



The provision of wheeled mobility and positioning devices

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**HANDICAP
INTERNATIONAL**

About Handicap International

“Handicap International is an independent and impartial international aid organisation working in situations of poverty and exclusion, conflict and disaster.

It works alongside people with disabilities and vulnerable populations, taking action and bearing witness in order to respond to their essential needs, improve their living conditions and promote respect for their dignity and fundamental rights.”

www.handicap-international.org

About this policy brief

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This policy brief is an introduction to Handicap International’s Policy Paper on the **provision of wheeled mobility and positioning devices (WP&MD)**, the full version of which can be downloaded from Skillweb: http://www.hiproweb.org/uploads/tx_hidrtdocs/PP09WheeledMobility.pdf

Please note: this policy is to be read in conjunction with the forthcoming **Rehabilitation Policy Paper** (2013) which provides a broad framework for understanding all of Handicap International’s work on rehabilitation, including WM&PD.



Key messages from the Policy Paper

- **Wheeled mobility and positioning device:** wheelchairs, positioning devices, supportive seating units and tricycles.
- **Appropriate WM&PD:** a WM&PD 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.

Wheeled mobility and positioning devices (WM&PD) are a key component of Handicap International’s programmes. These devices are more than simple products; they are catalysts to inclusion and participation. As such, they are important prerequisite for eliminating poverty because without them, individuals cannot participate in social and economic life.

This policy paper on WM&PD has been developed in partnership between Handicap International and Motivation (www.motivation.org.uk) to provide a detailed, operational reference to complement the 2008 WHO Wheelchair Guidelines.

More specifically it will:

- Provide practical and achievable standards for Handicap International’s programmes when delivering WM&PD initiatives
- Ensure that WM&PDs are integrated into Handicap International’s broader rehabilitation projects
- Contribute to the quality and coherence of Handicap International’s work.

To practically enable WM&PD users to access appropriate services, this policy paper should be used alongside the Access to Services Guide and the Handicap International and Motivation Mobility Alliance (HIMMA) tools, all of which are available on Handicap International’s Skillweb: www.hiproweb.org (restricted access).

Why take action in the field of WM&PD?



Articles 20 and 26 of the UN Convention on the Rights of Persons with Disabilities

Article 20 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.

Article 26 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'.



Prosthetic and Orthotic (P&O) laboratories are often well organised with professionally trained staff. By contrast, WM&PD workshops/services often lack the structure and systems of P&O laboratories and have fewer trained staff.

Importance

According to the World Disability Report "More than 1 billion people are estimated to live with some form of disability, or about 15% of the world's population". The World Health Organization estimates that 10% of the disabled population worldwide require a wheelchair. 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.

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 the survival, empowerment and ultimately inclusion of users is recognised in key documents, including the UNCRPD.

Context

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 proper fit and 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)."

The World Health Organization's **CBR Guidelines** recognises 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."

Why Handicap International?



Previous WM&PD projects

Emergencies

- Sri Lanka Tsunami 2004 - Local wheelchairs were produced.
- Pakistan Earthquake 2005 - Wheelchair Foundation wheelchairs were imported.
- Haiti 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, Burkina Faso, Zongo workshop (1997-2003) - Support for wheelchair and tricycle production directly or preferably through support offered to existing facilities via partnerships aimed at ensuring quality and durability.
- Philippines (2004-2010) - Support for the creation of a wheelchair production factory to test mass production as an alternative to production in orthopaedic centres.
- West Africa (2009-2012) - Support for diversification of products (locally produced and imported) and assistance given to partner producers in developing their skills through regional training courses.

Policy

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

One of Handicap International's primary activities since working in the Khmer refugee camps on the Thai border in the 1980s 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 expand our introduction of WM&PD provision by increasing both local production and import. This policy paper marks an attempt by Handicap International to routinely and systematically consider the introduction of WM&PDs in all our programmes.

What is the link with Motivation?

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. Handicap International and Motivation were both involved at various stages and levels 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.

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 (as well as a forthcoming practical toolkit) for more practical questions related to Handicap International's field operations.

Handicap International now shares a **close partnership with Motivation**. In this partnership, Motivation has become part of the federation network as a 'special partner'. Practically, this means that Motivation has the following roles:

- Technical advisor "unit" for Handicap International for WM&PD
- Producer and supplier of a range of products, in line with the WHO Wheelchair Guidelines
- Training resource.

How does Handicap International work in the field of WM&PD?



Working in partnership

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 Handicap International's Rehabilitation Technical Unit.

In any country where WM&PD provision is being considered, Handicap International recommends activating networks of **key players**. 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 in activating such networks** by:

- bringing together (through symposiums, seminars, training courses, etc.) the different parties involved
- 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.

Handicap International targets adults and children of any age who need a WM&PD in both rural and urban settings in developing countries. People who need a WM&PD may include people with temporary or permanent disabilities. It is important to ensure that the beneficiaries of Handicap International's (and our partner's) 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&PD.

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 WM&PD, however, is continuous.

In an emergency context, Handicap International defends the principle of distributing a WM&PD 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 follow up of all users. Follow up should be given as a priority to children, whose needs change as they grow; users at risk of developing pressure sores; users who have a product with postural support modifications and users who have had difficulty following the basic training given at the service.

Handicap Intervention's specific intervention methods regarding WM&PDs are presented in detail in the full policy paper. They are framed according to the WHO Wheelchair Guidelines, looking at: **Products / Services / Practitioner skills / Policy and planning**.

Within each area there is consideration for 'quality', 'access' and 'sustainability'.



Objectives for 2013-2015

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

- 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.
- Develop and deliver emergency wheelchair and emergency response.
- Systematically consider WM/PD in all country reviews and all rehabilitation programmes reviews using this policy and any new tools developed.

¹ 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