The ICRC MoveAbility Foundation is a development organization that aims to improve physical rehabilitation capacities in low- and middle-income countries, and remove barriers faced by people 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 the socio-economic integration for people living with disabilities, while still focusing on their initial need for physical rehabilitation.

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

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

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The ICRC MoveAbility Foundation

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.
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Since its inception in 1983, the ICRC MoveAbility Foundation (formerly known as the ICRC Special Fund for the Disabled) has focused on the technical aspects of improving access to physical rehabilitation services for people with disabilities in lower- and middle-income countries. But over the past decade, we’ve realized that, in order to have a more lasting impact, managerial capacities and coordination mechanisms need to be strengthened at the national level. So we’ve adopted a more multi-sectoral approach involving all stakeholders in a given country’s physical rehabilitation sector, such as the Ministry of Health (MOH), providers of physical rehabilitation services, the National Society, and Disabled people’s organizations (DPO).

We’ve worked with the Leadership, Management and Governance1, a project funded by United States Agency for International Development (USAID), to organize management training for representatives of stakeholders from a few countries, who’ve subsequently established national platforms for physical rehabilitation. These platforms offer stakeholders a space to discuss disability-related issues and a means to lobby their respective governments to develop and adopt policies for people with disabilities.

These efforts are already yielding results. For example, through the platform in Togo and in Tanzania, physical rehabilitation actors and members of civil society are, for the first time, being directly consulted on policies that aim to facilitate access to rehabilitation services. The platform has also helped to raise awareness of disability-related issues and to place them in the country’s political agenda. For instance, Togo’s MOH is currently revising the social protection policy.

Similar activities are underway elsewhere. In all of the countries that we work in, we’ve included the creation of such a platform in our agreements with the ministries concerned. This is a step forward for social integration and empowerment of people with disabilities, and shows that the governments of low- and middle-income countries are aware of disability-related issues and can take the lead in addressing them.

We are thus very proud that the Zero Project Conference2 has shortlisted us, recognizing that the national platform is an innovative process in order to improve access to rehabilitation for people with disabilities.

Thierry Regenass
Executive Director, MoveAbility

1 http://www.lmgforhealth.org/
2 https://conference zeroproject.org/
through our partners

23,118 people with disabilities
beneficiated from our support

RESOURCE ALLOCATION
JAN–JUN 2017

- National Plan: 27%
- Education and training: 23%
- Quality of services: 17%
- Access to services: 10%
- Management capacities: 23%
we are active in
14 countries
we work on
32 projects
BACKGROUND INFORMATION

• In 2003, MoveAbility began to support Akanin’ny Marary (AM) centre in Ambositra, which cared for people with disabilities and other people in need of health services.
• 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. That year, we signed an agreement with the Ministry of Health (MOH) and started to support two public physical rehabilitation centres: the Centre de Reeducation Motrice de Madagascar (CRMM) in Antsirabe, and the Centre d’Appareillage de Madagascar (CAM) in Antananarivo.
• According to World Bank estimates\(^1\), over 75% of the people in Madagascar lived below the poverty line in 2010. Many of them cannot afford medical treatment, including for disabilities. Physical rehabilitation centres often lack funding and trained staff.
• Madagascar ratified the UNCRPD in 2015.

MAIN ACHIEVEMENTS

NATIONAL PLAN

• We continued to help the government work on their national plan for strengthening physical rehabilitation services. However, the plan has not yet been validated, but progress is made.

EDUCATION AND TRAINING

• We held a four-day course at the CAM for five physiotherapists, two prosthetists/orthotists, and two doctors. The course covered the management of amputees’ injuries, and aimed to help strengthen the coordination between the centre’s prosthetics/orthotics and physiotherapy departments.
• Two people are pursuing training at the Institut Supérieur Technologique Montplaisir in France, through scholarships from MoveAbility. Two more people have been selected to begin such training in September. Afterwards, they will begin to work as prosthetists/orthotists or physiotherapists at the CAM and the CRMM.
• Representatives from the MOH attended regional and international congresses in South Africa, where they learnt about the latest developments in the field of physical rehabilitation.

QUALITY OF SERVICES

• With support from MoveAbility, the CAM and the CRMM have started to implement checklists and other tools for enhancing the quality of their services. We are also coaching the head of prosthetics and orthotics at the CAM on how to improve his department’s manufacturing.

ACCESS TO SERVICES

• We helped both centers calculate the cost of their services, to lobby for inclusion of these services in the national health insurance system. In doing so, we ensure that people continue to have access to the services at the CAM and the CRMM.
• CRMM received support for the implementation of a computerized system for inventory management.
• Physical rehabilitation services at AM have not yet restarted. We are thus considering officially ending our partnership with them and supporting another center instead. To this end, we visited one in Mahajanga to see whether we could provide them with any assistance.

\(^1\) http://data.worldbank.org/indicator/SI.POV.NAHC?locations=MG
MANAGEMENT CAPACITIES

• We continued to help the CAM and the CRMM implement the EMP; they’ve finished nine modules so far.
• A team from the CAM also went to Togo for training on data-collection and management tools.

INDICATORS

PHYSICAL REHABILITATION ENTITY

• Existence of National plan: Under development
• Budget for physical rehabilitation: n/a
• Number of professionals employed by the entity: 3

NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

• 17 Physiotherapists, 1 Cat. II P&O and 17 other health professionals

MANAGEMENT CAPACITIES OF OUR PARTNERS

• EMP training has been completed at CAM and CRMM

QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

• To be reported at the end of the year

BENEFICIARIES’ STATISTICS

• 2,585 people with disabilities received services provided by our partners

PEOPLE HAVING RECEIVED SERVICES DELIVERED BY MOVEABILITY PARTNERS

ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS

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

THE SUCCESS STORY OF DOCTOR ANDRIANALY

Mamy Andrianaly is the eldest child born in a family of two children. He grew up under modest circumstances in the capital region of Antananarivo, Madagascar. His father was a prison officer and his mother a housewife. Victim of polio when he was only eight months old, he suffered from a paralysis of the right side of his body.

His parents didn’t understand the cause nor the consequences of polio, but they knew it would be difficult for Mamy to have a physical job. So, they encouraged and supported him in pursuing studies.

At the age of ten years old, during their holidays in the capital, Mamy and his father went for an examination at the “Centre d’appareillage”. Mamy met a doctor who provided care and advice. He helped him not only to recover greater comfort, but also inspired him his vocation: he would become a doctor. He wanted in turn to help other people with disabilities.

After this visit, he underwent a hip surgery and was fitted with an orthoses. He could walk and squat without excessive difficulty.

He enrolled in the Faculty of Medicine, obtained his medical doctorate in 1987 and started his career with special interest in persons with disabilities. He worked and got involved in the Handisport association, where he is still responsible for the medical commission. In 2011, he came back to his roots and became Director of the “Centre Hospitalier Universitaire d’Appareillage de Madagascar” (CHUAM).

Today, Mamy is married and father of four children. He is very active in the promotion of the education in the rehabilitation sector.

Mamy says “if we want to ensure the continuity and development of the rehabilitation sector, but also improve the treatment of persons with disabilities, we should invest in high quality education for the young students in Madagascar.”

CHALLENGES

- Projects are taking longer than planned because physical rehabilitation is not yet a priority for the government. A lot of follow up and mobilization is necessary, and our new contact person at the MOH is facing similar constraints.
- As a result of administrative changes at the Institut de Formation Inter Régional des Paramédicaux d’Antananarivo, students are being trained by professors who lack practical experience in the field. We and our partners have noticed a decrease in the skill level of students who are undergoing clinical placements, which may affect the quality of services in Madagascar in the future. Corrective measures are under consideration.
- The shift to the polypropylene technology developed by the ICRC for assistive devices is progressing slowly, and may be difficult to sustain without the government’s support – particularly in terms of health insurance coverage. There is also a need for more training in the use of this technology.
- The CAM is dealing with issues related to stock management, and it does not have a staff member dedicated to it full-time. This has made it difficult to get a clear picture of its material requirements.
BACKGROUND INFORMATION

• Since 1997, MoveAbility has worked with the Tanzania Training Centre for Orthopaedic Technologists (TATCOT) to train physical rehabilitation professionals from across Africa. In 2009, we began a partnership with Comprehensive Community Based Rehabilitation in Tanzania (CCBRT), a local NGO that runs community-based programs and a hospital for people with disabilities. Our structure in Tanzania, which was our regional office from 2013–2016, is now a sub-regional office.
• According to the World Bank, 28.2% of Tanzania’s population lived below the national poverty line in 2011. Among these people are those with disabilities, who lack the means to get the medical care that they need.
• Tanzania ratified the UNCRPD 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; access to services in remote areas is also inadequate.

MAIN ACHIEVEMENTS

NATIONAL PLAN
• During meetings at the MOH, members of the national platform discussed the proposals submitted by two consultants, one of whom will be chosen to help develop a national strategic plan for strengthening the physical rehabilitation sector. Though we will provide support for this initiative, the proposals exceed the amount that MoveAbility has budgeted, and other stakeholders will have to contribute as well.

EDUCATION AND TRAINING
• We gave TATCOT funds for purchasing raw materials from the African Organization for the Development of Centres for Disabled People. These were used during short courses and clinical placements.
• Eight ISPO Category II professionals attended a two-week course on ischial containment sockets at TATCOT, which was facilitated by a teacher from TATCOT and another from Rwanda. One of our physiotherapists provided technical input on gait training and other related topics, and a physiotherapist from CCBRT participated in the course so that he could facilitate similar ones in the future.
• A teacher from TATCOT supervised clinical placements at CCBRT for students undergoing ISPO Category I and Category II training.

QUALITY OF SERVICES
• We helped CCBRT develop a clinical assessment checklist for their physiotherapy department, as well as a filing system for their service user archives. With our support, its physiotherapy department introduced a process for evaluating the quality of their services for wheelchair users and other patients; so far, 80 children have been assessed.
• 14 patients gave input on CCBRT’s services through a focus group discussion arranged by CCBRT; we advised CCBRT on how to analyze and report the results.
• We also continued to compile data from interviews conducted in 2015 and 2016. Given the quality of the data, we will begin to take charge of collecting data from patients who receive financial assistance from MoveAbility.

ACCESS TO SERVICES
• We continued to subsidize the treatment fees of particularly vulnerable people with disabilities; around 52 people benefited from such assistance.
With our help, CCBRT organized a training session for parents and caregivers on home-based care for children with cerebral palsy.

We worked with CCBRT and the Tanzanian Paralympic Committee to organize a sporting event at a local park. This provided an opportunity to register children with disabilities and refer them for treatment, and to promote access to sports at the grassroots level for people with disabilities.

We referred a vulnerable orphan to CCBRT, where he was attended to and given crutches. We also asked the MOH to help him and his brother find a home.

**MANAGEMENT CAPACITIES**

- Some key personnel from CCBRT attended a four-day management training course that we helped conduct.
- CCBRT uses lean management\(^2\) as its main management tool, and we will provide them with support for implementing its principles; for instance, they sent us a planning template, which we are helping them to fill out with activities for the second half of 2017.
- We regularly advised the Head of CCBRT’s physical rehabilitation department during patient-carer training sessions on the organization of the physiotherapy/occupational therapy department and on activities for children with cerebral palsy.

\(^2\) www.lean.org

**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**

- 5 Cat. I P&O and 2 other health professionals

**MANAGEMENT CAPACITIES OF OUR PARTNERS**

- n/a

**QUALITY OF SERVICES DELIVERED BY OUR PARTNERS**

- To be reported at the end of the year

**BENEFICIARIES’ STATISTICS**

- 782 people with disabilities received services provided by our partners
- 37 devices reimbursed to persons with disabilities

**PEOPLE HAVING RECEIVED SERVICES DELIVERED BY MOVEABILITY PARTNERS**

- People with amputated limbs 13%
- People with other physical disabilities 87%
- Male 18%
- Female 17%
- Children’ 65%

**ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS**

- 20 PROSTHESES (1%)
- Male 35%
- Female 35%
- Children’ 30%
- 421 ORTHOSES (99%)
- Male 2%
- Female 6%
- Children’ 92%

*below 15 years old
**CHALLENGES**

- The national physical rehabilitation platform’s efforts to strengthen the sector have encountered administrative delays, owing to the relocation of MOH staff to Dodoma and the transition to a new chairperson. Platform meetings have also been postponed until a consultant for the national strategic plan has been chosen.
- CCBRT is facing some financial constraints, which may affect their ability to keep staff and to provide good-quality services. Furthermore, economically vulnerable people have difficulty obtaining devices and services because they are unable to afford the fees.
- MoveAbility is the only donor that is closely involved in CCBRT’s physical rehabilitation department and in the national platform. As such, we are looking for other organizations that can work with us and our local partners.

**STORY**

**OVERCOMING PHYSICAL BARRIERS THROUGH SPORTS**

In Tanzania, for the first time, different actors of the civil society came together to organize a sporting event for children with disabilities. The Comprehensive Community Based Rehabilitation in Tanzania (CCBRT), the Jakaya M. Kikwete Youth Park (JMK Park), MoveAbility and the Tanzania Paralympic Committee (TPC) organized an amputee football and wheelchair basketball game.

During the event, hosted by the JMK Park, the children with disabilities were introduced to sports and the adult athletes were provided with specific training for an eventual participation at the Paralympics by the TPC. CCBRT and MoveAbility seized the day to discuss with the participants and assess their needs in terms of rehabilitation services and devices.

Engaging in sports has a beneficial effect on the mental and physical well-being, especially for persons with disabilities. In fact, several studies over the past 30 years have concluded that physical activity and participating in sports improves the functional status and quality of life. According to the web platform sportanddev.org, “sport and physical activity has been linked to an improvement in self-confidence, social awareness and self-esteem and can contribute to empowerment of persons with disabilities.”

On an individual level, people with disabilities, even more so in low- and middle-income countries, may face a number of barriers to participation in sport. As a matter of fact, in those countries, physical activities can be limited by access to sport services or facilities, lack of accessible transportation or even social and cultural barriers.

To overcome the barriers and promote sporting activities for persons with disabilities, there is a need to invest in infrastructures, but also to bring different stakeholders to collaborate.

For all the participants, this day was very particular: they didn’t focus on their disability anymore, but felt they had overcome great barriers and simply shared physical activities together.
BACKGROUND INFORMATION

• Since 2004, MoveAbility has been working with the École Nationale des Auxiliaires Médicaux (ENAM) in Lomé, to train physical rehabilitation professionals from French-speaking countries in Africa, and with the Centre National d’Appareillage Orthopédique (CNAO), to help it improve the quality of its services. The Centre Régional d’Appareillage Orthopédique de Kara (CRAO-K) has been receiving support from MoveAbility since 2011.

• In addition to our local partners, we also work with regional institutions present in Togo: the African Federation of Orthopaedic Technicians (FATO), which facilitates networking among professionals, and the African Organization for the Development of Centres for Disabled People (OADCPH), which provides purchasing services and training. To further increase support for our partners in West Africa, we designated our structure in Togo – which had been opened as a sub-regional office in 2010 – as our new regional office for Africa in 2016 and for West Africa from 2017 onwards.

• Togo’s health sector has progressed somewhat in recent years, and the country ratified the UNCRPD in 2011. However, government-run centres – mainly the regional ones – need more resources to fully meet the demand for their services. Many people still lack access to medical care.

MAIN ACHIEVEMENTS

NATIONAL PLAN

• The MOH agreed on the terms of reference of the national platform for policies on physical rehabilitation, which had been established in 2016. The platform held its first meeting for 2017 in March; among the topics was the possibility of the MOH coordinating the implementation of beneficiary-feedback surveys and technical assessments in public centers (see below).

• The MOH’s focal point for rehabilitation and the directors of the CNAO and ENAM participated in the ISPO World Congress in May. Following the event, were discussed the ISPO’s new standards for education and the creation of an ISPO Society in the country.

• The authorities validated a national strategic plan that included activities to address needs related to physical rehabilitation.

EDUCATION AND TRAINING

• We worked with the ICRC to conduct courses on the interdisciplinary approach in rehabilitation for staff from ICRC and MoveAbility-supported centres and other specialists from Côte d’Ivoire and Togo. Management Sciences for Health (MSH) also conducted one workshop in Lomé for personnel from our partners in Togo and Madagascar.

• Representatives from the MOH, ENAM, the CNAO, and associations of physical rehabilitation professionals attended international congresses, where they were able to network with their peers and learn about the latest developments in the field.

• Three new sites for ENAM students’ clinical placements were identified. With our financial support, ENAM organized a workshop for the prospective instructors at these sites, regarding teaching methods, on-site guidance and the requirements for students.

• One prosthetist/orthotist from ENAM is undergoing ISPO Category I training with Human Study2 in Tunisia. We also covered the salary of one key administrative
employee at ENAM.

QUALITY OF SERVICES

- We regularly coached the prosthetists/orthotists and physiotherapists at the CNAO on several matters, including the interdisciplinary management of disabilities.
- We carried out a pilot program on the implementation of beneficiary-feedback surveys and technical assessments at the CNAO.
- Instructors at ENAM received advice on teaching methods.

ACCESS TO SERVICES

- To help the CNAO, the CRAO-K and ENAM carry out their activities, we ordered raw materials for them through the OADCPH.
- We continued to work with the CNAO and the CRAO-K to train caretakers of children with cerebral palsy in the provision of home-based care.
- We contributed financial and material assistance for the construction of wheelchair-accessible washrooms and a gait training\(^1\) room at ENAM. We also helped them procure equipment for the latter.

INDICATORS

PHYSICAL REHABILITATION ENTITY

- Existence of National plan: Yes
- Budget for physical rehabilitation: \(^n/a\)
- Number of professionals employed by the entity: 1,5

NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 17 Physiotherapists, 8 Cat. I P&O, 17 Cat. II P&O and 9 others health professionals

MANAGEMENT CAPACITIES OF OUR PARTNERS

- 50% of the EMP training modules have been completed at CNAO

QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

Beneficiary satisfaction made at CNAO:
- 57% of respondents are quite satisfied
- 14% very satisfied with the quality of their device
- 86% of respondents think the device is important or very important to their social life
- 72% of respondents think their device is important or very important to earn a living

BENEFICIARIES’ STATISTICS

- 5,437 people with disabilities received services provided by our partners

ACCESS TO SERVICES

PEOPLE HAVING RECEIVED SERVICES DELIVERED BY MOVEABILITY PARTNERS

- People with amputated limbs 6%
- People with other physical disabilities 94%
- Male 19%
- Female 21%
- Children* 60%

ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS

- 47 PROSTHESES (4%)
- Male 66%
- Female 30%
- Children* 4%

- 1,028 ORTHOSES (96%)
- Male 2%
- Female 6%
- Children* 92%

\(^1\) http://www.ispoint.org/standards-guidelines
\(^2\) http://www.human-study.org/
\(^3\) http://www.healthline.com/health/gait-training
STORY

THE STRUGGLE OF A MOTHER

“Two months after the birth of my daughter, I noticed something was wrong, says Awadi Tchilalo, a Togolese mother of a child with cerebral palsy. She got regularly sick and was very weak. I thought her health would improve, but on the contrary, it worsened. When she turned one year, she couldn’t lie on the side and needed help to sit down. The people around me kept telling me that nothing could be done and that it would only get worse. I lost hope and thought my daughter was destined to become paralyzed."

A nurse from a mobile team advised Awadi Tchilalo to bring her daughter to the Kara Hospital for an examination. After they diagnosed cerebral palsy, she was sent to the regional physical rehabilitation center, the Centre Régional d’Appareillage Orthopédique (CRAO). The CRAO, supported by MoveAbility, provided Awadi with training on daily care and fitted her daughter with an orthosis to correct her lower limb. It changed Awadi and her daughter’s life.

Awadi is practicing the seating position with her daughter.

In low- and middle-income countries, and even more so in Africa, where the prevalence of cerebral palsy is higher, many children with disabilities remain unrecognized and lack the appropriate care. They suffer from limited access to health care facilities and specialist, but also a lack of adaptive technologies and treatments. Also the recognition of a child with a disability relies on the capacity of the parents and caregivers to identify the problem and to go to the appropriate medical center.

The term cerebral palsy is defined in an Aga Khan University review as “a group of permanent disorders of the development of movement and posture causing activity limitation, which are attributed to nonprogressive disturbance that occurred in the developing fetal or infant brain.”

In African countries, children with disabilities are frequently excluded from the society and stigmatized. Therefore they are more likely to encounter social, economic and political difficulties. The parents and caregivers in some cases even try to hide the disability and the lack of treatment and access to professionalized rehabilitation services may deteriorate the children’s health conditions.

MANAGEMENT CAPACITIES

• The CNAO finished seven EMP modules with our support, and two of its staff participated in an EMP train-the-trainer session.

CHALLENGES

• The government instituted a new approach towards the management of health services involving contracts with external partners. This could lead to a situation where external partners provide services on their behalf; given that our strategy entails working through and with the government whenever possible, this may become a concern.

• Training for students needs to be improved. Coaching sessions at ENAM revealed that students had a weak grasp of certain topics, such as anatomy, and a poor understanding of the need for an interdisciplinary approach in rehabilitation.

• ENAM has not yet implemented the EMP, so we decided to make support for teachers’ training contingent on progress in this regard.

Awadi’s daughter is enjoying this moment of sharing and learning with her mother and the specialists.

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. MoveAbility took over from the ICRC in 1995, and we have expanded our activities since then. In 2002, we began our partnership with the Viet Nam Red Cross Society (VNRC), which we work with to identify and follow-up on people in need of physical rehabilitation services. We also work with Action to the Community Development Centre (ACDC), a DPO, on advocacy-related matters.
- Although Viet Nam’s economy has been improving over the past few years, some people with disabilities – primarily caused by past conflict – still lack funds for medical care. The situation is particularly acute in poor rural areas.
- The Vietnamese government ratified the UNCRPD in 2015, and is revising national legislation regarding disabilities. The MOLISA and the Ministry of Health (MOH) both conduct activities for people with disabilities, while the Vietnamese Training Centre for Orthopedic Technology (VIETCOT) trains prosthetists and orthotists.

MAIN ACHIEVEMENTS

NATIONAL PLAN

- Pursuant to our agreement with the MOH and MOLISA, signed in 2016, we recruited two international consultants for a comprehensive national study on the needs of people with disabilities and the services available to them. They have contacted their counterpart in Viet Nam and have begun to review the plan for carrying out the study.
- MOLISA personnel – with input from us and ACDC – drafted a new disability classification protocol that classifies amputees as severely disabled, making them eligible for additional government assistance. With our support, the tool has begun to undergo testing, to improve it before its submission to the MOLISA for approval for nationwide use.
- With the ACDC, we maintained our dialogue with MOLISA and other authorities concerned, on revising domestic labor law – particularly, to reduce the restrictions on professional activities for people with disabilities.

EDUCATION AND TRAINING

- At VIETCOT, eight students who received MoveAbility scholarships in 2016 completed their first year of ISPO Category II training and took their end of the year examinations in June; the results are due in July. They continued their English lessons, so that they could follow courses conducted in English. A ninth student, also on a MoveAbility scholarship, pursued ISPO Category I training at a Thailand university.

QUALITY OF SERVICES

- In March, we conducted training for DPO representatives in two provinces, to enable them to assist people in need of prostheses or orthoses.
- To help improve the quality of the services at the centres we support, we worked with DPOs to conduct patient-satisfaction surveys in Can Tho, Da Nang, and Ho Chi Minh City.
- In the meantime, VIETCOT’s senior staff also contributed to assessing the quality of devices manufactured in these
three places and in Quy Nhon.

ACCESS TO SERVICES

- During the reporting period, around 503 people with disabilities received various services, such as the fitting of prostheses and orthoses, at our partner centers. Three athletes with disabilities, fitted with specialized devices in January, joined a national tournament in June.
- The VNRC and three DPOs involved in referring patients to our partner centers met with us in May, to discuss ways to strengthen our coordination with and support for them.

MANAGEMENT CAPACITIES

- To help our local partners build their capacities, we organized a three-day course on result-based management for the VNRC, VIETCOT, and various DPOs. Key VIETCOT staff completed all ten modules of the Essential Management Package¹ at workshops that we facilitated; this will help them identify areas for improvement within the school.

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

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 health professionals

MANAGEMENT CAPACITIES OF OUR PARTNERS

- VIETCOT completed the EMP training modules
- MoveAbility and a VIETCOT mentor facilitated an EMP workshop

QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

Beneficiary satisfaction:
- 39% of respondents are quite satisfied
- 36% very satisfied with the quality of their device
- 92% of respondents think the device is important or very important to their social life
- 57% of respondents think their device is important or very important to earn a living

BENEFICIARIES’ STATISTICS

- 1,866 people with disabilities received services provided by our partners
- 563 devices for mine incident survivors were manufactured and provided by our partners
- 540 devices reimbursed to persons with disabilities

PEOPLE HAVING RECEIVED SERVICES DELIVERED BY MOVEABILITY PARTNERS

ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS

- Male 65%
- Female 17%
- Children 18%

- Male 84%
- Female 15%
- Children 1%

- Male 22%
- Female 10%
- Children 68%

*below 15 years old
**CHALLENGES**

- Our work with government partners can be challenging, owing to the difficulty of working on the basis of a predefined agenda and budget, as well as the complex hierarchical organization of the institutions involved.
- Collaboration with the MOH – for example, on establishing an entity to oversee the physical rehabilitation sector – should be increased in the coming years.
- Prostheses have not yet been included in health insurance coverage, and people with disabilities are not yet legally eligible to work as prosthetists or orthotists. After including orthoses in national health insurance coverage last year, the MOH issued a circular on the procedures for reimbursing the cost of these devices; however, nationwide standards for costs and quality have not yet been set.
- The Tokyo Vietnam Medical University has begun to offer a prosthetics and orthotics program, which may compete with VIETCOT’s. To learn more about the university’s plans, we will meet with them in July.

**STORY**

**BREAKING OUT OF THE POVERTY TRAP**

Access to employment and education is generally more difficult for persons with disabilities, especially in low- and middle-income countries. In fact, many of them don’t have the means to afford rehabilitation services or assistive devices and cannot therefore go to work, participate to the community life or even go to school. Consequently they are often trapped in the vicious cycle of poverty.

This is part of Lam Van Chien’s sad experience. Chien, a 30-year-old man, is born in Kien Giang, a province in the South of Viet Nam, close to the Cambodian border. Due to the lack of vaccination, he became disabled at the age of five months after contracting the polio virus, resulting in a form of paralysis.

He was however able to follow a classic traditional primary and secondary education, but quit after high school to help his parents in the family farm. After two years at the farm, he took up his studies and obtained a bachelor’s degree in construction. He was sure that his studies would allow him to achieve all his dreams, but unfortunately he couldn’t find a job. Despite the several interviews he had, it seemed that no employers would give him a chance.

Using his sister’s encouragement, Chien rose up and decided to go back to school and to study nursing. The same situation occurred again: Chien was not able to find a job.

Finally with the support of a Disabled People’s Organization from Can Tho, the largest city in the Mekong Delta, Chien met with a MoveAbility’s representative and obtained a scholarship to specialize in orthopedics. After three years of study, he will graduate as orthopedic technologist Cat II and was promised to be engaged at Can Tho Rehabilitation Center.

For the first time, Chien will be given a chance: “MoveAbility’s scholarship marks an important milestone in my life. After my graduation, I will not only have a job, but I will also be able to help other persons with disabilities.”

In 2016, MoveAbility has striven to convince the service providers to recruit persons with disabilities. Who else is best positioned to understand persons with disabilities then themselves?

Two persons with disabilities among eight sponsored students have already been enrolled for the period 2016-2019.
Background Information

- The Ministry of Health and Social Protection of the Population (MOHSPP) provides free physical rehabilitation services, mainly at the State Enterprise Prosthetic-Orthopedic Plant (SEOP) in Dushanbe; the SEOP’s branch in Khujand was reopened in November 2016 and inaugurated in January this year.
- The ICRC supported the SEOP from 1998 to 2008; after that, 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 has been based in Dushanbe since 2013. In mid-2014, he was joined by an expatriate physiotherapist.
- Tajikistan has not yet acceded to the UNCRPD. Nevertheless, in January, it launched the National Program on Rehabilitation of Persons with Disabilities at a round-table organized by the MOHSPP and World Health Organization (WHO). However, the country is undergoing a financial crisis, which may disrupt its efforts to implement the program and to provide services through the SEOP.

Main Achievements

National Plan

- In coordination with WHO and USAID, we continued to meet with the MOHSPP and the SEOP to discuss assistance for the physical rehabilitation sector, particularly our plans for 2018–2020. We also shared these plans with local DPOs to pave the way for potential collaboration with them.
- A formal agreement on our cooperation with the government is still awaiting approval.

Education and Training

- Our prosthetist/orthotist provides on-the-job coaching to SEOP personnel. A training curriculum (covering anatomy, pathology, and other medical sciences) for SEOP technicians who don’t have degrees was approved by the MOHSPP.
- Thanks to the training and material we have provided (see below) to the SEOP over the past two years, their technicians are now able to serve people with spinal pathologies including children with scoliosis.
- Three physiotherapists are studying at Mobility India on MoveAbility scholarships; they are scheduled to return at the end of 2017.

Quality of Services

- We supported the SEOP in fine-tuning its grant proposal for the Japanese embassy in Tajikistan, regarding assistance for renovating its Kulob branch.

Access to Services

- The reopening of the Khujand branch, to which we contributed, has made physical rehabilitation services more accessible to people in northern Tajikistan. We also continued to donate raw materials, components and tools to the SEOP, to help them cope with the effects of the financial crisis on their budget.
- Our physiotherapy adviser gave an interview to a local radio station in Dushanbe on our work with the SEOP, which helped raise public awareness of the services available to people with disabilities.
- At meetings with the International Paralympic Committee, the national badminton federation, and Imkoniyat, a local Disabled People’s Organization (DPO), we discussed the possibility of providing a couple of special wheelchairs.

Budget 2017

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Expenditure Jan-Jun 2017

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<th>CHF</th>
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<td>303,191</td>
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</table>

Resource Allocation

| National Plan | 63% |
| Education and training | 21% |
| Quality of services | 3% |
| Access to services | 5% |
| Management capacities | 8% |

1 http://mobility-india.org
for dancing activities, as well as a sports prosthesis for an athlete with disability.

- Training sessions for members of the Red Crescent Society of Tajikistan – on raising awareness of available physical rehabilitation services – were postponed to next year, pending adjustments that will be made based on our discussions with DPOs.

**INDICATORS**

**PHYSICAL REHABILITATION ENTITY**
- Existence of National plan: **Yes**
- Budget for physical rehabilitation: **No**
- Number of professionals employed by the entity: **0**

**NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS**
- 2 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**
- To be reported at the end of the year

**BENEFICIARIES’ STATISTICS**
- 1,565 people with disabilities received services provided by our partners
- 7 devices for mine incident survivors were manufactured and provided by our partners
- 17 devices reimbursed to persons with disabilities

**MANAGEMENT CAPACITIES**
- Five SEOP personnel participated in a train-the-trainer course in the Essential Management Package; MoveAbility contributed to this course, as well as to a training session on community-based rehabilitation1, which gathered 56 participants from all over Tajikistan.

1 http://www.who.int/disabilities/cbr/en/

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**PEOPLE HAVING RECEIVED SERVICES DELIVERED BY MOVEABILITY PARTNERS**

- **People with amputated limbs**: 30%
- **People with other physical disabilities**: 70%
- **Male**: 27%
- **Female**: 15%
- **Children**: 58%
- **105 prostheses** (20%)
- **270 orthoses** (80%)

**ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS**

- **Male**: 63%
- **Female**: 21%
- **Children**: 16%
- **Male**: 2%
- **Female**: 5%
- **Children**: 93%

*below 15 years old
**STORY**

**MARUFJON, 16 YEARS OLD, VICTIM OF UNEXPLODED ORDNANCE**

Marufjon Saidakhmad is a Tajik boy of 16 years old, victim of an UnExploited Ordonance (UXO). He was playing outside in the field when he found the UXO and thought it was desactivated. Unfortunately it wasn’t: it exploded and Marufjon was transported to the hospital in emergency. He had his right hand and eye severely wounded. He received the first treatments, but the doctors were unable to save his hand and had to amputate him.

After his accident, Marufjon received financial and technical support from the ICRC and MoveAbility. He was admitted in Dushanbe, where he was fitted with a hand prostheses and was provided with a rehabilitation accompaniment to learn how to use his new device.

Marufjon returned on his daily routine, almost like he used to prior to his accident. He works with his parents in the field and is back to school with his friends. He works hard at school and plans to study mathematics in Dushanbe.

**FACTS & FIGURES**

Consequently to the civil war in the 1990s, Tajikistan is affected by the presence of landmines.

Between 1992 and 2012, 841 persons victims of mine and Explosive Remnants of War (ERW), of which 367 fatalities, were recorded. 30% of the victims were children, mostly boys.
BACKGROUND INFORMATION

• The University Don Bosco (UDB) offers on-site training and distance-learning courses in prosthetic/orthotic services to people in the region; it is the only school in Latin America with ISPO Category 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 people with disabilities 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, but the provision of services is hindered by a lack of funding and by restrictive policies on importing materials.

• In Santa Ana, the prosthetics/orthotics workshop of the general hospital has been transferred to the Centro para la Rehabilitación Integral del Oeste (CRIO), a satellite centre of ISRI.

MAIN ACHIEVEMENTS

NATIONAL PLAN

• With financial support from MoveAbility, four representatives from ISRI, one from CONAIPD, and one from the MOH attended a regional forum in Ecuador, where they exchanged information on national policies for people with disabilities (for instance, on access to education, physical rehabilitation services, and vocational training) with their counterparts from Ecuador and Nicaragua.

• We continued to facilitate discussions between government officials from El Salvador and from Nicaragua on easing materials-importation procedures and on managing databases of patients.

• An agreement between MoveAbility and the MOH is being finalized; it will cover support for CONAIPD and ISRI.

EDUCATION AND TRAINING

• Our agreement with UDB, one of our main partners in the region, has been renewed; 10 students from neighboring countries have been selected to receive MoveAbility scholarships, which will allow them to pursue their studies at UDB and will contribute to UDB’s finances as well.

• With our financial support, the teacher in charge of distance learning at UDB began to pursue a master’s degree in e-learning. The director of UDB, with the sponsorship of the ICRC, went on a peer exchange visit to a prosthetics/orthotics school in Colombia.

• During field visits to ISRI, we found that it had not yet fully implemented the various tools (e.g. clinical and technical forms) that were shared with them during courses on orthotics at UDB. We will follow up on this after the next course in July, to which four participants from ISRI will attend.
QUALITY OF SERVICES
• We are comparing the technical tools used by ISRI and by our partners in other countries so that, if necessary, we can make recommendations for improvement.
• Our newly hired physiotherapy expert for the region visited ISRI and assessed its physiotherapy department in April; the report on this visit is being drafted.

ACCESS TO SERVICES
• We supported UDB and ISRI in ordering raw materials for producing assistive devices, for the benefit of economically vulnerable service users at ISRI and students at UDB. CRIO Santa Ana was also included in the order.

• With our help, ISRI revised its inventory management and procurement procedures.

MANAGEMENT CAPACITIES
• Together with UDB and the Fundación Hermano Miguel (FHM), one of our Ecuadorian partners, we are discussing the possibility of developing a database and training program for our other partners.
• With our financial support, five UDB teachers, a Director from ISRI, and the Director of CRIO Santa Ana participated in the Uniendo Fronteras congress in Mexico. This enabled them to meet with other service providers and with suppliers of orthopedic materials.

INDICATORS
PHYSICAL REHABILITATION ENTITY
• Existence of National plan: Yes
• Budget for physical rehabilitation: 12.7% of the national budget 2017
• Number of professionals employed by the entity: 28

NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS
• 6 Cat. I P&O, 14 Cat. II P&O 32 Physiotherapists and 3 other health professionals

MANAGEMENT CAPACITIES OF OUR PARTNERS
• n/a

QUALITY OF SERVICES DELIVERED BY OUR PARTNERS
• To be reported at the end of the year

BENEFICIARIES’ STATISTICS
• 834 people with disabilities received services provided by our partners

PEOPLE HAVING RECEIVED SERVICES DELIVERED BY MOVEABILITY PARTNERS

ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS

998 ORTHOSES (86%)
Male 23%
Female 26%
Children* 51%

114 PROSTHESSES (14%)
Male 68%
Female 29%
Children* 3%

People with amputated limbs 20%
People with other physical disabilities 80%

Male 32%
Female 26%
Children* 42%

*below 15 years old
**STORY**

**THE MEANING OF INCLUSION**

The inclusion of persons with disabilities in the society is a complex process, involving a multi-sectoral approach and exchanges between the different stakeholders. To promote and encourage these exchanges and discussions, MoveAbility organized, in collaboration with the Consejo Nacional de Discapacidades from Ecuador, the first regional forum on disability public policies.

The “Intercambio de Experiencias sobre Política Publica de Discapacidades” Forum which took place in April 2017 in Quito, brought together representatives from Ecuador, Nicaragua and El Salvador on the theme of inclusion of persons with disabilities. The Ecuadorian First Lady, Mrs. Rocío González de Moreno, who has committed to the cause, gave the opening speech. She underlined the importance of cooperation mechanisms to implement relevant actions towards persons with disabilities. She also highlighted the great symbolic value of this forum for their recognition in Latin America.

During the three days of the forum, the participants shared and discussed their respective best practices to improve the inclusion of people with disabilities. Dr. Alex Gonzalez, President of the Instituto de Rehabilitacion Integral, demonstrated, during a visit of the Rehabilitation Center, the successful system of identification for persons with disabilities set up by the Ecuadorian Ministry of Health.

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

**CHALLENGES**

- While MOH officials have already decided to form an entity to oversee the physical rehabilitation sector, until it is established, the sector’s development will be hampered by, among others, a lack of coordination and supervision mechanisms and of professional needs assessments. It will also take some time for the authorities to construct a new prosthetics/orthotics workshop in CRIO Santa Ana and for ISRI to fully support this centre.
- Without government commitment, a number of issues will persist, such as the need to ease importation procedures, and for state-run rehabilitation centres and hospitals to recruit additional prosthetists/orthotists with training from UDB.
NICARAGUA

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) – now known as the Hospital Nacional de Rehabilitación Aldo Chavarría in Managua (the Aldo Chavarría Hospital) – which is 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, including Nicaragua’s MOH. As the MOH began to decentralize its free physical rehabilitation services in 2010, we started to assist its satellite centres in La Trinidad and Bilwi in 2010 and 2012, respectively.
- We have also been supporting the Centro de Capacidades Diferentes (CAPADIFE) in Managua and Walking Unidos in León since 2004; these centres are privately run by a local charity, the Fundación para la Rehabilitación Walking Unidos (FURWUS). Los Pipitos, an NGO, provides rehabilitation services, engages in advocacy efforts, and identifies and refers children in need of prosthetic and orthotic services, which aren’t provided in its clinic).
- In 2016–17, we began to discuss collaboration with a new partner, the Universidad Nacional Autónoma de Nicaragua, particularly its Instituto Politécnico de la Salud “Luis Felipe Moncada” (UNAN-POLISAL).
- Nicaragua ratified the UNCRPD in 2007. In 2016, the MOH relaunched the Todos Con Voz program, which entails, among others, visiting PWDs to monitor their health and update national statistics.

MAIN ACHIEVEMENTS

NATIONAL PLAN

- The physical rehabilitation national platform met in June: for the first time, representatives from organizations nationwide (16 in all, including local and international NGOs and DPOs) attended. At the meeting, which was organized at our initiative and with the help of Todos Con Voz, these stakeholders discussed policies for people with disabilities and ways to coordinate activities for them.
- A representative from Todos Con Voz and from the Aldo Chavarría Hospital participated in a regional forum that we organized in Quito, Ecuador. At the forum, they discussed policies for people with disabilities with their counterparts from Ecuador and El Salvador.
- Todos con Voz led some coordination meetings with representatives from government-run physical rehabilitation centres and provincial health authorities.

EDUCATION AND TRAINING

- We provided scholarships to the University of Don Bosco (UDB) in El Salvador, our regional training partner, for four students aiming for ISPO accreditation. Four technicians also continued their distance-learning training modules at UDB with our support.
- An agreement with UNAN-POLISAL on our joint activities, such as a review of their physiotherapy curriculum, is being finalized.

QUALITY OF SERVICES

- To help our partners ensure that their services were of good quality, our newly hired physiotherapy expert and our partners from the MOH visited the centres that we support. We also started assessing the quality-management tools that they use.
ACCESS TO SERVICES

• With our financial support, 81 economically vulnerable patients at centres run by FURWUS were fitted with assistive devices; in some cases, they also received assistance for accommodation and/or transport expenses, as well as physiotherapy treatment from FURWUS/State-run centres and Los Pipitos. Children who had been fitted with orthoses at FURWUS-run centres were followed up by Los Pipitos.

• We provided FURWUS-run centres with support for ordering raw materials and components for devices. Staff at FURWUS-run centres also implemented a cost-calculation mechanism that they learnt about during the managerial training that we organized in late 2016.

MANAGEMENT CAPACITIES

• With our support, both FURWUS-run centres underwent a financial audit for 2012–2016 (one of the recommendations from an assessment conducted by SGS) and subsequently shared the results with us.

• With MoveAbility’s sponsorship, personnel from the Aldo Chavarría Hospital began courses to enhance their computer skills and a staff member of Todos con Voz pursued a master’s degree in public health.

• Three representatives – from Todos con Voz, Aldo Chavarría Hospital, and FURWUS – participated in the ISPO congress in Oaxaca, Mexico, where they were able to network with other service providers and suppliers from the region.

INDICATORS

PHYSICAL REHABILITATION ENTITY

• Existence of National plan: National platform is in place

• Budget for physical rehabilitation: 18% of the national budget in 2017

• Number of professionals employed by the entity: 2

NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

• 12 Cat. II P&O, 9 Physiotherapists and 5 other health professionals

MANAGEMENT CAPACITIES OF OUR PARTNERS

• 6 participants attended a Regional Forum organized 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

• 88% of respondents think the device is important or very important to their social life

• 67% of respondents think their device is important or very important to earn a living

BENEFICIARIES’ STATISTICS

• 1,559 people with disabilities received services provided by our partners

• 30 devices for mine incident survivors were manufactured and provided by our partners

• 146 devices reimbursed to persons with disabilities

PEOPLE HAVING RECEIVED SERVICES DELIVERED BY MOVEABILITY PARTNERS

ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS

Male 49%
Female 20%
Children* 31%

Male 70%
Female 22%
Children* 8%

Male 22%
Female 21%
Children* 57%

*below 15 years old
STORY

“FINDING MY VOCATION”, THE JOURNEY OF GHIZI LAZO

Disability and poverty are interrelated in a vicious cycle. In fact, disability increases the risk of poverty because of the lack of opportunities or access; and poverty increases the risk of disability, due to the poor access to services, notably to health and education. Most of the time, it is difficult for young persons with disabilities to figure out their vocation, even more so because they have to take into account their disabilities.

Ghazi Lazo, a young Prosthetist and Orthotist (P&O) from Nicaragua, went through difficulties and had to overcome barriers to access to the profession he wanted to practice. He lost his leg when he was seven years old in a traffic accident. In CENAPRORTO, he was treated for eight months and fitted with a prosthesis. He learned how to use his device and befriended a prosthetist/orthotist from the center. From that moment, Ghazi had found his vocation. He would help other persons with disabilities like him, to learn how to use and live with their new device.

Thanks to a scholarship, Ghazi could study at the University Don Bosco to become a prosthetist/orthotist. After four years of studies, he worked in the Centro de Capacidades Differentes in Nicaragua. He then worked in Costa Rica for several years and came back in Managua as P&O at the Hospital La Trinidad.

Today, at the age of 36, Ghazi is equally accomplished in his personal and professional life. He fulfilled his vocation and intends to further improve his skills. He also realizes how much support he received from his family: “My family is my rock. I have no idea how I could have coped without their support. My wife and my three children encouraged me to continue working hard, all the way and through the difficulties. Thanks to them and the support I received from the Institutions, I can improve my skills and in my turn help even more people with disabilities.”
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 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 assessments, such as EMSAT, SGS, or 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 interviews conducted by MoveAbility and/or a third party, on people’s satisfaction with services received and on their impact

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 2
FIELD PARTNERS

AFRICA

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

CÔTE D’IVOIRE
- Centre de réadaptation physique Vivre Debout, Abidjan

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

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

SOMALIA
- Red Crescent Society Rehabilitation and Orthopedic Centre, Galkayo
- Red Crescent Society Rehabilitation and Orthopedic Centre, Hargeisa
- 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
- Centre National d’Appareillage Orthopédique (CNAO), Lomé
- Centre Régional d’Appareillage Orthopédique (CRAO), Kara
- Ecole Nationale des Auxiliaires Médicaux (ENAM), 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)
- 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
- Vietnamese Training Centre for Orthopedic Technology (VIETCOT), Hanoi

CENTRAL ASIA

TAJIKISTAN
- State Enterprise Orthopedic Plants (SEOP), Dushanbe
- State Enterprise Orthopedic Plants (SEOP), Khujand

LATIN AMERICA

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

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

NICARAGUA
- Centro de Capacidades Diferentes (CAPADIFE), Managua
- Centro Nacional de Producción de Ayudas Técnicas y Elementos Ortoprotésicos (CENAPORTO), Managua
- Cruz Roja Nicaraguense (CRN)
- Fundación para la Rehabilitacion Walking Unidos (FURWUS), Leon
- Laboratorio de Protesis y Ortesis, Puerto Cabezas Hospital, Bilwi
- Los Pipitos, Managua
- La Trinidad Hospital Workshop, La Trinidad
- Instituto Politécnico de la Salud “Luis Felipe Moncada” (UNAN-POLISAL)
- Walking Unidos (WU), Leon

ECUADOR
- Hermano Miguel Foundation (FMH), Quito
ANNEX 3

OUR MAJOR DONORS

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. We mention below our main donors but we would also like to express our gratitude to our other donors, private and institutional, who have supported us and who are not mentioned in this page.

[Logos and names of donors]
<table>
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<tr>
<th>Abbreviation</th>
<th>Description</th>
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<td>ACDC</td>
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<tr>
<td>AFO</td>
<td>Ankle-Foot Orthosis</td>
</tr>
<tr>
<td>AM</td>
<td>Foyer Akainin’ny Marary, Madagascar</td>
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<td>Bureau du Secrétariat d’Etat à l’intégration des Personnes Handicapées, Haiti</td>
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<td>CNAO</td>
<td>Centre National d’Appareillage Orthopédique, Togo</td>
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<td>CNHU</td>
<td>Centre National Hospitalier Universitaire, Benin</td>
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<td>CONADIS</td>
<td>Consejo Nacional para la Igualdad de Discapacidades, Ecuador</td>
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<td>Consejo Nacional de Atención Integral a la Persona con Discapacidad, El Salvador</td>
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<td>CRAO</td>
<td>Centre Régional d’Appareillage Orthopédique, Togo</td>
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<td>CRE</td>
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<td>CRMM</td>
<td>Centre de Rééducation Motrice de Madagascar, Antananarivo</td>
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<tr>
<td>DPOs</td>
<td>Disabled persons’ organizations</td>
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<tr>
<td>EMSAT</td>
<td>Essential Management Systems Assessment Tool</td>
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<td>ENAM</td>
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<td>FATO</td>
<td>Fédération Africaine des Techniciens Orthoprothésistes</td>
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<td>FETOSPA</td>
<td>Fédération Togolaise de Sport pour Personnes Handicapées</td>
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<td>FHM</td>
<td>Fundación Hermano Miguel, Ecuador</td>
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<td>FTE</td>
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<td>FURWUS</td>
<td>Fundación para la Rehabilitación Walking Unidos, Nicaragua</td>
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<td>GHI</td>
<td>Global Health Initiative</td>
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<td>HHH</td>
<td>Healing Hands for Haiti</td>
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<td>ICRC</td>
<td>International Committee of the Red Cross</td>
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<tr>
<td>ISPO</td>
<td>International Society for Prosthetics and Orthotics</td>
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<tr>
<td>ISRI</td>
<td>Instituto Salvadoreño de Rehabilitación Integral, San Salvador</td>
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<tr>
<td>KAFO</td>
<td>Knee-Ankle-Foot Orthosis</td>
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<tr>
<td>LMG</td>
<td>Leadership, Management and Governance</td>
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<tr>
<td>LMICs</td>
<td>Low- and middle- income countries</td>
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<tr>
<td>MOH</td>
<td>Ministry of Health</td>
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<td>MOHSSP</td>
<td>Ministry of Health and Social Protection of the Population</td>
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<td>MOLISA</td>
<td>Ministry of Labour and Social Affairs, Viet Nam</td>
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<td>MoU</td>
<td>Memorandum of Understanding</td>
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<td>MoveAbility</td>
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<td>MSH</td>
<td>Management Science for Health</td>
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<td>NRCS</td>
<td>Nicaraguan Red Cross Society</td>
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<td>NS</td>
<td>National Society of the Red Cross/Red Crescent</td>
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<td>OADCPh</td>
<td>Organisation Africaine pour le Développement des Centres pour Personnes Handicapées</td>
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<td>PCT</td>
<td>Parents and Caregivers training</td>
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<td>P&amp;O</td>
<td>Prosthetist &amp; Orthotists/Prosthetic &amp; Orthotic</td>
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<td>PMS</td>
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<td>PT</td>
<td>Physiotherapist /Physiotherapy</td>
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<td>PwD</td>
<td>Persons With Disabilities</td>
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<td>SEOP</td>
<td>State Enterprise Orthopedic Plant, Tajikistan</td>
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<td>SFD</td>
<td>The ICRC Special fund for the Disabled</td>
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<td>SGS</td>
<td>Société Générale de Surveillance</td>
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<td>SKAO</td>
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<td>TATCOT</td>
<td>Tanzania Training Centre for Orthopedic Technologists</td>
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<tr>
<td>ToT</td>
<td>Training of Trainers</td>
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<tr>
<td>UDB</td>
<td>Universidad Don bosco, El salvador</td>
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<td>UNAN</td>
<td>Universidad nacional autónoma de Nicaragua, Managua</td>
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<td>UNCRPD</td>
<td>United nation convention for the right of Persons with Disability</td>
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<td>VIETCOT</td>
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<td>VNRC</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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</table>
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.
Donations can be deposited in MoveAbility’s account:
Post Finance SA
Bern - Switzerland
The ICRC MoveAbility Foundation
BIC: POFICHBEXXX
IBAN CH15 0900 0000 6049 3552 6

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