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 2016-2019 period are listed below, but we would also like to extend our gratitude to all 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

[Logos of various governments]

National Societies

[Logos of various national societies]

Public sources

[Logos of various public sources]

Private sources

[Logos of various private sources]

Cover picture:
Abdul Harun Kipango, 11 years old, and Musa Hussein Msfari, 9 years old, two boys from Dar Es Salaam in Tanzania, recently took part in a pilot prosthetic training program in South Africa, called “Jumping Kids”. This might be their chance to become high-level competitors. They both underwent a lower limb amputation after a road accident. They abandoned their dream of becoming athletes and instead they had to adapt to their new physical condition.
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## ANNEXES

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The year 2019 was marked by the Board’s decision on June 28 to integrate the ICRC’s MoveAbility Foundation into the ICRC’s Physical Rehabilitation Programme (PRP).

This integration permits the ICRC to respond more effectively to the growing needs of persons with disabilities worldwide. Discussions held between the ICRC and MoveAbility concluded with both organizations agreeing that the integration presents significant opportunities to develop a new coherent approach to disability that will, in particular, be able to focus on beneficiaries while also working at a systemic level. The plan for the integration process was developed and informed by a review of existing activities worldwide.

The integration marks the beginning of a new chapter for the ICRC and its work on disability and inclusion. Conflicts have become more complex and protracted and the boundaries between short-term humanitarian action and longer-term development have grown blurred. This has led to more emphasis being placed on collaboration and partnerships.

In terms of operations and activities, in those countries that have already set up a national platform, MoveAbility continued to be of help. I am pleased to report that as part of that work, a national plan for rehabilitation in Benin has been adopted. In Zambia, the World Health Organization conducted a Systematic Assessment for Rehabilitation Situations (STARS) and submitted its first draft of the report to the authorities. STARS assessments assist countries in analyzing and understanding what services are already available to people with disabilities and identifying any gaps that may exist.

As for education and training, 30 students were awarded scholarships and 347 professionals and stakeholders from the rehabilitation sector received training or coaching to enhance their skills.

Beneficiary Survey and Technical Assessments (BFTA) were conducted in physical rehabilitation centres to assess service quality and patient satisfaction. Following their completion, MoveAbility was able to provide targeted financial and technical support to improve service quality. Several centres also benefited from the renovation or improvement of workshops to enable better patient follow-up and the introduction of more advanced services, such as GAIT training.

In 2019, a total of 39,160 persons with disabilities accessed rehabilitation services provided by MoveAbility and supported by partners in the 14 countries in which we work. Access to services has been enhanced by the provision of orthopedic equipment in the rehabilitation centres to meet the growing needs of persons with disabilities. Financial support was also given to the most economically vulnerable patients.

The managerial capacities of our partners in the countries where we work continued to be strengthened through coaching and workshops, notably through the use of tools such as the Essential Management Package (EMP).

After completing the context analysis carried out following the integration, it was decided that MoveAbility’s operations in Madagascar and Haiti would be discontinued at the end of 2019. In Madagascar, activities were discontinued in November 2019 due to the closure of the ICRC delegation.

In Haiti, discussions between Humanity & Inclusion and the Haitian government were already underway since the projects no longer aligned with MoveAbility’s objectives. Moreover, the ICRC had already closed its delegation in Haiti in 2017.

In both countries, the handover to the relevant authorities was done as diligently as possible.

https://www.healthline.com/health/gait-training
In all the other places where MoveAbility operated, activities have now been integrated into those of the PRP. Further evaluations will be carried out in collaboration with local partners in 2020.

In the field, the ICRC’s operations have become more protracted, leading to longer-term involvement and extended projects. The systemic approach, implemented by MoveAbility, not only makes sense in low- and middle-income countries, but it is becoming increasingly important in contexts of conflict and other situations of violence, including many of those in which the ICRC PRP operates.

By incorporating the systemic change expertise of MoveAbility into the PRP, this integration provides an opportunity for the ICRC to review and develop its approach towards persons with disabilities.

In 2019 MoveAbility’s expenditure of CHF 4’986’129 enabled it to support 39,160 persons with disabilities in 14 countries through 32 projects. In 2020, the new enlarged PRP will support over 450,000 people with disabilities in 46 countries and through more than 233 structures.

It is with confidence that I can say that the new programme is strongly positioned to enhance the scope and scale of support that the ICRC can deliver to people with disabilities affected by conflict and other situations of violence around the world.

I would like to thank our donors and partners who have supported us and who have made it possible for us to combine the undoubted skills and experience of MoveAbility with those of PRP to create a vital programme with the capacity to realise the ICRC’s Vision 2030 on Disability. I ask them to continue their support and to help us develop our capacity to assist people with disabilities in the most vulnerable contexts.

Jürg Kesselring
Chairman
The ICRC MoveAbility Foundation
Member of the ICRC Assembly

Musa Hussein Msfari, 9 years old, comes from Dar Es Salaam in Tanzania. In 20018, he took part in a pilot prosthetic training program in South Africa, called “Jumping Kids”. An ortho-prosthetists from Tanzania, who was also part of the project, is preparing the cast for Musa’s prosthesis.
OUR OPERATIONS IN 2019

39,160 persons with disabilities benefitted from our partners’ services

22,436 beneficiaries received material support

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

30 students received a scholarship

450 Service satisfaction interviews were conducted

BREAKDOWN OF PEOPLE WHO RECEIVED SERVICES

- Male: 37%
- Female: 21%
- Children: 23%
- Under 15 years old: 19%

*0 - 15 years old
we are active in 14 countries
we support 32 projects

RESOURCE ALLOCATION
PER GLOBAL OBJECTIVE

<table>
<thead>
<tr>
<th>Objective</th>
<th>Percentage</th>
</tr>
</thead>
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<tr>
<td>National Plan</td>
<td>28%</td>
</tr>
<tr>
<td>Education and training</td>
<td>26%</td>
</tr>
<tr>
<td>Quality of services</td>
<td>13%</td>
</tr>
<tr>
<td>Access to services</td>
<td>17%</td>
</tr>
<tr>
<td>Management capacities</td>
<td>16%</td>
</tr>
</tbody>
</table>

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

We continued to support three government-run rehabilitation centers: the Centre Hospitalier Universitaire d’appareillage de Madagascar (CHUAM) in Antananarivo; the Centre de Reeducation Motrice de Madagascar in Antsirabe; and the Service d’Appareillage et Reeducation at the Centre hospitalier universitaire (CHU) PZaGa Androva hospital in Mahajanga (SAR Mahajanga). MoveAbility facilitated the annual orders of orthopedic material for the three centers.

MoveAbility renovated the CHUAM prosthetics workshop and finalized the installation of equipment at the SAR Mahajanga’s workshop. The British NGO OPT IN, with MoveAbility’s support, held training in the management of lower limb amputees for staff from Malagasy rehabilitation centers.

We backed Malagasy students in France studying prosthetics and orthotics (P&O) at the Institut Supérieur Technologique Montplaisir (ISTM). We also facilitated the clinical placements of French ISTM students in Madagascar, contributing to the provision of free P&O devices to over 40 Malagasy beneficiaries.

To support the Madagascar Paralympic Committee, we donated six multisport wheelchairs and spare parts for their athletes.

The ICRC delegation in Madagascar closed in November; after this closure it was no longer possible for MoveAbility to visit Madagascar and provide any technical support. As a result, our activities and projects were either wound down by the end of 2019 or were handed over to the Malagasy government. Three sponsored students to ISTM France will continue their training on Pedorthics until they complete the course. All the pertinent stakeholders active in the rehabilitation sector in Madagascar, such as Christoffel Blindenmission (CBM), Humanity Inclusion (HI) and the government of Monaco, were informed and urged to support the centers handed over to Malagasy government.

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

- 22 physiotherapists, 24 Category II prosthetists and orthotists and 19 other health professionals

MANAGEMENT CAPACITIES OF OUR PARTNERS

- CHUAM and CRMM management staff received training in EMSAT and mentoring sessions
- Programme for Humanitarian Impact Investment (PHII) project monitoring CHUAM efficiency through Enterprise information management (EIM) tool
- PHII MSH monthly Skype call with managers CHUAM

QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

- Amputation management training

BENEFICIARY STATISTICS

- 2,411 people with disabilities received services provided from our partners

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS

- 2,411 people with disabilities
  - 5% People with amputations
  - 95% People with other physical disabilities
- Men 22%
- Women 22%
- Boys’ 30%
- Girls’ 26%

ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS

- 95 PROSTHESES (3%)
  - Men 52%
  - Women 36%
  - Boys’ 12%
  - Girls’ 12%
- 2,746 ORTHOSES (97%)
  - Men 8%
  - Women 16%
  - Children* 76%

*0 - 15 years old

RESOURCE ALLOCATION BY GLOBAL OBJECTIVE

- National plan: 31%
- Education and training: 21%
- Quality of services: 34%
- Access to services: 12%
- Management capacities: 2%
We provided material and technical support to the University of Rwanda’s College of Medicine and Health Sciences (URCMHS) and the Centre Hospitalier Universitaire de Kigali (CHUK), for instance to help facilitate clinical placements for future rehabilitation professionals and the provision of their services to people with disabilities. A URCMHS physiotherapy lecturer, who also serves as the vice president of Rwanda’s national physiotherapy association, attended the ICRC Physiotherapy workshop held for ICRC and MoveAbility affiliated physiotherapists following the World Confederation for Physical Therapy (WCPT) Congress in Geneva in May. An URCMHS staff member completed the first year of training to upgrade his level of certification from a diploma to a bachelor’s degree, in Bangkok, with our support. Five URCMHS students completed advanced diplomas in prosthetics and orthotics in Kigali. The annual order for materials, machines and equipment was delivered to both the CHUK and the URCMHS.

A renovation of the URCMHS prosthetics and orthotics workshop, undertaken with our assistance, began in the second half of the year, for completion in 2020. With our support, ten management staff from Rwanda and seven from Somalia completed the five-day Essential Management Package (EMP) for rehabilitation centers training held at URCMHS; the training helped strengthen their capacity to identify and manage challenges encountered in their respective rehabilitation centers.

We shared the results of a Beneficiary-Feedback and Technical Assessment (BFTA) exercise with CHUK management, to help them continue to improve their services.

**COUNTRY HIGHLIGHTS**

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

**QUALITY OF SERVICES DELIVERED BY OUR PARTNERS**
- BFTA conducted
- Rwanda society of prosthetists and orthotists developed Terms of Reference for the GAIT training workshop

**BENEFICIARY STATISTICS**
- 474 people with disabilities received services provided from our partners

**PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS**
- 474 people received services:
  - People with amputations 21%
  - People with other physical disabilities 79%
  - Men 22%
  - Women 14%
  - Boys’ 29%
  - Girls’ 35%

**ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS**
- 60 prostheses (17%):
  - Men 73%
  - Women 18%
  - Children’s 9%
- 285 orthoses (83%):
  - Men 9%
  - Women 12%
  - Children’s 79%

*0 - 15 years old
SOMALIA

COUNTRY HIGHLIGHTS

MoveAbility continued to provide technical and logistics support to the Somali Red Crescent Society (SRCS) rehabilitation centers in Mogadishu, Galkayo and Hargeisa. The centers were supported in planning and completing orders for orthopedic materials and wheelchairs, shipped to the centers via three different ports in Somalia. The Galkayo and Hargeisa centers were helped to conduct BFTA to evaluate their services, and work towards improving them, with MoveAbility’s technical support. The Somaliland National Disability Forum – an organization for persons with disabilities based in Hargeisa – was trained on how to conduct beneficiary-feedback assessments and carried out the assessment at Hargeisa center.

We organized multiple training sessions on treating clubfoot for staff from SRCS centers, including a training session in Uganda on the Ponseti method for doing so in partnership with the NGO Miracle Feet; following these sessions, a clubfoot clinic was created in each SRSC center. One of the SRCS staff attended a train-the-trainer course on providing basic clubfoot services in Tanzania; he later conducted a basic-level refresher course for staff at the Hargeisa Rehabilitation center. We also helped organize training for center staff on trans-radial prostheses. To enhance the results of all these sessions we donated complementary materials – foot abduction braces and mechanical hands for practicing the fitting of trans-radial prostheses – to all three centers.

In April, MoveAbility organized a five-day workshop in the EMP in Rwanda for the senior managers and administrators of each SRCS rehabilitation center.

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, 2 Category I, 12 Category II prosthetists and orthotists and 16 other health professionals

MANAGEMENT CAPACITIES OF OUR PARTNERS

- EMP training has been provided to six staff members from our partners
- EMSAT assessment has been done at all 3 centres
- Preparation of the action plan 2020 based on the EMSAT evaluation

QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

- 5 years training plan completed
- BFTA conducted

BENEFICIARY STATISTICS

- 8,336 people with disabilities received services provided by our partners

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS

- 8,336 people received services
  - 16% People with amputations
  - 84% People with other physical disabilities
  - 43% Men
  - 24% Women

ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS

- 698 prostheses (40%)
  - 65% Men
  - 31% Women
  - 19% Boys
  - 14% Girls

- 1,054 orthoses (60%)
  - 22% Men
  - 15% Women
  - 19% Boys
  - 63% Children

*0 - 15 years old
The national platform met during the year; among other achievements, it presented its strategic plan for the development of Tanzania’s rehabilitation sector to the Ministry of Health and Social Welfare (MoH) for review and approval. Following a two-week assessment, a WHO consultant presented the assessment’s findings to stakeholders from the rehabilitation sector.

To help develop the capacities of local service providers, we organized a training session for 12 Tanzanian physiotherapists and P&O. During the course, they learnt about the management of pre- and post-prosthetic fitting and gait training for lower limb amputees. A senior staff member of the Tanzania Training Centre for Orthopaedic Technologists completed a master’s degree program with financial support from MoveAbility.

Staff from MoH-run physical rehabilitation centers attended training on conducting Beneficiary-Feedback and Technical assessment exercises, helping them evaluate and improve their services.

In cooperation with local organizations and professionals, we worked to help improve access to quality rehabilitation services and opportunities for social integration of persons with physical disabilities. We provided technical support to our partner, the Comprehensive Community Based Rehabilitation in Tanzania center, to build a multi-purpose outdoor area for mobility training for the service users.

The Tanzanian Wheelchair Basketball Association was officially registered as an association under the National Sports Council of Tanzania and, with the financial support of MoveAbility, had 12 sports wheelchairs repaired. Wheelchair basketball and amputee football teams joined competitions in country and abroad using equipment donated by the MoveAbility and Football Association of Ireland.

**COUNTRY HIGHLIGHTS**

**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**
- 3 physiotherapists, 4 Category I prosthetists and orthotists and 3 other health professionals

**MANAGEMENT CAPACITIES OF OUR PARTNERS**
- Mentoring support provided to CCBRT rehabilitation team
- Advance Gait Training inaugurated at CCBRT

**QUALITY OF SERVICES DELIVERED BY OUR PARTNERS**
- RAMP training completed by physiotherapists and P&O to practice the interdisciplinary team approach
- An Advance Gait Training Area has been built and inaugurated at CCBRT

**BENEFICIARY STATISTICS**
- 370 people with disabilities received services provided by our partners

**RESEARCH ALLOCATION BY GLOBAL OBJECTIVE**

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<thead>
<tr>
<th>Category</th>
<th>Allocation</th>
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<td>National plan</td>
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<td>Education and training</td>
<td>53%</td>
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<td>Quality of services</td>
<td>7%</td>
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<tr>
<td>Access to services</td>
<td>15%</td>
</tr>
<tr>
<td>Management capacities</td>
<td>15%</td>
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</tbody>
</table>

**PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS**

- 370 people received services
- 15% with amputations
- 85% with other physical disabilities
- Men 20%, Women 22%
- Boys 31%, Girls 27%

**ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS**

- 43 prostheses
- 388 orthoses
- Men 56%, Women 30%
- Children 14%
- Men 9%, Women 13%
- Children 78%

*0 - 15 years old
COUNTRY HIGHLIGHTS

The Zambia Ministry of Health (MoH) formally approved terms of reference for a Rehabilitation Technical Working Group (RTWG), which is tasked with overseeing the implementation of the ministry’s national strategy for the rehabilitation in the country. Thereafter, the RTWG held three meetings, with MoveAbility’s support, to provide technical guidance to the MoH in developing national strategy for rehabilitation.

Following a request by the MoH, the WHO conducted a Systematic Assessment for Rehabilitation Situations (STARS) and submitted its first draft of the report to health authorities. To conduct this systematic assessment, the MoH received the template for collecting information on the country’s physical rehabilitation sector, as did and the RTWG tasked with overseeing the data on the rehabilitation sector in Zambia. MoveAbility coordinated these processes with all stakeholders and supported meetings of RTWG to collect and validate the data.

The University of Zambia, with MoveAbility’s technical support, continued working towards the establishment of a bachelor’s degree program in prosthetics and orthotics, with a view to increasing the number of qualified professionals in the field. It discussed the matter with the Ministry of General Education and sought to formally secure its support.

To help the University Teaching Hospital evaluate and improve its services to people with physical disabilities, we conducted a BFTA exercise. Following the exercise, the results will be shared with the hospital.

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 6 Category II prosthetists and orthotists and 4 other health professionals

MANAGEMENT CAPACITIES OF OUR PARTNERS

- Management support provided through online backing

QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

- BFTA conducted at the UTH
- RTWG meetings took place at the MoH

BENEFICIARY STATISTICS

- 686 people with disabilities received services provided by our partners

RESOURCE ALLOCATION BY GLOBAL OBJECTIVE

<table>
<thead>
<tr>
<th>Resource Allocation</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
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<td>59%</td>
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<tr>
<td>Education and training</td>
<td>38%</td>
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<tr>
<td>Quality of services</td>
<td></td>
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<tr>
<td>Access to services</td>
<td>3%</td>
</tr>
<tr>
<td>Management capacities</td>
<td></td>
</tr>
</tbody>
</table>

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS

- 686 people with disabilities
  - Men 18%
  - Women 16%
  - Boys’ 26%
  - Girls’ 40%

ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS

- 105 prostheses (14%)
- 650 orthoses (86%)

*0 - 15 years old
COUNTRY HIGHLIGHTS

A national platform for physical rehabilitation and other related matters met and finalized its plan of action. We financially supported an assessment of the Benin’s rehabilitation sector by the WHO and helped coordinate during the process; the results were shared during a multisectoral symposium.

We enabled rehabilitation professionals in Benin to attend various specialized training sessions both in Benin and abroad to hone their skills. We also sponsored their attendance to the WCPT Congress, held in Geneva.

To help ensure particularly economically vulnerable patients at the Centre Médico-Social Sainte Elisabeth de la Trinité (Calavi) had access to low-cost or free good-quality care, we continued to coordinate with the center and provide technical advice, coaching and recommendations, and to financially support to cover patients’ treatment.

Our financial support helped the Centre National Hospitalier Universitaire (CNHU) and the Service de Kinésithérapie et d’Appareillage Orthopédique purchase orthopedic materials and aimed to cover costs for economically vulnerable patients. It improved its management capacities, through training in the EMP for the center’s staff. Notably, the CNHU appointed a social worker in charge of selecting these vulnerable patients utilized a survey form completed with MoveAbility’s technical guidance.

We guided the P&O Professional association Association des Orthoprothésistes et Professionnels de l’Appareillage Orthopédique du Bénin (AOPB) in the drafting of their new plan of action. One of the priority objectives of the AOPB is to advocate for the official recognition of the profession by the Beninese authorities.

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

- 24 physiotherapists, 27 physiotherapists students, 5 Category II prosthetists and orthotists and 25 other health professionals

MANAGEMENT CAPACITIES OF OUR PARTNERS

- EMSAT was implemented at CNHU
- Action plan was validated at SKAO

QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

- BFTA conducted at CNHU

BENEFICIARY STATISTICS

- 304 people with disabilities received services provided by our partners

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS

- 304
- 45% People with amputations
- 45% People with other physical disabilities
- Men 35%
- Women 20%
- Boys’ 19%
- Girls’ 26%

ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS

- 16 PROTHESES (6%)
- Men 62%
- Women 19%
- Children* 19%
- 247 ORTHOSES (94%)
- Men 11%
- Women 11%
- Children* 78%

*0 - 15 years old
CÔTE D’IVOIRE

COUNTRY HIGHLIGHTS

We continued supporting Vivre Debout (VDE), a local NGO, its main physical rehabilitation center in Abidjan and its satellite center in Bouaké. Our primary goal is to support the development of the main center into a national reference institution for the provision of physiotherapy services and the production of assistive devices. Two VDE P&O technicians continued their training for ISPO Category II certification. We provided financial support for VDE to purchase orthopedic materials; we also helped the organization improve their management capacities by facilitating VDE’s implementation of the EMP modules and the consolidation of their financial records from 2016 to 2018 by an external accounting firm.

In May, the Association Ivoirienne des Masseurs-Kinésithérapeutes (AIMK) attended the WCPT Congress in Geneva, with MoveAbility’s financial backing. The AIMK became a member of the WCPT with our help; it is now qualified to receive more support from MoveAbility.

Thanks to MoveAbility financial support, two P&O technicians from VDE benefited from a 2-week training on the manufacture of trans-femoral prostheses with ischial containment sockets, held by the CRAO Kara, in Togo. In addition, MoveAbility sponsored the participation of the director of the center to a three-day seminar organized in Tunis by the Organisation Africaine pour le Développement des Centres pour Personnes Handicapées for physical rehabilitation centre managers from various African countries.

MoveAbility continued coordinating with the Ministry of Health and VDE on subjects such as the launch of a national platform and the updating of the national plan for rehabilitation.

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) and 2 other health professionals

MANAGEMENT CAPACITIES OF OUR PARTNERS

- EMP module 10 completed
- Action plan validated

QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

- n/a

BENEFICIARY STATISTICS

- 1,377 people with disabilities received services provided by our partners

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS

- Men 35%
- Women 27%
- Boys* 18%
- Girls* 20%

ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS

- 99 PROSTHESES (19%)
- Men 51%
- Women 39%
- Children* 10%

- 433 ORTHOSES (81%)
- Men 24%
- Women 22%
- Children* 54%

*0 - 15 years old
COUNTRY HIGHLIGHTS

The national platform on physical rehabilitation met regularly throughout the year; notably, they adopted part of their draft action plan and formed various commissions based on specific objectives.

We continued working closely with the École Nationale des Auxiliaires Médicaux (ENAM) in Lomé, which trains physical rehabilitation professionals from French-speaking countries in Africa, and the Centre National d’Appareillage Orthopédique (CNAO) to improve the quality of their available rehabilitation services.

MoveAbility regularly followed-up on students undertaking clinical placements at the ENAM and the Centre Régional d’Appareillage Orthopédique de Kara (CRAO); we also helped enable the CRAO to improve their management of patient information and update their cost calculations and pricing.

We helped boost the capacities of local institutions to provide rehabilitation services, and to train others to do so, by holding training sessions for staff from the ENAM, the CNAO, and the CRAO or enabling them to attend training.

The CNAO led workshops for caregivers as part of the Hambisela project, which aims to educate caregivers of children with cerebral palsy on appropriate care, and for prosthetists and orthotists from facilities in the region, including from Benin and the Ivory Coast. MoveAbility supported all these activities, and held refresher sessions for CNAO staff on leading workshops themselves.

Particularly economically vulnerable people with disabilities, including children, obtained low-cost physical rehabilitation services and assistive devices with the help of MoveAbility’s financial support.

INDICATORS

PHYSICAL REHABILITATION ENTITY

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

NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 30 physiotherapists, 7 Category I prosthetist and orthotist, 32 Category II prosthetist and orthotist

MANAGEMENT CAPACITIES OF OUR PARTNERS

- EMSAT and Cost Calculation have been conducted at CNAO
- Stock management software was installed in CNAO

QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

- BFTA conducted at CNAO

BENEFICIARY STATISTICS

- 2,301 people with disabilities received services provided by our partners

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS

- Men 25%  Women 25%
- Boys’ 28%  Girls’ 22%

ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS

- Men 65%  Women 35%
- Boys’ 28%  Girls’ 22%

- Men 10%  Women 16%  Children* 74%
**VIET NAM**

**COUNTRY HIGHLIGHTS**

We provided the authorities with technical support and expert advice for implementing activities in relation to the physical rehabilitation sector in Vietnam. For instance, the Ministry of Health issued national guidelines for hospitals regarding the production of orthopaedic devices; it also issued a plan for setting the prices of such devices through the cooperation of various government entities, including physical rehabilitation centers.

Eight Vietnamese students who studied at the Vietnamese Training Centre for Orthopedic Technology on MoveAbility scholarships finished their three-year program and passed their certifications to become ISPO Category II prosthetists/orthotists; all eight students began working for government-run rehabilitation centers supported by MoveAbility.

Physical rehabilitation professionals honed their skills during training sessions we organized, or which they attended with our help – for instance, training on transfemoral prostheses focusing on the Ischial Containment Socket and modular components.

We trained representatives of organizations of disabled people in better identifying people with disabilities who need orthoses. MoveAbility also worked with them to develop an application to facilitate this process, with a view to referring such patients to and encouraging them to avail themselves of services soon to be covered by State health insurance.

With our help, the Ho Chi Minh rehabilitation center carried out an evaluation of its management systems and identified its weak points, with a view to improving its services; staff at the Da Nang hospital honed their management skills.

### 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 II prosthetists and orthotists and **16** other health professionals

#### MANAGEMENT CAPACITIES OF OUR PARTNERS

- EMP training modules have been done in Da Nang
- Action plan for improvement was made

#### QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

- BFTA conducted

#### BENEFICIARY STATISTICS

- **3,146** people with disabilities received services provided by our partners

### RESOURCE ALLOCATION BY GLOBAL OBJECTIVE

- National plan: **35%**
- Education and training: **12%**
- Quality of services: **3%**
- Access to services: **34%**
- Management capacities: **16%**

### PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS

- **3,146** people
  - People with amputations: **71%**
  - People with other physical disabilities: **29%**
  - Men: **61%**
    - Women: **17%**
    - Boys: **12%**
    - Girls: **10%**

### ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS

- **2,308** prostheses (64%)
  - Men: **79%**
    - Women: **18%**
    - Children: **3%**
- **1,323** orthoses (36%)
  - Men: **16%**
    - Women: **18%**
    - Children: **66%**

*0 - 15 years old*
COUNTRY HIGHLIGHTS

MoveAbility kept up its dialogue with the Ministry of Health and Social Protection of the Population (MOHSPP), and its support – notably, the donation of materials – to the State Enterprise of Prosthetic-Orthopedic Plant (SEOP), through which the MOHSPP provides free rehabilitation services. These services are mainly delivered at the SEOP’s branch in Dushanbe, but also at its branches in Khujand and Kulob.

With our support, the SEOP and the Federal Scientific Centre of Rehabilitation of the Disabled named after G.A. Albrecht (FSCRD) of the Ministry of Labour and Social Protection of the Russian Federation signed a cooperation agreement on training sessions for rehabilitation professionals in Tajikistan. During the year, representatives of the FSCRD led courses on specialized topics such as innovative rehabilitation technologies, modern prosthetics and orthotics, and methods for conducting rehabilitation exercises; these sessions added greatly to the knowledge of local P&O and physiotherapists, as not all of the devices and techniques discussed were in wide use in Tajikistan.

We helped install a video conferencing system at the SEOP Dushanbe and its two satellite centers; this system will enable staff at the center in Dushanbe to provide consultations to distant centers without needing physical visits. We completed the Russian translation of the software for managing patient information, and trained staff at the SEOP Dushanbe, Khujand and Kulob branches to use it, enabling them to better collect and analyze data.

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, 8 Category II prosthetists and orthotists and 3 other health professionals

MANAGEMENT CAPACITIES OF OUR PARTNERS

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

QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

- BFTA conducted

BENEFICIARY STATISTICS

- 2,125 people with disabilities received services provided by our partners

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS

- 2,125 people with disabilities received services from MoveAbility partners
  - Men 38% (282), Women 32% (230), Boys’ 28% (206), Girls’ 19% (160)

ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS

- 282 prostheses (34%), 543 orthoses (66%)
COUNTRY HIGHLIGHTS

We continued supporting Ecuador’s physical rehabilitation sector and maintained our partnership with the Fundación Hermano Miguel (FHM), a local charity that provides comprehensive rehabilitation services; we helped the FHM to evaluate and improve its services. A technician from the FHM was set to begin the final distance-learning training module of a course by the University of Don Bosco (UDB) in El Salvador, for certification in ISPO Category II.

With our help, 100 particularly economically vulnerable FHM patients in all – including 69 children – were fitted with assistive devices during the year. Some patients also had the costs of their physiotherapy, transport and/or accommodations covered. Among these patients were Venezuelan migrants who were referred to the facility by the ICRC.

We continued to meet with the UDB and other schools, the Consejo Nacional para la Igualdad de Discapacidades (CONADIS), the MOH and other relevant government stakeholders.

We helped organize a two-day workshop for stakeholders in the sector; among the topics discussed were training for physical rehabilitation professionals, and the importation of materials and components for devices. Representatives from FHM and CONADIS attended an international congress in El Salvador in November.

The CONADIS received MoveAbility financial support to organize the International Day of Persons with Disabilities (3rd December). Sports events were organized in 24 Ecuadorian provinces with the participation of more of 10,000 people with disabilities.

In March, a memorandum of understanding covering the period of 2019-2021 was signed between the MOH and MoveAbility.

INDICATORS

PHYSICAL REHABILITATION ENTITY

- Existence of a national plan: n/a
- Budget for physical rehabilitation: n/a
- Number of professionals employed by the entity: 21

NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS

- 8 physiotherapists, 4 Category II prosthetists and orthotists and 1 other health professionals

MANAGEMENT CAPACITIES OF OUR PARTNERS

- Non-Governmental Organisations (NGO) benchmarking assessment was completed by the Société Générale de Surveillance (SGS)

QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

- Training course provided at FHM in collaboration with UDB

BENEFICIARY STATISTICS

- 6,777 people with disabilities received services provided by our partners

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS

- 6,777 people
  - People with amputations 6%
  - People with other physical disabilities 94%
  - Men 25%
  - Women 29%
  - Boys’ 25%
  - Girls’ 21%

ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS

- 89 protheses (15%)
  - Men 57%
  - Women 13%
  - Boys’ 25%
  - Girls’ 21%
  - Children* 30%

- 496 orthoses (75%)
  - Men 11%
  - Women 18%
  - Boys* 25%
  - Girls* 21%
  - Children* 30%

*0 - 15 years old
COUNTRY HIGHLIGHTS

The Red Interinstitutional de Rehabilitación e inclusión de personas con Discapacidad de El Salvador – the national physical rehabilitation platform, which was formed in 2018 – met regularly throughout the year to discuss various topics related to the rehabilitation sector in the country.

The Universidad Don Bosco (UDB) continued to have a national and regional role in bolstering the quality of prosthetic and orthotic services. Students from neighboring countries, including from El Salvador, continued their studies at the UDB on MoveAbility scholarships. Teachers from the UDB and the University of El Salvador strengthen their skills to teach courses in P&O and physiotherapy through training sessions they attended with our support.

With MoveAbility’s financial and technical assistance, the national platform, the El Salvador Ministry of Public Health and other actors organized an international congress on diabetic foot rehabilitation and also an event for the International Day of Persons with Disabilities (3rd December).

In Santa Ana, a P&O device production unit, constructed with our financial support, was inaugurated in the Centro para la Rehabilitación Integral del Oeste – a satellite center of the national reference center – and began producing assistive devices; the facility aims to help improve access to rehabilitation services in Santa Ana area.

We began working with the San Salvador-based organization Los Angelitos, which identified people with disabilities in rural areas in need of assistance and referred them to the UDB for assistive devices produced with materials and components from MoveAbility. In all, patients from three different remote areas were evaluated and 91 devices were provided.

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

- 41 physiotherapists, 6 Category II prosthetists and orthotists and 15 other health professionals

MANAGEMENT CAPACITIES OF OUR PARTNERS

- Various training have been organized for our partners (rehabilitation centres and Universities)

QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

- BFTA were conducted

BENEFICIARY STATISTICS

- 4,241 people with disabilities received services provided by our partners

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS

- 4,241 people with disabilities received services provided by our partners
- People with amputations 16%
- People with other physical disabilities 84%
- Men 35%
- Women 45%
- Boys’ 11%
- Girls’ 9%

ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS

- 456 prostheses (19%)
- Men 65%
- Women 33%
- Children* 2%
- 2,002 orthoses (81%)
- Men 17%
- Women 18%
- Children* 65%

*0 - 15 years old
HAITI

COUNTRY HIGHLIGHTS

In spite of unrest in the country limiting its activities, MoveAbility continued backing Healing Hands for Haiti (HHH), a local NGO that provides physical rehabilitation services. One prosthetic and orthotic technician and one physiotherapist from the organization attended a course on clinical orthotics at the University of Don Bosco in El Salvador in June and July. With our technical input and encouragement, HHH set up a new premium service for patients in need of physiotherapy services to help increase its income, and thus be better able to cover its operating costs.

At an event set up by the government with MoveAbility and Humanity and Inclusion’s technical and financial support, health professionals, physical rehabilitation service providers, members of civil society and other stakeholders in the rehabilitation sector met to discuss issues related to physical rehabilitation in Haiti. Among the topics, were the integration of rehabilitation issues into national health policy, key challenges present in the sector, the sharing of views on best practices, and the presentation of the results of the Standard Assessment of Rehabilitation of the WHO conducted in 2018.

The ICRC had closed its delegation in Haiti in 2017; in view of efforts to bring MoveAbility’s activities in line with those of the ICRC Physical Rehabilitation Programme, we concluded our activities in Haiti at the end of 2019.

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

- 6 physiotherapists, 1 Category II prosthetists and orthotists and 6 other health professionals

MANAGEMENT CAPACITIES OF OUR PARTNERS

- n/a

QUALITY OF SERVICES DELIVERED BY OUR PARTNERS

- HHH analysed and implemented recommendations from the NGO benchmarking assessment completed by the SGS

BENEFICIARY STATISTICS

- 4,231 people with disabilities received services provided by our partners

PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS

- 4,231 people with disabilities received services provided by our partners

ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS

- 41 prostheses
- 956 orthoses

RESOURCE ALLOCATION BY GLOBAL OBJECTIVE

- National plan: 42%
- Education and training: 15%
- Quality of services: 13%
- Access to services: 11%
- Management capacities: 19%

BUDGET 2019

CHF 211,820

EXPENDITURE 2019

CHF 91,772

<table>
<thead>
<tr>
<th>Category</th>
<th>Budget</th>
<th>Expenditure</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>National plan</td>
<td>42%</td>
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<tr>
<td>Access to services</td>
<td>11%</td>
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<tr>
<td>Management capacities</td>
<td>19%</td>
<td>11%</td>
<td>19%</td>
</tr>
</tbody>
</table>

*0 - 15 years old
We continued to provide financial and other support to students pursuing degrees at the University of Don Bosco (UDB) in El Salvador, and to rehabilitation professionals from local service providers who took distance learning modules and courses offered by UDB and other specialized training.

Notably, two technicians from the Centro Nacional de Producción de Ayudas Técnicas y Elementos Ortoprotésicos (CENAPRORTO) and one from the Fundación para la Rehabilitacion Walking Unidos (FURWUS) who completed their distance-learning courses, retook their ISPO Category II exams in December, with our support for exam preparation. Two P&O technicians from La Trinidad Hospital passed their ISPO Category II exams and undertook two-month professional placements at a CENAPRORTO center; the hospital then employed both students, in part thanks to some salary support from MoveAbility.

With MoveAbility’s financial support, teachers and staff from MoveAbility’s partner organizations attended congresses and conferences abroad on rehabilitation and honed their skills at courses they attended with our help.

MoveAbility helped the Nicaragua Ministry of Health (MINSA) and the Instituto Politécnico de la Salud “Luis Felipe Moncada” of the Universidad Nacional Autónoma de Nicaragua (UNAN–POLISAL) to hold regional congresses attended by hundreds of physicians and other rehabilitation professionals, and students. The UNAN–POLISAL purchased teaching materials and equipment with our financial support and received technical support. We also facilitated exchanges with the University of El Salvador.

People in Bilwi city were able to have assistive devices fitted during week-long field clinic organized by CENAPRORTO and MINSA with our support.

**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: n/a

**NUMBER OF QUALIFIED PROFESSIONALS EMPLOYED BY REHABILITATION CENTERS**
- 30 physiotherapists, 18 Category II prosthetists and orthotists and 5,4 other health professionals

**QUALITY OF SERVICES DELIVERED BY OUR PARTNERS**
- n/a

**BENEFICIARY STATISTICS**
- 2,458 people with disabilities received services provided by our partners

**PEOPLE WHO RECEIVED SERVICES PROVIDED BY MOVEABILITY PARTNERS**
- 2,458 people
  - 34% People with amputations
  - 66% People with other physical disabilities
  - 42% Men
  - 19% Women
  - 18% Boys
  - 21% Girls

**ASSISTIVE DEVICES DELIVERED BY MOVEABILITY PARTNERS**
- 1,002 orthoses
  - 22% Men
  - 19% Women
  - 59% Children
- 493 prostheses
  - 74% Men
  - 25% Women
  - 1% Children
ICRC representatives nominated by the ICRC Assembly
5 members

Prof. Jürg Kesselring, Chairman
Pascal Hundt
Othmar Kobler
Mary Werntz
Marc Zlot

Non-ICRC members nominated by MoveAbility Board
4 members

Charlotte McClain-Nhlapo,
Ad personam
Mina Mojtahedi
Ad personam
Sven Mollekleiv, Vice-Chairman,
Norwegian RC

Jeremy McTeague
Executive Director ad Interim
Nominated by the Board

HEADQUARTERS
Headquarters coordinates the activities of the regions

BOARD
The Board exercises the overall surveillance of MoveAbility and defines its general policy

EAST AFRICA
MoveAbility regional office
Dar es Salaam, Tanzania
Subhash Sinha
11 projects
5 countries

WEST AFRICA
MoveAbility regional office
Lomé, Togo
Coralie Rey-Mermier
7 projects
3 countries

ASIA-CENTRAL ASIA
MoveAbility regional office
Ho Chi Minh City, Viet Nam
Thi Nhat Le
Sub-regional office
Dushanbe, Tajikistan
Abdurashid Kurbonov
7 projects
2 countries

LATIN AMERICA
MoveAbility regional office
Managua, Nicaragua
Michel Deffontaines
10 projects
4 countries

Partnerships & Fundraising manager
Lydia Beauquis
Communications manager
Michaela Björk
Project assistant
Muriel Dominguez
## 2019-MOVEABILITY BUDGET AND EXPENDITURE

<table>
<thead>
<tr>
<th>Region, Regional Office</th>
<th>Material (including transport) &amp; financial assistance</th>
<th>Tuition &amp; staff-related costs</th>
<th>Premises, equipment, general supplies, audit costs</th>
<th>Operational program support, financial management headquarters’ administration</th>
<th>Total Budget CHF</th>
<th>Total Expenditure CHF</th>
<th>Implementation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EAST AFRICA, REGIONAL OFFICE IN TANZANIA</strong></td>
<td>1,184,802</td>
<td>764,458</td>
<td>117,509</td>
<td>218,058</td>
<td>2,284,822</td>
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<td><strong>Tuition &amp; staff-related costs</strong></td>
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<td><strong>Operational program support, financial management headquarters’ administration</strong></td>
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<td><strong>TOTAL</strong></td>
<td>2,284,822</td>
<td>1,464,378</td>
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<td><strong>WEST AFRICA, REGIONAL OFFICE IN TOGO</strong></td>
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<td><strong>TOTAL</strong></td>
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<td>1,419,733</td>
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<td><strong>ASIA AND CENTRAL ASIA, REGIONAL OFFICE IN VIET NAM</strong></td>
<td>522,828</td>
<td>427,976</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>1,138,842</td>
<td>944,022</td>
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<tr>
<td><strong>LATIN AMERICA, REGIONAL OFFICE IN NICARAGUA</strong></td>
<td>834,679</td>
<td>536,523</td>
<td>103,317</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>1,630,089</td>
<td>1,157,997</td>
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<td><strong>TOTAL MOVEABILITY</strong></td>
<td>2,990,403</td>
<td>2,398,169</td>
<td>405,226</td>
<td>611,275</td>
<td>6,405,073</td>
<td>4,986,129</td>
<td>78%</td>
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</tbody>
</table>

Expenditure for Operational program support, financial management headquarters’ administration could not be provided due to the integration of the Foundation’s accounts into the ICRC. Indeed, the figures for this line are already distributed to other costs in the field and at headquarters.
To the Foundation Board of

The ICRC MoveAbility Foundation, Geneva

Lancy, 16 April 2020

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 2019.

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)

Enclosure

► Financial statements (statement of income, statement of changes in reserves, statement of financial position and notes)
FINANCIAL STATEMENTS

STATEMENT OF INCOME
FOR THE YEAR ENDED 31 DECEMBER

(FLR thousands)

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>2,492</td>
<td>4,824</td>
</tr>
<tr>
<td>Staff costs</td>
<td>2,006</td>
<td>2,019</td>
</tr>
<tr>
<td>Mission costs</td>
<td>237</td>
<td>607</td>
</tr>
<tr>
<td>Rentals</td>
<td>90</td>
<td>192</td>
</tr>
<tr>
<td>Sub-contracted maintenance</td>
<td>26</td>
<td>31</td>
</tr>
<tr>
<td>Purchase of goods and materials</td>
<td>481</td>
<td>194</td>
</tr>
<tr>
<td>Financial assistance</td>
<td>-1,747</td>
<td>-1,910</td>
</tr>
<tr>
<td>General expenditure</td>
<td>328</td>
<td>224</td>
</tr>
<tr>
<td>Depreciation</td>
<td>11</td>
<td>24</td>
</tr>
<tr>
<td>Operating expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net deficit of operating activities</td>
<td>-2,494</td>
<td>-5,501</td>
</tr>
</tbody>
</table>

Foreign exchange result, net: -11/5
Financial income/(loss), net: 219/-95
Net surplus/(deficit) of non-operating activities: 208/-90

Deficit for the year: -2,286/-1,067

Allocation from Temporarily restricted reserves: 2,495/977
Allocation to Unrestricted reserves designated by the Board: -62/-20
Allocation from/(to) Other unrestricted reserves: -147/110
Result for the year after allocation from/(to) reserves: -/-

STATEMENT OF CHANGES IN RESERVES

(FLR thousands)

<table>
<thead>
<tr>
<th>Description</th>
<th>Temporarily restricted</th>
<th>Designated by the Board</th>
<th>Other reserves</th>
<th>Total Reserves</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 January 2019</td>
<td>-1,414</td>
<td>2,883</td>
<td>833</td>
<td>2,302</td>
</tr>
<tr>
<td>(Deficit)/surplus for the year</td>
<td>-2,495</td>
<td>62</td>
<td>147</td>
<td>-2,286</td>
</tr>
<tr>
<td>Balance at 31 December 2019</td>
<td>-3,909</td>
<td>2,945</td>
<td>980</td>
<td>16</td>
</tr>
<tr>
<td>Balance at 1 January 2018</td>
<td>-437</td>
<td>2,663</td>
<td>943</td>
<td>3,369</td>
</tr>
<tr>
<td>(Deficit)/surplus for the year</td>
<td>-977</td>
<td>20</td>
<td>-110</td>
<td>-1,067</td>
</tr>
<tr>
<td>Balance at 31 December 2018</td>
<td>-1,414</td>
<td>2,883</td>
<td>833</td>
<td>2,302</td>
</tr>
</tbody>
</table>
STATEMENT OF FINANCIAL POSITION

AT 31 DECEMBER

(CHF thousands)                      | Note | 2019 | 2018 |
---|---|---|---|
Cash and cash equivalents            |     | 248 | 496  |
Investments                          | [4] | 2,205 | 2,736 |
Accounts receivable                  |     | 2,141 | 356  |
**Current assets**                   |     | 4,594 | 3,598 |
Accounts receivable                  |     | 1,30 | 124  |
Non-current assets                   |     | 1,30 | 124  |
**Assets**                           |     | 4,724 | 3,722 |
Accounts payable and accrued expenses| [8] | 3,279 | 796  |
Deferred income                      |     | 1,299 | 500  |
Current liabilities                  |     | 4,578 | 1,296 |
Deferred income                      |     | 130  | 124  |
Non-current liabilities              |     | 130  | 124  |
**Liabilities**                      |     | 4,708 | 1,426 |
Temporarily restricted reserves for the funding of operations | [5] | -3,909 | -1,414 |
Restricted reserves                  |     | -3,909 | -1,414 |
Unrestricted reserves designated by the Board |     | 2,945 | 2,833 |
Other unrestricted reserves          |     | 980  | 833  |
Unrestricted reserves                |     | 3,925 | 3,716 |
Reserves                             |     | 16   | 2,302 |
**Liabilities and reserves**         |     | 4,724 | 3,722 |

NOTES TO THE FINANCIAL STATEMENTS

AT 31 DECEMBER 2019

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 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 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 2017, the name Special Fund for the Disabled was changed to The ICRC MoveAbility Foundation (MoveAbility).
The MoveAbility Board is composed of seven people, five of whom are ICRC representatives.

On 30 April 2019, the board members agreed to integrate The ICRC MoveAbility Foundation’s activities into the ICRC’s Physical Rehabilitation Programme. On June 28, they agreed to wind down the operations of the foundation.

On 12 December 2019, the board members approved the transfer of The ICRC MoveAbility Foundation’s responsibilities, assets and liabilities, less the amount to cover the dissolution costs, to the ICRC from 1 January to 30 June 2020. The dissolution of the foundation will occur in 2020. The next board meeting will be held on 17 April 2020.

The ICRC MoveAbility Foundation is controlled by the ICRC and is therefore consolidated in the ICRC’s consolidated financial statements in conformity with the International Financial Reporting Standards.

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

3.0 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.

3.1 Unrealized foreign exchange gains

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

3.2 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.

<table>
<thead>
<tr>
<th>(CHF thousands)</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investments</td>
<td></td>
</tr>
<tr>
<td>Quoted equity securities</td>
<td>459</td>
</tr>
<tr>
<td>Quoted debt securities</td>
<td>1,613</td>
</tr>
<tr>
<td>Total Current Investments</td>
<td>2,072</td>
</tr>
<tr>
<td></td>
<td>577</td>
</tr>
<tr>
<td></td>
<td>1,628</td>
</tr>
<tr>
<td></td>
<td>2,205</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>(CHF thousands)</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quoted equity securities</td>
<td>632</td>
<td>647</td>
</tr>
<tr>
<td>Quoted debt securities</td>
<td>2,125</td>
<td>2,689</td>
</tr>
<tr>
<td>Total Current investments</td>
<td>2,757</td>
<td>2,736</td>
</tr>
<tr>
<td>Realized portfolio result, net</td>
<td>64</td>
<td>-4</td>
</tr>
<tr>
<td>Unrealized portfolio result, net</td>
<td>146</td>
<td>-110</td>
</tr>
<tr>
<td>Securities income, net</td>
<td>9</td>
<td>19</td>
</tr>
<tr>
<td>Total Financial income, net</td>
<td>219</td>
<td>-95</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(CHF thousands)</th>
<th>Africa</th>
<th>Asia</th>
<th>Americas</th>
<th>Central Asia</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field operations with temporary deficit funding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 31 December 2017</td>
<td>-455</td>
<td>-</td>
<td>6</td>
<td>12</td>
<td>-437</td>
</tr>
<tr>
<td>Use of temporary deficit for operations</td>
<td>-780</td>
<td>-167</td>
<td>-41</td>
<td>-</td>
<td>-988</td>
</tr>
<tr>
<td>Allocation to reserve</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Balance at 31 December 2018</td>
<td>-1,235</td>
<td>-167</td>
<td>-35</td>
<td>23</td>
<td>-1,414</td>
</tr>
<tr>
<td>Use of temporary deficit for operations</td>
<td>-1,543</td>
<td>-107</td>
<td>-626</td>
<td>-219</td>
<td>-2,495</td>
</tr>
<tr>
<td>Allocation to reserve</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Balance at 31 December 2019</td>
<td>-2,778</td>
<td>-274</td>
<td>-661</td>
<td>-196</td>
<td>-3,909</td>
</tr>
</tbody>
</table>
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 made for no other purpose than general field or headquarters operations are considered non-earmarked.
- Contributions restricted to a given region are considered loosely earmarked.

The contributions are either earmarked by region or not earmarked from the donors listed below, and were allocated by region as follows:

<table>
<thead>
<tr>
<th>2019 (CHF thousands)</th>
<th>Africa</th>
<th>Asia</th>
<th>Americas</th>
<th>Central Asia</th>
<th>Total 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Italy</td>
<td>-</td>
<td>-</td>
<td>70</td>
<td>40</td>
<td>110</td>
</tr>
<tr>
<td>Liechtenstein</td>
<td>-</td>
<td>50</td>
<td>-</td>
<td>-</td>
<td>50</td>
</tr>
<tr>
<td>Monaco</td>
<td>45</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>45</td>
</tr>
<tr>
<td>Norway</td>
<td>621</td>
<td>150</td>
<td>31</td>
<td>50</td>
<td>852</td>
</tr>
<tr>
<td>United States of America</td>
<td>394</td>
<td>248</td>
<td>150</td>
<td>-</td>
<td>792</td>
</tr>
<tr>
<td><strong>Governments</strong></td>
<td><strong>1,060</strong></td>
<td><strong>448</strong></td>
<td><strong>251</strong></td>
<td><strong>90</strong></td>
<td><strong>1,849</strong></td>
</tr>
<tr>
<td>Liechtenstein</td>
<td>40</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>40</td>
</tr>
<tr>
<td>Monaco</td>
<td>-</td>
<td>6</td>
<td>-</td>
<td>-</td>
<td>6</td>
</tr>
<tr>
<td>Norway</td>
<td>35</td>
<td>13</td>
<td>50</td>
<td>11</td>
<td>108</td>
</tr>
<tr>
<td><strong>National Societies</strong></td>
<td>75</td>
<td>19</td>
<td>50</td>
<td>11</td>
<td>155</td>
</tr>
<tr>
<td>Medicor Foundation</td>
<td>-</td>
<td>-</td>
<td>140</td>
<td>-</td>
<td>140</td>
</tr>
<tr>
<td>OPFC Fund for International Development</td>
<td>205</td>
<td>-</td>
<td>91</td>
<td>-</td>
<td>296</td>
</tr>
<tr>
<td>Spontaneous donations from private individuals</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>50</td>
<td>52</td>
</tr>
<tr>
<td><strong>Private sources</strong></td>
<td><strong>207</strong></td>
<td>-</td>
<td><strong>231</strong></td>
<td><strong>50</strong></td>
<td><strong>488</strong></td>
</tr>
<tr>
<td><strong>Total Contributions</strong></td>
<td><strong>1,342</strong></td>
<td><strong>467</strong></td>
<td><strong>532</strong></td>
<td><strong>151</strong></td>
<td><strong>2,492</strong></td>
</tr>
</tbody>
</table>
## OPERATING EXPENSES

The operating expenses are allocated by region, as follows:

<table>
<thead>
<tr>
<th>2019 (CHF thousands)</th>
<th>Africa</th>
<th>Asia</th>
<th>Americas</th>
<th>Central Asia</th>
<th>Total 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff costs</td>
<td>1,263</td>
<td>231</td>
<td>433</td>
<td>79</td>
<td>2,006</td>
</tr>
<tr>
<td>Mission costs</td>
<td>128</td>
<td>19</td>
<td>124</td>
<td>25</td>
<td>297</td>
</tr>
<tr>
<td>Rentals</td>
<td>56</td>
<td>3</td>
<td>26</td>
<td>5</td>
<td>90</td>
</tr>
<tr>
<td>Sub-contracted maintenance</td>
<td>16</td>
<td>1</td>
<td>6</td>
<td>3</td>
<td>26</td>
</tr>
<tr>
<td>Purchase of goods and materials</td>
<td>130</td>
<td>9</td>
<td>124</td>
<td>168</td>
<td>481</td>
</tr>
<tr>
<td>Financial assistance</td>
<td>1,071</td>
<td>279</td>
<td>339</td>
<td>58</td>
<td>1,747</td>
</tr>
<tr>
<td>General expenditure</td>
<td>150</td>
<td>32</td>
<td>106</td>
<td>30</td>
<td>328</td>
</tr>
<tr>
<td>Depreciation</td>
<td>10</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total Operating expenses</strong></td>
<td><strong>2,884</strong></td>
<td><strong>574</strong></td>
<td><strong>1,158</strong></td>
<td><strong>370</strong></td>
<td><strong>4,986</strong></td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Estimated value of the pro bono services provided to the ICRC MoveAbility Foundation</th>
<th>2019 (CHF thousands)</th>
<th>2018 (CHF thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>691</td>
<td>713</td>
</tr>
</tbody>
</table>

8.2 Contribution to the ICRC

In 2019, the Foundation Board made a commitment to pay a total contribution of CHF 200 thousand to the ICRC in 2020. This grant is reported under Financial assistance.

8.3 Current account with the ICRC

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

<table>
<thead>
<tr>
<th>Balance due to the International Committee of the Red Cross (CHF thousands)</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3,276</td>
<td>793</td>
</tr>
</tbody>
</table>

9. SUBSEQUENT EVENTS

The Foundation Board estimates that the COVID-19 pandemic is a non-adjusting subsequent event. Although the operations of the Foundation wound down in 2019, with the Foundation being dissolved in 2020 as planned, the Board is closely monitoring financial aspects during the COVID-19 crisis. The portion of the investments measured at fair value (refer to Note 4) has experienced material unrealized impairment losses due to the financial markets’ collapse since the reporting date. This statement is valid up to the date of approval of these statutory financial statements by the Foundation Board.
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

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

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
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

QUALIFIED PROFESSIONALS EMPLOYED BY PARTNERS’ REHABILITATION CENTERS
- Number of qualified physical rehabilitation specialists (with an internationally recognized diploma or degree) employed in the physical rehabilitation centres

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

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

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Plan</td>
<td></td>
</tr>
<tr>
<td>Education and training</td>
<td></td>
</tr>
<tr>
<td>Quality of services</td>
<td></td>
</tr>
<tr>
<td>Access to services</td>
<td></td>
</tr>
<tr>
<td>Management capacities</td>
<td></td>
</tr>
</tbody>
</table>
ANNEX 5

FIELD PARTNERS - SERVICE PROVIDERS AND SCHOOLS

EAST AFRICA

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

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

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

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

ZAMBIA
- University Teaching Hospital (UTH), Lusaka

WEST AFRICA

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

CÔTE D’IVOIRE
- Centre de réadaptation physique Vivre Debout (CHU), Abidjan
- Centre de réadaptation physique Vivre Debout (CHU), Bouaké

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

ASIA

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

CENTRAL ASIA

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

LATIN AMERICA

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

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

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

ECUADOR
- Hermano Miguel Foundation (FHM), Quito
ABBREVIATIONS AND ACRONYMS

AIMK | Association Ivoirienne des Masseurs-Kinésithérapeutes
AOPB | Association des Orthoprothésistes et Professionnels de l’Appareillage Orthopédique du Bénin
BFTA | Beneficiary Feedback and Technical Assessment
CAM | Centre d'appareillage de Madagascar, Antananarivo
CHUK | Centre Hospitalier Universitaire de Kigali
CAPADIFE | Centro de Capacidades Diferentes, Nicaragua
CBM | Christian Blind Mission, Madagascar
CBR | Community-based rehabilitation
CCBRT | Comprehensive Community Based Rehabilitation in Tanzania
CENAPROROTO | Centro Nacional de Producción de Ayudas Técnicas y Elementos Ortoprotésicos, Nicaragua
CNAO | Centre National d'Appareillage Orthopédique, Togo
CNADIS | Consejo Nacional para la Igualdad de Discapacidades, Ecuador
CONAIPO | Consejo Nacional de Atención Integral a la Persona con Discapacidad, El Salvador
CRAO | Centre Régional d'Appareillage Orthopédique, Togo
CRMM | Centre de Rééducation Motrice de Madagascar, Antananarivo
DPOs | Disabled persons' organizations
EIM | Enterprise information management
EMSAT | Essential Management Systems Assessment Tool
EMP | Essential Management Package
ENAM | Ecole Nationale des Auxiliaires Médicaux, Togo
FATO | Fédération Africaine des Techniciens Orthopréthésistes
FETOSPA | Fédération Togolaise de Sport pour Personnes Handicapées
FHM | Fundación Hermano Miguel, Ecuador
FSCRD | Federal Scientific Centre of Rehabilitation of the Disabled named after G.A. Albrecht
FURWUS | Fundación para la Rehabilitación Walking Unidos, Nicaragua
HHH | Healing Hands for Haiti
HI | Handicap International/Humanity & Inclusion
ICRC | International Committee of the Red Cross
ISPO | International Society for Prosthetics and Orthotics
ISRI | Instituto salvadoreño de Rehabilitación Integral, San Salvador
ISTM | Institut Supérieur Technologique Montplaisir
KAFO | Knee-Ankle-Foot Orthosis
MOH | Ministry of Health
MOHSPH | Ministry of Health and Social Protection of the Population
MoLiSA | Ministry of Labour and Social Affairs, Viet Nam
MOU | Memorandum of Understanding
MoveAbility | The ICRC MoveAbility Foundation
MSH | Management Science for Health
NorCross | Norwegian Red Cross
NRCS | Nicaraguan Red Cross Society
NS | National Society of the Red Cross/Red Crescent
OADCPH | Organisation Africaine pour le Développement des Centres pour Personnes Handicapées
PHII | Programme for Humanitarian Impact Investment
P&O | Prosthetist & Orthotists/Prosthetic & Orthotic
PMS | Patient Management System
PRP | Physical Rehabilitation Programme
PT | Physiotherapist /Physiotherapy
RTWG | Rehabilitation Technical Working Group
SEOP | State Enterprise Orthopedic Plant, Tajikistan
SFD | The ICRC Special fund for the Disabled
SGS | Société Générale de Surveillance
SKAO | Service de kinésithérapie et d'appareillage orthopédique de Parakou, Benin
SRCS | Somali Red Crescent Society
STARS | Systematic Assessment of Rehabilitation Situation
TATCOT | Tanzania Training Centre for Orthopedic Technologists
ToT | Training of Trainers
UDB | Universidad Don bosco, El Salvador
UNAN | Universidad nacional autónoma de Nicaragua, Managua
UNCRPD | United nation convention for the right of Persons with Disability
URCMHS | University of Rwanda’s College of Medicine and Health Sciences
VDE | Vivre Debout
VNRC | Vietnamese Red Cross Society
WCPT | World Confederation for Physical Therapy
WHO | World Health Organisation
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