



The provision of wheeled mobility and positioning devices

Integrating wheelchair provision into rehabilitation systems: Focus on emergency contexts

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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 provides an introduction to integrating wheeled mobility and positioning device (WM/PD) provision into rehabilitation work - **with a focus on emergency contexts**. The contents are drawn from Handicap International's full WM/PD policy paper which can be downloaded from Skillweb:

http://www.hiproweb.org/uploads/tx_hidrtdocs/PP09WheeledMobility.pdf



Key messages

- **Wheeled mobility (WM) and positioning device (PD):** wheelchairs, positioning devices, supportive seating units and tricycles.
- **Appropriate WM/PD:** 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.

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 an important prerequisite for eliminating poverty because without them, individuals cannot participate in social and economic life.

The framework for WM/PD provision in emergency and development contexts is broadly similar. In both settings, the eight steps to service provision (as outlined in the WHO wheelchair guidelines) are all followed. However, in emergency and chronic crisis settings, they will be done rapidly, focusing on immediate mobility needs, and with a view towards a fuller service, addressing postural concerns as well as mobility, being carried out within six months. The approach in a reconstruction context will be closer to the approach in development contexts.

A key difference between development and emergency contexts the range of 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.

Handicap International ensures that longer term wheelchair services can be established, or continue to exist, as emergencies move towards recovery and development.

Why take action in the field of wheelchair provision in emergencies?



Article 11 of the UN Convention on the Rights of Persons with Disabilities

This article notes the obligation of States Parties to undertake “all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.”¹ Including the needs and voices of disabled people at all stages of the disaster management process, especially during planning and preparedness, can significantly reduce their vulnerability and increase the effectiveness of response and recovery efforts². And as Burns et al. explain, it is not only important to save life but also to improve function, independence, and quality of life for the fortunate who survive³.

¹ UN Convention on the Rights of Persons with Disabilities (UNCPRD), 2006

² UN Enable, Disability, natural disasters and emergency situations

³ Burns, O’Connell, Landry, Spinal Cord Injury in Post-earthquake Haiti

Importance & context

Natural disasters and conflicts, although unpredictable, happen on a regular basis; no part of the world is immune and emergency responses need to be global, flexible and rapid. Disasters result in death and injury. Conflict and natural disasters are a significant cause of impairment due to increased rates of injury, lack of medical care and disruption of medical health care services.

Estimates of disabled ex combatants alone in the early 1990s war in Ethiopia and Eritrea reached 18,000 and 45,000 respectively. Recent earthquakes have resulted in huge numbers of casualties; in Haiti approximately 200,000 people are expected to live with long-term disabilities as a result of the massive earthquake in 2010 and an estimated 20,000 people have become permanently disabled following the 2008 Sichuan earthquake.

Of the huge number of people injured, a significant number will need the permanent or temporary use of a wheelchair. In addition to those injured, some of the most vulnerable people in these situations are the substantial number of people with disabilities who have lost a mobility product, without which they are unable to access other emergency services such as food, shelter and medical aid.

Inclusion of people with disabilities cannot happen without wheelchairs appropriate for emergency situations. However, in an emergency, wheelchairs are often slow to arrive. Those that do are normally second-hand hospital chairs which rarely meet international standards. They are not designed for the challenging environments typical of emergencies. They cannot be adapted to fit the user and have no support or pressure relieving qualities, which help prevent life threatening complications such as pressure ulcers.

International agencies such as Handicap International and Christoffel-Blindenmission (CBM) report that there are no appropriate wheelchairs currently available to meet the needs of people who are injured or have lost their existing mobility product in an emergency situation. This makes those who need wheelchairs (either prior to or as a result of the emergency) one of the most vulnerable groups: immobile, excluded from relief efforts, dependent on others and at risk of serious health complications. Appropriate, affordable, lightweight, emergency wheelchairs are essential in the immediate aftermath of a disaster. They will allow victims to access relief services and have a greater chance of survival. They offer a temporary solution upon which longer term, sustainable wheelchair provision can develop.

Our objectives

In an emergency context, wheelchair provision aims to **help victims of an emergency to survive and 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.

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.

Currently, other rehabilitation services, such as prosthetic and orthotic (P&O) services are set up by organisations such as Handicap International in the immediate aftermath of a disaster, yet wheelchair services are often under-represented. The P&O sector can integrate wheelchair provision into its existing activities because it is a simple extension of what is already being done; the assessment and fitting of an emergency wheelchair is quicker and simpler than the provision of a temporary orthotic or prosthetic limb.

Research commissioned by Handicap International in Haiti found that wheelchairs being distributed were severely insufficient in terms of design, durability, adaptability, quality and availability: essential criteria for this product.

An innovative appropriate wheelchair, specifically designed to work in emergency environments and supplied quickly, can save lives and increase independence of injured and disabled people by offering mobility and essential pressure relief. This can be the starting point for effective rehabilitation, ensuring that appropriate, long term wheelchair provision is planned at the onset of the humanitarian response.

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 produce a policy more specific to our operational contexts.

During a successful small grant project, Motivation designed and tested the first wheelchair specifically for emergency settings that meets the WHO Wheelchair Guidelines and relevant parts of ISO 7176. The unique design is compact, easily transportable, adjustable, suitable for rough terrain, and available at an affordable cost to enable organisations reach the maximum number of people during an emergency.

Some of the world’s most expert practitioner organisations, including Handicap International, have requested that this product is developed by Motivation. Wheelchair users participated in the 2006 Wheelchair Consensus Conference¹ feeding into the WHO Wheelchair Guidelines which should guide all wheelchair interventions. The emergency wheelchair meets these guidelines.

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 of a range of products, in line with the WHO Wheelchair Guidelines
- to train resource.

¹ International Society for Prosthetists and Orthotists, WHO, USAID

How does Handicap International work in the field of wheelchair provision in emergencies?

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).

Handicap Intervention's specific intervention methods regarding wheelchairs in emergency are presented in detail in the full policy paper. Within each area there is consideration for 'quality', 'access' and 'sustainability'. They are framed according to the WHO Wheelchair Guidelines, looking at:

1/ Product aim

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).

- Stock of appropriate emergency wheelchairs in regional hub.

2/ Services aim

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 aim

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

4/ Policy and planning aim

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.

- Work will also be undertaken to develop a model to integrate emergency wheelchairs into Emergency Preparedness Programmes.
- 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.



Objectives for 2013-2015

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:

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