Disabled People's Organization, added an additional driver to its one-year transport program. This program improved access to rehabilitation services in CCBRT. Prosthetists at CCBRT and TATCOT outfitted two schoolboys with prosthetics suitable for sports, enabling the children to join the Jumping Kids sports program in South Africa¹. We provided financial assistance and other help to the newly created Tanzania Amputee Football Federation and other similar organizations in holding training camps for players and coaches, league matches and other events; the groups worked to develop and promote amputee football and wheelchair basketball in the country. The Tanzanian Paralympic Committee also received technical support to develop their five-year strategy in sports for people with disabilities.

We conducted a technical assessment based on beneficiary feedback at CCBRT and shared our recommendations.

INDICATORS



PHYSICAL REHABILITATION ENTITY

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



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 5** physiotherapists, **4** Category I prosthetists and orthotists and **5** other health professionals



MANAGEMENT CAPACITIES OF OUR PARTNERS

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



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

- n/a**

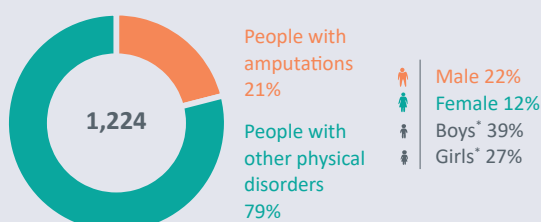


BENEFICIARY STATISTICS

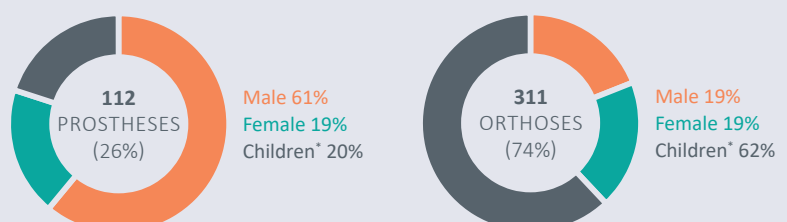
- 1,224** people with disabilities received services provided by our partners
- 120** economically vulnerable people with disabilities had their treatment fees subsidized

¹ [Read the full story on our website](#)

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



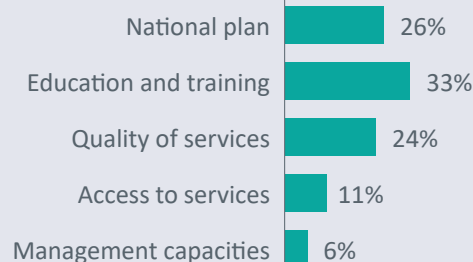
*0 - 15 years old

ZAMBIA

BUDGET 2018
CHF 202,596

EXPENDITURE 2018
CHF 185,911

RESOURCE ALLOCATION BY GLOBAL OBJECTIVE



COUNTRY HIGHLIGHTS

MoveAbility and the Ministry of Health (MOH) signed a memorandum of understanding for the period of 2018 to 2020; the document covers cooperation in several areas, including the creation of a national platform for physical rehabilitation, the Technical Working Group. The MOH drafted terms of reference for the platform which includes a list of potential members, such as professional associations, academia, service providers, Disabled People's Organizations and the Zambia Red Cross Society. Throughout the year, we also met with stakeholders such as the Zambian Agency of Persons with Disability (ZAPD), the Zambian National Paralympic Committee and the University of Zambia (UNZA).

To support the activities of the University Teaching Hospital (UTH), we donated raw materials and other supplies. With our support, UTH prosthetists and orthotists trained in designing specialized sockets for devices – with the goal of producing these at UTH – and two staff from the Livingstone Central Hospital attended the first year of a course to receive a diploma in prosthetics and orthotics in Tanzania. At various public centers, we donated computers, and installed patient management software and trained staff in its use.

Together with national stakeholders and external organizations, we participated in a roundtable organized by the UNZA on the creation of a bachelor's degree for prosthetics and orthotics. We continued to work with them to establish the program, and with the MOH to set up a diploma program in the same specialty.

INDICATORS



PHYSICAL REHABILITATION ENTITY

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



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 1** physiotherapist, **3** Category I and **5** Category II prosthetists and orthotists and **18** other health professionals



MANAGEMENT CAPACITIES OF OUR PARTNERS

- n/a**



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

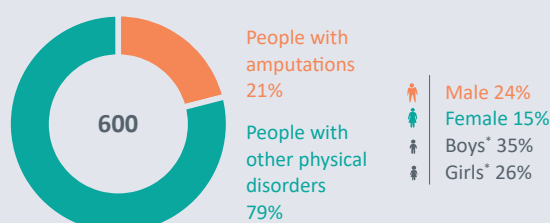
- n/a**



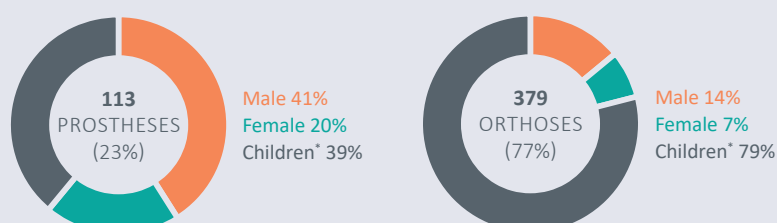
BENEFICIARY STATISTICS

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

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



*0 - 15 years old

BENIN

BUDGET 2018
CHF 377,262

EXPENDITURE 2018
CHF 301,848

RESOURCE ALLOCATION BY GLOBAL OBJECTIVE



COUNTRY HIGHLIGHTS

The national platform for the rehabilitation sector – formed as one of the objectives set in the memorandum of understanding signed with the Ministry of Health (MOH) in 2017 – met throughout the year and worked on an action plan for 2019.

We worked with the Centre Médico-Social Sainte Elisabeth de la Trinité to ensure that particularly economically vulnerable patients were able to access physical rehabilitation services. Patients received these services and were fitted with prosthesis and orthoses at reduced cost, thanks to donated materials and technical support provided by MoveAbility. The center also implemented a standard clinical assessment form and individual patient files with our help.

Physical rehabilitation centers in Benin worked to improve their services, notably using tools such as the EMP's Essential Management Systems Assessment Tool (EMSAT), with MoveAbility's support. We shared our findings based on beneficiary feedback exercises and technical assessments conducted at the Service de Kinésithérapie et d'Appareillage Orthopédique (SKAO) and the Centre National Hospitalier Universitaire with the relevant centers, with the goal of helping them finalize their plans of action and focus on points for improvement. Following their completion of modules on management tools, the SKAO completed a draft of their plan of action, and a document which presented the current situation and gaps in service which needed to be addressed. With our help, the SKAO was able to order raw materials from the African Organization for the Development of Centres for Disabled People (OACPH).

INDICATORS



PHYSICAL REHABILITATION ENTITY

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



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 24** physiotherapists, **27** physiotherapists students, **4** Category II prosthetists and orthotists and **25** other health professionals



MANAGEMENT CAPACITIES OF OUR PARTNERS

- EMSAT** has been completed at CNHU



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

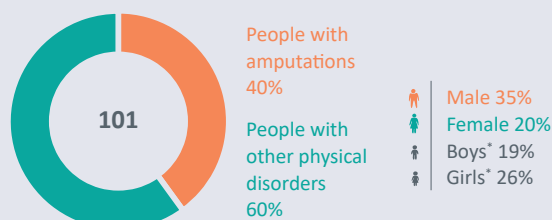
- A beneficiary satisfaction survey** was conducted at CNHU



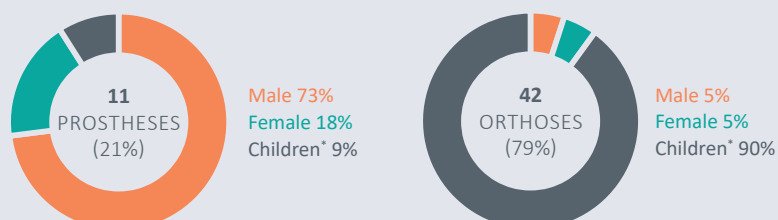
BENEFICIARY STATISTICS

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

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



*0 - 15 years old

CÔTE D'IVOIRE

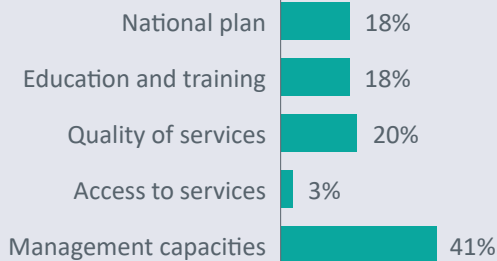
BUDGET 2018

CHF 341,013

EXPENDITURE 2018

CHF 310,383

RESOURCE ALLOCATION BY GLOBAL OBJECTIVE



COUNTRY HIGHLIGHTS

We continued collaborating with Vivre Debout (VDE), a local non-governmental organization (NGO), and supporting both its main physical rehabilitation center in Abidjan and its satellite center in Bouaké. Two VDE prosthetic and orthotic technicians continued their training for Category II certification; these technicians should return to work in the VDE Bouaké center after completion of their courses. We also helped VDE to improve the management of their centers, for example by facilitating training sessions for their staff through the implementation of the Essential Management Package.

We supported the Société Générale de Surveillance (SGS) benchmarking exercise at VDE in October; to evaluate their management capacity. It is an important assessment tool giving information on the areas that have to be strengthened.

MoveAbility and VDE met with the Ministry of Health to discuss, among other matters, the implementation of the memorandum of understanding signed in 2017, the development of a national platform for physical rehabilitation, and the updating of the national plan developed in 2013, which has yet to be validated.

Representatives from Vivre Debout and other local organizations, with our support, and MoveAbility attended the first 'Formation Internationale Africaine de Kinésithérapie' (International African Training of Physiotherapy) in Abidjan. The event featured plenary sessions, workshops, and training sessions for physical rehabilitation professionals and was organized by the Ivorian Association of Masseurs - Physiotherapists and the Rassemblement des Physiothérapeutes de l'Afrique Francophone.

INDICATORS



PHYSICAL REHABILITATION ENTITY

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



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 1** physiotherapist, **6** Category II prosthetists and orthotists (P&O), **2** other health professionals and **4** P&O trained without Cat. II



MANAGEMENT CAPACITIES OF OUR PARTNERS

- n/a**



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

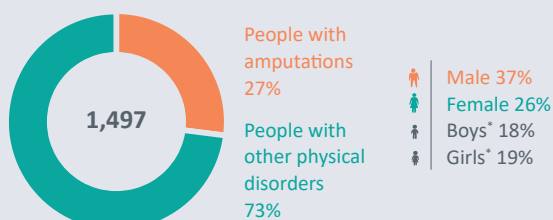
- n/a**



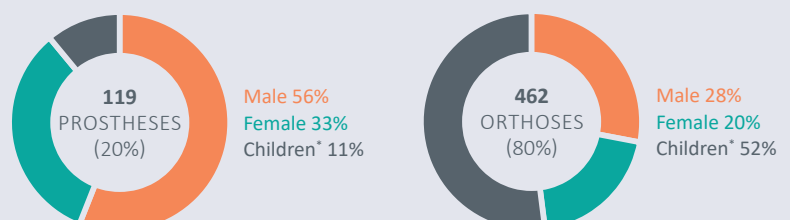
BENEFICIARY STATISTICS

- 1,497** people with disabilities received services provided by our partners

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS

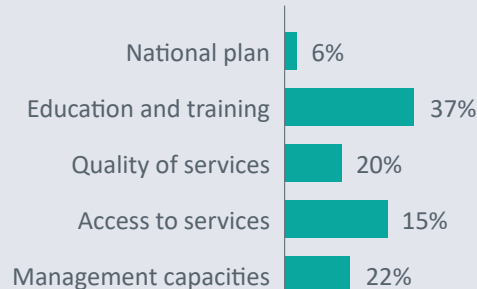


*0 - 15 years old

BUDGET 2018
CHF 747,491

EXPENDITURE 2018
CHF 600,495

RESOURCE ALLOCATION BY GLOBAL OBJECTIVE



COUNTRY HIGHLIGHTS

The national platform on physical rehabilitation met regularly throughout the year and finalized its action plan. To better manage the platform's activities and workload, internal commissions were created and served as focal points.

We worked with the École Nationale des Auxiliaires Médicaux (ENAM) in Lomé to bolster the quality of training for physical rehabilitation professionals from French-speaking countries throughout Africa. For example, we acted as external examiner for the final examinations and participated in deliberations during the process. We organized training – or helped local partners hold training sessions – for professionals and instructors on topics such as ischial containment prosthetic sockets, and physiotherapy. Some of our support to ENAM, such as the provision of care for hemiplegic patients, helped them comply with ISPO recommendations.

We followed up on the ENAM's clinical placements at the Centre National d'Appareillage Orthopédique (CNAO) in Lomé and the Centres Régionaux d'Appareillage Orthopédique (CRAO) in Kara, Atakpamé and Sokode, and on their other activities; we made recommendations to the organizations on points for improvement. Some of our earlier advice to the ENAM had already been applied.

With the CNAO, we worked to improve the quality of available physical rehabilitation services. The rehabilitation centers led training sessions for parents and caregivers of children with cerebral palsy, which aimed to assist and teach them the best techniques to care for the child concerned; we also gave additional financial assistance to particularly economically vulnerable families among them.

INDICATORS



PHYSICAL REHABILITATION ENTITY

- Existence of a national plan: **Yes**
- 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** Category I prosthetist and orthotist
- 17** Category II prosthetist and orthotist and **9** other health professionals



MANAGEMENT CAPACITIES OF OUR PARTNERS

- PHI** action plan was finalized at CNAO
- EMP** alignment meeting took place at ENAM



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

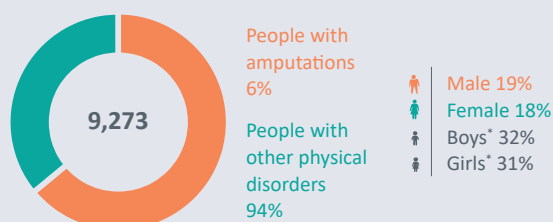
- Technical assessment of services** was conducted at CNAO



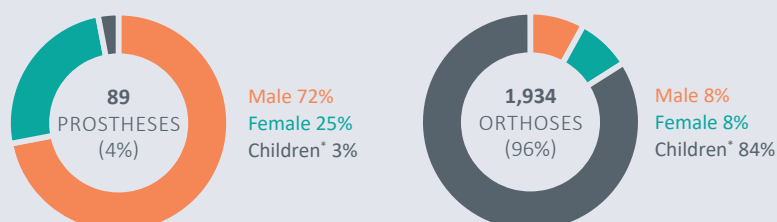
BENEFICIARY STATISTICS

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

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



*0 - 15 years old

VIET NAM

MARCH TOWARDS THE FUTURE

The ICRC began its activities in Viet Nam in 1989, when the ICRC worked jointly with the Ministry of Labour, Invalids and Social affairs (MOLISA) on a prosthetics and orthotics project at the Ho Chi Minh rehabilitation center. The aim of this project was to provide persons with disabilities with prostheses, and to set up a production unit at the center.

After the war, which ended in 1975, many people were left with disabilities and the health and physical rehabilitation system needed to be rebuilt. The lack of statistics does not allow us to precisely quantify the number of people with disabilities at that time, but it is clear that many, and in particular in the South of Vietnam, did not have access to appropriate care.

From 1995, MoveAbility (formerly the Special Fund for the Disabled) took over ICRC's physical rehabilitation activities in the country. Notably, SFD supported financially economically vulnerable persons with disabilities, who now represent 17.8% of the total number of persons with disabilities. To this end, we launched a project with the Viet Nam Red Cross Society and the Da Nang Prosthetic and Orthotic Center to register and identify economically vulnerable persons with disabilities. We also introduced the use of polypropylene technology, to reduce the manufacturing costs of prosthetic and orthotic devices. In parallel, we worked on the improvement of the quality of devices and services, by organizing training for professionals, and for students, to ensure that the next generation of specialists will be able to take over.

A number of laws were adopted, and measures were taken for the inclusion of people with disabilities by the Vietnamese government. In 1998 the National Ordinance on People with Disabilities Act was passed, launching a number of initiatives, among which the establishment of the inter-agency National Coordinating Council of Disability and the implementation of a five-year National Plan on disability. As a result of these initiatives, in June 2010, the National Assembly enacted the Law of Persons with Disabilities. It outlines the right to state support across a range of sectors including health care and rehabilitation, vocational training, employment, transport, sports and entertainment.

Viet Nam signed the UN Convention on the rights of Persons with Disabilities (UNCRPD) in 2007 and ratified it in 2014. To facilitate its implementation, the National Committee for Vietnamese Persons with Disabilities was created.

The MOLISA, in charge of the disability policies, issued the Circular 26 in 2012, announcing new government allowances and hiring incentives for companies employing people with disabilities.

In cooperation with MoveAbility and the Ministry of Health, MOLISA launched a national study in 2016. This comprehensive national survey on mobility devices aims

to take stock of the situation and provide evidence-based information on the needs of persons with physical disabilities in Viet Nam, so establish a long-term planning which will be led by the national authorities.

Since the beginning of 2000, Vietnam has experienced strong economic growth, driven by international trade and foreign investment. The country experienced a growth rate of 6.8% in 2017 (6.3% according to the IMF). Exports, which contribute significantly to Viet Nam's GDP, and certain sectors such as industrial production, textile, electronics and

petrochemical industries are growing rapidly. The economic growth has allowed for greater government investment in health care. As a result, Viet Nam has achieved good performance in the implementation of the Millennium Development Goals, particularly in reducing infant mortality and childbirth. Today, the country focuses on access to healthcare for vulnerable populations, disability prevention and socioeconomic integration of people with disabilities.

Despite the progress made, Viet Nam has still a high number of people injured in the consecutive armed conflicts. In parallel disability is also caused road accidents, but also in occupational accidents at factories and construction sites or by birth.

FACTS AND FIGURES

6,225,519 Persons with Disabilities
in Viet Nam as of 2016

Today, one of the main causes of disability
is traffic accidents

The CRPD was ratified in 2014 and since then
much progress has been made on the rights and
inclusion of people with disabilities

RUNNING TO FEEL BETTER

On December 3rd, 2018, the day is cool and torrential rain continues to fall on Da Nang's Stadium, the fourth largest city in central Viet Nam. Despite the poor weather, the 60 disabled runners would not have missed it for the world. The running competition organized by Da Nang's Disabled People's Organization and the Orthopaedic Rehabilitation Hospital and is involving five provinces, the runners participate in this competition to celebrate the International Day of Persons with Disabilities. Proclaimed in 1992 by the United Nations, the observance promotes the well-being and rights of persons with disabilities.

The competition took place in a very positive atmosphere. The runners were overwhelmed by emotion as they crossed the finish line, which for some, symbolized victory over their own barriers.

For the participants, the importance is not to win, but to feel good. Indeed, as one of the runners relates, sport has allowed him to improve his health.

"Since I started playing sports, I have less pain, I feel better and I walk faster. I am convinced that sport does a lot of good and I am committed to promoting it within my association for people with disabilities and my community. I feel more positive and I want to share this experience with other people with disabilities who, like me before I played sports, do not believe they can do it. Sport is more effective and less expensive than therapy!"

For many years, MoveAbility has organized, in collaboration with its partners, many sporting events for disabled athletes. These events increase the visibility of people with disabilities, but also give access to services and assistive products. It effectively tackles discrimination against people with disabilities and promotes their participation in society and their ability to live an independent life.

We believe that sport is not only an outstanding instrument for personal development, it is also a powerful unifying force. Participating in sports generates enthusiasm and a sense of well-being; regular exercise can provide physical and mental benefits, and collective passion and support for a particular sport or team create a sense of community. Because of these factors, sports can have a major impact on the social inclusion of people with disabilities, in all spheres of society.



Despite the pouring rain, the participants were very happy to participate to the competition.



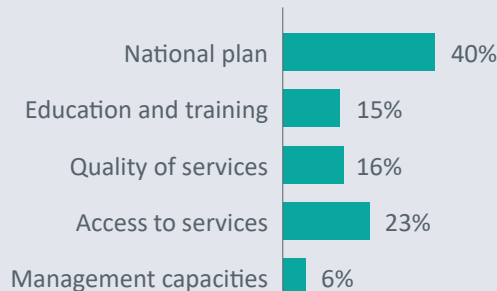
The runners even had family and friends come to support them, like that lady who had put on her rain jacket for the occasion.

VIET NAM

BUDGET 2018
CHF 932,178

EXPENDITURE 2018
CHF 836,277

RESOURCE ALLOCATION BY GLOBAL OBJECTIVE



COUNTRY HIGHLIGHTS

MoveAbility, together with the Action to the Community Development Centre (ACDC) – a Disabled Peoples' Organization (DPO) – continued to work with the Ministry of Health (MOH) in finalizing official documents regarding standardized prices for orthoses.¹ These efforts included technical meetings with the government's Medical Service Administration, the Vietnamese Training Centre for Orthopedic Technology (VIETCOT), and other relevant groups. We completed a review of literature for a national survey of mobility devices and presented the results – along with a draft action plan for implementing recommendations in the study – to local partners and stakeholders.

A conference was held in September, in Hanoi, by Viet Nam Association for Rehabilitation, Humanity & Inclusion (HI), Medisch Comité Nederland-Vietnam and the MOH to facilitate the sharing of international experience for developing the rehabilitation sector.

We continued providing scholarships to eight people studying at VIETCOT and a ninth person in a Thai university, so that they could complete three-year ISPO² Category II and four-year Category I training, respectively.

The Da Nang DPO held a running competition – to encourage persons with disabilities to play sports – which was financed by MoveAbility.

We conducted beneficiary-feedback assessments in several facilities providing physical rehabilitation services, and provided these facilities with the results, to help them improve their services.

INDICATORS

PHYSICAL REHABILITATION ENTITY

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



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 2** physiotherapists, **16** Category I prosthetists and orthotists and **21** other health professionals



MANAGEMENT CAPACITIES OF OUR PARTNERS

- EMP-leadership training** modules were completed at VIETCOT and Ho Chi Minh Orthopaedic and Rehabilitation Center



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

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



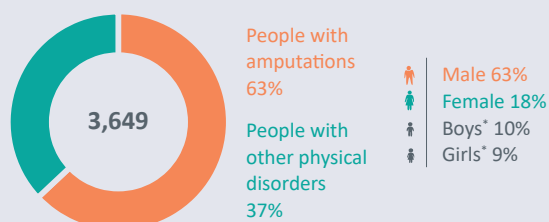
BENEFICIARY STATISTICS

- 3,649** people with disabilities received services provided by our partners

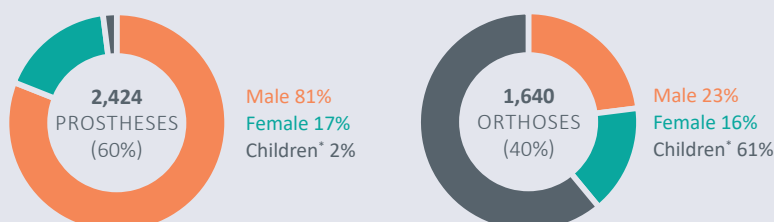
¹ These documents will be included in a circular which regulates rehabilitation techniques, assistive devices and rehabilitation day care covered by state health insurance

² International Society for Prosthetics and Orthotics (ISPO): <https://www.ispoint.org/>

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



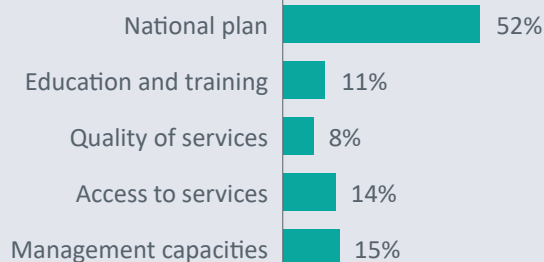
*0 - 15 years old

TAJIKISTAN

BUDGET 2018
CHF 342,914

EXPENDITURE 2018
CHF 286,503

RESOURCE ALLOCATION BY GLOBAL OBJECTIVE



COUNTRY HIGHLIGHTS

We kept up our support to the Ministry of Health and Social Protection of the Population (MOHSPP) for the implementation of its National Strategic Plan. We trained the State Enterprise Prosthetic-Orthopedic Plant (SEOP) and its branches in Dushanbe, Khujand and Kulob and gave technical advice, and material donations. The MOHSPP provides free physical rehabilitation services mainly at the SEOP branches.

Among our other activities to support the SEOP, we helped them renovate their facilities. The branch in Kulob was renovated, under the supervision of an engineer employed by MoveAbility. It allowed the branch to increase the range of services it provides, avoiding the need for patients to travel to the capital to receive these services. We helped equip the Kulob branch with a new prosthetic and orthotic lab, and the SEOP with a new orthopedic shoe workshop. In Tajikistan, we led a training session for members of a Disabled People's Organization (DPO) and the Tajikistan Red Crescent Society, to encourage and facilitate the referral of persons with disabilities to SEOP branches.

We organized visits for the MOHSPP to Saint Petersburg, the Russian Federation. On these trips, the SEOP general director and lead specialist of the Social Protection Department of the MOHSPP participated in an international conference and a national congress and explored opportunities for training programs for SEOP's technicians and physiotherapists.

Managers of SEOP branches were trained on management tools to improve their competences. A quality-control assessment of prosthetic and orthotic services was carried out at the SEOP branches in Dushanbe and Khujand by MoveAbility.

INDICATORS



PHYSICAL REHABILITATION ENTITY

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



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 2** physiotherapists, **2** Category II prosthetists and orthotists and **10** other health professionals



MANAGEMENT CAPACITIES OF OUR PARTNERS

- EMP-leadership training** modules were completed at Khorog, Khujand and Kulob
- Training on **rehabilitation and referral mechanisms** were conducted



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

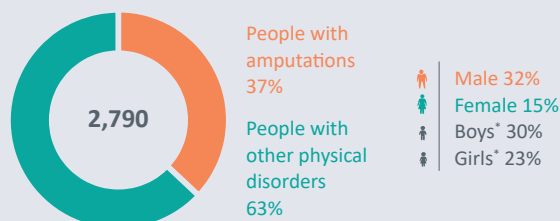
- Beneficiary satisfaction surveys** were conducted



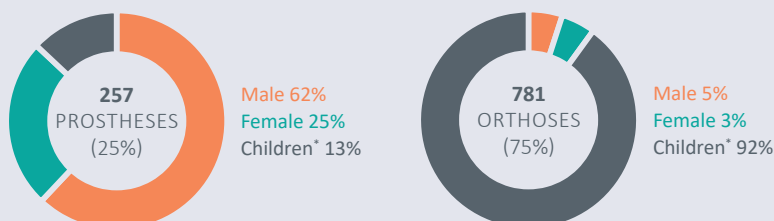
BENEFICIARY STATISTICS

- 2,790** people with disabilities received services provided by our partners

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



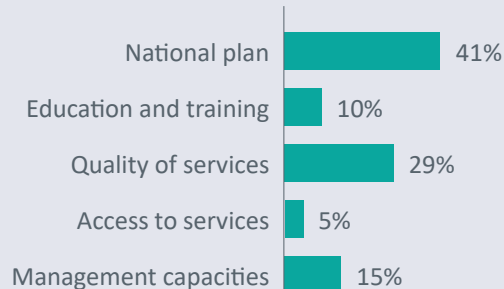
*0 - 15 years old

ECUADOR

BUDGET 2018
CHF 241,590

EXPENDITURE 2018
CHF 168,253

RESOURCE ALLOCATION BY GLOBAL OBJECTIVE



COUNTRY HIGHLIGHTS

We supported Ecuador's physical rehabilitation sector by continuing our partnership with the Fundación Hermano Miguel (FHM), a local charity that provides comprehensive rehabilitation services, including physiotherapy, and prosthetic and orthotic devices. We helped implement clinical placements at the FHM for students and teachers from the Centro de Diseño y Metrología – the prosthetics and orthotics school of Servicio Nacional de Aprendizaje of Colombia – and organized a course on rehabilitation for transfemoral amputations using ischium-contained prosthetic sockets. An orthopedic technician and a prosthetist and orthotist from FHM continued distance-learning courses run by the University of Don Bosco (UDB) in El Salvador with MoveAbility's help.

MoveAbility continued to back the efforts of the Consejo Nacional para la Igualdad de Discapacidades (CONADIS) to develop and coordinate disability-related policies.

Ecuadorian rehabilitation sector professionals and representatives from the Ministry of Health (MOH) participated in various events – for instance, an event organized by CONADIS and the 18th congress of the Asociación Medica Latino Americana de Rehabilitación in Guayaquil – with our financial support. During these events, they were able to exchange best practices and views with their peers throughout the region.

At the request of CONADIS, UDB and MoveAbility jointly conducted an evaluation of three public rehabilitation centers under the MOH, to assess training needs for prosthetic and orthotic technicians and to serve as a basis for future collaboration.

INDICATORS

PHYSICAL REHABILITATION ENTITY

- Existence of a national plan: **Yes**
- Budget for physical rehabilitation: **n/a**
- Number of professionals employed by the entity: **26**



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 8** physiotherapists, **4** Category II prosthetists and orthotists and **9** other health professionals



MANAGEMENT CAPACITIES OF OUR PARTNERS

- Training on administrative and financial tools** were conducted by FHM. The tools were developed by FHM with our support.



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

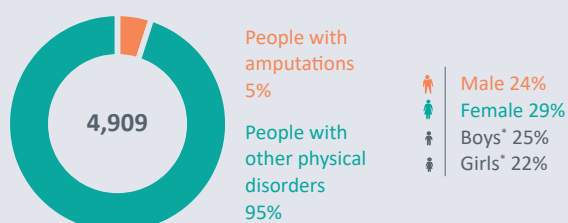
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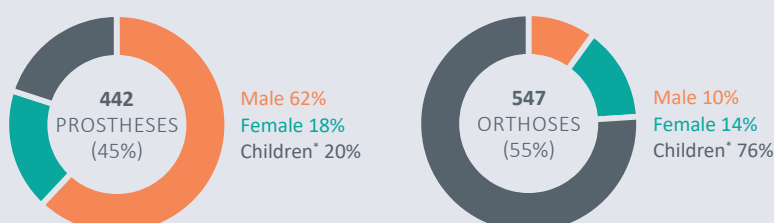
BENEFICIARY STATISTICS

- 4,909** people with disabilities received services provided by our partners

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



*0 - 15 years old

EL SALVADOR

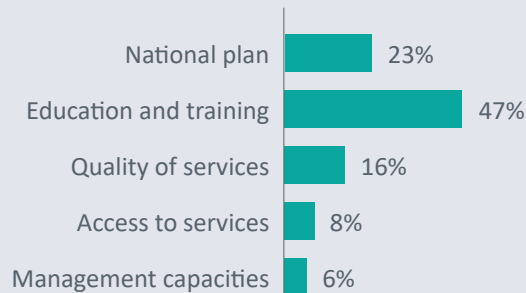
BUDGET 2018

CHF 488,132

EXPENDITURE 2018

CHF 453,550

RESOURCE ALLOCATION BY GLOBAL OBJECTIVE



COUNTRY HIGHLIGHTS

The Ministry of Health (MOH) and MoveAbility signed a memorandum of understanding which included provisions for the creation of a physical rehabilitation entity in charge of physical rehabilitation in El Salvador; the entity, the Red Interinstitucional de Rehabilitación e Inclusión de Personas con Discapacidad de El Salvador. The organizations participating in the entity included the Instituto Salvadoreño de Rehabilitación Integral (ISRI), the Universidad Don Bosco (UDB), and the Consejo Nacional de Atención Integral a la Persona con Discapacidad (CONAIPD), with MoveAbility as a permanent observer.

The MOH declared its intent to transfer the prosthetic and orthotic (P&O) unit of the hospital in Santa Ana to a new one in the Centro de Rehabilitación Integral de Occidente (CRIO). This new facility will benefit the persons with disabilities from Santa Ana in need of assistive device and rehabilitation services.

The UDB continued to play an essential national and regional role in strengthening the quality of P&O services in Latin America. Students from El Salvador and from neighboring countries continued their studies with the UDB on MoveAbility scholarships. Technicians and physiotherapists from countries around the region and from within El Salvador took courses at UDB with our financial backing. We also supported other activities to bolster training for rehabilitation professionals in the region. Such as financial support for a regional event for physiotherapists, which featured workshops and lectures led by Maastricht University; this university also worked with the University of El Salvador and the National Autonomous University of Nicaragua's Health Polytechnic faculty on revising their curricula.

INDICATORS



PHYSICAL REHABILITATION ENTITY

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



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 35** physiotherapists, **6** Category I prosthetists and orthotists **15** Category II prosthetists and orthotists



MANAGEMENT CAPACITIES OF OUR PARTNERS

- Training on the patient management database** was conducted at FHM
- An **assessment of the physiotherapy services** and a **SWOT analysis** was done at ISRI



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

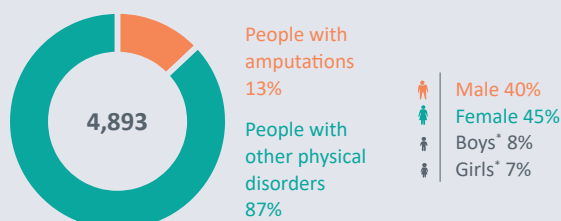
- A visit and an assessment of the MOH rehabilitation centers was done by UDB teachers
- Beneficiary satisfaction surveys** and **technical assessments of services** (BFTA) were conducted at ISRI



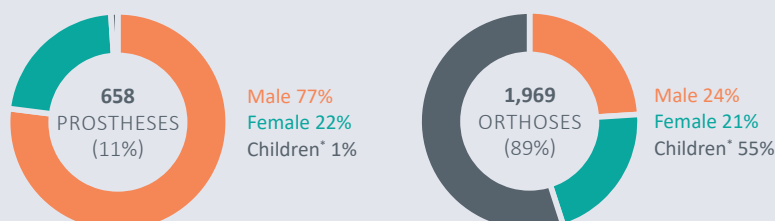
BENEFICIARY STATISTICS

- 4,893** people with disabilities received services provided by our partners

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



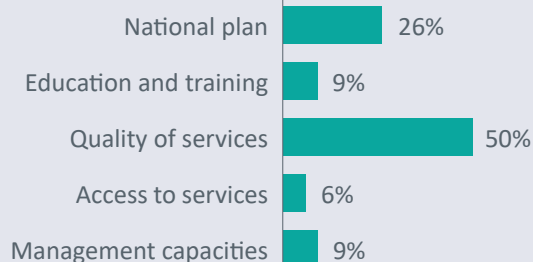
*0 - 15 years old

HAITI

BUDGET 2018
CHF 214,755

EXPENDITURE 2018
CHF 221,695

RESOURCE ALLOCATION BY GLOBAL OBJECTIVE



COUNTRY HIGHLIGHTS

We continued to support Healing Hands for Haiti (HHH), a local non-governmental organization (NGO) that provides physical rehabilitation services. HHH staff attended courses on clinical orthotics and other topics at the University of Don Bosco in El Salvador, which helped boost the organization's capacity to provide clinical services. We gave the NGO financial support to cover salaries of key personnel, to pay for an order of equipment and the appropriate components for these.

An assessment of the rehabilitation sector in Haiti using the Standard Assessment of Rehabilitation was completed in November. The costs of the national assessment will be covered by Humanity and Inclusion, and MoveAbility.

We continued to engage in discussions with the Bureau du Secrétaire d'Etat à l'Intégration des Personnes Handicapées, the main government agency responsible for assisting people with disabilities and fostering their social inclusion, and the Ministry of Health. We facilitated their discussions on the recognition and inclusion of the professionals from the rehabilitation sector in the health system.

INDICATORS



PHYSICAL REHABILITATION ENTITY

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



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 10,5** physiotherapists, **1** Category I and **6** Category II prosthetists and orthotists and **3** other health professionals



MANAGEMENT CAPACITIES OF OUR PARTNERS

- n/a**



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

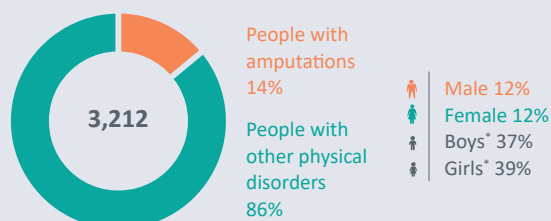
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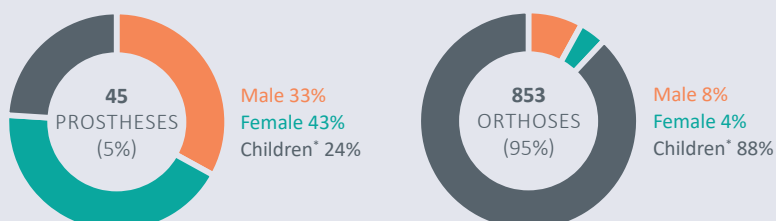
BENEFICIARY STATISTICS

- 3,212** people with disabilities received services provided by our partners

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



*0 - 15 years old

NICARAGUA

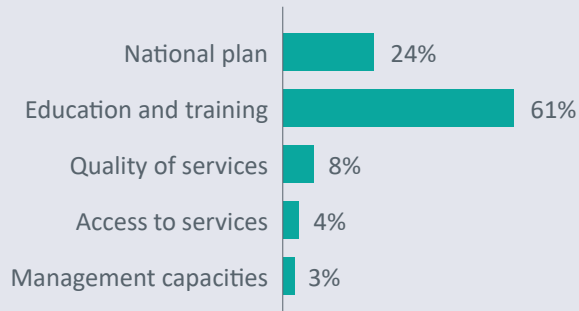
BUDGET 2018

CHF 565,036

EXPENDITURE 2018

CHF 338,224

RESOURCE ALLOCATION BY GLOBAL OBJECTIVE



COUNTRY HIGHLIGHTS

MoveAbility continued to provide financial and other support to students pursuing degrees at the University of Don Bosco (UDB) in El Salvador, and two technicians from service providers in Nicaragua who took distance learning modules and short courses offered by the UDB. These included technicians from the Centro Nacional de Producción de Ayudas Técnicas y Elementos Ortoprotésicos and Fundación para la Rehabilitación Walking Unidos (FURWUS) who successfully completed their courses at the UDB and passed ISPO¹ examinations.

We facilitated meetings among the National Autonomous University of Nicaragua's Health Polytechnic faculty (UNAN-POLISAL), the University of Honduras, and the University of El Salvador. These allowed them to exchange experiences and best practices, in relation to the revision and improvement of the curricula at UNAN-POLISAL. We also supported the UNAN to improve its teaching capacities, such as by helping them to purchase computers and furniture for their classrooms.

Particularly economically vulnerable patients from the Centro de Capacidades Diferentes and the FURWUS – organizations supported by MoveAbility – received prosthetic and orthotic devices and obtained physiotherapy from FURWUS. We assisted also financially some of these patients, to cover their transport and accommodation costs. MoveAbility also provided financial backing to some centers run by the Ministry of Health, to help them purchase sufficient raw materials for their services.

INDICATORS



PHYSICAL REHABILITATION ENTITY

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



NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 31** physiotherapists, **12** Category II prosthetists and orthotists and **11** other health professionals



MANAGEMENT CAPACITIES OF OUR PARTNERS

- SGS assessment** for CAPADIFE and Walking Unidos



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

- n/a**

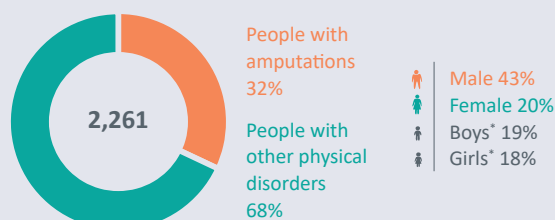


BENEFICIARY STATISTICS

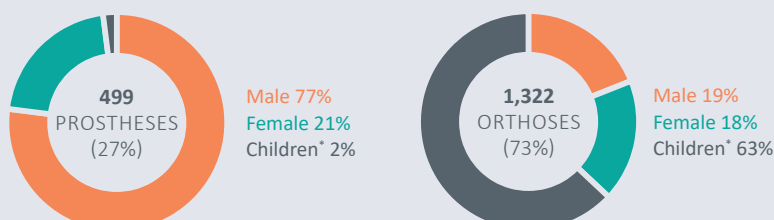
- 2,261** people with disabilities received services provided by our partners
- 106** economically vulnerable persons with disabilities received assistive devices and rehabilitation services

¹ International Society for Prosthetics and Orthotics (ISPO): <https://www.ispoint.org/>

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS



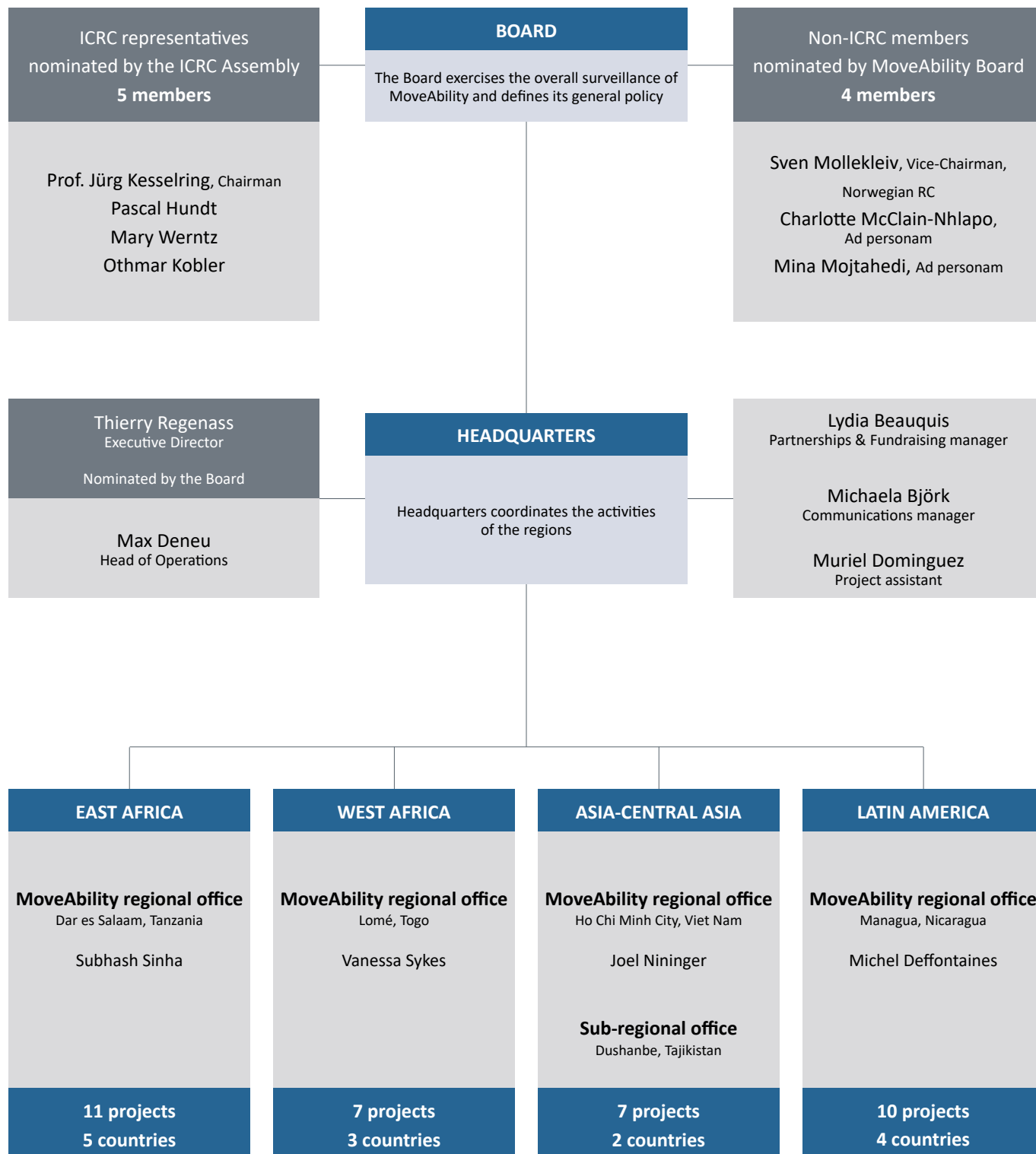
ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS



*0 - 15 years old

ANNEX 1

2018 - ORGANIZATIONAL CHART AND GOVERNANCE



ANNEX 2

2018-MOVEABILITY BUDGET AND EXPENDITURE

	Budget CHF	Expenditure CHF	Implementation rate
EAST AFRICA, REGIONAL OFFICE IN TANZANIA			
Material (including transport) & financial assistance	1,271,065	985,128	77 %
Tuition & staff-related costs	663,263	831,103	125 %
Premises, equipment, general supplies, audit costs	142,057	136,920	96 %
Operational program support, financial management headquarters' administration	311,070	330,049	106 %
TOTAL	2,387,455	2,283,200	96 %
WEST AFRICA, REGIONAL OFFICE IN TOGO			
Material (including transport) & financial assistance	553,940	285,146	51 %
Tuition & staff-related costs	615,832	647,982	105 %
Premises, equipment, general supplies, audit costs	105,014	104,292	99 %
Operational program support, financial management headquarters' administration	190,980	175,306	92 %
TOTAL	1,465,756	1,212,726	83 %
ASIA AND CENTRAL ASIA, REGIONAL OFFICE IN VIET NAM			
Material (including transport) & financial assistance	578,414	418,693	68 %
Tuition & staff-related costs	472,954	466,150	99 %
Premises, equipment, general supplies, audit costs	57,587	75,590	131 %
Operational program support, financial management headquarters' administration	166,136	162,297	98 %
TOTAL	1,275,091	1,122,730	88 %
LATIN AMERICA, REGIONAL OFFICE IN NICARAGUA			
Material (including transport) & financial assistance	768,223	395,389	51 %
Tuition & staff-related costs	412,361	525,044	127 %
Premises, equipment, general supplies, audit costs	132,249	90,465	68 %
Operational program support, financial management headquarters' administration	196,680	170,824	87 %
TOTAL	1,509,512	1,181,722	78 %
TOTAL MOVEABILITY			
Material (including transport) & financial assistance	3,171,643	2,084,356	64 %
Tuition & staff-related costs	2,164,411	2,470,278	114 %
Premises, equipment, general supplies, audit costs	436,908	407,267	93 %
Operational program support, financial management headquarters' administration	864,866	838,476	97 %
TOTAL	6,637,825	5,800,378	87 %

ANNEX 3

ERNST & YOUNG AUDIT REPORT



Ernst & Young Ltd
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To the Foundation Board of
The ICRC MoveAbility Foundation, Geneva

Lancy, 15 April 2019

Report of the statutory auditor on the limited statutory examination

As statutory auditor, we have examined the financial statements (statement of income, statement of financial position, statement of changes in reserves and notes) of The ICRC MoveAbility Foundation for the financial year ended 31 December 2018.

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

Licensed audit expert
(Auditor in charge)

Licensed audit expert

Enclosure

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

FINANCIAL STATEMENTS

STATEMENT OF INCOME

FOR THE YEAR ENDED 31 DECEMBER

(CHF thousands)	Note	2018	2017
Contributions	[6]	4,824	5,138
Staff costs		-2,619	-2,602
Mission costs		-607	-486
Rentals		-192	-91
Sub-contracted maintenance		-31	-39
Purchase of goods and materials		-194	-120
Financial assistance		-1,910	-1,829
General expenditure		-224	-313
Depreciation		-24	-35
Operating expenses	[7]	-5,801	-5,515
Net deficit of operating activities		-977	-377
Foreign exchange result, net		5	-120
Financial income/(loss), net	[4]	-95	277
Net (deficit)/surplus of non-operating activities		-90	157
Deficit for the year		-1,067	-220
Allocation from Temporarily restricted reserves		977	377
Allocation to Unrestricted reserves designated by the Board		-20	-
Allocation from/(to) Other unrestricted reserves		110	-157
Result for the year after allocation from/(to) reserves		-	-

STATEMENT OF CHANGES IN RESERVES

(CHF thousands)		Restricted reserves	Unrestricted reserves	
		Temporarily restricted	Designated by the Board	Other reserves
	Note	[5]		
Balance at 1 January 2018		-437	2,863	943
Surplus/(deficit) for the year		-977	20	-110
Balance at 31 December 2018		-1,414	2,883	833
Balance at 1 January 2017		-60	2,863	786
(Deficit)/surplus for the year		-377	-	157
Balance at 31 December 2017		-437	2,863	943

FINANCIAL STATEMENTS

STATEMENT OF FINANCIAL POSITION

AS AT 31 DECEMBER

(CHF thousands)	Note	2018	2017
Cash and cash equivalents		496	401
Investments	[4]	2,736	3,222
Accounts receivable		366	1,382
Current assets		3,598	5,005
Accounts receivable		124	615
Non-current assets		124	615
Assets		3,722	5,620
Accounts payable and accrued expenses	[8]	796	687
Deferred income		500	949
Current liabilities		1,296	1,636
Deferred income		124	615
Non-current liabilities		124	615
Liabilities		1,420	2,251
Temporarily restricted reserves for the funding of operations	[5]	-1,414	-437
Restricted reserves		-1,414	-437
Unrestricted reserves designated by the Board		2,883	2,863
Other unrestricted reserves		833	943
Unrestricted reserves		3,716	3,806
Reserves		2,302	3,369
Liabilities and reserves		3,722	5,620

NOTES TO THE FINANCIAL STATEMENTS

AS AT 31 DECEMBER 2018

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 allow the opening of its board to members of other organizations, and the SFD has developed its own independent fundraising and financial management structure.

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

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

FINANCIAL STATEMENTS

The board is composed of seven people, five of whom are ICRC representatives.

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

2. BASIS OF PREPARATION

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

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

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

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

3.1 Accounts receivable

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

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

3.2 Unrealized foreign exchange gains

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

3.3 Reserves

- TEMPORARILY RESTRICTED RESERVES FOR THE FUNDING OF OPERATIONS

Refer to note 5.

- UNRESTRICTED RESERVES DESIGNATED BY THE BOARD

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

- OTHER UNRESTRICTED RESERVES

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

4. INVESTMENTS AND FINANCIAL INCOME, NET

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

(CHF thousands)

Investments

Quoted equity securities
Quoted debt securities
Total Current investments

2018	
Cost value	Fair market value
632	647
2,125	2,089
2,757	2,736

FINANCIAL STATEMENTS

(CHF thousands)	2017	
Investments	Cost value	Fair market value
Quoted equity securities	753	890
Quoted debt securities	2,327	2,332
Total Current investments	3,080	3,222

(CHF thousands)	2018	2017
Investments at fair value		
Realized portfolio result, net	-4	112
Unrealized portfolio result, net	-110	157
Securities income, net	19	8
Total Financial income, net	-95	277

5. TEMPORARILY RESTRICTED RESERVES FOR THE FUNDING OF OPERATIONS

These temporarily restricted reserves include the following:

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

(CHF thousands)	At 31 December 2016	Increase/ (decrease)	At 31 December 2017	Increase/ (decrease)	At 31 December 2018
Donors' restricted contributions	-	-	-	-	-
Field operations with temporary deficit funding	-60	-377	-437	-977	-1,414
Total Restricted reserves for the funding of operations	-60	-377	-437	-977	-1,414

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

(CHF thousands)	Africa	Asia	Latin America (incl. Haiti)	Tajikistan	Total
Field operations with temporary deficit funding					
Balance at 31 December 2016	-	-	-60	-	-60
Use of temporary deficit for operations	-455	-	-	-	-455
Allocation to reserve	-	-	66	12	78
Balance at 31 December 2017	-455	-	6	12	-437
Use of temporary deficit for operations	-780	-167	-41	-	-988
Allocation to reserve	-	-	-	11	11
Balance at 31 December 2018	-1,235	-167	-35	23	-1,414

FINANCIAL STATEMENTS

6. CONTRIBUTIONS

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

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

2018 (CHF thousands)	Africa	Asia	Latin America (incl. Haiti)	Tajikistan	Total 2018
Australia	176	200	81	-	457
Italy	352	-	15	30	397
Liechtenstein	50	-	-	-	50
Monaco	47	-	-	-	47
Norway	714	118	200	-	1,032
Switzerland	70	10	60	10	150
United States of America	893	320	500	258	1,971
Governments	2,302	648	856	298	4,104
Monaco	4	-	2	-	6
Norway	102	15	45	-	162
National Societies	106	15	47	-	168
Medicor Foundation	-	-	100	-	100
OPEC Fund for International Development	303	-	135	-	438
Other private companies	5	6	-	-	11
Spontaneous donations from private individuals	-	-	3	-	3
Private sources	308	6	238	-	552
Total Contributions	2,716	669	1,141	298	4,824

FINANCIAL STATEMENTS

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

7. OPERATING EXPENSES

The operating expenses are allocated by region, as follows:

2018 (CHF thousands)	Africa	Asia	Latin America (incl. Haiti)	Tajkistan	Total 2018
Staff costs	1,695	429	400	95	2,619
Mission costs	271	39	241	56	607
Rentals	126	9	34	23	192
Sub-contracted maintenance	14	-	3	14	31
Purchase of goods and materials	64	26	27	77	194
Financial assistance	1,218	311	380	1	1,910
General expenditure	90	22	93	19	224
Depreciation	18	-	4	2	24
Total Operating expenses	3,496	836	1,182	287	5,801

FINANCIAL STATEMENTS

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

The staff working for the foundation are employed by the ICRC but are permanently seconded to and financed by the ICRC MoveAbility Foundation. On the average, there are no more than 40 of these full-time positions every year.

8. RELATED PARTIES

8.1 Accounting support provided by the ICRC

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

(CHF thousands)	2018	2017
Estimated value of the pro bono services provided to The ICRC MoveAbility Foundation	713	708

8.2 Current account with the ICRC

Accounts payable and accrued expenses includes the balance of the current account with the ICRC, which is as follows:

(CHF thousands)	2018	2017
Balance due to the International Committee of the Red Cross	793	685

ANNEX 4

IMPACT AND INDICATORS

GENERAL OBJECTIVES

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

NATIONAL PLAN

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

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

EDUCATION AND TRAINING

Enhance the knowledge and skills of physical rehabilitation professionals by:

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

QUALITY OF SERVICES

Help our partners improve the quality of their services through:

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

ACCESS TO SERVICES

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

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

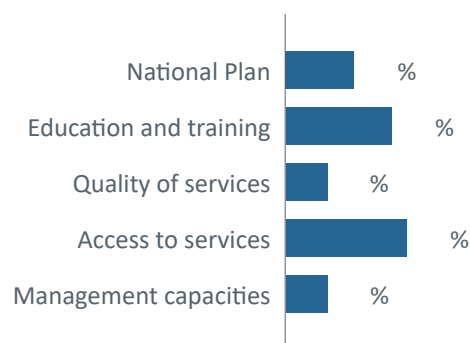
MANAGEMENT CAPACITIES

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

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

RESOURCE ALLOCATION BY GENERAL OBJECTIVE

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



INDICATORS

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



PHYSICAL REHABILITATION ENTITY

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



QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

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



QUALIFIED PROFESSIONALS EMPLOYED BY PARTNERS' REHABILITATION CENTERS

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



BENEFICIARY STATISTICS

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



MANAGEMENT CAPACITIES OF OUR PARTNERS

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

ANNEX 5

2017-BENEFICIARY FEEDBACK AND TECHNICAL ASSESSMENT

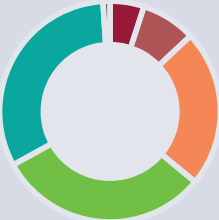
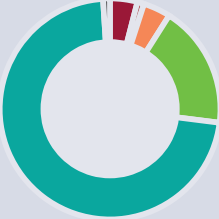

The Beneficiary Feedback and Technical Assessment (BFTA) is a tool developed by MoveAbility and the ICRC, used to provide objective feedback about services provided to beneficiaries at each physical rehabilitation center. It includes:

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

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

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

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

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

ANNEX 6

FIELD PARTNERS - SERVICE PROVIDERS AND SCHOOLS

EAST AFRICA

MADAGASCAR

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

RWANDA

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

SOMALIA

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

TANZANIA

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

ZAMBIA

- University Teaching Hospital (UTH), Lusaka

WEST AFRICA

BENIN

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

CÔTE D'IVOIRE

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

TOGO

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

ASIA

VIET NAM

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

CENTRAL ASIA

TAJIKISTAN

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

LATIN AMERICA

EL SALVADOR

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

HAITI

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

NICARAGUA

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

ECUADOR

- Hermano Miguel Foundation (FHM), Quito

ABBREVIATIONS AND ACRONYMS

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

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