

ANNUAL REPORT 2011

Rehabilitation of physically disabled people in developing countries



CSPO graduate Kamala Kumari Karki from Nepal who provided a graduate profile in 2011 to illustrate the scholarship program

A report of activities under the Cooperative Agreement provided by the United States Agency for International Development (USAID) to the International Society for Prosthetics and Orthotics

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International Society for Prosthetics and Orthotics (ISPO)

22-24 Rue du Luxembourg

BE-1000 Brussels, Belgium

Telephone: +32 2 213 13 79

Fax: +32 2 213 13 13

E-mail: ispo@ispoint.org

Website: www.ispoint.org

Author: Sandra Sexton, ISPO Grant Manager

Program Steering Committee:

Dan Blocka ISPO, Chair; John Fisk ISPO; Rob Horvath USAID; Bryan Malas ISPO; Samantha Rens ISPO; Sandra Sexton ISPO; Mel Stills USAID; Mindy Thorpe ISPO.



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Program Goal

The goal of this program is to facilitate the rehabilitation of persons with physical disabilities in developing countries. This will be accomplished through the following objectives:

Objectives for the grant period 2008-2013

1. To award Scholarships for professional training for prosthetists/orthotists and orthopaedic technologists. 35 scholarships to be awarded for prosthetist/orthotist training (ISPO Category I professionals) and 78 for orthopaedic technologist training (ISPO category II professionals)
2. To assess the impact of Category I and II training on:
 - the end user of prosthetic and orthotic devices
 - the quality of prosthetic/orthotic treatment
 - service provision systems
3. To publish a new guideline for prosthetic and orthotic services (a newly determined activity under the grant).

Executive summary

2011 was an important year for this USAID funded program *Rehabilitation of physically disabled people in developing countries*. The World Report on Disability was launched by the WHO and the World Bank on 9 June 2011. The report is a call to action and makes nine recommendations for concrete provisions. This USAID funded program is actively making progress in relation to points 2, 4 and 5 (emboldened) for people with disabilities due to limb deficiency or impairment as follows:



Four 1st year students from Laos PDR at VIETCOT

1. Enable access to all mainstream policies, systems and services
2. **Invest in specific programmes and services for people with disabilities**
3. Adopt a national disability strategy and plan of action
4. **Involve people with disabilities**
5. **Improve human resource capacity**
6. Provide adequate funding and improve affordability
7. Increase public awareness and understanding of disability
8. Improve disability data collection
9. Strengthen and support research on disability

Our scholarship program has progressed well over the course of the year with 43 new students beginning their studies towards a career in prosthetics and orthotics, bringing the total number of scholarships accepted under the program to 92. The scholarship students are from 28 low or middle income countries. This reflects the intention of both USAID and ISPO to support the training of clinicians at an internationally recognised level to care for persons with physical disabilities in developing countries.

In addition to scholarship provision, the program objectives include follow up of graduates in the field and plans are underway to roll out a graduate follow up study in 2012. We wish to determine the impact of professional training and learn more regarding the professional practice of graduates of ISPO evaluated programs working in developing countries.

Looking ahead, the steering group are also planning that new guidelines regarding the provision of prosthetic and orthotic services are drawn up with key stakeholders including the World Health Organization. We look forward to 2012 as a year of increased momentum and activity under the USAID award.

A handwritten signature in black ink, appearing to be 'Dan Blocka'.

Dan Blocka, B.Sc., C.O.(c), F.C.B.C.,
Immediate Past President, ISPOChair, USAID-ISPO Steering Committee

Status of activities

Until September 2010 this program ran parallel to another USAID funded program offering similar scholarship and follow up activities. Scholarship and follow up activity during 2009 were part of the original program, rather than this more recent program which underperformed in its first 18 months. A new ISPO Grant Manager and Administrator were appointed in October 2010. At the same time program funding was frozen for 8 months while reporting issues around the earlier grant were resolved, resulting in the grant being released again in May 2011. Activity has increased in the second half of 2011 and ISPO is now working towards completing the program of activity.

Due to a number of external and internal factors, the scholarship program is behind schedule in terms of actual expenditure against budget. In order to fulfill the scholarship objective of the program, a request for a no-cost extension was submitted to USAID by ISPO during 2011 to enable students embarking on their studies 2011 and 2012 to complete their studies with USAID funding support. We await the outcome of this submission.

Progress against objectives in 2011

Scholars by home country		
Home Country	Scholarships	World Bank Classification
Bangladesh	15	low income
Vietnam	9	lower middle income
Pakistan	8	lower middle income
Cambodia	6	low income
India	6	lower middle income
Rwanda	5	low income
Kenya	4	low income
Lao PDR	4	lower middle income
Namibia	4	upper middle income
Chad	3	low income
Papua New Guinea	3	lower middle income
Nepal	3	low income
Tajikistan	3	low income
Guinea Bisau	2	low income
Indonesia	2	lower middle income
Phillippines	2	lower middle income
Zambia	2	lower middle income
Afghanistan	1	low income
Angola	1	lower middle income
Benin	1	low income
Cameroon	1	lower middle income
El Salvador	1	lower middle income
Ethiopia	1	low income
Ghana	1	lower middle income
Madagascar	1	low income
Mali	1	low income
Senegal	1	lower middle income
Sierra Leone	1	low income
Total	92	

OBJECTIVE 1: SCHOLARSHIPS

According to the original agreement all scholarships for 3 or 4 year training programs should now have been awarded, however the slow start to activity in the first year of the grant has resulted in a delay. However, significant progress was made in 2011 in furthering the scholarship objective of the program and June 2011 in particular saw ISPO generating greater awareness regarding the availability and nature of scholarships. This in turn led to high quality applications and as a result a greater number of scholarships were awarded in 2011 than in 2010.

By the end of 2011, the program supported 92 scholarship candidates from 28 countries. 14 of these countries were classified as low income countries and 14 as middle income countries by the World Bank Classification where economies are divided according to 2010 Gross National Income per capita.

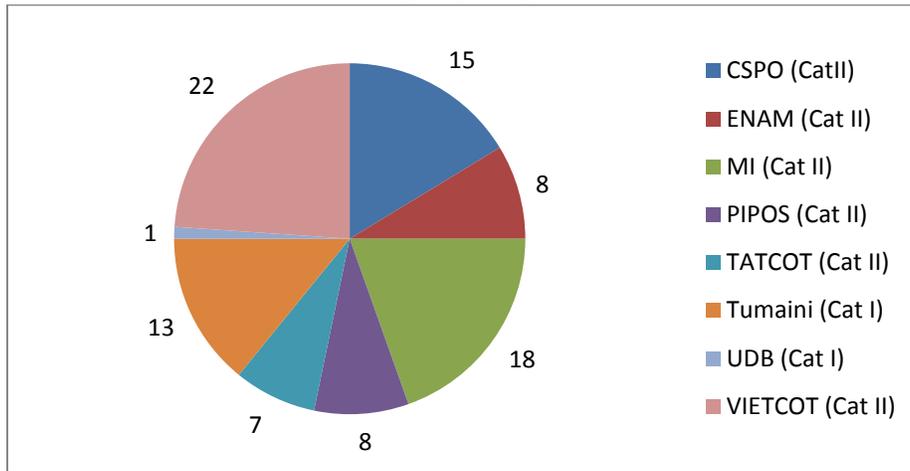
The groups are:

- ▶ low income, \$1,005 or less;
- ▶ lower middle income, \$1,006 - \$3,975;
- ▶ upper middle income, \$3,976 - \$12,275;
- ▶ high income, \$12,276 or more.

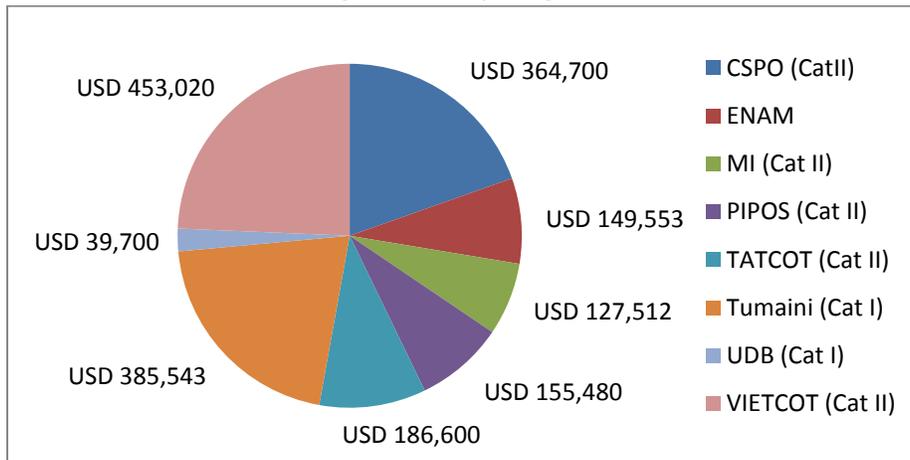
All but high income countries are commonly considered as developing countries and thus under the program, scholarships were provided to students from developing countries (including Namibia) in the spirit of this program i.e. *Rehabilitation of physically disabled people in developing countries*.

Details of the Scholarship allocations are shown below (assuming a no cost extension is awarded):

Scholarships by Organization:



Funding awards by Organization:



Organization key on page 5

Our scholarship awards in the last year have all been dependent upon the students having a guarantee of employment for at least 3 years in their home country after graduation. We envisage this will help ensure that the investment of USAID funding in student fees and/or living costs will be realised when the graduates eventually work as clinicians to develop prosthetic and orthotic services in their own countries.

Cost sharing and partnership working

Students on the program have a cost sharing commitment to fund travel costs back to their home each year. This cost sharing comes from either their future employer, their government (who may be their employer), or they are self funding.

The majority of students are supported for fees and living costs while thirteen students are supported for fees alone with their living costs being supported by cost sharing partners like SFD, ICRC or the PIPOS project. For some students this means they have cost share arrangements which match their USAID grant awards for training fees.

Our students

Our scholarship students are all people who have demonstrated a good academic record on application to the program.

Gender issues: We promote gender equality of professionals as this is an issue in many developing countries. Unfortunately, the male:female ratio of candidates is unbalanced, with only a small proportion of female applicants. We disseminate information with positive role models of female students and graduates and hope to encourage more female applicants to the professions of orthopaedic technologist and prosthetist/orthotist in the future.

Disability issues: We are aware that over 10% of our students have a disability.

Program partners

Our program partners are sub-recipients of the USAID funds for this program and are ISPO evaluated program providers in low income and lower middle income countries. Not only do we support students, but we support program fees which in turn help to fund program staff and infrastructures. Each program has an annual intake of students, with the exception of VIETCOT who have no 2012 intake. Our program partners to date are listed below:

Prosthetist/orthotist training programs (ISPO Category I)

Tumaini	Tumaini University	4 year degree
UDB	University of Don Bosco	5 year degree

Orthopaedic technologist training programs (ISPO Category II)

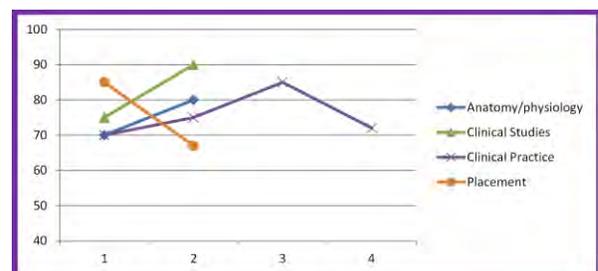
CSPO	Cambodian School of Prosthetics and Orthotics	3 year diploma
ENAM	Ecole Nationale des Auxiliaires Medicaux	3 year diploma
MI	Mobility India	18 month module
PIPOS	Pakistan Institute of Prosthetics and Orthotics Science	4 year degree
TATCOT	Tanzania Training Centre for Orthopaedic Technologists	3 year diploma
VIETCOT	Vietnamese Training Centre for Orthopaedic Technologists	3 year diploma

Conclusion

We have successfully increased the rate of scholarship provision following an awareness raising campaign. Whilst allocating scholarships in 2012, we need to focus the remaining scholarships awards on underrepresented groups and low income countries. We will do this by announcing the availability of scholarships and inviting applications through targeted correspondence to programs, non government organisations, and international organisations. Our scholarship application guide is now available in English, French, Spanish and Portuguese, covering the languages of tuition of the programs.

Monitoring scholarship candidates

We are monitoring student progress throughout their study from year 1 through to graduation. In the last year we collected student results from programs and tracked their performance in each subject. We will be able to analyse trends of performance once more results become available.



Tracking student performance helps us to identify trends and highlights areas of concern (sample altered to protect identity).

Visit to the Dominican Republic From a report by Heinz Trebbin

Our program supported a short term tutoring visit to the Dominican Republic on behalf of Physicians for Peace (PfP) – HIPOE program early in 2011. The visit had the objective of supporting 13 students in their preparations for their first semester exams at the end of March 2011. The students were undertaking their first module of the University Don Bosco (UDB) distance learning program recognised by ISPO. Ten of the students were from the “Aociacion Dominicana de Rehabilitacion” (ADR), two from the “Patronato CIBAO de Rehabilitacion” and one from Haiti.



The visit was supported and prepared by Physicians for Peace (PfP) and supported by ISPO under the HIPOE project. Both local institutions were well prepared for the visit and showed a strong interest in all aspect of the ongoing education program. All the students were highly motivated and are committed to their studies. It was notable that they had all-improved their ability to interpret medical prescriptions and also their communications skills with other rehabilitation personnel at their center. They all expressed an appreciation of the program and its content, as well as the associated study methodologies of the blended learning program.

Recommendations from the visit included:

- The clinical assessment skills of the students should be further strengthened with support of the rehabilitation personnel at each center.
- A clinical evaluation form would be developed by the local clinic and used by the students.
- Students have to strengthen in general, their ability to define and defend their treatment goals, based on the clinical and personal data they gather during the patient evaluation process.

The P & O Scholar:

At the end of 2011 we published the first edition of our newsletter with positive feedback from recipients. This is a twice yearly newsletter connecting hundreds of prosthetics and orthotics students and also graduates around the world who attend the 23 ISPO recognised programs and pathways. It will also benefit student prosthetists/ orthotists (ISPO Category I) and orthopaedic technologists (ISPO Category II). The first issue of the newsletter focuses on graduates and scholarship students of ISPO’s USAID funded program focusing on low income countries and is circulated around students and programs. Students and recent graduates of ISPO programs are encouraged to submit articles, stories, share news and exchange information-

❖ NEXT STEPS...Scholarships

There is a risk that students who were awarded scholarships in 2010 or 2011 may be unable to complete their training if program funds cannot be allocated to them beyond September 2013. It is strongly recommended that mechanisms are found to enable students to receive scholarship funding under this program.



OBJECTIVE 2: IMPACT OF TRAINING

In 2011 we reviewed the way in which we followed up graduates to assess the impact of training. We looked at what has been achieved under our USAID funded programs, what was originally planned in our current program and also had a renewed focus asking the question “what we interested in?”. We determined that we are most interested in the professional practice and competence of the graduate in the context of their own clinical environment.

In reviewing past activity we considered the actions reported under the program *Appropriate Prosthetic and Orthotic Technologies in Low Income Countries (2000-2010)*. One of the graduate follow up activities under this program resulted in a graduate audit whereby graduates reflected upon their training. The recommendation from this work was that programs should adopt a similar method to inform curriculum development. We fully support this recommendation and therefore have shared the graduate audit tool online.

A second type of graduate assessment involved field follow up with graduates working with their patients. Building upon past work, we developed a revised instrument in 2010 in the form of a structured interview and audited graduates working in Vietnam. We are currently finalising this instrument and will roll out a program of graduate audit in 2012 to follow up graduates in association with the program providers and local consultants.

❖ NEXT STEPS...Impact of training

The following outline graduate follow up plan has been agreed in principle by the steering group:

Aim: to determine the professional profile and practice of graduates of ISPO evaluated programs working in developing countries

Method: structured interview

Impact of training planning timetable

	2012												2013					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
Face validity checks & finalise survey and instructions	█																	
Invite participation from programs		█																
TATCOT graduates - field visit train local consultants then English survey launch			█															
TATCOT graduates - analyse results				█														
Seminar sharing experiences - 15-18 May 2012, Ortopedi Reha Teknik, Leipzig Germany					█													
Translations - French & Spanish						█												
Validate translations							█											
Roll out globally (CSPO, ENAM, MI, PIPOS, UDB)								█	█	█	█	█						
Analyse results												█	█					
Facilitate local consultants following any missing results/ countries												█	█					
Present outcomes & impact at the ISPO Congress 4-7 February 2013, Hyderabad, India															█			
Final Report & dissemination															█	█	█	█

OBJECTIVE 3: PROSTHETIC & ORTHOTIC SERVICES

In 2011, the steering group determined a need for Prosthetic and Orthotic service guidelines and consulted WHO about this. The impact of the publication of the Guidelines on the provision of Manual Wheelchairs in less resourced settings (WHO, 2008) has been significant. There has been a strong interest amongst providers and donor countries in the guideline document and this is now frequently used as a reference document. It has also proved to be a catalyst for change when used by different wheelchair service provider organisations.

A similar international publication would be of great value for the development and sustainment of prosthetic and orthotic services. It has been several years since the publication of service guidelines in prosthetics and orthotics. Previous publications by the Landmine Survivors Network (2006) were useful and recommended development of further detailed guidance which has not yet been achieved. More current detailed information for countries or groups wishing to manage, monitor and sustain prosthetic and orthotic services in less resourced settings is now needed. A recent review about assistive technologies from the perspective of the Convention on the Rights of Persons with Disabilities highlighted a need for action pertinent to service delivery (Borg *et al*, 2011).

A practical guide to prosthetic & orthotic service provision in developing countries would help in promoting services, would also reinforce messages about local responsibilities and the obligation to set up and maintain these important rehabilitation services, thus directly supporting two of the nine recommendations of the World Report on Disability:

1. Enable access to all mainstream policies, systems and services
7. Increase public awareness and understanding of disability

❖ NEXT STEPS...Prosthetic & orthotic services

The following outline plan has been agreed in principle by the steering group:

Aim: to develop new prosthetic and orthotic service guidelines:

Proposed Method:

Stage 1: Needs assessment - consultation and scoping exercise:

This preparatory stage will:

- a) Find and review evidence about prosthetic and orthotic services including journal articles, published reports about the challenges faced and examples of effective actions.
- b) Define the stakeholders involved in prosthetic and orthotic service delivery.
- c) Seek stakeholder opinion and case stories about the challenges they face in developing or sustaining prosthetic and orthotic services in lower income countries.

Stage 2: Workshop – 3 day

The aim of the workshop will be to present the outcomes of the scoping exercise and determine priorities for prosthetic and orthotic services. The workshop will focus on the *Effectiveness and Impact of Prosthetic and Orthotic Service Delivery*. The workshop location will be in a service location in a low income country

Stage 3: Guideline drafting

Stage 4: Publication launch and dissemination

Publication of the proposed guidelines will be followed by a well-publicised launch. Translations will augment adoption of the guideline in different nations (English, French, Spanish, and Chinese etc.).

Guideline development planning timetable

Month	1	2	3	4	5	6	7	8	9	10	11	12
Stage 1												
Find evidence	█											
Review evidence	█	█	█	█	█	█						
Define stakeholders	█					█						
Stakeholder opinion						█	█					
Stage 2												
Workshop							█					
Stage 3												
Guideline drafting							█	█	█			
Stage 4												
Launch										█		
Targeted dissemination											█	█

Visit to the FATO Congress

As part of a fact finding mission about the needs of prosthetic and orthotic services, the ISPO Grant Manager, Sandra Sexton attended the FATO congress in Arusha, Tanzania.

Over 360 participants from 39 African, 6 European, 6 Asian and 2 North American countries came together in Arusha, Tanzania in September 2011 at the 6th International congress of the African Federation of Orthopaedic Technologists (FATO) to focus on the Theme *Ensuring access to appropriate orthopaedic and rehabilitation services: right to quality of care.*



Sandra Sexton is introduced to Dr Nyaka, Deputy Minister of Health, Tanzania by Harold Shangali

Although there were many excellent presentations at this large congress, special notice should be taken of an ambitious survey, conducted by FATO to determine the needs of persons with disabilities in Africa related to orthopaedic devices and functional rehabilitation. At the time of the congress, 27 African country survey returns had been received (a healthy 73% return rate indicating the importance of this work). Amongst other things, the survey scoped the number and nature of countries with national disability policies, human rights legislation, strategic plans for the development of rehabilitation services, and the presence and scope of rehabilitation professionals in each country. Of great concern to those present was the lack of trained rehabilitation professionals and in many countries some rehabilitation team members do not exist at all. The eventual publication of the FATO survey will mark a significant milestone in the development of rehabilitation services in many African countries. It will provide a minimum data set enabling countries and partners to better plan the development of much needed services for persons with disabilities. Further information about the congress can be found at www.fatoafrique.org. One important message emerging from this FATO meeting for ISPO as an international organization, is that there is a great need for ISPO to continue to support and promote professional and clinical standards, learning opportunities and to strengthen the professional rehabilitation community.

The FATO congress afforded the ISPO grant manager the opportunity to present on Capacity Building and Standards in Rehabilitation at the invitation of the scientific committee and a summary of the presentation is presented below:

FATO 2011 session *Needs versus Capacities*. Sandra Sexton, ISPO

Too often, in services providing rehabilitation technology we put too much of a focus on the technology that we are supplying rather than on the people that the technology is for. However, we need to strengthen our patient centred, needs based approach in all that we do. Lloyd Feinberg from the Leahy War Victims Fund, USAID once said *“we also feel that the focus on patient care is, in many cases, just as important – if not more important – than the type of device that is being used. We put a lot of emphasis on the training of supportive supervision and capacity building of service delivery to orthopedic patients”*.

“Capacity building” is a term that was adopted for use in development organisations in 1991. The United Nations Development Programme defines it as: *“the ability of individuals, institutions and societies to perform functions, solve problems, and set and achieve objectives in a sustainable manner.*

In a recent review of the literature published in the Journal Prosthetics and Orthotics International, Borg et al reported on assistive technology in developing countries. They reported on this from the point of view of the person with disabilities. Among other things the recommendations from this review called for better monitoring and reporting about the outcomes of services that provide assistive technology. This is a recommendation that is reflected in most publications about our services.

Evidence about capacity building and rehabilitation was presented that revealed four themes.

1. Capacity building is helped by individuals forming good working relationships with each other.
2. Partnership working. The importance of working collaboratively was emphasised.
3. Development of a skills mix rather than only focussing on a staff mix. This is about inter-professional working rather than multi-professional working. People working closely together with some blurring of boundaries is more effective than many individual professionals each working in the same clinic carrying out specific roles in silos.
4. Community based rehabilitation and the need to develop community workers.

Case studies were presented to illustrate that mapping patient pathways can help us to understand services from the patients point of view. Furthermore the ISPO professional profile was discussed especially in relation to follow up and review of patients.

In summary, having the right skills mix is important in capacity building. We can set targets for capacity building that incorporate specific competence standards and levels of working. Standards can then be a useful tool to help monitor outcomes.

Financial Report (USD)

A Expenditure

	2010	2011
Grant	239,110	865,023
Correction received grant earlier years	25,955	-
Total revenue	265,065	865,023
Costs incurred	313,336	832,808
In kind contributions	38,000	43,622

B Accrual information at end 2011 (assuming a no cost extension is granted)

Accrual item	2012	2013	2014	2015
1. Scholarships	633,824	447,573	205,751	51,730
2. End-user and Quality of Life follow Up	-	-	-	-
3. Conference – guideline development	-	-	-	-
4. ISPO administration	129,989	118,627	80,675	81,167
TOTAL	763,814	566,199	286,426	132,897

B Accrual information at end 2011 (assuming original end date Sept 29, 2013)

Accrual item	2012	2013
1. Scholarships	633,824	235,849
2. End-user and Quality of Life follow Up	-	-
3. Conference – guideline development	-	-
4. ISPO administration	129,989	118,627
TOTAL	763,814	354,476

C A comparison of expenditure within budget

Budget line item	Amount awarded	Expenditure 2010	Expenditure 2011
1. Scholarships	2,951,650	200,233	640,196
2. End-user and Quality of Life follow Up	174,916	-	26,019
3. Conference – guideline development	132,604	-	2,573
4. ISPO administration	423,692	113,103	164,020
TOTAL	3,682,862	313,336	832,808

D Projected grant expenditure if program objectives met & extension granted

Accrual item	2012	2013	2014	2015
1. Scholarships	709,487	606,041	364,373	181,144
2. End-user and Quality of Life follow Up	64,958	64,958	-	-
3. Conference – guideline development	117,971	12,060	-	-
4. ISPO administration	129,989	118,627	80,675	81,167
TOTAL	1,022,406	801,685	445,048	262,310