Policy Paper

The provision of wheeled mobility and positioning devices

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Policy Paper

The provision of wheeled mobility and positioning devices

Integrating wheeled mobility and positioning device provision into rehabilitation systems in emergency and development contexts

“It is universally recognized that an appropriate wheelchair is a precondition to enjoying equal opportunities and rights, and for securing inclusion and participation. Personal mobility is an essential requirement to participating in many areas of social life, and wheelchairs are for many the best means of guaranteeing personal mobility. Independent mobility makes it possible for people to study, work, participate in cultural life and access health care.”[1]

Wheeled mobility and positioning devices (WM/PD) are a key component of Handicap International's programmes. WM/PD provision is not only about delivering a product; it is about enabling inclusion and participation. It is an important prerequisite for eliminating poverty as without WM/PDs many individuals cannot participate in social and economic life. Handicap International fully endorses the World Health Organization's (WHO) Wheelchair Guidelines and it is essential that Handicap International personnel with any involvement in rehabilitation projects have access to these guidelines and refer to them regularly throughout the project cycle.

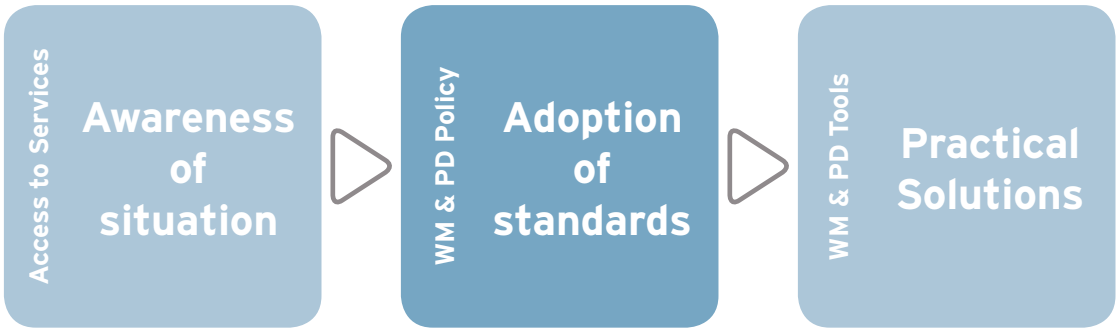
This policy paper on WM/PD has been developed in partnership between Handicap International and Motivation, an international development charity supporting people with mobility disabilities[2]. It has been developed to provide a more detailed, operational reference to complement the WHO Wheelchair Guidelines. More specifically it will:

- Provide comprehensive, practical and achievable standards for Handicap International's programmes when delivering wheeled mobility and positioning device initiatives
- Ensure that WM/PDs are integrated into Handicap International's broader rehabilitation projects, with a particular focus on integrating WM/PD services into prosthetic and orthotic and rehabilitation services
- Contribute to the quality and coherence of Handicap International's work.

In order to achieve this, this policy paper is aligned as one of three key documents:

1) The **Access to Services Guide**, which helps Handicap International to identify the need for a range of services including assistive devices and mobility services
2) This **wheeled mobility and positioning device policy**, which delineates the agreed standards that Handicap International's programmes will adhere to when implementing and/or supporting WM/PD services
3) A set of **practical tools**, which are referred to in this policy paper, to enable the practical implementation of WM/PDs in Handicap International's programmes.

How this WM/PD policy paper fits with other strategic documents



We welcome all comments and feedback for improving this document.

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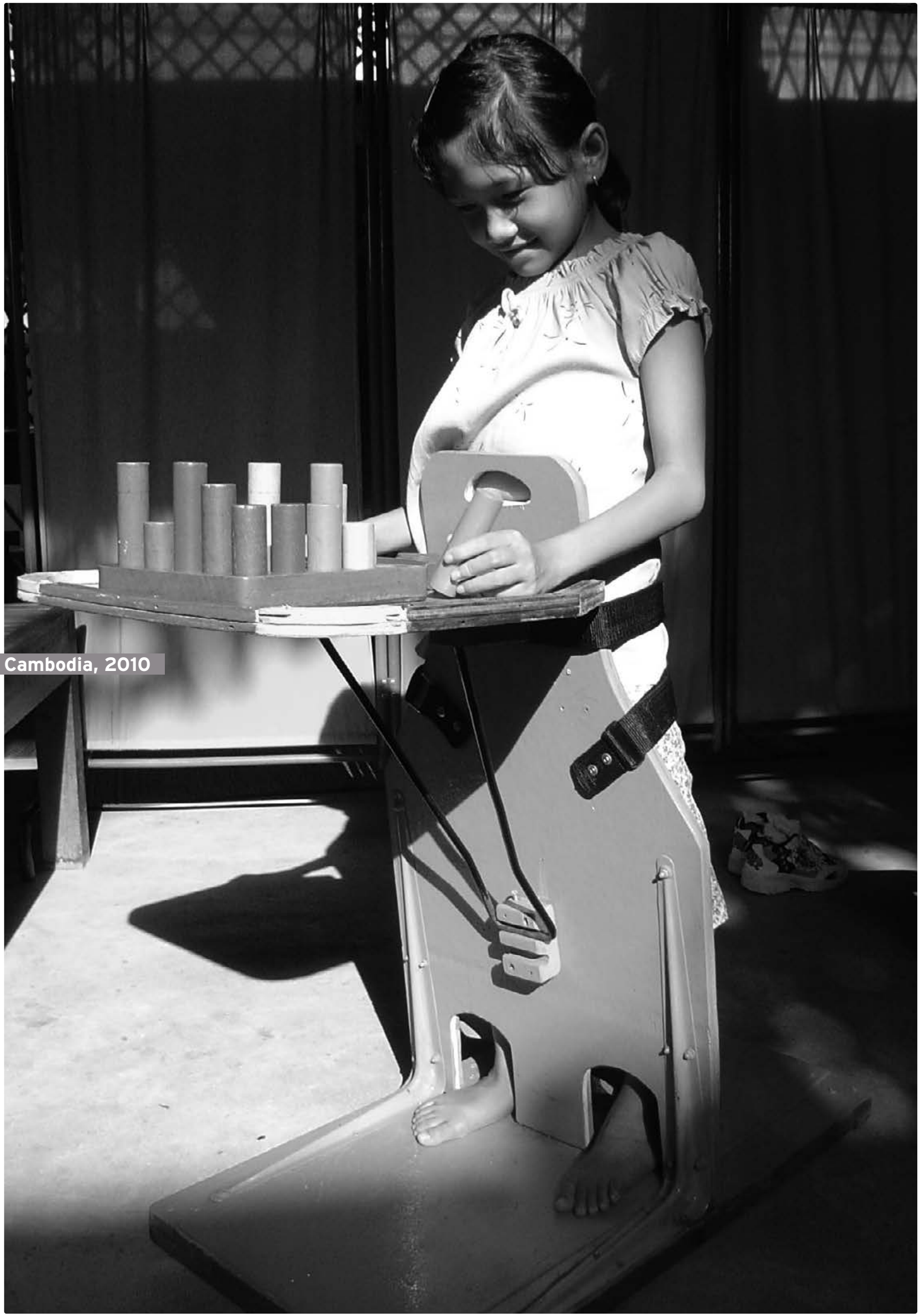


Cambodia, 2010

Principles and benchmarks

Importance, context and definitions

A

Definitions

The scope of this policy is **'wheeled mobility and positioning devices' (WM/PD)**. Handicap International chose this scope in recognition of the significant need for positioning devices as well as wheeled mobility devices in the contexts where the organisation is working. Within this policy paper the emphasis for positioning devices is on supportive seats as essential wheeled mobility devices for many types of user, but the principles and recommendations are nevertheless applicable to a wider range of positioning devices. It is recognised that Handicap International needs to further develop its approach to positioning devices and this will be a future focus of the Rehabilitation Services Unit. For the purpose of this document, the following definitions have been adopted:

Wheeled mobility and positioning device	Wheelchairs, positioning devices, supportive seating units and tricycles.
Wheeled mobility device	A mobility aid with wheels including wheelchairs and tricycles.
Positioning device	A device that can help people with impairments maintain good lying, standing or sitting positions including wedges, chairs, e.g. corner chairs, supportive seats, standing frames[3].
Wheelchair	A device providing wheeled mobility for a person with difficulty in walking or moving around[4].
Appropriate wheelchair	A wheelchair that: meets the user's needs and environmental conditions; provides proper fit and postural support; is safe and durable; is available in the country; and can be obtained and maintained and services sustained in the country at the most economical and affordable price[5]. Although this definition refers specifically to wheelchairs, the same criteria can be used to define appropriate positioning devices.
Tricycle	A three-wheeled mobility device, allowing efficient long distant propulsion, through a drive mechanism (usually hand pedals or lever) connected to the front or rear wheels.
User	Term used in the context of an adult or child who uses a WM/PD, on a permanent or temporary basis.
Manual WM/PD	A product that is propelled by the user or pushed by another person.
WM/PD provision	An overall term for WM/PD design, production, supply and service delivery[6].
WM/PD service	The part of WM/PD provision concerned with providing users with appropriate WM/PDs[7]. Wheelchair services provide the framework for assessing individual user needs, assist in selecting an appropriate wheelchair, train users and caregivers, and provide ongoing support and referral to other services where appropriate[8].

B

Contextual elements

In development (or non-crisis) contexts, a WM/PD can offer a means of rehabilitation, providing a person with a greater sense of self-reliance and autonomy.

A WM/PD should provide postural support (correction/re-education or rehabilitation / prevention of painful or disabling positions) for severely disabled people. It can also offer a means for children to receive cognitive stimulation, providing them with learning opportunities which would be impossible to access without mobility.

Notwithstanding wider accessibility issues and persistent barriers in the physical and social environment, a WM/PD can create socialisation opportunities for both the individual and the family, as it can facilitate accessibility and allow increased participation in community activities, whether leisure-based, economic or educational, depending on the person's age, gender, role, identity and degree of disability.

People with disabilities' increased access to WM/PDs will not end social exclusion – but it is a critical first step. If you give a disabled man, woman or child an appropriate mobility aid the opportunities to go to school, to work, to the market or to be in contact with the community are greatly enhanced. As such, inclusion often begins here.

"Studies have shown that assistive technologies, when appropriate to the user and the user's environment, have a significant impact on the level of independence and participation which people with disabilities are able to achieve (WHO, 2011). They have been reported to reduce the need for formal support services (WHO, 2011) as well as reduce the time and physical burden for caregivers (Allen et al., 2006). The use of mobility devices, in particular, creates opportunities for education and work, and contributes to improved health and quality of life (May-Teerink, 1999; Eide & Oderud, 2009; Shore, 2008). Mobility devices may also have an impact on the prevention of falls, injuries, further impairments and premature death. Investment in provision of mobility devices can reduce health-care costs and economic vulnerability, and increase productivity and quality of life (SIAT, 2005)."[9]

In an emergency context, wheelchair provision aims to[10]:

- help victims of an emergency to survive
- provide basic mobility until comprehensive WM/PD services are set up or re-established.

Handicap International considers that a well-targeted distribution of wheelchairs in crisis situations:

- reduces the overflow in health services
- opens up possibilities for outpatient follow up
- facilitates the mobility of individuals and their families in the event of successive displacement
- avoids isolation of people with injuries / disabilities
- allows people with disabilities to take part in relief activities
- relieves some of the burden on families, leaving more time for subsistence activities
- contributes towards psychological recovery
- contributes towards enhancing coping mechanisms and rebuilding families.

A rapid distribution of wheelchairs can produce all of these results.

The need for WM/PDs has been given increasing **global recognition** over the past decade. The fact that an appropriate WM/PD, delivered through trained services, can be the first step to inclusion for many people with disabilities is recognised in key international documents, including the UN Convention on the Rights of Persons with Disabilities (UNCRPD).

Article 20 of the **UNCRPD** specifies: "States Parties shall take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities" including through access to quality mobility devices and training[11].

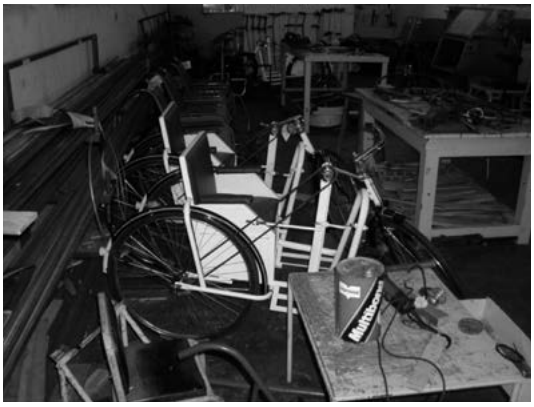
Article 26 of the **UNCRPD** focuses on habilitation and rehabilitation: "including through peer support [...] to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life"[12].

A starting point in assessing the importance of WM/PDs is to understand the need for them. The 2011 **World Disability Report** estimates that "More than a billion people are estimated to live with some form of disability, or about 15% of the world's population"[13]. The World Health Organization estimates that 10% of the disabled population worldwide require a wheelchair[14]. Verifiable statistics on the need for WM/PDs are not yet available, but given these figures it could be estimated that 105 million people need a wheelchair, or 1.5% of any population. In comparison, the need for prosthetics and orthotics and related rehabilitation services in developing countries, in any given population has been put at 0.5%[15].

It is widely recognised that the needs of these 105 million people are not being adequately met. The World Health Organization's **CBR Guidelines** recognise that "in many low-income and middle-income countries, only 5–15% of people who require assistive devices and technologies have access to them. In these countries, production is low and often of limited quality, there are very few trained personnel and costs may be prohibitive."[16]

Therefore the issue is not purely about the numbers of people who need to access appropriate WM/PDs (as defined by the WHO Wheelchair Guidelines). Those that do access products often get a device that is not appropriate, putting them at risk. A lack of trained personnel operating quality WM/PD services makes this problem worse. This lack of practitioner skills in WM/PD provision can be seen in the way that WM/PD services often lag behind other rehabilitation services, such as prosthetics and orthotics. With appropriate training and funding, this need not be the case.

Prosthetic and Orthotic (P&O) laboratories are often well organised with professionally trained staff.



Wheelchair workshops often lack the structure and systems of P&O workshops, and have fewer trained staff.

The **WHO Wheelchair Guidelines** were published in 2008 in light of a global recognition of the need for WM/PDs and the necessity for practical solutions.

"More than 25 wheelchair experts took part in the development of the WHO Wheelchair Guidelines. A complete draft of all the sections was prepared for a three-day discussion and review at WHO headquarters in Geneva on 28–30 August 2006. Further revisions and external reviews took place during the two months preceding the International Society for Prosthetics and Orthotics (ISPO) Consensus Conference on Wheelchairs for Developing Countries, and a third draft was presented during the Conference for further feedback in Bangalore on 6–11 November 2006. Following the ISPO Consensus Conference, the guidelines were further revised to reflect the discussion and consensus reached at the Conference. They were then peer reviewed by 21 wheelchair experts, whose views were considered in finalizing the document. WHO also collected the Declaration of Interests (DOI) from all the experts involved in the development of this document and none of them declared any kinds of Conflicts of Interests with the subject matters." [17]

Handicap International and Motivation were involved at various stages and levels in the overall Wheelchair Guideline process described above and this reinforced existing mutual knowledge, recognition and also opportunities for collaboration. The subsequent development of a joint project called "the West Africa Mobility Initiative (WAMI)" reinforced the collaboration between the two organisations and highlighted the need to produce a policy more specific to our operational contexts.

Handicap International used the conclusions and recommendations emerging from the Bangalore conference as a starting point for drawing up a first framework on "Insights and positioning on manual wheelchairs and tricycles". However, in order to strategically apply this framework to our programming, there was a need to take into account the skills, practices and partnership possibilities specific to our organisation.

As such, this policy paper was developed as collaboration between Handicap International and Motivation. The main idea is for field staff to read the WHO Wheelchair Guidelines (a comprehensive guide with extensive data), but then to use this policy paper (and forthcoming practical toolkit[18]) for more practical questions related to Handicap International's field operations.

Furthermore, it is important to note that Handicap International is producing a much broader Rehabilitation Policy Paper, which will address the principles, benchmarks and cross-cutting themes relevant to all our rehabilitation actions. As such, this broader content is not repeated again here[19].

Why take action in this field?

A

Beneficiaries

It is important to ensure that the beneficiaries of Handicap International's (and our partners') rehabilitation projects/activities, or any related project/activity promoting access to services and the right to independent mobility, can also benefit from access to appropriate WM/PDs.

Handicap International is targeting adults and children of any age who need a WM/PD in both rural and urban settings in developing or crisis-affected countries. People who need a WM/PD may include people with temporary or permanent disabilities. As stated elsewhere, the major barrier that can be overcome through an appropriate WM/PD is mobility. Even when mobile, numerous other obstacles need to be tackled, such as accessibility and inclusion. A WM/PD is only the first step towards inclusion.

We particularly focus on WM/PD provision for users of prosthetic and orthotic and rehabilitation services supported or delivered by Handicap International. No reliable data exists on how many people live in the catchment area of the services, nor is their reliable country-wide data that disaggregates needs by gender, age, type of disability and environment. Patient demand for WP/MDs, however, is continuous.

In an emergency context, Handicap International defends the principle of distributing a wheelchair to all persons in need, whether the need was caused by the crisis in question or existed beforehand.

During the distribution of WM/PDs, Handicap International recommends paying particular attention to user follow up, either because an orthopaedic fitting could be needed at a later date (referral need) or because a physical condition could worsen a disability or even be life-threatening (for example for people with spinal-cord injuries).

B

Why Handicap International?

A broad explanation about the work of Handicap International's Rehabilitation Services Unit is available in the 2013 Rehabilitation Policy Paper. Therefore this policy only briefly presents how WM/PD fits into our rehabilitation activities.

One of Handicap International's primary activities since working in the Khmer refugee camps on the Thai border in 1980 has been producing prostheses, and subsequently orthotics, orthopaedic shoes and all types of assistive devices to restore mobility for people with disabilities. Our work revolves around developing suitable infrastructure (from National Reference Centres to small community workshops, including mobile systems where necessary), training specialised human resources (from field work to the Health Institutes) and setting up the necessary internal mechanisms (logistics, management and referrals). All of this is achieved within a system linked to ministerial bodies (Health and/or Social) which we seek to empower to play a regulatory role over these services.

The challenges of an ageing population, increasing incidence and prevalence of chronic, disabling non-communicable diseases and the disabling effects of violence and injury are massive. While the need for quality health care is generally well understood, there are profound limitations regarding the availability of post-acute services. Physical rehabilitation services are therefore a necessary element of a comprehensive system.

Our technical solutions in the field of assistive devices are geared towards the genuine needs of the country's population and resources, while complying with the relevant international standards.

We have recently attempted to routinely introduce wheeled mobility provision by increasing both local production and import.

Focus - Previous significant WM/PD projects of Handicap International

Emergencies

- **Sri Lanka Tsunami 2004** - Local wheelchairs were produced.
- **Pakistan Earthquake 2005** - Wheelchair Foundation wheelchairs were imported.
- **Haiti earthquake 2010** - Basic generic wheelchair training provided for practitioners using existing imported wheelchairs (such as the Rough Rider, Motivation products and hospital transfer type wheelchairs).

Development

- **Lebanon, Arc en Ciel workshop (1990's); Burkina Faso, Zongo workshop** - Support for wheelchair and tricycle production directly or preferably through support offered to existing facilities via partnerships aimed at ensuring quality and durability (1997-2003).
- **Philippines** - Support for the creation of a wheelchair production factory to test mass production as an alternative to production in orthopaedic centres (2004-2010).
- **West Africa** - Support for diversification of products (locally produced and imported) and assistance given to partner producers in developing their skills through regional training courses (2009-2012).
- **Haiti 2012** - WHO basic course.

Policy

- Handicap International contributed to WHO wheelchair training development through participation in the WHO working group.

WM/PD provision directly meets Handicap International's mission and fits with the organisational strategic priority of *access to services*. The section above shows that WM/PD users represent a high proportion of Handicap International's vulnerable target group that cannot be overlooked. By addressing WM/PD provision, Handicap International is working towards its core mission. Furthermore, as stated elsewhere, WM/PDs are a key catalyst for improved survival, empowerment and inclusion of people with disabilities.

This policy is derived from extensive practical experience. WM/PDs have been delivered through Handicap International's development and emergency programmes for a number of years. Although Handicap International has a long history working with WM/PD in different emergency and development contexts, in this document we focus on recent projects, as they are more closely aligned with the approach of the WHO Wheelchair Guidelines and better reflect how practices have developed.

The **WHO wheelchair training and standards,** the Handicap International and Motivation Mobility Alliance (HIMMA) toolkit, and the range of appropriate products available from different providers that are now globally available make this an important time for Handicap International to consolidate its strategic and practical approach to WM/PD provision. Never before have such resources been available for the smooth integration of WM/PDs into other health services.

Handicap International is also in a good position to benefit from an **international network of partners** and to work together for increased skills and resources to meet the need. The publishing of this policy therefore marks an increased focus on quality WM/PD provision at Handicap International.

Principles of intervention

A

Federal strategy

Handicap International, throughout all its projects, follows the main principles of intervention as stipulated in the Federal Strategy 2011-2015[20]. These principles, outlined briefly below, reflect the essential institutional and operational positioning for the organisation:

- Beneficiaries and level of intervention: focus on participation, emphasis on most vulnerable populations, gender, childhood and old-age issues and those living with HIV/AIDS.
- Methods of intervention: focus on emergency and a relief-rehabilitation-development contiguum.
- Coordination, partnership and sustainability.
- Quality and impact: focus on situational and needs assessment combined with knowledge management.
- Conceptual frameworks, approaches, references and methodological tools.
- Use of law: in reference to universal human rights instruments, international humanitarian law and in consideration of national laws and customs.
- Testimony and advocacy.
- Impartiality.
- Responsibility and transparency: at individual and organisational levels.

These principles of intervention:

- Provide a framework for approaches and methods used to design and implement project activities.
- Determine the practical orientation of choices and methods of intervention.
- Apply when implementing any Handicap International project.

In addition, Handicap International's *Access to Services*[21] approach is a key element of the Federation Strategy, to ensure a systemic approach to the provision of a continuum of quality services for marginalised or vulnerable people (support, mainstream and specific services).

B

Cross-cutting approaches

As with all of Handicap International's rehabilitation work, WM/PD initiatives are underpinned by the Disability Creation Process (DCP), a comprehensive and holistic model for understanding disability, which explains "the causes and consequences of disease, trauma and other disruptions to a person's integrity and development"[22]. Handicap International's rehabilitation and WM/PD work is also grounded in the user-centred approach, a systematic approach for tailoring services to individual needs and placing service users at the heart of decision making. The DCP, the user-centred approach and the linkages between WM/PD and other areas of Handicap International's work are presented in full in the Rehabilitation Policy Paper (2013), and therefore not elaborated in detail here. However, some of the core cross-cutting approaches for WM/PD are briefly explained as follows:

- **A disability inclusive approach:** Responsive to the needs of people with all types of impairments.
- **A comprehensive approach:** For example, our WM/PD initiatives support the inclusion of people with disabilities into the socio-economic life of their communities by improving their mobility and providing them with access to development opportunities. The WM/PD is custom-fit for the user and appropriate for the environment in which it will be used. WM/PD activities are developed alongside community awareness-raising activities to challenge stigma and discrimination and to promote social inclusion of people with disabilities.
- **A gender-inclusive approach:** Women and girls with disabilities are often particularly vulnerable in developing country contexts and are usually afforded a very low social status. As a result, women's health issues or impairments are often discounted and because they are often expected to serve as primary caregivers, their disabilities are viewed as an especially heavy burden on others. Women and girls with disabilities are also less likely to engage in social interaction outside of their immediate community, limiting opportunities for participation and accessing fundamental human rights. Handicap International strives to ensure a gender balance among the beneficiaries of rehabilitation services. To redress gender imbalances some projects can have a specific focus, for example activities targeting rural women and girls.
- **An approach which fully acknowledges and responds to fundamental human rights**[23].
- **A user centred approach:** Underpinning all of Handicap International's WM/PD provision is the user-centred approach."Users and their groups are at the centre of developing and implementing wheelchair provision. They can help ensure that wheelchair services meet their needs effectively".[24]
- **A partnership approach:** There are a variety of different stakeholders involved in WM/PD provision. A list of appropriate products available and training offered by different partners is maintained and updated by the Rehabilitation Services Unit.

In any country where WM/PD provision is being considered, in order to define the strategy and actions to be implemented, Handicap International recommends activating networks of **key players** by WM/PD procurement (indication, production and distribution). Whilst WM/PD specialists and institutions must be involved, users and disabled people's organisations (DPOs) should also be considered key players. Handicap International should be a **driving force for activating such networks** by:

- bringing together (through symposiums, seminars, training courses...) the different parties involved (institutional, services, production entities, users)
- supporting the creation of associations of professionals
- helping DPOs and civil society organisations (CSOs) to promote improved access to WM/PDs by lobbying for locally produced or imported products that meet agreed standards (see 'additional considerations' section below).

Handicap International shares a close partnership with Motivation. In this partnership, Motivation has become one of the Handicap International Federation's 'special partners'. In practical terms this means that Motivation has the following roles that could be developed and used through ongoing and new coming joint projects:

- To provide advice for Handicap International for WM/PD
- To produce and supply a range of products, in line with the WHO Wheelchair Guidelines[25]
- To train resource.

C

Additional considerations

"We seek solutions that are both realistic and adapted to the context. We reject stereotypical approaches, preferring to analyse the specificities of each situation or context and identify the most suitable actions and operating procedures possible."[26]

An important and much debated principle with WM/PD provision is the **local production versus imported wheelchair technology.** For Handicap International, whether WM/PDs are produced locally or imported, all products should be appropriate, as defined in the WHO Wheelchair Guidelines. With this in mind, it is useful to outline the advantages and disadvantages of both approaches:

- **Local producers** have the advantage of a good understanding of the living environment and lifestyle of WM/PD users. Products can be both produced and repaired locally from materials if they are available and this creates local jobs. However, it is often challenging to run a sustainable workshop providing high quality affordable products whilst covering material costs and salaries. Material costs can be high, particularly if materials need to be imported. If all materials are imported, it should be questioned how different this is to importing appropriate products.
- **Imported products** often make it easier for users to access a range of products to meet the needs of different WM/PD users living in different environments. With imported products it is necessary to provide spare parts or to be able to replace spare parts locally. Staff must be trained in repair and maintenance of supplied products. Advantages of the economies of scale can help keep costs down and make products affordable. Access to existing factories with well established quality control systems can ensure users receive consistently high quality products. Local jobs are created through providing a service to assess, prescribe and fit an appropriate WM/PD, plus maintenance and repair.

With both models it is crucial to consider the long term reliability of the supply of products – local or imported – when activities are fully handed over to local partners. Both models can present challenges in terms of sustainability and need to be considered on a case by case basis. For example, with regard to imported wheel chairs, it is important to consider:

- continuity of the supply chain
- training of logistic and administrative staff
- time needed for delivery
- payment in foreign currency
- provision of spare parts.

It is generally recommended that a **full feasibility study** is carried out before a decision is made on which model of supply is used[27].

Senegal, 2010

Intervention methods

Introduction

The intervention methods presented in this section are laid out according to the WHO Wheelchair Guidelines: products, training (rephrased as "practitioner skill"), services, policy and planning. These methods appear in two parts: firstly, for **development** contexts, secondly, for **emergency** contexts. This is aligned with Handicap International's priority objective for maximising the impact of programmes through "Access for disabled people to rehabilitation services in reconstruction and development settings"[28].

The intervention methods presented are explained on the basis of "*quality*" and "*access*" with consideration also given to "*sustainability*". All actions are premised on a "*user-centred approach*" and "*working in partnership*".

Quality: striving to improve the quality of Handicap International's work on WM/PD. Handicap International advocates for a quality approach. This means applying international standards and guidelines as central to all our actions on WM/PD.
"All relevant resources (health-care facilities, programmes and services, human resources, materials and products) should be of an appropriate quality. Product quality can be measured through local, national and international technical standards or guidelines in terms of strength, durability, performance, safety, comfort... Specific qualities of services can be measured in terms of compliance with staff training requirements and service guidelines (WHO, 2008). The overall quality of services can be measured in terms of outcomes, user satisfaction and quality of life. Resource constraints, and particularly the issue of affordability, should not necessarily compromise the principle of quality."[29]

Access: striving to increase access to services for a higher number of users. Handicap International accompanies all institutional measures aimed at incorporating WM/PD provision into national rehabilitation policies and facilitating people with disabilities' access to sustainable services supplied by viable producers.
Handicap International recommends the introduction of measures for reducing all obstacles to accessibility (physical, financial...), thereby providing the greatest possible mobility to WM/PD users.
"Mobility devices and related services are accessible to everyone with an identified need. Accessibility encompasses non-discrimination, physical accessibility and information accessibility. Provision of mobility devices should be equitable to avoid discrepancies between genders, age

groups, impairment groups, socioeconomic groups and geographical regions."[30]

Sustainability: striving for services to be self-sustaining.
Maximising the sustainability of Handicap International's interventions through various approaches, including through external support is key to our approach.[31]

A

Specific or operational challenges

The approach in emergency and development contexts is broadly similar. For example, in emergency and development settings, the eight steps to service provision (as outlined in the WHO wheelchair guidelines, Chapter 3) are all followed, but in emergency and chronic crisis settings, they will be done more rapidly and with a view towards a fuller service being carried out within six months. The approach in a reconstruction context will be closer to the approach in development contexts.

The eight steps to service provision

- Referrals and appointments
- Assessment
- Prescription
- Funding and ordering
- Product preparation
- Fitting
- Training of users, families and caregivers
- Follow-up, maintenance and repair

B

Possible limitations

The main difference between development and emergency contexts concerns the products used as WM/PD. In an emergency setting, Handicap International specifically refers to "wheelchairs", as opposed to WM/PDs. This is because in an emergency, Handicap International focuses on the provision of wheelchairs due to time and operating constraints. Essential mobility through a wheelchair is given priority above the provision of tricycles and positioning devices which may be more time consuming to deliver or less practical to use in an emergency.

C

Required actions before engaging on WM/PD

In addition to this **WM/PD policy**, which delineates the agreed standards that Handicap International's programmes will adhere to when implementing and/or supporting WM/PD services, we strongly recommend that before engaging on WM/PD projects, staff should first look at:

- The **Access to Services Guide,** which helps Handicap International to analyse existing provision in a given context and to identify which services are most relevant for the organisation to support
- A set of **practical tools (HIMMA Toolkit)**[32], which are referred to in this policy paper, to enable the practical implementation of WM/PDs in Handicap International's programmes.

Wheeled mobility and positioning device provision in development contexts

The following section gives further details of the following key area aims:

1/ Products: Handicap International works with products that meet the WHO and national standards and can be accessed by users.

2/ Services: Handicap International delivers WM/PDs through comprehensive and user-centred rehabilitation services that meet the users' needs according to the WHO Wheelchair Guidelines and are accessible and sustainable.

3/ Practitioner skills: Handicap International ensures that appropriate WM/PD training is accessible to ensure the quality of practitioners delivering services and products for users.

4/ Policy and planning: Handicap International supports the adoption of WM/PD policies that are integrated into wider rehabilitation policies and meet users' needs in line with the UNCRPD and WHO Wheelchair Guidelines.

A

Products

Handicap International works with products that meet the WHO Wheelchair Guidelines and national standards and which can be accessed by users.

Quality

All product designs should be '**appropriate**' as per the WHO Wheelchair Guidelines. For Handicap International, this means that wheelchairs and other mobility or positioning devices can be tested for their appropriateness against Handicap International's product assessment tool. Once certain designs have been tested and passed, they should become part of Handicap International's authorised list of product designs, kept by the Rehabilitation Services Unit. This list should be regularly reviewed.

All WM/PDs in Handicap International's projects should meet **national standards**. Where national standards do not exist, it is recommended that other standards are used. For example, imported wheelchairs should meet the relevant parts of standard ISO 7176 and locally or regionally (South to South) manufactured wheelchairs should aim to meet relevant parts of ISO 7176. More details can be found in the WHO Wheelchair Guidelines, Chapter 2. Testing against these standards for local products may be a longer term aim that should, where possible, be written into project plans. Gaining this certification will improve marketability and highlight any shortcomings in the products that can then be improved over time, therefore guaranteeing better standards for the users.

Cushions should be delivered with all products. A well designed cushion is essential for postural stability, skin protection and comfort. Cushions must be selected according to the needs of the user in regards to pressure relief and posture support; in many cases, a combination of both is required. Some simple cushions focus on increasing sitting tolerance by providing comfort. A cushion can only be effective if provided in combination with a well-fitting wheelchair.
Due to the life-threatening risk of pressure sores, **pressure relief cushions** (defined on page 59 of the WHO wheelchair guidelines and in project planning tool part 3) are essential for any user: without skin sensation; with a previous or current pressure sore; or with three or more of the following risk factors: no mobility, moisture, poor posture, poor diet, ageing, under-weight or over-weight.
For users not falling into this risk category and if Handicap International is assured of the service's competence to assess the user's risk category accurately, a comfort cushion can be supplied. If, however, there is any doubt in the service's competence, pressure relief cushions should be supplied with all wheelchairs. Likewise, in the emergency context, all wheelchairs should be delivered with a pressure relief cushion as there is less time for assessment[33].

Monitoring the quality of products is an important part of WM/PD provision and the responsibility of different stakeholders. For effective monitoring to happen, there needs to be:
1) an understanding of what makes a product 'appropriate'
2) established systems of feedback.
To this effect, projects should incorporate both these elements through utilising established 'tools'[34]. To ensure their relevance, tools should be reviewed every three years alongside this policy.

Access

Users should be able, through appropriate services, to **access a range of WM/PDs**, that are acceptable to them, giving them choice. The range should aim to include, as a basis:

- Wheelchairs designed for temporary users (including users in an emergency situation)
- Wheelchairs designed for long-term users (urban and rural)
- Wheelchairs and positioning devices designed for users with postural support needs e.g. supportive seats
- Tricycles
- Positioning devices to cater for broader posture support needs, e.g. standing frames, cushions and mattresses.

Wheelchairs for sport are also a desirable addition to this list.

Handicap International does not show preference for the establishment of local WM/PD manufacturing over using international WM/PD manufacturers, but rather carries out a balanced appraisal of which is most feasible in each context. Thus decisions as to which supply model is most appropriate should be based on the output of a feasibility study in which consideration is given to:

- Capacity to meet the user's need in terms of quantity and range
- The long-term reliability of the supply of WM/PD and spare parts
- Quality of the products available
- Time of delivery
- Appropriateness in relation to the living environment and lifestyle of wheelchair users
- Materials and importation costs, resulting in the final purchase price

- The cost of repair and replacement
- The possibility of influencing the design, features, materials...

While Handicap International is currently involved in the manufacture of WM/PD in certain limited contexts, it is not primarily a designer of WM/PD nor does it seek to be a manufacturer in new places.

B

Services

Handicap International delivers WM/PDs through comprehensive and user-centred rehabilitation services that meet the users' needs according to the WHO Wheelchair Guidelines and are accessible and sustainable.

Quality

A wheeled mobility and positioning device will only be **delivered through an on-going service** that has been trained to either full basic or intermediate WHO level in individual assessment, prescription, fitting, training and follow up. Handicap International stands by this principle, as a WM or PD is comparable to other assistive devices, such as a prosthesis or orthosis, and the same user-centred approach should be used.

The role that each service plays should, where possible, fit with the **national structure** of rehabilitation services in the country. Services must be developed to meet the minimum of **basic or intermediate user needs** as per the WHO Wheelchair Guidelines. Services set up to address advanced user needs should be considered on a country by country basis.

Services integrated into national rehabilitation programmes should aim to meet a minimum of intermediate needs, while it is often appropriate for those in the community to meet basic needs, providing they can easily refer users with intermediate needs to intermediate services. The need to have some services operating at intermediate level should not be underestimated. According to WHO Wheelchair Guidelines, the majority of users have intermediate needs, emphasising the importance of Handicap International

working with services to reach this level. Services that meet basic user needs are also important because early intervention can prevent users getting inappropriate wheelchairs which mean they develop impairments and as a result, over time, they become intermediate users[35].

Services should be reviewed and evaluated at least once per year, or more frequently, depending on resources[36].

WM/PD services will involve an **interdisciplinary and collaborative approach, working with** existing organisations and the users themselves. For example, disabled people's organisations can provide peer support to wheeled mobility device users and bicycle workshops can provide basic wheelchair repair and maintenance, each playing a role in the comprehensive service. Peer to peer training is highly recommended as an integral part of service delivery in Handicap International's rehabilitation programmes[37].

Users must be involved in **monitoring the quality of services** and a system for doing this should be integrated into existing monitoring systems for services[38].

The indication of the product to be prescribed should take into account users' needs, values and expectations in a wider sense, and according to the context, not just from a therapeutic standpoint (**use of holistic models** such as Disability Creation Process -DCP- or International Classification of Functioning -ICF). The indication should also take the quality of the seating into consideration.

Access

All **Handicap International's rehabilitation programmes** will incorporate consideration for WM/PD provision, thereby ensuring that where rehabilitation is happening there are plans for users to be able to access WM/PDs. During this Federal Strategy (up to 2015), this will be done through the use of the WM/PD tools. By 2015 all programmes should have a plan for integrating WM/PD in their programmes for the next Federal Strategy.

Service models should be adopted according to a needs analysis and focus on maximising user access and follow up, in the same way that they are adopted for other rehabilitation services[39].

Service facilities should be adequately distributed with similar considerations to prosthetic and orthotic services. The needs of the users, the capacity of the service in terms of infrastructure and personnel, and the proximity to other possible service providers need to be considered when determining the service level and service size required.

Physical access to services should be in line with Handicap International's accessibility[40] and inclusion[41] standards of practice[42]. It is important to note that universal accessibility benefits everyone, not only people with disabilities. It is necessary to adopt a global approach to accessibility, which recognises an 'unbreakable chain of movement', from the home to services, including public road networks, public spaces, transport and new technologies for information and communication[43].

C

Practitioner skills

Handicap International ensures that appropriate WM/PD training is accessible to ensure the quality of practitioners delivering services and products for users.

Quality

In order to improve and maintain quality, **training is an essential part of WM/PD provision**. Training facilitated by Handicap International should be in line with the WHO Wheelchair Guidelines and validated by the Technical Resources Division (DRT). The WHO has two training packages of its own (basic level and intermediate level), and some other organisations also deliver training to those standards. Where possible, training that is part of a formal accreditation scheme is preferred, so that trainees can build their skills and become more formally qualified. The rehabilitation unit of the DRT is responsible for maintaining a list of training available, and the list extends beyond the training of practitioners in WM/PD provision delivery.

Training some users (for example those involved in user groups) as wheelchair practitioners is prioritised in Handicap International's rehabilitation programmes.

Professional learning is promoted through on-going training, post-training mentoring, networking and development to maintain quality. This is particularly relevant for the WM/PD field, which is rapidly growing but less resourced and researched than its allied fields. Without investment in such learning and development, the result can be more costly for practitioners.

Training practitioners should regularly do **hands-on practice** to maintain their skills and be **monitored** externally and internally.

Access

Handicap International will prioritize relevant partnerships at international, national and regional level in order to access a pool of WM/PD trainers. Handicap International will progressively equip technical staff involved in functional rehabilitation projects with appropriate WM/PD training to become part of this **pool of trainers**. Handicap International will thereby build the capacity of a range of personnel to become WM/PD **trainers** as part of their role.

Handicap International promotes the **integration of WM/PD training** into existing rehabilitation training schools and other allied health schools such as physiotherapy, occupational therapy, P&O training and nursing.

Consideration should be given to occupational therapists and their specific skills and individual experience when planning wheelchair provision.

Access to training is prioritised but will only be carried out when **products are in place** to conduct the training and then implement on-going services.

D

Policy and planning

Handicap International supports the adoption of WM/PD policies that are integrated into wider rehabilitation policies and that meet users' needs in line with the UNCRPD and the WHO Wheelchair Guidelines.

Quality

Handicap International uses international instruments including the **UNCRPD,** the **WHO Wheelchair Guidelines** and the **WHO Joint Position Paper On The Provision Of Mobility Devices In Less-Resourced Settings** as more detailed implementation guides for this policy and promotes their use throughout all its programmes and in the development of all national standards and polices.

National standards for WM/PD, if not already in existence, should be developed in collaboration with governments and users in Handicap International's programmes.

Research and development will continue to inform Handicap International's policy and practice. Staff and partners will be exposed to networks, learning and training to improve quality. The WM/PD field will be strengthened globally by increased published research into it, and therefore Handicap International will incorporate WM/PD research into other rehabilitation studies as well as promoting studies specifically on WM/PD where relevant and appropriate.

Emergency preparedness is a key consideration for Handicap International's Emergency Response Division, Technical Resources Division and Development Division teams as it improves the quality and speed of responses to future emergencies. This is an issue for teams at international, national and local level and needs to be built into all project plans. Lessons from past or current emergency situations should inform future emergency preparedness[44].

Access

Relevant stakeholders, as outlined in the WHO Wheelchair Guidelines (particularly users and governments), need to be **included in decision making** around the development of WM/PD service provision. Handicap International's programmes encourage this from the outset through stakeholder conferences and subsequent taskforce meetings[45]. In order to be included in decision making, such stakeholders need to have **increased awareness** of 'appropriate' WM/PD provision. Thus Handicap International's WM/PD device programmes should incorporate awareness-raising activities.

Handicap International's WM/PD provision adheres to Handicap International's standard practices in **transport, infrastructure** and **accessibility**.

Sustainability

On-going funding mechanisms for products, services, training, policy and planning are key to WM/PD provision and the approaches used by other rehabilitation services to sustain funding should also be adopted by WM/PD service provision. Particular reference to the strategies for funding suggested in WHO Wheelchair Guidelines, (pp. 121-2) should be adopted. At national level, financial schemes should be promoted to include WM/PDs for people with disabilities and these schemes need to be publicised in accessible formats and monitored effectively.

According to the Federal Strategy, 2011-2015, 'for Handicap International, advocacy is a means of action that is inseparable from our activity at community level'. Therefore Handicap International **advocates** for the inclusion of best practice for WM/PDs in local, national and international policies, plans and resolutions. This applies to the rehabilitation and mainstream sectors.

Wheelchair provision in emergency[46] contexts

The following section gives further detail and reference in the following key area aims:

1/ Products: In an emergency context, Handicap International works with wheelchairs that are appropriate for users until a fuller service assessment is carried out (within six months).

2/ Services: In an emergency context, Handicap International delivers appropriate and rapid wheelchair services to those who need them, with a view for comprehensive WM/PD services to be initiated within six months of the emergency.

3/ Practitioner skills: All Handicap International personnel delivering wheelchairs in an emergency setting have up-to-date training in wheelchair provision.

4/ Policy and planning: Handicap International ensures that wheelchair provision is appropriately and collaboratively planned at the outset of an emergency to ensure that longer term wheelchair services can be established, or continue to exist, as the emergency moves to recovery and development.

A

Products

In an emergency context, Handicap International works with wheelchairs that are appropriate for users until a fuller service assessment is carried out (within six months).

Quality

All wheelchair designs should be '**appropriate**' as per the WHO Wheelchair Guidelines. For Handicap International, this means that wheelchairs can be tested for their appropriateness against Handicap International's and Motivation's product assessment tool. Once certain designs have been tested and passed, they should become part of Handicap International's authorised list of product designs. This list should be regularly reviewed by the Technical Resources Division.

All wheelchairs in Handicap International's emergency programmes should also meet **national standards** on the quality of wheelchairs. Where national standards do not exist, it is recommended that international standards are adopted. For example, all imported wheelchairs should meet the relevant parts of the **standard ISO 7176** and locally manufactured wheelchairs should aim to meet those parts of ISO 7176.

Due to the life threatening risk of pressure sores, **pressure relief cushions** (as defined on page 59 of the WHO Wheelchair Guidelines) should be supplied with all wheelchairs in the emergency and recovery phase.

The quality of wheelchairs distributed will be monitored, where possible, as part of the wider response monitoring.

Access

Speed and ease of delivery are crucial factors when determining which products are used by Handicap International.

Where possible, **standard products** should be used as this is more effective and efficient for Handicap International, because it means less time is needed to learn the different features of a new range of products.

To enable this to happen and improve emergency preparedness, **stocks of appropriate emergency wheelchairs** should be kept by Handicap International in regional hubs. A stock of between 200-300 emergency wheelchairs of a range of sizes should to be kept in each regional hub, ready for use in an emergency. The wheelchairs must be kept in an optimum storage environment for monitored periods of time to avoid degeneration of stock.

Consideration should be given to whether there are any **locally produced wheelchairs** that can meet the need in a post-disaster situation. Locally produced wheelchairs should be selected if they can be delivered in the required timeframe and if they can meet the specifications outlined above.

B

Services

In an emergency context, Handicap International delivers appropriate and rapid wheelchair services to those who need them, with a view to comprehensive WM/PD services to be initiated within six months of the emergency.

Quality

All wheelchairs should be delivered through an **emergency service,** which takes into account the eight steps of service provision outlined in the WHO Wheelchair Guidelines. Users should be registered and **followed up** for a fuller service assessment within six months.
Services should be operating to at least **basic level** (according to the WHO classification) but be able to accommodate intermediate users where possible until a fuller assessment is carried out[47].

Access

All Handicap International's emergency rehabilitation programmes will **incorporate wheelchair provision** in line with other mobility programmes.
Services should be **physically accessible** in line with Handicap International's standards and policies. Recommendations on setting up an emergency service can be found in the 'Emergency wheelchair service guide'[48].
In an emergency context, Handicap International defends the principle of distributing a wheelchair to **all people in need**, whether the need was caused by the crisis in question or existed beforehand.

C

Practitioner skills

All Handicap International personnel delivering wheelchairs in an emergency setting have up to date training in wheelchair provision.

Quality

Handicap International is committed to training all rehabilitation staff working in wheelchair provision in an emergency setting. Where it is not possible for the full WHO basic or intermediate courses to be delivered (acute or post acute emergency phase), a shorter 'emergency' course can be delivered. The emergency training provided should equip staff with some knowledge of the eight steps of a wheelchair service, with a focus on the assessment and fitting steps, and explain key logistical considerations for emergency response situations. Plans should be made for delivering the full WHO courses as soon as possible.

Emergency preparedness training should incorporate wheelchair provision.

Access

To increase the number of personnel trained in delivering wheelchairs, national staff will be trained by Handicap International staff in wheelchair provision.

Products need to be in place before training is carried out.

D

Policy and planning

Handicap International ensures that wheelchair provision is appropriately and collaboratively planned at the outset of an emergency to ensure that longer term wheelchair services can be established, or continue to exist, as the emergency moves towards recovery and development.

Quality

Handicap International uses international instruments including the **UNCRPD,** the **WHO Wheelchair Guidelines, SPHERE guidelines** and the **Health Cluster Position Paper** as more detailed implementation guides for this policy. Handicap International promotes the use of these documents throughout its work, specifically in the transition from emergency to development.

Emergency preparedness is a key consideration for Handicap International's Emergency Response Division, Technical Resources Division and Development Division teams as it improves the quality and speed of responses to future emergencies. This is an issue for teams at international, national and local level. Lessons from past or current emergency situations should inform future emergency preparedness. In line with Handicap International's 2011-2015 strategy which states 'our attention will focus on setting up and positioning the necessary rapid response capacity to the probable consequences of natural disasters on populations', appropriate wheelchair provision will be part of this response[49].

Access

A **collaborative approach** should be taken when determining the way forward for wheelchair provision in emergency settings. Cluster meetings should have wheelchair provision on the agenda when discussing topics such as ways to restore mobility and inclusion. It is recommended that a wheelchair working group should be set up to specifically push forward the wheelchair agenda.

Accessibility for wheelchair users needs to be given specific consideration in post emergency reconstruction.

Sustainability

The **link between the emergency phase, recovery phase and development phase** must be planned from the beginning of an emergency to ensure that there is continuity of services for wheelchair users. During the emergency phase the team should make plans for the development phase. Similarly, in the development phase, teams should be planning for an emergency response, should the need arise (through contingency plans, including mobility wheelchair components, stock piling, training for mobility practitioners).

As such, the role of existing rehabilitation services and actors should be taken into account at the beginning of the emergency intervention, and existing plans and priorities should be respected.

Perspectives for 2013-2015

This policy paper is aligned with Handicap International's Federal Strategy, 2011-2015, in which 'a priority commitment to supporting the most vulnerable and the excluded' is confirmed[50]. A more concerted focus to include those who need WM/PDs into Handicap International's rehabilitation projects is crucial. To practically enable WM/PD users to access Handicap International's and/or partner's services, this policy paper should be used alongside the Access to Services Guide and the HIMMA tools. Relatively simple interventions can transform Handicap International's work into inclusive WM/PD services, while access to an appropriate WM/PD can transform the lives of those who need them. For as stated in the WHO Wheelchair Guidelines 'the ultimate aim of wheelchair provision is to facilitate inclusion and participation'[51].

For the period 2013-2015, Handicap International's Rehabilitation Services Unit is expected to reinforce the alliance with Motivation through the Handicap International and Motivation Mobility Alliance (HIMMA2) with a focus on turning the policy and strategy work into operational practice in three key areas:

1. Focus on building WM/PD services in focus countries to include field-based testing of the validity and applicability of the policy, strategy and tools created in Phase 1 through the pilot services structure. Tools to be tested, modified where necessary, finalized, packaged and put into mainstream circulation across Handicap International.

2. Develop and deliver emergency wheelchair and emergency response.

3. Systematically consider WM/PD in all country reviews and all rehabilitation programmes reviews using this policy and any new tools developed.

Mali, 2010

Appendices

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CBR	Community based rehabilitation
CSO	Civil society organisation
DCP	Disability Creation Process
DPO	Disabled people's organisation
DRT	Technical Resources Division
HIMMA	Handicap International and Motivation Mobility Alliance
HIV	Human Immunodeficiency Virus
ICF	International Classification of Functioning
ISPO	International Society for Prosthetics and Orthotics
IWA	Irish Wheelchair Association
P&O	Prosthetic and orthotic
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
USAID	United States Agency for International Development
TATCOT	Tanzanian Training Centre for Orthopaedic Technologists
WAMI	West Africa Mobility Initiative
WHO	World Health Organization
WM/PD	Wheeled mobility / positioning device

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- World Health Organization. **Report on the consensus conference on wheelchairs for developing countries**, 2008, 318 p. http://www.who.int/disabilities/technology/Wheelchair%20Consensus%20Conference%20Report_Jan08.pdf

- World Health Organization / ISPO. **Guidelines for training personnel in developing countries for prosthetics and orthotics services**, 2005, 57 p. http://whqlibdoc.who.int/publications/2005/9241592672.pdf

- World Health Organization. **The strategic framework of the Global Health Cluster**. http://www.who.int/hac/global_health_cluster/about/mission_commitments/en/index.html

HIMMA Toolkit

A toolkit has been designed to help Handicap International implement WM/PD projects. This set of tools, currently in English only, is based on the WHO Wheelchair Guidelines, and should be used in tandem with Handicap International's Access to Services Guide and this Wheeled Mobility and Positioning Device Policy Paper[52].

Different sets of tools exist for implementing WM/PDs in a development context as compared to an emergency context. Our objective is for this toolkit to be tested by Handicap International field programmes during 2012 and 2013, and then published and widely disseminated as a professional publication thereafter. One tested, the tools will be translated into French and available for download from Handicap International's internal website: "SkillWeb": www.hiproweb.org (restricted access) or alternatively CD-Roms can be requested from the Technical Resources Division (Rehabilitation Services Unit).

The tables below briefly describe the content of each tool. They also give examples of who might find each tool useful, but the tools can be used by anyone once they have been fully trained to do so.

Name of tool	Purpose of tool	For use by
Policy & planning		
Project Planning Part 1: Context Tool (PP1)	An **analytical tool** to assess the context for WM/PD provision within a country or region and the wider rehabilitation context. The tool guides the type of information that can be gathered from different stakeholders who may have a role in WM/PD provision. It will assist decision making on how to maximise the input of different partners to contribute to sustainable provision.	Handicap International staff planning programmes or projects
Project Planning Part 2: Template Tool (PP2)	A **template** of the different steps to go through when planning the WM/PD element of rehabilitation projects, together with a budget template of the different costs involved.	Handicap International staff planning projects and partners

Project Planning Part 3: Resource Pack (PP3)	A **resource pack** of information that is useful when running or managing a WM/PD project. This includes: 1. Product types 2. Appropriate and inappropriate products 3. Care and maintenance of products for services a. Care and maintenance of products for wheelchair users b. Care and maintenance of products for positioning device users 4. Basic, intermediate and advanced levels 5. Example service models 6. Peer training 7. WM/PD stakeholders' conferences 8. Disability statistics	All Handicap International staff and partners involved in implementing WM/PD projects
Products		
Product Part 1: Product Assessment Tool (P1)	A **decision making tool** which reviews a WM/PD product to see if it is appropriate in line with the WHO Wheelchair Guidelines. This will enable an informed decision on using a product, and also to compare products, whether locally produced or imported.	Technical staff or project managers from Handicap International or partners
Product Part 2: Quality Control Tool (P2)	A generic quality control **checklist** for any WM/PD.	Technical staff or project managers from Handicap International or partners
Services		
Services Part 1: Service Assessment Tool (S1)	A **service assessment and set up tool** to assess the areas of intervention needed in a service in order for it to effectively deliver WM/PDs.	Technical staff or project managers from Handicap International

Services Part 2: User Feedback Tool (S2)	An **intervention and advocacy tool** for use by people with disabilities and their communities to monitor the quality and appropriateness of their WM/PD service. This tool will help users and the community to hold services to account.	People with disabilities, community workers, DPOs, social workers
Services Part 3: Health & Mobility Guide (S3)	A leaflet of **basic information** for users about how to look after themselves and their wheelchair.	Users and service personnel
Services Part 4: Monitoring and Evaluation Tool (S4)	A **monitoring and evaluation tool** to help define the baseline of where a service or project is at the beginning of a project with a view to comparative assessments further on in the project.	Project managers from Handicap International
Training		
Training Needs Analysis Tool (T1)	A **decision making tool** to help assess what training is needed in order to get organisations delivering appropriate WM/PD services. A list of current training providers and courses can be accessed from the Rehabilitation Services Unit.	Project staff, particularly project managers from Handicap International

Name of tool	Purpose of tool	For use by
Emergencies		
Emergency tool part 1: **Planning guide (E1)**	A **guide** for setting up a wheelchair service in an emergency context.	Emergency staff from Handicap International
Emergency tool part 2: **Services Assessment & Fitting Forms (E2)**	An **intervention tool** composed mainly of diagrams to enable practitioners to decide if a wheelchair is needed, and if so, which size. It includes a basic assessment, fitting and follow up form to ensure teams know how and when to follow up a wheelchair user when longer term services are established.	Emergency staff from Handicap International and partners
Emergency tool part 3: **User training Forms (E3)**	A leaflet of **basic information** for users about how to look after themselves and their wheelchair: a. User training checklist b. Health and mobility guide c. Wheelchair care and maintenance guide	Users and service personnel from Handicap International and partners
Emergency tool part 4: **Product Tools (E4)**	A manual for the emergency wheelchair which includes information on: a. Wheelchair part finder b. Wheelchair assembly manual c. Wheelchair fault report form d. Wheelchair quality check form	Emergency staff from Handicap International and partners

Footnotes

1. Guidelines on the provision of Manual Wheelchairs in less resourced settings, WHO/ISPO/USAID 2008, p. 22. http://www.who.int/disabilities/publications/technology/wheelchairguidelines/en/index.html
Hereafter cited as WHO Wheelchair Guidelines.

2. http://www.motivation.org.uk/who-we-are/about-us

3. CBR Guidelines, Health Component, World Health Organization, 2010, p. 60. http://whqlibdoc.who.int/publications/2010/9789241548052_health_eng.pdf
Hereafter cited as the WHO CBR Guidelines.

4. WHO Wheelchair Guidelines, p. 11.

5. WHO Wheelchair Guidelines, p. 11.

6. WHO Wheelchair Guidelines, p. 11.

7. WHO Wheelchair Guidelines, p. 11.

8. WHO Wheelchair Guidelines, p. 71.

9. Extract from Joint position paper on the provision of mobility devices in less resourced settings, WHO & USAID: http://www.who.int/disabilities/publications/technology/jpp_final.pdf

10. As noted above, in an emergency setting Handicap International refers to 'wheelchairs' specifically, as opposed to WM/PDs. This is because in an emergency, Handicap International focuses on the provision of wheelchairs because of time and operating constraints. Essential mobility through a wheelchair is given priority above the provision of tricycles and positioning devices which may be more time consuming to deliver or less practical to use in an emergency.

11. Convention of the Rights of Persons with Disabilities, Optional Protocol, p. 14. http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf
Hereafter cited as UNCRPD Optional Protocol.

12. UNCRPD Optional Protocol, p. 19

13. World Report on Disability, World Health Organization and World Bank, 2011, p. 261. http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf
Hereafter cited as World Report on Disability.

14. WHO Wheelchair Guidelines, p. 21

15. Guidelines for training personnel in developing countries for prosthetics and orthotics services. WHO/ISPO, 2005, p. 6 http://whqlibdoc.who.int/publications/2005/9241592672.pdf

16. CBR Guidelines, 2010, p. 57.

17. WHO Wheelchair Guidelines, pp. 16-17.

18. A practical toolkit (HIMMA) has been designed to help HI implement WM/PD projects. This set of tools is described in the Appendices

19. Readers are advised to read the full Rehabilitation Policy Paper, available from Handicap International's internal website "Skillweb" from 2013.

20. 2011-2015 Strategy, Handicap International, 2010. Hereafter cited as 2011-2015 Strategy.

21. Handicap International. Access to services for persons with disabilities, 2010 http://www.hiproweb.org/uploads/tx_hidrtdocs/GM05_EN_04_screen.pdf

Footnotes

↪ 22. The Disability Creation Process is the model used by Handicap International to define and explain disability. For further information please see: http://www.ripph.c.ca/?rub2=2&rub=6&lang=en

↪ 23. Since its creation in 1982, Handicap International has always actively promoted the human rights of people with disabilities, recognising this as a key reference point for defining interventions. However Handicap International's programming is guided by a broader set of tools and approaches derived from practical experience over many years.

↪ 24. WHO Wheelchair Guidelines, p. 34

↪ 25. Motivation's endorses access to products and training based on their appropriateness according to the WHO Wheelchair Guidelines. It supports access to different products (such as certain local products and Whirlwind's Rough Rider) as well as different providers of training (such as the Tanzanian Training Centre for Orthopaedic Technologists (TATCOT)).

↪ 26. Mission, Scope of Activity, Principles of Intervention, Visual Identity, Handicap International, p. 13

↪ 27. The key elements of a feasibility study are presented in the section Intervention Methods, and the HIMMA tools also help with this process. Please see Appendices.

↪ 28. 2011-2015 Strategy, p. 3

↪ 29. Extract from Joint position paper on the provision of mobility devices in less resourced settings, WHO / USAID, 2011. http://www.who.int/disabilities/publications/technology/jpp_final.pdf

↪ 30. ibid

↪ 31. For additional information and resources, please refer to Sustainability Analysis Process Guideline produced by Handicap International and the London School of Hygiene and Tropical Medicine. http://www.hiproweb.org/uploads/tx_hidrtdocs/PG08Sustainability.pdf

↪ 32. All of these resources will be available from www.hiproweb.org (restricted access) or by contacting the Rehabilitation Services Unit.

↪ 33. HIMMA Toolkit, Project planning tool 3 (P3) defines different types of cushions.

↪ 34. HIMMA Toolkit, Product tools (P1 & P2), service tools (S1, S2, S3), training tool (T1), to be used by a variety of stakeholders including Handicap International staff, DPOs, service staff.

↪ 35. WHO Guidelines, pp. 77- 78.

↪ 36. HIMMA Toolkit, Services tools (S1 & S4).

↪ 37. HIMMA Toolkit, Policy and planning tool (P3).

↪ 38. HIMMA Toolkit, Services tool (S2) provides the basis for this to be integrated into other follow up systems.

↪ 39. HIMMA Toolkit, Policy and planning tool (P3) gives examples of service models around the world.

↪ 40. Please refer to Handicap International's Policy Paper Accessibility – How to design and promote an environment accessible to all, 2009 http://www.hiproweb.org/uploads/tx_hidrtdocs/AccessibilityBD_01.pdf

41. Please refer to Handicap International's Policy Paper Inclusive Local Development – How to implement a disability approach at local level: http://www.hiproweb.org/uploads/tx_hidrtdocs/DLIGbBd.pdf

42. Please refer to Handicap International document Programming guide for the setting up of a rehabilitation centre, 2001 http://www.handicap-international.fr/fileadmin/documents/publications/ProgrammingGuideSetting.pdf

43. For a useful practical guide related to accessibility and universal design, please see : IWA, Best practice access guidelines - Designing accessible environments: http://www.iwa.ie/downloads/information/publications/misc/iwa-access-guidelines-2010-edition-2.pdf

44. Please see "Policy and planning" in the 'wheelchair provision in emergency contexts' section of this report.

45. HIMMA Toolkit, Project planning tool (PP3).

46. Handicap International's Scope of Activity (p. 8-9) defines the emergency contexts in which the organisation intervenes as follows: "Situations of serious crisis, conflict or disaster, the effects of which are unmanageable and threaten people's lives, health and living conditions, as their basic needs are not longer covered. In complex emergencies, the direct and immediate effects of the crisis are further aggravated by the inability to meet basic needs and the gradual or rapid weakening or destruction of political and social institutions".

47. WHO Wheelchair Guidelines, p. 105.

48. HIMMA Toolkit, Emergency tool.

49. 2011-2015 Strategy, p. 4.

50. 2011-2015 Strategy, p. 1.

51. WHO Wheelchair Guidelines, 2008, p. 126.

52. The introduction of the toolbox, which is already available in French and in English on Skillweb, clarifies when to use the development tools during the project cycle.

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The provision of wheeled mobility and positioning devices

This policy paper describes Handicap International's mandate and values in operational terms as applied to the theme of provision of wheeled mobility and positioning devices.

It presents the approaches and references for Handicap International's actions, choices and commitments. It aims to ensure coherence in terms of practices whilst taking into account different contexts.

Essentially this is a guidance document for programme staff which defines the topic and outlines the target populations, methods of intervention (expected results, activities) and indicators for monitoring and evaluation.

This policy aims to ensure that all projects carried out by Handicap International programmes are consistent with the methods of intervention presented.

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