World Health Organization

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WHEELCHAIR
SERVICE TRAINING PACKAGE

For Managers

Trainer's Manual

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Terminology

The following terms used throughout the training package are defined below.

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.
Manual wheelchair	A wheelchair that is propelled by the user or pushed by another person.
Postural support device (PSD)	A physical device that provides additional postural support.
Wheelchair	A device providing wheeled mobility and seating support for a person with difficulty in walking or moving around.
Wheelchair modification	A change made to a wheelchair.
Wheelchair provision	An overall term for wheelchair design, production, supply and service delivery.
Wheelchair service	That part of wheelchair provision concerned with ensuring that each user receives an appropriate wheelchair.
Wheelchair service personnel	Persons skilled in the provision of an appropriate wheelchair.
Wheelchair user	A person who has difficulty in walking or moving around and uses a wheelchair for mobility.

CONTENTS

About the Wheelchair Service Training Package for Managers

Introduction

Following the release in 2008 of the **Guidelines on the provision of manual wheelchairs in less resourced settings**(1), in 2012 the first package within a range of **Wheelchair Service Training Packages (WSTP)** was released: **the Wheelchair Service Training Package – Basic Level (WSTPb)**(2). This was followed in 2013 by the release of the **Wheelchair Service Training Package – Intermediate Level (WSTPi)**(3). The World Health Organization (WHO) in partnership with the United States Agency for International Development (USAID) has now developed the third part of the WSTP consisting of two sub-packages: the **Wheelchair Service Training Package for Managers (WSTPm)** and the **Wheelchair Service Training Package for Stakeholders (WSTPs)**. This third part of the WHO WSTP is designed to support managers to effectively support appropriate wheelchair provision; and to raise awareness among stakeholders and promote their involvement in establishing appropriate wheelchair provision in their country/region.

The wheelchair is one of the most commonly used assistive devices for enabling personal mobility. For people who have difficulty in walking or moving around, a wheelchair is an essential tool for their mobility, empowerment, dignity, and overall well being. Mobility opens up the opportunities for wheelchair users to be independent and access health care, education, work and employment, and also assists wheelchair users to participate in social and cultural activities. However, WHO estimates that more than 70 million people need a wheelchair and only 5–15% have access to one. In addition, training opportunities for personnel to gain the knowledge and skills needed to effectively deliver a wheelchair are limited.

The importance of mobility is reflected in the United Nations Convention on the Rights of Persons with Disabilities (CRPD)(4), which advocates for "effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities". To ensure effective personal mobility, wheelchair users need a wheelchair that fits correctly and meets their specific needs, especially lifestyle and environment. This requires an approach that is responsive to individual needs.

An effective way of meeting the individual needs of wheelchair users is the provision of wheelchairs through a well organized wheelchair provision system that is responsive to the expectations of the users, respects their dignity and is delivered by well trained personnel.

Target audience

This training package is for all personnel responsible for implementing, managing and evaluating rehabilitation services including wheelchair provision or wheelchair services.

Previous experience in wheelchair service management is not necessarily required; however, the workshop has been designed assuming that participants will begin the workshop with general management skills.

Note: the actual time taken for each session will vary depending on the following factors:

- the experience and skills of participants;
- the overall number of participants;
- whether there is a need for translation during sessions;
- whether additional material is included.

Depending on these factors more or less time may be needed. Trainers are strongly encouraged to adapt and modify the timetable to suit the local context and the learning needs of participants.

Purpose

The purpose of the overall training package is to create awareness and develop the skills and knowledge of all personnel involved in wheelchair service delivery. WHO realizes that trained personnel alone cannot ensure appropriate wheelchair provision in the country or carry out their responsibilities as outlined in the *Wheelchair Guidelines*, unless and until there is a higher level involvement to establish or improve wheelchair provision within the country.

This Wheelchair Service Training Package for Managers (WSTPm) provides an overview of the rehabilitation/wheelchair service manager's role in engaging people and leading the implementation of the eight steps of wheelchair service delivery and issues related to it. This will include the human and physical resources required to provide a wheelchair service; including planning, organizing, staffing, directing, costing/funding, and monitoring and evaluation.

Delivery of this training package will help the managers to:

- better plan wheelchair provision;
- increase the quality of wheelchair service delivery;
- improve staff retention;
- increase the number of users who receive a wheelchair that meets their needs; and
- increase the sustainability of wheelchair provision.

Scope

The training package can be delivered in 13–14 hours, although this period may be extended or reduced according to the specific needs and resources available. The training package includes:

- an overview of the key steps of wheelchair service delivery described in the WHO wheelchair service training packages;
- core knowledge required for wheelchair service delivery;
- starting a wheelchair service;
- running a wheelchair service; and
- making wheelchair provision sustainable.

Trainers

Skills: Trainers delivering this training package should have a good understanding of the subject and of the context in which they are delivering the training. They should be aware of any existing wheelchair provision initiatives and gaps as well as relevant local laws, strategies and policies.

Good selection of the trainer/s is important for its success. It is recommended that they have:

- experience training and facilitating people at an appropriate level;
- experience managing multi-level audiences;
- a strong conviction that introducing appropriate wheelchair provision is beneficial to wheelchair users.

Number of trainers: It is recommended that there is one trainer for every 8–10 participants. Having an experienced wheelchair user, who knows the subject and training package well, can be an asset. Where more than one trainer is involved, it is recommended that sessions are split between the trainers to avoid one person leading too many consecutive sessions.
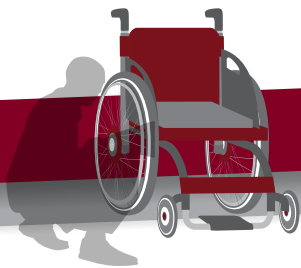
How to get started

Before carrying out the training programme, you must copy the relevant Pen Drive contents (inside the folder of the WHO Wheelchair Service Training Package (WSTP) for Managers and Stakeholders) to your computer's hard drive. The simplest way to deliver the training programme is:

1. Open the Trainer's Manual from the manual folder and:

    1.1   Read the sections About the Wheelchair Service Training Package and Guidance Notes for Trainers;
    1.2   Print and bind one copy of the Trainer's Manual for each trainer, if you do not have a hard copy;
    1.3   Print a timetable and training evaluation forms.

2. Make all the necessary arrangements, as suggested in the section How to Prepare to Deliver the Training Package. Refer to the Training Training of Trainers Card Decks for additional information.

3. Give each participant a full set of training materials including: the Reference Manual and Workbook, and one poster of the wheelchair service steps. If you do not have these in stock, they can be printed from the disc.

4. Open the timetable of the relevant training programme and click the hyperlinks for each session, which will take you to the exact slides and video location. The best way to deliver the training is to proceed through the lessons in sequential order with respect to the timing allotted for each session, as much as possible.

1. Guidance notes for trainers

1.1 Training overview

Session	Minutes
Welcome, introduction and overview.	30
A. Core knowledge	
A.1: What is appropriate wheelchair provision?	50
A.2: Service delivery	40
A.3: Managers who lead change	45
B. Starting a wheelchair service	
B.1: Accessing services	45
B.2: Facilities and equipment	55
B.3: Range of appropriate wheelchairs	80
B.4: Align personnel	50
B.5: What does a wheelchair service cost?	60
C. Running a wheelchair service	
C.1: How do you know if your service is working?	75
C.2: Managing demand	85
C.3: Planning follow-up	85
C.4: Planning for financial sustainability	70
Putting it all together	30
Total	**800**

1.2 Training package timetable and duration

This training package can be delivered on consecutive days or in blocks over a period of time. The minimum time to teach the complete package is 13–14 hours. An estimate of the time needed to teach each session is included in the respective session plan. A sample timetable is available on the Pen Drive. Trainers are encouraged to adapt and modify the timetable to suit the local context and the learning needs of participants.

1.3 Session plans

For each session, there is a detailed session plan. This can be used by the trainers to plan and deliver each session.

At the beginning of each session plan is the following information:

- Objectives: detailing the aim of that particular session;
- Resources: what resources are needed for the session;
- Context: how the session may need to be adapted for different contexts (or situations);
- To prepare: how to prepare for the session;
- Outline: a framework of the main parts of the session.

The rest of the session plan is divided into topics. For each topic, the session plan provides instructions on how to present the information for that topic.

At the end of each session plan, there is a list of recommended actions for managers. Managers are encouraged to consider how they will apply these actions in their context at the end of each session.

1.4 PowerPoint presentations

PowerPoint presentations (PPT) with videos are provided for the sessions. Trainers should note that only the key points are written on the slides.

1.5 Evaluating the training programme after each delivery

It is good practice to evaluate the training programme after it has been delivered. Trainers may also record their own thoughts about the training programme as it is delivered. This information can help them to evaluate the training programme at the end, including identifying its strengths and weaknesses. This will help trainers to evaluate both the training package itself and their own skills for delivery in their context in future.

1.6 Good practice training tips

Be prepared	• read each session plan carefully before the training starts; • make sure you are confident of the material you are delivering; • gather training resources and prepare the training room well.
Present information clearly	• speak clearly and calmly; • check to make sure everyone in the training room can hear you; • ask questions to check that you have been understood; • make sure your writing on the whiteboard can be read by everyone; • repeat important points to reinforce them.
Manage session time	• note the time allowed for each session and work to keep to time; • if it is likely that additional time will be needed, plan for this at the beginning; • be sure to complete all the sessions planned for a given day.
Build success in the small group activities	• observe group activities closely and give help if needed; • ensure that you circulate between the small groups and check the progress of each group.
Encourage participants to be active and engaged throughout the training	• use the different training styles and methods given in the session plans; • avoid talking too much – encourage participants to speak and discuss among themselves; • ask questions to encourage participants to think about the answers themselves, rather than always telling them the answer; • encourage everyone to speak; do not let one participant dominate; • praise good work from participants and give positive feedback; • let participants know they can ask questions at any time; • link learning to real examples that the participants will recognize; • keep the training fun!
Use short "warm-up" activities/games	• use short warm-up activities (5–10 minutes) in between to help focus attention. Use activities that are inclusive of participants with disabilities.
Consider the needs of people with different abilities	• think about the needs of any participants with visual, hearing or mobility differences – some activities and training approaches may need to be adapted accordingly.
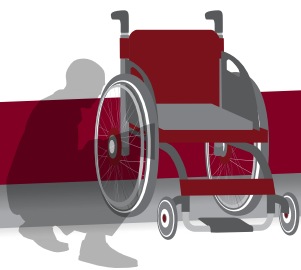
2. How to prepare to deliver the training package

2.1 Know the current situation for wheelchair provision

Organizations and facilitators organizing a WSTP Managers' workshop need to have a thorough understanding of wheelchair provision in the region, country, or district. This includes:

- being aware of any existing wheelchair provision activities or initiatives;
- understanding current gaps in wheelchair provision;
- knowledge of relevant regional/national laws, strategies, policies, and action plans related to wheelchair provision.

2.2 Clarify the participants' role in wheelchair service delivery

Find out how wheelchair service delivery fits within the participants' overall duties at their place of work. For example, will participants be working only in wheelchair service delivery, or do they have other duties as well?

2.3 Review each session plan and adjust if necessary

Review each session plan carefully – some sessions may need to be adjusted to suit the local context. Suggestions for adjusting sessions to different contexts are provided at the beginning of each session plan under the heading "context".

2.4 Prepare facilities

The training space needs to be large enough to allow for participants to break into small groups for group activities. All areas, including toilets and space for lunch and refreshments, must be wheelchair accessible.

The following checklist can be used to assess and prepare training facilities.

Facilities checklist:	
Training room	
Lecture area	☐
Chairs for each participant – with facility for participants to write notes	☐
Space for participants to break into small groups of 2–4	☐
Adequate lighting and ventilation	☐
Lunch/refreshment area	
Clean area for eating	☐
Tables and chairs	☐
Nearby space for washing hands – clean towels and soap	☐
Toilets	
Clean toilets supplied with water, toilet paper, hand washing facilities and bins	☐

2.5 Prepare resources and equipment

Resource materials

Resource	Quantity	✓	Comment/instructions
Manuals, workbook:			
Trainer's Manual	1 per trainer	☐	Order from WHO or print and bind
Reference Manual and Workbook	1 per participant	☐	Order from WHO or print and bind
Supplementary resources for Trainer/s. **Also decide how to share relevant resources with participants. For example on a USB stick/Pen Drive; via an internet based sharing facility; or by providing website references.**			
WHO Guidelines on the provision of manual wheelchairs in less resourced settings	At least 1 sample copy	☐	Resource on Pen Drive
Joint position paper on provision of assistive devices in less resourced settings	At least 1 sample copy	☐	Resource on Pen Drive

United Nations Convention on the Rights of Persons with Disabilities (CRPD)	At least 1 sample copy	☐	Resource on Pen Drive
CBR Guidelines Introductory booklet and Health component	At least 1 sample copy	☐	Resource on Pen Drive
Managers who lead	1 per trainer	☐	Resource on Pen Drive
Design Considerations for Accessibility – 2006	At least 1 sample copy	☐	Resource on Pen Drive
WSTP logo	1 high resolution sample	☐	Resource on Pen Drive
Participants register form	1 per workshop	☐	Use this form to keep a record of participants attending
Name tags	1 per participant and per trainer	☐	Produce locally using WSTP logo
Timetable	1 per participant	☐	Sample available on Pen Drive; adjust to suit local context
Photo consent form	1 per participant	☐	Adapt this form for the host/training organization
Attendance certificate	1 per participant	☐	Prepare participant certificate or adapt the template provided
Posters – awareness-raising posters to be put up in workshop venue:			
WSTP Basic: wheelchair service steps; wheelchair mobility skills, pressure sores and how to care for a wheelchair at home	4	☐	Print from Pen Drive
WSTP Intermediate: children and wheelchairs; different positions; postural support device (PSD) table and intermediate wheelchair user training checklist	4	☐	

Equipment

Item	Quantity	✓	Comment/instructions
Data projector	1	☐	
Computer	1	☐	
Speakers	1 set	☐	To assist in hearing the videos
Microphone	2 or more, depending on participant numbers	☐	A "roving" microphone(s) for participants asking questions or to gain feedback from small groups
Large whiteboard	1	☐	
Whiteboard marker pens	3–4	☐	
Flip chart stand and paper	1 stand and 1 pack of paper	☐	
Flip chart pens	3–4	☐	
Post-it notes	3–4 blocks	☐	
Masking tape or similar	1 roll	☐	To attach flip chart sheets and posters to walls
Sample wheelchairs	1 per 3 participants	☐	Samples of locally available wheelchairs for participants to use during breaks

Managers should be encouraged to ride in the different wheelchairs available (with a "buddy" for safety) during the breaks.

3. Detailed session plans

Welcome, introduction and overview

OBJECTIVES	By the end of this session, participants will: ☐ know the objectives of the training programme; ☐ know the names of the trainers and participants; ☐ have an overview of the training programme timetable; ☐ know any important rules to remember during the training programme.
RESOURCES	For the session: ☐ PPT slides: Introduction; ☐ Reference Manual and Workbook for each participant; ☐ video: Wheelchair service delivery; ☐ copy of the timetable for each participant; ☐ name tags for trainer/s and each participant.
CONTEXT	Adapt this session to suit the context participants will be working in. For example: ☐ include an opening ceremony if appropriate to the culture/context; ☐ change or adapt the section 'Introduction of trainer/s and participants' to suit the trainer/s and participants; ☐ change, adapt and/or add to the list of 'Housekeeping and expectations'; ☐ change the overview slide if the training programme has been modified.
TO PREPARE	☐ Read through the session plan, gather resources, review PPT slides, and watch video. ☐ Give out timetable, Reference Manual and Workbook, and name tags during registration.

	OUTLINE	
	1. Opening ceremony (if any)	10
	2. Introduction of trainer/s and participants	10
	3. Workshop overview	5
	4. Training programme timetable, housekeeping and expectations.	5
	Total session time	**30**

1. Opening ceremony (estimated length 10 minutes)

The workshop may be opened with an opening ceremony as per local culture and customs.

2. Introduction of trainer/s and participants (10 minutes)

Trainer: Introduce yourself. Provide a brief overview of your background and experience of wheelchair delivery and service management.

Ask participants in turn to introduce themselves, stating their name, the organization they come from and what they hope to gain from the workshop.

3. Workshop overview (5 minutes)

Explain: The aim of this programme – read from the slide.
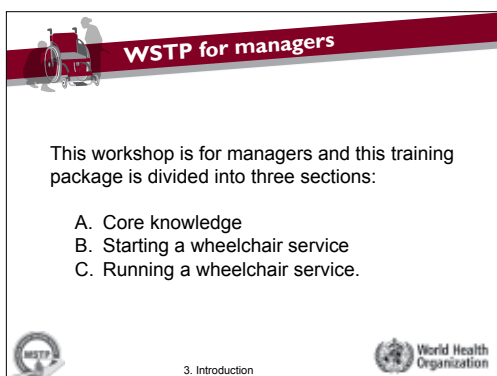
Read the slide, reinforce if needed.

Explain: The workshop builds on the CRPD – recognizing that people with a disability have the same human rights as everyone else, and describing the role of a wheelchair service in realizing those rights.

Video presentation

Wheelchair service delivery

Introduce video: Wheelchair service delivery.

This video will show the eight steps of wheelchair service delivery that are covered in Wheelchair Service Training Packages (WSTP) at both basic and intermediate levels.

Ask participants to watch the video and note each service step.

Show video.

4. Training programme timetable, housekeeping and expectations (5 minutes)

Ask participants to refer to their copy of the workshop timetable. Highlight the start and finish times and breaks.

Explain: the general housekeeping:

• location of toilets
• who to talk to about accommodation and travel
• what to do in the event of an emergency.

Explain: the expectations:

• each session will begin on time
• turn off mobile phones during the sessions
• questions are encouraged.

Explain: During the training programme, participants will be riding in and pushing wheelchairs. Whenever using the wheelchairs, remember the following safety rules:

• do not stand on footrests when getting in and out of the wheelchair;
• keep fingers clear of the wheel spokes and brakes;
• when riding the wheelchair up and down slopes, have an assistant behind you in case you tip backwards.

A: Core knowledge

A.1: What is appropriate wheelchair provision?

OBJECTIVES	By the end of this session, participants will be able to: ☐ quantify the need for wheelchairs in their country and globally; ☐ list two articles in the CRPD that reinforce the importance of appropriate wheelchair provision; ☐ define appropriate wheelchair provision; ☐ discuss how national policies can support wheelchair provision; ☐ explain how the *Wheelchair Guidelines* can support the development of national policy.
RESOURCES	For the session: ☐ PPT slides: A.1: What is appropriate wheelchair provision? ☐ Reference Manual and Workbook.
CONTEXT	Adapt this session to suit the context that participants will be working in. For example: ☐ identify census statistics and other relevant numbers to quantify the need for wheelchairs in the country; ☐ research any existing national or regional policies that relate to wheelchair provision.
TO PREPARE	☐ Read through the session plan and gather resources. ☐ Prepare PPT slide 3 by inserting country/regional statistics.

	OUTLINE	
OUTLINE	1. Introduction	4
	2. What is the need and unmet need for wheelchairs?	4
	3. Right to personal mobility	20
	4. Supporting appropriate wheelchair provision	20
	5. Summary of action points for managers.	2
	Total session time	**50**

1. Introduction (4 minutes)

Explain: In this session we will talk about appropriate wheelchair provision and the importance of the user's individual needs being central to the whole process.

Read the slide, reinforce if needed.

The importance of personal mobility

- The right to personal mobility is an important first step to remain healthy, independent and productive.
- People with difficulty in walking or moving around often require access to an appropriate wheelchair, according to their need and choice for their mobility.
- Only a well-functioning wheelchair provision system with well-trained personnel can guarantee the highest possible personal mobility.

A.1.2 What is appropriate wheelchair provision?

World Health Organization

2. What is the need and unmet need for wheelchairs? (4 minutes)

Read the slide, reinforce if needed.

Unmet need for services

- WHO estimates that more than 70 million people need a wheelchair (1% of any population) but only 5–15% have access to one. (WHO factsheet on disability).

- There is a need for urgent action to improve access to high quality affordable wheelchairs.

A.1.3 What is appropriate wheelchair provision?

World Health Organization

Ask: Do you know how many people in your country need wheelchairs?

Acknowledge answers.

What is the need in our country?

	Population	People who need a wheelchair
WHO	7 000 000 000	70 000 000
Insert country	Insert country population	Insert 1% of country population

A.1.4 What is appropriate wheelchair provision?

Explain:

- WHO estimates that 1% of any population need a wheelchair.
- The population of this country is X (*Insert population from census. Calculate 1% of the census population of the country*).

3. Right to personal mobility (20 minutes)

Video presentation

What an appropriate wheelchair means to me

A.1.5 What is appropriate wheelchair provision?

Introduce video: What an appropriate wheelchair means to me. In this video experienced wheelchair user Faustina explains the difference it made to her life when she received a wheelchair through a service.

Show video.

Ask: What were some of the differences when Faustina received a wheelchair through a service?

Most important answers:

- Faustina no longer falls out of her wheelchair on rough roads (dignity);
- Faustina is able to sit upright because her wheelchair is the correct size and gives good support (helps her to sit upright and comfortably);
- Faustina is able to push safely and independently on rough roads and slopes (independence);
- Faustina feels less disabled (confidence);
- Faustina feels better about herself because the wheelchair is personal to her (self-esteem).

Human rights for everybody

Development and human rights for all

- UN Convention on the Rights of Persons with a Disability (CRPD).
- The focus of the CRPD is to make sure that everybody recognizes that the people who need a wheelchair have the right to have one.

A.1.6 What is appropriate wheelchair provision?

World Health Organization

Explain: We all know that many people who need wheelchairs still do not have an appropriate wheelchair. However, there is an important tool that managers can use to advocate for the rights of people who need wheelchairs.

Explain:

- This is the United Nations Convention on the Rights of Persons with Disabilities (CRPD).
- The focus of the CRPD is to make sure that everyone recognizes that these are rights for all; including people with a disability.

Ask: Has your country signed the CRPD?

Notes for trainers:
• *signing the CRPD indicates the government's moral intention to be bound by the convention;*
• *ratifying the CRPD indicates the government's moral and legal obligation to implement the convention.*

Explain: There are a number of articles in the CRPD that reinforce the importance and relevance of appropriate wheelchair provision.

Ask: Does anyone know which article of the CRPD specifically refers to mobility?

Acknowledge answers.

What does 'personal mobility' mean?

CRPD Article 20: Personal mobility

- All people have a right to personal mobility.

- Personal mobility means:

    The ability to move in a manner and at the time of one's own choice, and at an affordable cost.

A.1.7 What is appropriate wheelchair provision?

World Health Organization

Read the slide, reinforce if needed.

Mobility is part of rehabilitation

CRPD Article 26:
- Habilitation and rehabilitation
- States Parties shall promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation.

A.1.8 What is appropriate wheelchair provision?

World Health Organization

Explain:

- Article 26 talks about the importance of rehabilitation and habilitation.
- Personal mobility is an essential part of rehabilitation.

Notes for trainers:
• *Rehabilitation – restoring abilities to participate in society;*   • *Habilitation – building abilities for the first time.*

Mobility gives access to other rights

Mobility is often the first step:

Article 19 – Living independently and being included in the community.
Article 24 – Education.
Article 25 – Health.
Article 27 – Work and employment.
Article 30 – Participation in cultural life, recreation, leisure and sport.

A.1.9 What is appropriate wheelchair provision?

World Health Organization

Read the slide, reinforce if needed.

First step to inclusion

A.1.10 What is appropriate wheelchair provision?

World Health Organization

Explain:

- Mobility is often the first step to inclusion and participation:
- When a person receives an appropriate wheelchair through a service, opportunities for social life, work and education open up.

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The first step towards participation
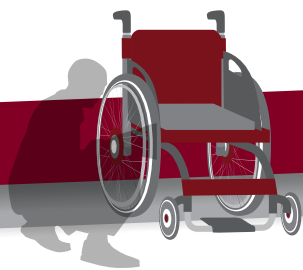
A.1.11 What is appropriate wheelchair provision?

World Health Organization

Explain:

• An appropriate wheelchair can assist in opening up a new world for the user – from exclusion to inclusion, participation in all societal activities, and sports and recreation – which all leads to independence and better health.

Benefits for the country

• Other family members are freed up to participate in community activities and go for work or employment.
• The economy of the country benefits from more contributing members of society.
• From a charity-recipient to a tax-payer of the country.

A.1.12 What is appropriate wheelchair provision?

World Health Organization
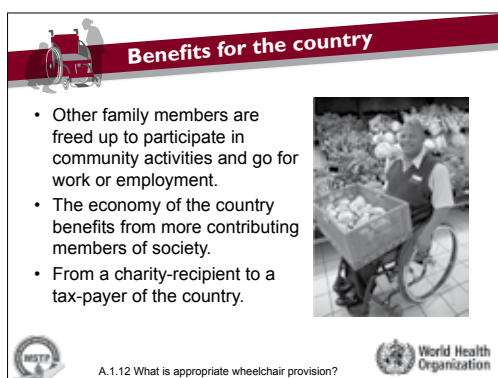
Explain: It is win-win for all:

• Other family members are freed up to participate in the community and employment.
• The economy of the country benefits from more contributing members of society and less demands on health services due to secondary health complications.

4. Supporting appropriate wheelchair provision (20 minutes)

Explain: We have been using the term *wheelchair provision*.

Ask: What does this term actually mean according to the *Wheelchair Guidelines*?

Acknowledge answers: write on the whiteboard.

Most important answers:
• providing products that meet the definition of an appropriate wheelchair;
• products are provided through a service;
• personnel providing the service have received appropriate training;
• supported by policy, both within the organization and at the national level.

Where to begin?

- Appropriate products
- Service delivery
- Training
- Policy and planning

A.1.13 What is appropriate wheelchair provision?

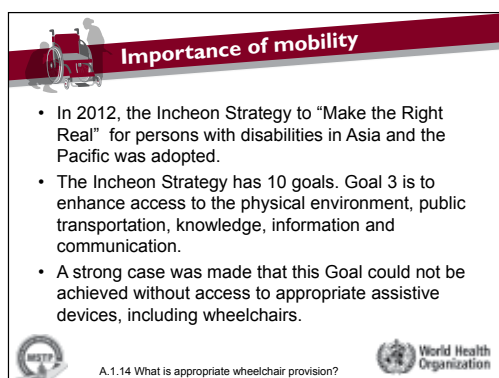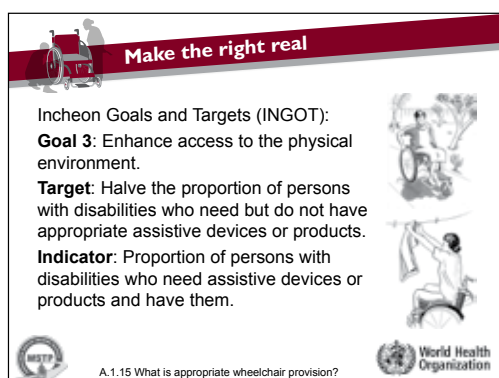**Read** the four key areas of the *Wheelchair Guidelines*.

Explain: For wheelchair provision to be effective and sustainable, it is necessary to be supported by policy and planning. The *Wheelchair Guidelines* highlight that international and regional polices and strategies can support and inform national policy on wheelchair provision. The highest level document is the CRPD.
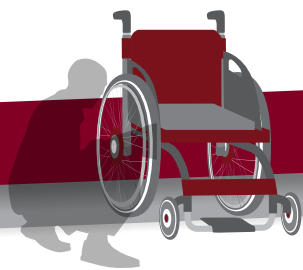

Importance of mobility

- In 2012, the Incheon Strategy to "Make the Right Real" for persons with disabilities in Asia and the Pacific was adopted.
- The Incheon Strategy has 10 goals. Goal 3 is to enhance access to the physical environment, public transportation, knowledge, information and communication.
- A strong case was made that this Goal could not be achieved without access to appropriate assistive devices, including wheelchairs.

A.1.14 What is appropriate wheelchair provision?

Read the key points, reinforce if needed.

Make the right real

Incheon Goals and Targets (INGOT):
Goal 3: Enhance access to the physical environment.
Target: Halve the proportion of persons with disabilities who need but do not have appropriate assistive devices or products.
Indicator: Proportion of persons with disabilities who need assistive devices or products and have them.

A.1.15 What is appropriate wheelchair provision?

Explain:

- Goal 3 of the Incheon Strategy therefore includes a target to halve the proportion of persons with disabilities who need but do not have appropriate assistive devices or products.
- The indicator for reporting was set as the proportion of people with disabilities who need assistive devices or products and have them.

Explain: The governments who have signed the Incheon Goals and Targets are now committed to develop **national plans and programmes** to fulfil this obligation. The Incheon strategy example shows how international and regional policy can support and encourage the development of national policy.

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Explain: National policy can also be developed within the country. We are going to look at an example from South Africa.

Activity	
Groups:	**Divide** participants into three groups.
Instructions:	**Read** the example of national policy relating to wheelchair provision.
	Consider what policy already exists in your country.
	Discuss how useful the policy below would be in your country and consider where this policy would fit within your government structure.
Monitor:	**Monitor** the groups, and assist as needed.
Time:	**Allow** 6 minutes and 9 minutes for discussion.
Feedback:	**Ask** each group to feedback to the whole group.
	Record answers on the whiteboard.
	Note if the policy on wheelchair provision already exists within the country and who are the major stakeholders responsible for wheelchair provision.
	Note any suggested improvements based on the example of South Africa.

Example: Policy in South Africa relating to wheelchair provision

In the Western Cape province of South Africa, a group of clinicians providing wheelchair services in Cape Town became increasingly uncomfortable and frustrated with the disjointed, patchy approach to wheelchair services. After consulting with a provincial programme manager and the local rehabilitation services, they outlined their plans to improve and professionalize the standard of wheelchair services and got permission to implement their plan. The plan had three major focus areas:

1. Performing a situation analysis of wheelchair services in the province
2. Implement training of wheelchair service providers and
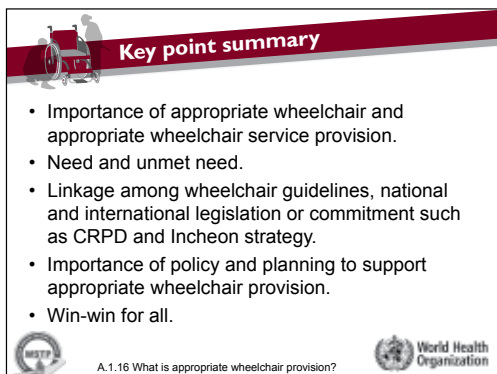3. Setting up guidelines for a provincial wheelchair management strategy.

Situation analysis: The extensive situation analysis confirmed the fragmentation and lack of structure and procedure in wheelchair provision. Few wheelchair users received individual assessment, prescription and fitting for their wheelchair and even fewer were trained to use it properly. Often, wheelchairs were issued to users by social workers or administrative staff with no specific training in wheelchair services. Although most service providers indicated that there was a huge unmet need for wheelchairs, they could not quantify the need because they did not keep waiting lists. Follow-up, repair and maintenance services hardly existed.

Implement training: From the situation analysis, the group identified training needs and started small training workshops covering the missing service steps. Provincial guidelines were drafted that included minimum standards for key service steps, as well as key management steps, such as training of staff, setting up and management of waiting lists, allocating budgets and provision of repair and maintenance services.

Setting up guidelines: The provincial management recognized the importance of this self-driven group in driving change in wheelchair and rehabilitation services and assisted the group in becoming a formal advisory group to the provincial rehabilitation programme. Representatives of this group accompanied the provincial managers to national meetings on wheelchairs and assistive devices, and contributed to the establishment of the national guidelines for assistive devices in South Africa, which was published in 2003.

5. Summary of action points for managers (2 minutes)

Summarize: Influencing policy and planning is not the role of one individual or organization. It requires collaboration between a number of different stakeholders.
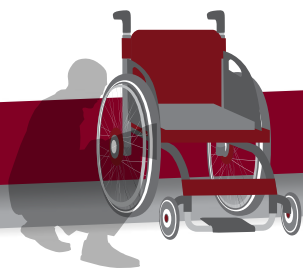

Key point summary

- Importance of appropriate wheelchair and appropriate wheelchair service provision.
- Need and unmet need.
- Linkage among wheelchair guidelines, national and international legislation or commitment such as CRPD and Incheon strategy.
- Importance of policy and planning to support appropriate wheelchair provision.
- Win-win for all.

A.1.16 What is appropriate wheelchair provision?

World Health Organization

Read the key points.

A.2: Service delivery

OBJECTIVES	By the end of this session, participants will be able to: ☐ discuss service delivery models; ☐ explain the difference between a basic and intermediate service; ☐ discuss the role of the manager in service delivery; ☐ discuss the role of wheelchair users in the culture of the organization.
RESOURCES	For the session: ☐ PPT slides: A.2: Service delivery; ☐ Reference Manual and Workbook; ☐ Post-it notes.

WHEELCHAIR

|		
CONTEXT	Adapt this session to suit the context in which the participants will be working. For example: ☐ research local service delivery models.	
TO PREPARE	☐ Read through the session plan and gather resources. ☐ Ensure that the wheelchair service steps poster is pinned up where participants can clearly see it. ☐ Position whiteboard next to projector screen.	
OUTLINE	1. Introduction	2
	2. Service delivery levels	5
	3. Service delivery models	10
	4. Broader roles of a manager	15
	5. Active involvement of wheelchair users in service delivery	5
	6. Summary of action points for managers.	3
	Total session time	**40**

1. Introduction (2 minutes)

Explain: In this session, we will talk about the manager's role in service delivery. Wheelchair services provide a framework for assessing the mobility needs of individual users:

• assisting users to select an appropriate wheelchair;
• providing users and caregivers with training, ongoing support and referral to other services where appropriate.

2. Service delivery levels (5 minutes)

Explain: Every well fitting wheelchair provides its user with some postural support. The backrest, cushion, footrests, and armrests provide postural support when adjusted to suit the user's size. However, many children and adults need additional postural support in their wheelchair.

A.2.2 Service delivery
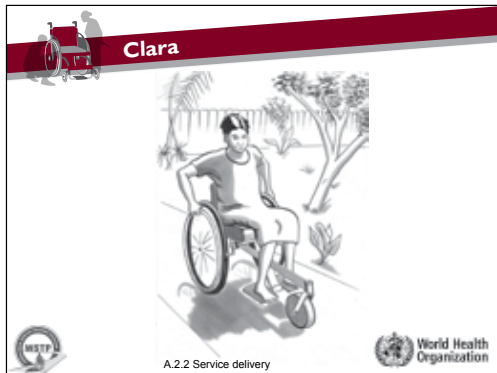
Introduce Clara: Clara lives in East Timor. She works in her family's shop, which is at the front of their house. Clara has polio, and needs a wheelchair to move inside the house, to work in the shop, and to move around her village. She can sit upright without any extra support, and uses a manual wheelchair, which has been adjusted and fitted to suit her.
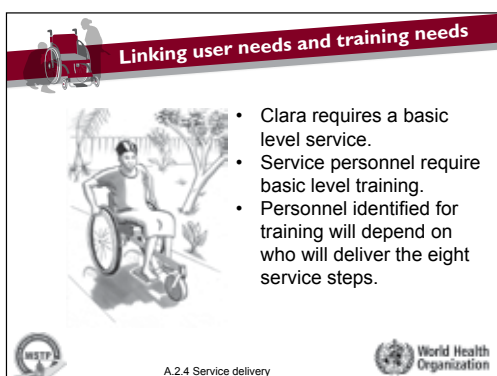
Clara is an example of someone who can be provided with a wheelchair through a *basic level service*.

A.2.3 Service delivery
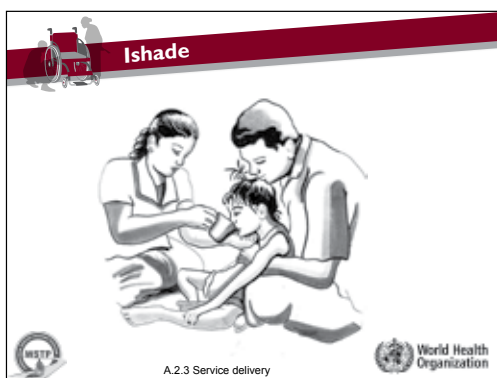
Introduce Ishade: Ishade is 8 years old and lives in Sri Lanka. She has cerebral palsy. For Ishade, this means she has trouble controlling her arms, legs, head and neck. She cannot sit upright without support.
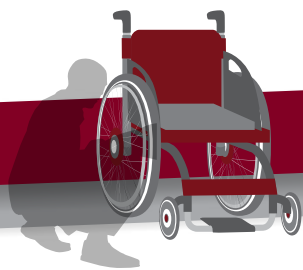
Ishade is an example of someone who needs extra postural support in her wheelchair. She should be provided with a wheelchair through an *intermediate level service*.

Explain: A link is required between the user's needs, service delivery and training of service personnel.

• Clara requires a basic level service.
• Service personnel require basic level training.
• Personnel identified for training will depend on who will deliver the eight service steps.

A.2.4 Service delivery

Explain:

• Clara requires a basic level service.
• Therefore, service personnel require basic level training.
• The personnel identified for training depends on who will be delivering the eight service steps.

Explain:

- Ishade requires a service from personnel with more knowledge and skill in order to correctly provide the extra support that she needs.
- The personnel identified for training require a foundation of knowledge at basic level, with the addition of intermediate level training.

Ask: Do you have people with basic or intermediate needs coming to your service?

Acknowledge answers.

Notes for trainers:
• *There is no right or wrong answer. Sometimes a service focuses on specific needs, for example, children's services or spinal cord injury rehabilitation. In all regions, there will be a combination of user needs. Therefore, in all regions there will be a need for both basic and intermediate level services.*   • *Clarify that both adults and children require intermediate level services.*

3. Service delivery models (10 minutes)

Explain: All wheelchair services should follow the eight service steps. There are different ways of delivering the steps through different service delivery models.

Regardless of the model, all users will benefit if the delivery model follows the eight steps.

Explain: We will look at different models for wheelchair service delivery. There are many variations possible on the examples provided. We will briefly look at some of the differences in the facilities and roles of personnel.

A.2.7 Service delivery
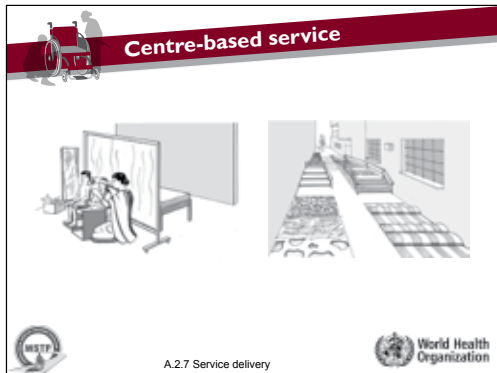
Introduce a centre-based service.

Explain:

- The facilities may have a dedicated area for wheelchair service delivery, including a dedicated mobility skills area and a full wheelchair repair and maintenance area.
- The service team may include a team of trained personnel working full-time in wheelchair service delivery.

A.2.8 Service delivery
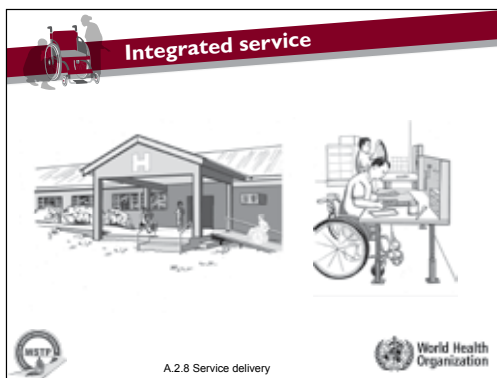
Introduce an integrated wheelchair service.

Explain:

- Most centre-based services are also "integrated services". This means that the wheelchair service is integrated with activities of another service/s.
- For example, wheelchair service delivery could be integrated with a prosthetics/ orthotics service, physiotherapy department or health clinic.
- Service personnel may have dedicated days for wheelchair service delivery and dedicated days for other services within the hospital or organization.

Outreach service
A.2.9 Service delivery
World Health Organization
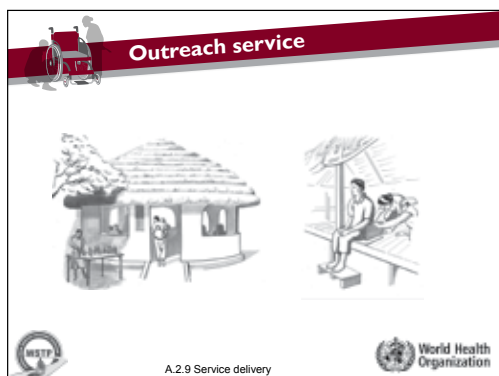
Introduce an outreach wheelchair service.

Explain:

- The facilities may be temporary. A room or building is provided by a partner organization or home visits are carried out.
- Centre-based service personnel may share some of the service steps with a partner organization.
- A small stock of wheelchairs may be stored at the partner organization.
- Training will be required to increase the capacity of the partner organization.

- It may be necessary to identify repair and maintenance service facilities in the community, for example, welding, woodwork, and upholstery.

Mobile service
A.2.10 Service delivery
World Health Organization
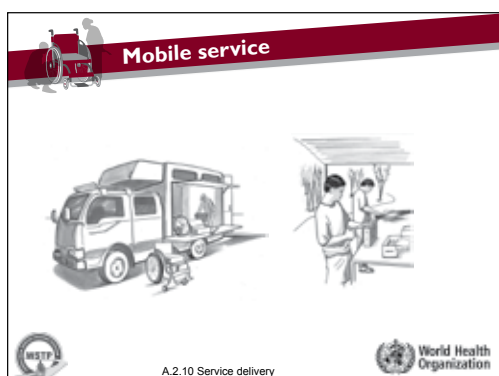
Introduce a mobile service.

Explain:

- Assembled or unassembled wheelchairs along with necessary tools and equipment are transported by vehicle.
- Service personnel travel with a vehicle.
- A limited repair and maintenance service is possible.
- The mobile service may use community buildings or take everything they need to provide wheelchair service at the community level.

Explain: Not all of the eight steps in wheelchair service delivery need to be carried out by the same organization. Collaboration between a network of organizations can help to increase the efficiency of the service and also increase access to the full eight steps by wheelchair users.
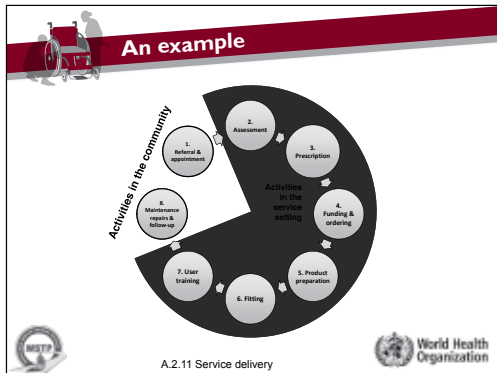
Explain:

- The division between centre-based service activities and community-based service activities will vary according to the context.
- This model shows an eight step service carried out in a centre, with referral and follow-up carried out through community partnerships.

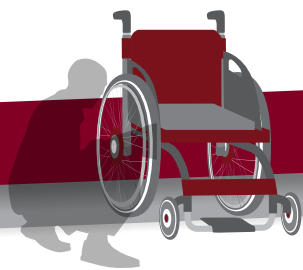| Activity	
Groups:	**Divide** group in to pairs.
Instructions:	**Explain:** We will be talking about your service models in more detail throughout the workshop. For now:
	Discuss with your partner whether any of the eight steps of wheelchair service delivery are carried out by other organizations with which your service has partnered (for example, referral, follow-up)
	Write down on separate Post-it notes if any service steps are delivered by a partner organization.
	Use a new Post-it note for each service step.
Monitor:	**Monitor** the groups, and assist as needed.
Time:	**Allow** 5 minutes in total.
Feedback:	**List** each service step one at a time, referring to the wheelchair service steps poster.
	Ask groups to place Post-it note next to the service step if it is delivered by a partner organization.
	Summarize at the end, highlighting that all organizations need to work in partnership on referral and that we will talk more later in the workshop about the benefits of partnerships on the other service steps.

Ask: What are some of the considerations for identifying and planning a suitable service model?

Acknowledge answers and write them on the whiteboard.

Most important answers:
• location of service centre in relation to service users; • geographical reach of the service (closeness to wheelchair users); • geography of the environment (island communities, mountainous areas with few roads); • capacity of potential partner organizations.

Explain: When starting a new partnership, it is important to discuss training needs with the partner organization and plan how their knowledge and skills can be developed to include some or all of the eight service steps. This is discussed later in the workshop.

4. Broader roles of a manager (15 minutes)

Explain: The manager is responsible for overall quality of service provision. They are also responsible for supporting the staff to deliver the eight steps of service delivery and co-ordinating the user's (and their carer/family member's) progress through those steps to meet the user's expectations.

The manager also has broader roles, which are important for supporting service delivery. Now we will look at those broader roles.

Activity	
Groups:	**Divide** into groups of three.
Instructions:	**Hand out** Post-it notes. **Ask** participants to write down what they think a manager's broader roles are?
Monitor:	**Encourage** participants to think about what is important for sustainable appropriate wheelchair provision?
Time:	**Allow** 3 minutes for Post-it notes and 7 minutes to summarize wider roles.
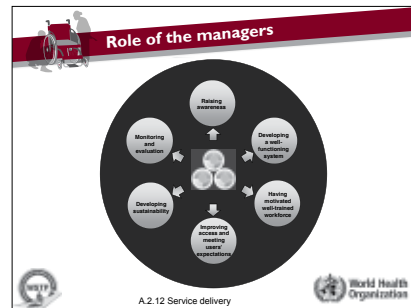
Feedback:		Whole group for feedback.
		Project the illustration showing six wider roles (as described in the *Wheelchair Guidelines*) onto the whiteboard.
		Ask for a volunteer to go first and read out their Post-it notes.
		Stick the Post-it note next to the relevant heading.
		Note any gaps or additions in the suggestions made by participants.

5. Active involvement of wheelchair users in service delivery (5 minutes)

Explain: Actively involving wheelchair users is highly recommended during the design, delivery, and monitoring and evaluation of the service.

Explain:

The *Wheelchair Guidelines* make recommendations for good practice in wheelchair service delivery.

Read the slide, reinforce if needed.

Explain: In addition to actively seeking the *opinion* of wheelchair users, it is also very beneficial for wheelchair users to be members of the service delivery team.

If any of the participants are wheelchair users, ask them what they feel are the benefits of having wheelchair users as part of the service delivery team?

Ask: Do any of you work in services that have wheelchair users working as part of the service team? What are the benefits of actively involving wheelchair users in service delivery?

Most important answers:

- role models for service users and within the community;
- challenging beliefs of the wider community;
- a positive attitude within the service team – it is very motivating to work alongside a positive role model;
- positive message of commitment to participation and inclusion of wheelchair users;
- can increase responsiveness of service to the needs of wheelchair users.

Explain: An organization in Romania values the benefits of having wheelchair users in its service delivery team so much that they employ a wheelchair user in every service team.

Wheelchair users on the team in Romania

An NGO wheelchair service in Romania has actively recruited wheelchair users to their wheelchair service delivery teams. Wheelchair users fulfil different roles on the team, depending on their skills. This NGO has seen a huge positive impact through having wheelchair users as wheelchair service personnel. Every member of the team is more aware of the needs of wheelchair users through their daily interaction as colleagues; wheelchair user clients often feel more comfortable sharing their experiences with the wheelchair user of the team; and the wheelchair user is a role model for others.

6. Summary of action points for managers (3 minutes)

Actions for managers

Work with wheelchair service staff and key stakeholders to:
- Plan an appropriate level of service and training for service personnel.
- Plan an appropriate service model.
- Encourage wheelchair users to be involved as equal partners.
- Encourage broader involvement of wheelchair users in taking on roles and responsibilities within the service team.

A.2.14 Service delivery

Read the slide, reinforce if needed.

A.3: Managers who lead change

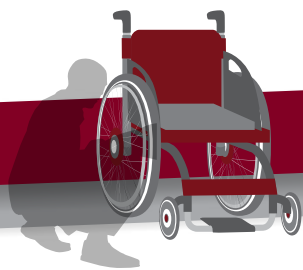|	
OBJECTIVES	By the end of this session, participants will be able to: ☐ explain the role managers should play in leading people through the introduction or improvement of appropriate wheelchair provision; ☐ propose strategies for leading people and aligning personnel and resources through the change process.
RESOURCES	For the session: ☐ PPT slides: A3: Managers who lead change; ☐ Reference Manual and Workbook. For facilitators: ☐ "Leading change for better health." Chapter 6 in Managers Who Lead, page 149 (5).
CONTEXT	Adapt this session to suit the context in which participants will be working. For example: ☐ if the facilitator has personal experience of local efforts to introduce change in wheelchair service delivery (or other services), it is useful to share these experiences. They may have either engaged the people involved leading to good results; or not engaged the people involved; creating resistance to change and resulting in failure.
TO PREPARE	☐ Gather resources. ☐ Read "Leading change for better health". Chapter 6 in Managers Who Lead, page 149. ☐ Review PPT slides and read through session plan. ☐ Prepare four sheets of flip chart paper with the following headings: 1. Actions that managers can take to: create a shared vision of appropriate wheelchair provision. 2. Actions that managers can take to: communicate the importance of appropriate wheelchair provision. 3. Actions that managers can take to: align personnel and resources. 4. Actions that managers can take to: motivate, engage and commit personnel.

	OUTLINE	
	1. Manager's role in leading the change process	10
	2. Create a shared vision of appropriate wheelchair provision	7
	3. Communicate the importance of appropriate wheelchair provision with a sense of urgency	5
	4. Align personnel and resources	5
	5. Motivate, engage, and commit personnel	12
	6. Actions for managers.	6
	Total session time	**45**

1. Manager's role in leading the change process (10 minutes)

Introduce: Link this session with previous sessions.

In the previous sessions, we discussed the huge unmet need in wheelchair provision. Personal mobility allows people with disabilities to become more productive members of their communities. For many people, an appropriate, well designed and well-fitted wheelchair can be the first step towards inclusion and participation in society.

Change in wheelchair provision

- There is a big unmet need for wheelchair provision, only 5–15% have access to one.
- WHO in partnership with USAID has developed the *Wheelchair Service Training Package* (*WSTP*) to improve access to high quality affordable wheelchairs.

Management responsible for wheelchair provision can ensure this

A.3.2 Managers who lead change

World Health Organization

Explain:

- In order to train human resources appropriately and provide a good wheelchair delivery system based on the *Guidelines on the provision of manual wheelchairs in less resourced settings*, WHO, in partnership with USAID, has developed the *Wheelchair Service Training Package* (*WSTP*).

Explain: The purpose of the overall training package is to create awareness and develop the skills and knowledge of all personnel involved in wheelchair provision.

However, these trained personnel alone cannot ensure appropriate wheelchair provision in the country or carry out their responsibilities as outlined in the *Wheelchair Guidelines*, unless and until there is management-level involvement to establish or improve wheelchair provision within the country.
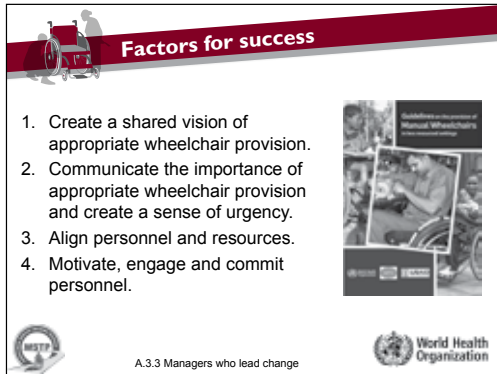
Ask: What do you think should be the manager's role to ensure the establishment or improvement of wheelchair provision within your country?

Encourage answers and write on the whiteboard.

Most important answers:
• create awareness and advocate for the need; • plan and budget the provision of wheelchairs; • coordinate efforts; • organize the services; • monitor and evaluate the provision of wheelchairs.

Explain: Introducing or improving wheelchair provision implies an organizational change. However, organizational change can be very hard.

Explain: Many studies have been carried out to increase understanding of the things that make organizational change more likely to succeed.

During this workshop – we are going to focus on four major things that managers can do to lead change. These are:

1. Create a shared vision of appropriate wheelchair provision

2. Communicate the importance of appropriate wheelchair provision

3. Align personnel and resources

4. Motivate, engage, and commit personnel.

2. Create a shared vision of appropriate wheelchair provision (7 minutes)

Read the slide, reinforce if needed.

Ask: Is this statement (or a statement like it) useful?
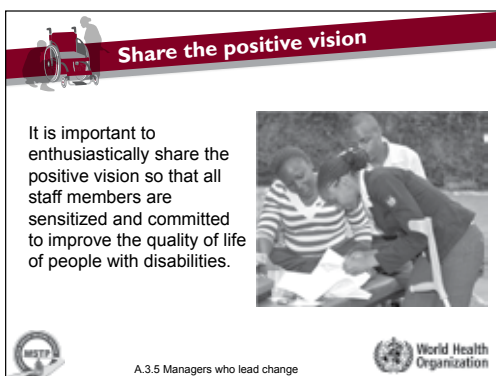
Most important answers:

- gives a feeling of shared purpose;
- gives a shared direction;
- gives a starting point for working together;
- motivating.

Notes for trainers:

- *it is not possible to create a vision or mission statement as part of this workshop, as not all the stakeholders are present;*
- *suggestions on how to create a shared vision statement are included in the stakeholder package.*

Read the slide, reinforce if needed.

Read the slide, reinforce if needed.

3. Communicate the importance of appropriate wheelchair provision with a sense of urgency (5 minutes)

Ask: How do you think you communicate the importance of appropriate wheelchair provision?

> **Most important answers:**
>
> - talk about the unmet need in the country;
> - talk about the global need for wheelchairs;
> - talk about the right to personal mobility;
> - talk about what makes a wheelchair appropriate and the need for a service;
> - share positive stories of success;
> - share the benefits to the individual, community and society of appropriate wheelchair provision.

Explain: A sense of urgency means that there is a need that cannot be avoided or delayed. People follow their supervisors' priorities; therefore a manager's actions must create the sense of urgency.

People follow their manager's priorities

- Is the manager communicating the vision and urgency to introduce or improve the service?
- Is the manager talking about the importance of the wheelchair service at every opportunity?
- How much time is the manager investing in improving wheelchair service provision?
- How much money is budgeted?
- Is there follow up on how agreed actions are to be carried out?

A.3.7 Managers who lead change
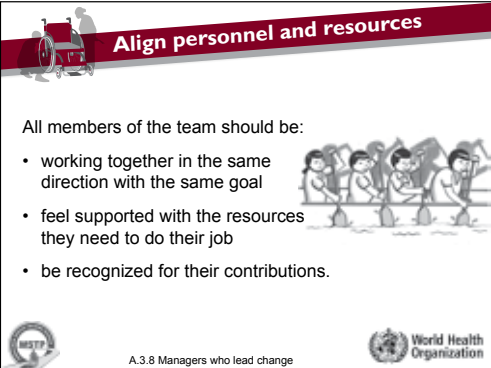
Ask: How do you think you can create a sense of urgency about improving wheelchair provision?

Read the questions on the slide slowly and allow participants to think about the answers.

4. Align personnel and resources (5 minutes)

Explain: Wheelchair services need trained personnel, facilities, and resources.

Align personnel and resources

All members of the team should be:

- working together in the same direction with the same goal
- feel supported with the resources they need to do their job
- be recognized for their contributions.

A.3.8 Managers who lead change

Read the slide, reinforce if needed.

Ask: What can managers do to align personnel and resources to the provision of wheelchairs?

Encourage answers and write on whiteboard.

Most important answers:
• identify facilities that can be used in wheelchair provision;
• prioritize wheelchair provision when allocating resources;
• use the vision and organization values to remind personnel why are you providing wheelchairs;
• reward and recognize good performance on wheelchair provision;
• facilitate teamwork.

Notes for trainers:
• *participants may spend a lot of time talking about funding – do not allow this to happen;*
• *acknowledge that funding is an essential element of this – and this is going to be discussed later;*
• *ask participants to focus on additional things that a manager can do to align personnel and resources.*

5. Motivate, engage, and commit personnel (12 minutes)

Ask: What can a manager do to motivate and involve their personnel?

Encourage answers and relate to the following slide.

Motivate, engage, and commit personnel

• Include all the key personnel including the users in planning and implementation.

• Overcome obstacles together.

• Create short-term wins and provide acknowledgement when they are achieved.

• Make the change stick in organizational systems and culture.

A.3.9 Managers who lead change

World Health Organization

Acknowledge: As you have noticed, personnel are more likely to be engaged and motivated if they are included and their voices are taken into account. Four key actions you can take to motivate them are:

1. Include personnel in planning and implementation.

2. Overcome obstacles together.

3. Create and recognize short-term wins.

4. Make the change stick in your organization's systems and culture.

Explain:

Personnel are more likely to resist change if they do not understand …

- … what the change involves
- … why it is important
- … what the change will mean for them and their work.

Ask: How can managers include personnel in planning and implementation?

Acknowledge answers.

Explain: Personnel often have experience and skills – make their input valuable.

- Personnel who have shared in **creating a vision** for the service and in planning how to implement the wheelchair service – are more likely to have energy and enthusiasm to support implementation.
- When personnel are involved in **planning improved service delivery** – they understand the importance, they understand what the change will involve, and they understand what their role will be in implementing the service.
- Inclusion of users in such planning always gives added value.

Ask: How does a manager overcome obstacles with their team?

Acknowledge answers.

Overcome obstacles together

- Empower people with authority, knowledge, and skills.
- Observe the service steps and provide feedback and resources needed.
- Identify the root causes of the obstacles instead of working on symptoms.

A.3.12 Managers who lead change

Explain: People need to feel supported by their manager.

- In order to face challenges, personnel need to have the authority, knowledge, and skills to carry out the new activities.
- Observe the service steps and provide feedback and the resources needed.
- Identify the root causes of the obstacles to success instead of working on the symptoms.

Ask: How does a manager create short-term wins?

Read the slide and give an example for each point.

Creating short-term wins

- Identify a measurable, immediate result.
- Tell the success stories.
- Acknowledge and prize the good results.

A.3.13 Managers who lead change

- Identify measurable immediate results that can be achieved in a short period:
  - for example: identify four new referral sources by the end of the month.
- Tell success stories in a way that is meaningful to clients, providers, and donors:
  - for example, share stories about people who receive an appropriate wheelchair and as a result are participating in their community or have returned to work.

Acknowledge and reward the good results. For example, provide specific and public recognition so people can see positive results in the short-term, feel recognized for their efforts and remain involved.

Ask: How does a manager make the change stick in the organization's systems and culture?

Read the slide and give an example for each point.

Making the change stick

- If the change does not become part of the organization's system and culture, it won't last.
- Incorporate new values, behaviours, and processes into routine organizational systems.

A.3.14 Managers who lead change
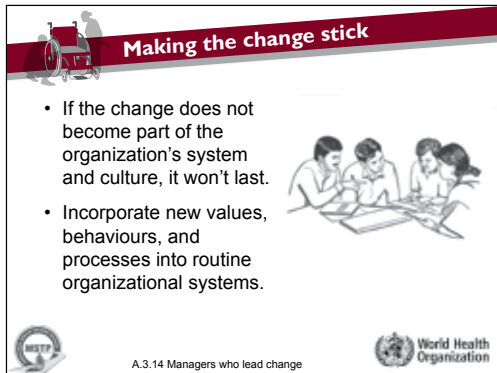
Explain:

- If the change does not become part of the organization's systems and culture, it won't last. For example, create a culture of celebrating success and encourage people to share successes and positive stories during meetings and breaks.
- Incorporate new values, behaviours, and processes into routine organizational systems. For example, make successful changes stick by writing new responsibilities into individual job descriptions and updating organizational policies.

6. Summary of action points for managers (6 minutes)

Actions for managers

Change facilitators:
1. Create a shared vision of appropriate wheelchair provision.
2. Communicate the importance of appropriate wheelchair provision with a sense of urgency.
3. Align personnel and resources.
4. Motivate, engage, and commit personnel.

A.3.15 Managers who lead change
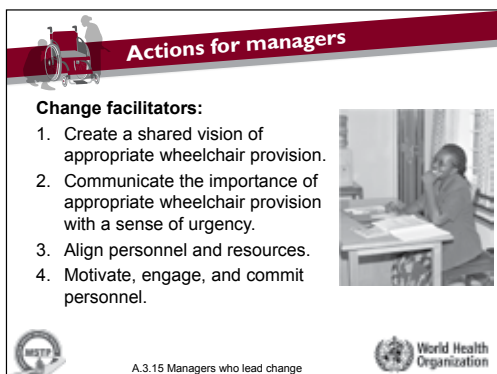
Read out list of actions for managers and refer them to their workbooks.

Put up four pieces of flip chart paper with the four headings:

1. Create a shared vision

2. Communicate the importance of wheelchair provision with a sense of urgency

3. Align stakeholders and resources

4. Motivate, engage, and commit stakeholders.

Explain: these "change facilitators" will remain up throughout the workshop. They are a place to record shared actions that managers and stakeholders can take to improve appropriate wheelchair provision in the country.

Activity	
Groups	**Whole group.**
Instructions	**Encourage** participants to write on Post-it notes any ideas that they have already.
	Explain: that we will review the suggestions at the end of the workshop.
	Refer participants to their workbook.
	Explain: that this is where they can record personal actions to introduce or improve appropriate wheelchair provision in their own service setting.
	Ask participants to share two examples of what they are planning to record as their personal actions.
	Explain: You will have a chance to record your actions at the end of each session.
Monitor	**Encourage** participants to write down any ideas that they have already.
Time	**Allow** 5 minutes in total.
Feedback	**Ask** a volunteer to clarify the difference between recording suggestions on the paper on the wall and the workbook.
	Confirm that the flip chart is for shared actions between different organizations and stakeholders and the workbook is for personal actions relating to appropriate wheelchair provision in their own service setting.

B: Starting a wheelchair service

B.1: Accessing services

OBJECTIVES	By the end of this session, participants will be able to:
	☐ explain what is meant by an "equitable service";
	☐ describe at least three actions that managers can take to develop a referral network;
	☐ list groups of people who find it more difficult than others to access wheelchair services;
	☐ list actions that wheelchair service managers can carry out to increase access to wheelchair services for **all** wheelchair users.

RESOURCES	For the session: ☐ PPT slides: B.1: Accessing services; ☐ Reference Manual and Workbook; ☐ Additional Resources for Managers Manual.
CONTEXT	Adapt this session to suit the context in which participants will be working. For example: ☐ identify positive examples of effective referral systems in the participants' countries or regions that could be used to replace the examples provided in the session plan; ☐ find out what barriers different groups of people may face in accessing services, including wheelchair services in the local context. For example – look at relevant local service statistics; read relevant articles; speak to people who run services; speak to disabled people's organizations (DPOs); speak to people in the community.
TO PREPARE	☐ Read through the session plan and gather resources.

OUTLINE		
	1. Introduction.	2
	2. What is an equitable service?	5
	3. Referral and appointment.	15
	4. What can managers do to ensure their service is equitable?	20
	5. Summary of action points for managers.	3
	Total session time	**45**

1. Introduction (2 minutes)

Explain: In this session, we will talk about the manager's role in developing a referral system. This includes building a referral network; creating a system for referrals and appointments; and ensuring that the service is equitable.

2. What is an 'equitable service'? (5 minutes)

Explain: An "equitable service" is one that works to make sure that every wheelchair user has an equal opportunity to receive a wheelchair.

WHEELCHAIR

Equitable services

- Men, women, boys and girls.
- Children, young, middle aged and elderly.
- People who live close by and people who live further away – for example in rural areas.
- People who come from different ethnic or socio-economic background.

B.1.2 Accessing services

World Health Organization
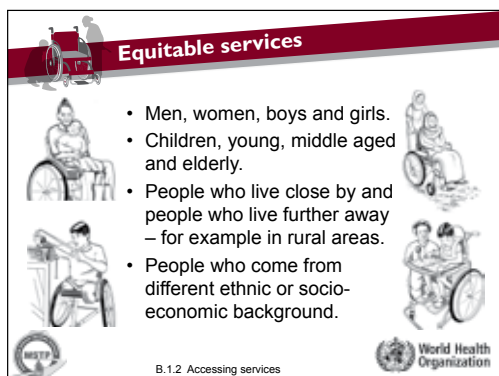
This includes:

- men, women, boys and girls
- young, middle-aged and elderly people
- people who live close by and people who live further away – for example, in rural areas
- people who come from different ethnic or socioeconomic backgrounds.

Ask: Are there some groups of people who may find it hard to access rehabilitation services in the participants' local area?

Remind participants that "accessing" a service does not just mean "getting to the service". It means being able to find out about the service, get to the service or have the service come to them.

Encourage answers and write on the whiteboard.

Most important answers:
• women and girls;
• people who live a long way from the services/people living in rural areas;
• people who are poor;
• children;
• people from different ethnic groups or socioeconomic backgrounds;
• elderly people;
• specific groups – for example people with HIV or leprosy may face discrimination.

Equal access to services for all

- Equitable services recognize that all people have an equal right to services.
- An equitable wheelchair service is not the same as providing an equal number of wheelchairs to users from different groups.
- Equitable services are about making sure those people who need a wheelchair have the same access to the service as anyone else.

B.1.3 Accessing services

Explain:

- Equitable services recognize that all people, regardless of their disability, age, gender, religion, wealth, or ethnic group have an equal right to services.
- An equitable wheelchair service is not the same as providing an equal number of wheelchairs to users from different groups (for example, equal number of wheelchairs to men and women). This is because the needs of different groups may vary.
- Equitable services are about making sure those people who need a wheelchair have the same access to the service as anyone else.

3. Referral and appointment (15 minutes)

Explain: Referral and appointment is the first step in wheelchair service provision.

1. Referral and appointment

B.1.4 Accessing services
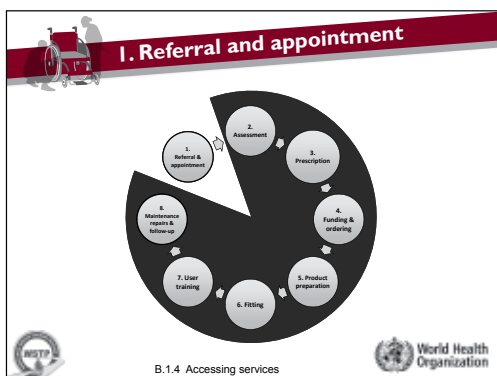
Highlight this step on the wheelchair service delivery graphic.

Explain:

- Effective referral requires good links between a wheelchair service and the community, as it is people in the community who will identify and refer wheelchair users to your service.

Ask: Who are the individuals and organizations most likely to identify wheelchair users and refer them to your wheelchair service?

Encourage answers and write on the whiteboard under the heading: "Referral network".

Most important answers:

- local hospital;
- community health centres;
- community-based rehabilitation (CBR) networks;
- village/council/church leaders;
- disabled people's organizations;
- other wheelchair users;
- doctors/nurses/rehabilitation professionals/social workers.

Explain: It is very important for managers to have identified the referral sources in their area.

Activity	
Groups:	**Divide** participants into two groups.
Instructions:	**Assign** each group one of the questions on the worksheet "referral and appointment" in their workbook.
Monitor:	**Monitor** the groups, and assist as needed.
Time:	**Allow** 10 minutes in total.
Feedback:	**Ask** each group to give feedback to the whole group.
	Record answers on the whiteboard.

Question	Possible answers include:
Question 1: Building a Referral Network As a manager, what actions can you take to build a network of individuals and organizations able to identify and refer wheelchair users to your wheelchair service?	• identify the referral sources (individuals and organizations) in your area; • discuss with wheelchair service staff what information referral sources need to be able to identify wheelchair users (who need a wheelchair); and how to refer them to the service; • prepare (or support personnel to prepare) handouts/brochures that will provide the information referral sources need; • visit (or support personnel to visit) potential referral individuals or organizations to talk about the wheelchair service; • hold an open day at the wheelchair service for wheelchair users and referral sources; • run referral network training for referral sources.

Question 2: Referral Forms	If no: Some of the challenges that services face in introducing a referral form include:
Look at the sample referral forms in the Additional Resources for Managers Manual on the Pen Drive.	• referral sources require training to be able to complete the form;
	• even after training, referral sources do not complete the referral form;
Would this referral form (or an adapted version of this form) be a useful tool for your service?	• not all referral sources have the time to complete a form;
	• referral sources are unable to post/send the referral form;
If no, why not?	• there is already a system of referral in place – which does not include a specific "wheelchair" referral.
If yes – as the manager of your service – what can you do to introduce a referral form?	**If yes:** Actions that managers can take to introduce a referral form include:
(Note – if your service/s are already using a system, you can describe what you as manager/s have done to introduce or support the referral form).	• make sure that the referral form is concise – and has only the most essential referral information for their service;
	• include introduction of the referral form in any training/introduction to the wheelchair service for all referral sources;
	• provide copies of the referral form to all possible referral sources;
	• provide positive feedback to referral sources when referral forms are received;
	• ensure that referral forms received result in appointments being made for wheelchair users – so that referral sources see the system working.

4. What can managers do to ensure their service is equitable? (20 minutes)

Explain: We have already identified groups of people who may find it harder to access services. When building a referral network – it is important to remember to keep these groups of people in mind. The following activity will help managers to consider ways to ensure that any actions to build a referral network include the groups of people who are going to find it most difficult to access a wheelchair service.

WHEELCHAIR

Activity	
Groups	**Divide** participants into four groups.
Instructions	**Assign** each group one of the following: • women and girls • people living in rural areas and people who are poor • children and elderly people • groups with different ethnic or socioeconomic backgrounds. **Ask** each group to: • write down actions that managers can take to make it easier for people in their assigned groups to access a wheelchair service; • encourage the groups to consider the ideas already discussed in this session for building a referral network; • emphasize that the actions they list should be realistic and practical within their context.
Monitor	**Monitor** the groups, and assist as needed.
Time	**Allow** 10 minutes for activity and 10 minutes for feedback.
Feedback	**Ask** each group to give feedback on their ideas to the whole group. **Record** answers on the whiteboard.

Examples of actions that managers can take to increase access to wheelchair services (participants may identify others)

Women and girls:

- Make sure information about the service is available in different ways – for example, through the radio, simple text brochures/posters, and visual images.
- Make sure that women are pictured in publicity about the service as well as men.
- Identify women wheelchair user role models who can speak about the importance of wheelchairs for women publicly and in the community.
- Speak to community leaders about how wheelchairs are equally important to women, children and men.
- Support and encourage women's participation in all levels of wheelchair services, including management and leadership positions.
- Provide DPOs with information about the wheelchair service and emphasize that women and men both need wheelchairs for mobility.
- When talking about the wheelchair service always say that the service is for men, women and children – not just for "people".

Children:

- Make sure that information about the service is available at places that parents of a child with a disability may visit – for example, community health clinics, rehabilitation services, market places, community centres, churches, mosques, and temples.
- When talking about the wheelchair service, always say that the service is for men, women and children – not just for "people".
- Provide education and information about the service to people who may treat children with a disability – for example doctors, nurses, community health workers.
- Make sure that children are pictured in publicity about the service as well as adults.
- Explain the benefits of providing wheelchairs to children at an early age whenever talking about the service. Also explain the benefits for the families/carers of children that the provision of a wheelchair provides.
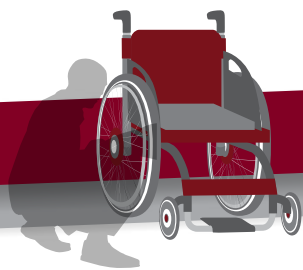
People who are poor:

- Make sure that services are as cost effective as possible.
- Identify ways to provide financial support for wheelchair users who are unable to pay for transport to wheelchair services, or are unable to pay for their wheelchair (if there is a charge). For example, establish a wheelchair fund.

People who are elderly:

- When talking about the wheelchair service, always say that the service is for all people – including elderly people.
- Include pictures of elderly people using wheelchairs in publicity about the service.
- Explain the benefits of a wheelchair for people who are elderly, and for their families, when talking about the wheelchair service.

People who live a long way from the services/people living in rural areas:

- Make sure that information about the service is available in rural locations – for example rural health clinics, market places, community centres, churches, mosques, and temples.
- Provide information about the service to people who work with people living in rural areas – for example community-based rehabilitation workers.
- Identify ways to assist rural wheelchair users with transport if the service does not offer outreach. For example – financial assistance with transport, working with other organizations that can help to transport people to the service.
- Find out if it is possible to offer accommodation for wheelchair users visiting the service from rural locations.
- Provide outreach services to rural areas.
- Train people working in rural areas (for example community health workers) how to support wheelchair users in the community; how to carry out follow-up; and how to help with simple wheelchair maintenance and repairs.
- Ensure wheelchairs are available that can be used effectively in rural areas, over rough terrain, and provide information on how to make simple adaptations (for example, ramps or smoothing pathways) to make it easier to use a wheelchair in rural areas.

Ensure representation of different ethnic and socioeconomic groups:

- When talking about the wheelchair service, always say that the service is for all people – regardless of ethnicity or socioeconomic background.
- Include pictures of people from the different ethnic and religious groups in the area served by the service in all publicity about the service.
- Where possible, employ staff from different ethnic and religious groups in the service.

5. Summary of action points for managers (3 minutes)

Actions for managers

- Establish connection with the local groups/organizations working on disability.
- Identify referral sources.
- Build a referral network.
- Decide whether the service will promote a referral form or not.
- Work to ensure the wheelchair service is available to all – equitable service provision.

B.1.5 Accessing services

World Health Organization

Read the list of actions for managers.

Work with wheelchair service staff and key stakeholders to:

- identify referral sources
- build a referral network
- decide whether the service will promote a referral form or not
- actively work to ensure the wheelchair service is equitable.

Ask participants to refer to their workbook and record their own actions for creating change in their organization. If they already have a good referral network they do not need to note this as an action.

B.2: Facilities and equipment

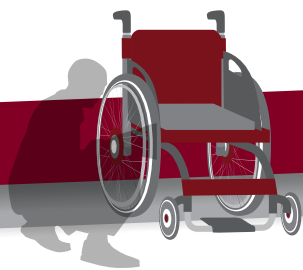| OBJECTIVES	By the end of this session, participants will be able to: ☐ identify the service model for their context; ☐ identify the facilities required for basic and intermediate services; ☐ identify the equipment, forms and checklists required for basic and intermediate services; ☐ describe four systems and procedures for workspace organization.

RESOURCES	For the session: ☐ PPT slides: B.2: Facilities and equipment; ☐ Reference Manual and Workbook; ☐ Additional Resources for Managers Manual; ☐ Design Considerations for Accessibility from Pen Drive under Supplementary resources; ☐ Sample wheelchairs to walk through facilities.	
CONTEXT	Adapt this session to suit the context in which participants will be working. For example: ☐ it is helpful to know what service models are being implemented and if possible, visit the services prior to the workshop; ☐ a facility is a place for doing something. Several specialists can work in the same facility. Work areas are places where personnel use their equipment. There might be a technical facility with a basic, intermediate and P&O work area.	
TO PREPARE	☐ Read through the session plan and gather resources. ☐ Discuss with the service centre (if it is in the same location as where the training is taking place) whether a walk through the service facilities is possible? Explain the purpose of the activity. Check what facilities are available and who is involved in each service step in preparation for the activity (Referrals – where referrals are received; Registration and waiting area; Assessment area; Toilet; Storage area; Product preparation area; Fitting area; User training area: Mobility skills/health, Wheelchair handling; Maintenance and repair.	
OUTLINE	1. Introduction	2
	2. Facilities and service flow	23
	3. Equipment, forms, and checklists	10
	4. Organization of facilities	15
	5. Summary of action points for managers.	5
	Total session time	**55**

1. Introduction (2 minutes)

Explain: In this session, we will talk about the manager's role in identifying facilities and sourcing the necessary equipment to deliver an appropriate eight step service. The facilities and equipment required increase when moving from basic to intermediate level services.

WHEELCHAIR

2. Facilities and service flow (23 minutes)

Explain: Wheelchair services can happen in lots of different locations.

Always plan the facilities

- The facilities for service delivery require consideration in each location, however small.
- In integrated services, some facilities may have shared work areas, for example, a therapy department may have basic level, intermediate level, and out-patient work areas within the clinical facility.

B.2.2 Facilities and equipment

Read the slide, reinforce if needed.

Activity	
Groups:	**Whole group** refer to Reference Manual and Workbook.
Instructions:	**Consider** how many of the facilities you already have. Remind participants that in small services, it is not expected to have a separate room for each facility. However, consideration must be given to the needs of each facility. Where the facilities do not exist, consider whether you could create them. For example: • How many of the suggested facilities already exist? • Could the suggested facilities be integrated within an existing service? • Could a room with another purpose be converted? • Could an existing room be reorganized or restructured?
Monitor:	**Monitor** the group, and assist as needed.
Time:	**Allow** 10 minutes in total.
Feedback:	**Ask** whether anyone already has all the identified facilities? **Ask** whether anyone has come up with a solution that involves integrating into an existing facility and creating a new work area within it? **Ask** whether anyone has come up with a solution to change the purpose of an existing room or building? **Ask** whether anyone has come up with a solution to reorganize or restructure an existing building or room?

Explain: We have discussed the facilities which may be required for basic and intermediate services.
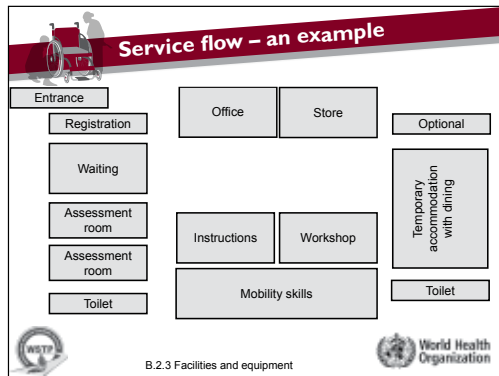
Explain:

• Now we will consider the "flow" of the service in relation to how the team work together and the wheelchair user's experience from the time they arrive at the service, until the time they leave.

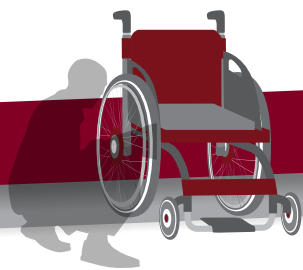| Activity	
Groups:	**Whole group** or in two smaller groups if more appropriate. **Ask** two volunteers to use a wheelchair and two additional volunteers to be their "buddy" and assist them as necessary. **Explain**: This is to help consider wheelchair access whilst moving around the service centre.
Instructions:	**Move** through the facilities in the following sequence: • referrals – where referrals are received • registration and waiting area • assessment area • toilet • storage area • product preparation area • fitting area • user training area • mobility skills area.
Monitor:	**Walk** through the service centre together.
Time:	**Allow** 10 minutes for the activity and 2 minutes for summary of discussion at the end.
Feedback:	Summarize if there were any identified problems with the service flow and possible solutions.

3. Equipment, forms, and checklists (10 minutes)

Equipment & paperwork – an example

B.2.4 Facilities and equipment

World Health Organization

Explain:

- Examples of equipment, forms and service checklists are listed in the reference manual.
- The manager's role is to align personnel and resources so that individual personnel have responsibility for ensuring the necessary equipment and paperwork is available.
- This may mean adjusting equipment to make it transportable and suitable for different settings.

Activity	
Groups:	**Whole group.** Participants from the same service centre can work together.
Instructions:	**Review** the facilities and equipment information in the reference manual and list of forms and checklists from the Additional Resources for Managers Manual on the Pen Drive. • Which equipment is already available and in use at your service centre? Note any equipment that can be made or purchased. • Which forms and checklists are already integrated and in use? Note any forms or checklists which can be integrated into daily use.
Monitor:	**Monitor** the groups, and assist as needed.
Time:	**Allow** 5 minutes for activity and 4 minutes for feedback.
Feedback:	**Ask** if there are any questions?

Notes for trainers:
• *In community settings, it may be necessary to identify carpentry, welding, upholstery skills locally, who already have the necessary equipment.*

4. Organization of facilities (15 minutes)

Explain: We have looked at the facilities and equipment required for service delivery. The final step for a manager is to allocate responsibility for each facility to ensure it is well organized. Well organized facilities encourage a professional and efficient service. Poorly organized facilities give an impression of an unprofessional and poorly organized service.

Explain: There are four steps that need to be applied to each facility in any service model.

Organization of facilities

1. Ensure cleanliness of the work place.
2. Identify regularly used items – keep those in an easily accessible place.
3. Establish a system and agree responsibilities.
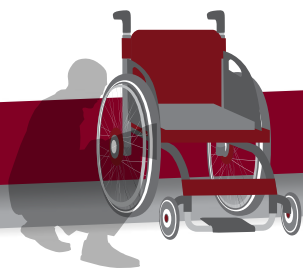4. Monitor from time to time.

B.2.5 Facilities and equipment

World Health Organization

Explain: the need:

1. Remove clutter: eliminate all unnecessary tools, parts, equipment, out of date paperwork.

2. Identify regularly used items: tools, parts, instructions and paperwork. Regularly used items should be arranged so they are easiest and quickest to locate.

3. System and responsibility: have a system for each workspace and someone responsible for implementing the system.

4. Monitor: the system to make sure the change sticks.

Activity	
Groups:	**Divide** participants into four groups.
Instructions:	**Ask** each group to review the two poorly organized facilities in the workbook.
	Ask the groups to refer to their reference manuals and make recommendations for the facilities, equipment and workspace organization.
Monitor:	**Monitor** the groups, and assist as needed.
Time:	**Allow** 6 minutes to review the workspaces and 4 minutes for feedback.
Feedback:	**Ask** for a group to volunteer to feedback on the first facility.
	Record answers on the whiteboard.
	Repeat for facility two.

Examples of recommendations to improve organization of facilities and equipment (participants may identify others)
Technical facilities and equipment:
• identify role of technical area (product preparation, making modifications);   • remove all unnecessary tools, parts, equipment;   • shelves to store equipment;   • shelf and/or tool board for regularly used items close to workbench;   • workbench should be clear;   • meet with staff: confirm system and allocate responsibility for implementing.
Outreach clinical and technical facilities:
• table to organize tools and equipment;   • portable workbench;   • tools in toolbox;   • sheets or screen to create a private area for assessment;   • assessment surface and foot blocks.

5. Summary of action points for managers (5 minutes)

Actions for managers

- Identify facilities and equipment appropriate for the service delivery model.
- Integrate paperwork and checklists into service steps.
- Organize facilities.
- Establish systems and procedures for each facility and allocate responsibilities.

B.2.6 Facilities and equipment

World Health Organization

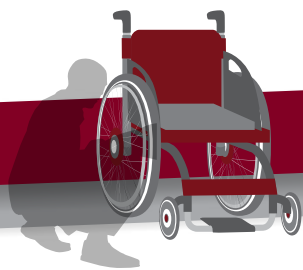**Read** the list of actions for managers.

Work with wheelchair service staff and key stakeholders to:

- identify facilities and equipment appropriate for the service delivery model;
- integrate paperwork and checklists into service steps
- Organize facilities;
- establish systems and procedures for each facility and allocate responsibilities.

Ask participants to refer to their workbook and record their own actions for organising facilities and equipment.

B.3: Range of appropriate wheelchairs

<table>
<tr>
<td rowspan="1">OBJECTIVES</td>
<td>By the end of this session, participants will be able to:
☐   define an appropriate wheelchair and cushion;
☐   explain the importance of proper fit and postural support;
☐   explain the importance of user's needs and environment when selecting an appropriate wheelchair;
☐   discuss three factors which influence the safety and durability of products;
☐   discuss considerations for a "start-up" range of wheelchairs.</td>
</tr>
<tr>
<td>RESOURCES</td>
<td>For the session:
☐   PPT slides: B3: Range of appropriate wheelchairs
☐   Reference Manual and Workbook;
☐   video: Benefits of extra support – Chaeli;
☐   video: Benefits of an appropriate wheelchair;
☐   video: Meeting the wheelchair user's needs – Mark and Ryan;
☐   example of a pressure relief cushion;
☐   Joint position paper on provision of mobility devices in less resourced settings from the Supplementary resources of the Pen Drive.</td>
</tr>
<tr>
<td>CONTEXT</td>
<td>Adapt this session to suit the context participants will be working in. For example:
☐   Consider the range of wheelchairs locally available and use as examples if appropriate.</td>
</tr>
<tr>
<td>TO PREPARE</td>
<td>☐   Read through the session plan and gather resources.
☐   Read the Appropriate Wheelchairs reference information from WSTP basic and reference information on Children in WSTP intermediate.
☐   Read Chapter 7 of the Joint position paper on provision of mobility devices in less resourced settings.</td>
</tr>
</table>

1. Introduction (2 minutes)

Explain: In this session, we will talk about the manager's role in working with a range of stakeholders to identify a minimum range of products to help address the needs of children and adults accessing their service.

2. What is an appropriate wheelchair and cushion? (8 minutes)

Explain: The *Wheelchair Guidelines* define an appropriate wheelchair.

What is an appropriate wheelchair?

Fit for purpose

An appropriate wheelchair:
– Meets the user's needs;
– Meets the user's environment;
– Is the right match for the user (size and support);
– Is safe and durable;
– Can be maintained and repaired locally.

B.3.2 Range of appropriate wheelchairs

Read the slide, reinforce if needed.

Explain: Every wheelchair user needs a cushion.

Need for cushions

- Every wheelchair user needs to have a cushion.
- The type of cushion best suited to the user will depend on their needs and health condition.
- Any person at risk of developing a pressure sore needs a pressure relief cushion.

B.3.3 Range of appropriate wheelchairs

Explain: The type of cushion best suited to the user will depend on their needs and health condition. For this reason, wheelchair services need to have at least a small range of cushions available.

Summarize: A service should be able to supply a pressure relief cushion.

Ask: We are stressing the importance of a pressure relief cushion because we know pressure sores can lead to death so preventing them is very important. Can anyone suggest specific groups of wheelchair users who are likely to need a pressure relief cushion?

Most important answers:
• people who have a spinal cord injury;
• anyone who has had a pressure sore in the past;
• elderly or frail people; and
• people who have difficulty moving and changing position.

Pass around at least one example of a pressure relief cushion.

Need for cushions

- Average life expectancy in well-resourced countries is approximately 38 years for people injured between the ages of 25-34.
- However, data from a developing country suggest the median life expectancy following spinal cord injury is 5.36 years, with 56.4% of people dying within 5 years of injury.
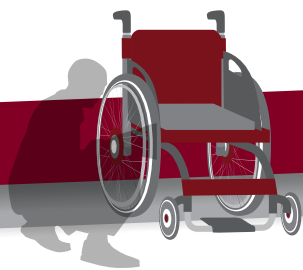
B.3.4 Range of appropriate wheelchairs

Explain:

- There is a cost to not having the right cushion and teaching people how to use it.
- Average (median) life expectancy in well resourced countries is approximately 38 years post injury for people injured between the ages of 25 and 34 years (6).
- In contrast, a study carried out in Bangladesh found the median life expectancy following spinal cord injury to be 5.36 years, with 56.4% of people dying within 5 years of their injury (7).

Need for cushions

- The same study shows 80% of them died at home, and one-third of them had pressure sores at the time of death.
- Pressure relief cushions reduce the chance of developing pressure sores.

B.3.5 Range of appropriate wheelchairs

Explain:

- However, the same study shows 80% of the people within the study died at home, and of those who died at home, one-third had pressure sores at the time of death.

Cost of pressure sores

Hospital cost survey, Sri Lanka (1999)
- A superficial pressure sore – 6 weeks to heal and cost was about US$ 286.
- A deep pressure sore – one year to heal and cost was about US$ 2483.
- Introduction of the right wheelchair, cushion and mattress with adequate patient education reduced incidence of pressure sores during hospital stay by 70% and expenditure on dressings by nearly 60%.

B.3.6 Range of appropriate wheelchairs

Explain:

- In a rehabilitation hospital in Sri Lanka, a hospital cost survey demonstrated that the introduction of the right wheelchair, cushion, and mattress with adequate patient education, could reduce incidence of pressure sores during hospital stay by 70%, and expenditure on dressings by nearly 60%.

According to the WHO *World Report on Disability* (8) a hospital programme in Sao Paulo Brazil introduced a service with a focus on education to reduce secondary complications for people with spinal cord injury and this helped to reduce the incidence of pressure sores by 23%.

Explain: Having access to an appropriate cushion with education on how to use it is an important part of preventing health complications. How to make a pressure relief cushion is taught in WSTP basic. The ability to modify a cushion is covered in WSTP intermediate. Fabrication of cushions often requires identifying a regular supply of good quality foam.

3. Providing proper fit and postural support (10 minutes)

Explain: To provide proper fit a range of sizes is required; including an option for children.

B.3.7 Range of appropriate wheelchairs
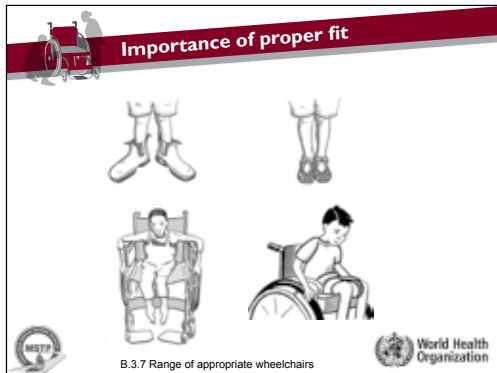
Click to bring up one image at a time.

Ask: What do you see here?

Most important answers:
• child in adult shoes;
• wrong size, too big;
• child not able to run around and do what they need to do.

Click on next image of well fitting shoes.

Explain: The child now has the right type of shoes, which fit correctly and they are able to run around and play.

Click on image of child in wheelchair.

Ask: What do you see here?

Most important answers:
• child in adult's wheelchair, wrong size;
• difficult to move around and play.

Click on final image.

Explain: With the right type and size of wheelchair, a child has the maximum opportunity to do what they need to do.
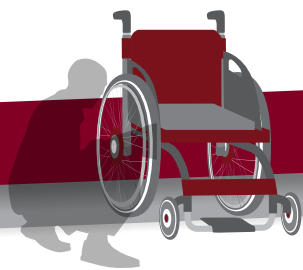

B.3.8 Range of appropriate wheelchairs

Explain:

• People have different posture support needs and therefore require wheelchairs with different types of support.

Explain:

• People with basic level posture support needs require the support of a well fitting wheelchair.
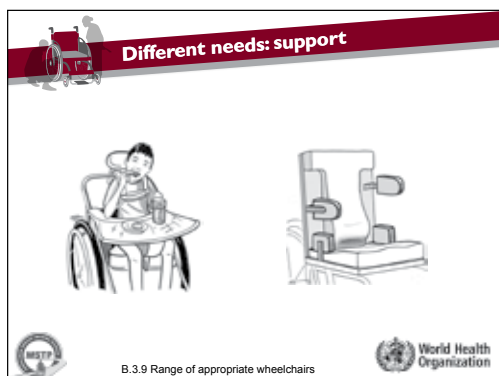
Explain: People with intermediate level posture support needs require a well fitting wheelchair with extra support.

Different needs: support

B.3.9 Range of appropriate wheelchairs

World Health Organization

Explain:

- Extra support can be provided by adding extra posture supports to the wheelchair, or by providing a dedicated supportive seat.

Explain: There is a cost to not providing extra support when it is needed – particularly for children who are growing and will experience growth spurts.

Cost of lack of extra support

Western Cape Rehabilitation Centre, South Africa

Prevention of secondary complications				
In group with:	For last 5 months 2007–8		2008–9	
	Group 1	Group 2	Group 1	Group 2
Number of clients	384	282	723	355
Number of new spinal deviations	0	98	3	75
% of new spinal deviations	0.00%	34.75%	0.4%	21%

B.3.10 Range of appropriate wheelchairs

World Health Organization

Staff at the Western Cape Rehabilitation Centre in South Africa documented the complications observed in a group of children at schools and care centres seen in different services.

All children were seen *before* any changes in posture developed.

Highlight the column headings and explain group 1 received a well fitting wheelchair plus extra support for the trunk – *before a change in posture developed*.

Group 2 received a well fitting wheelchair with no extra support (*before a change in posture developed*).

Group 1, who received extra support only developed 0.4% postural complications (change in posture). Group 2, who did not receive extra support, developed 21% postural complications (changes in posture).

The cost of these complications for the children and their families and services were:
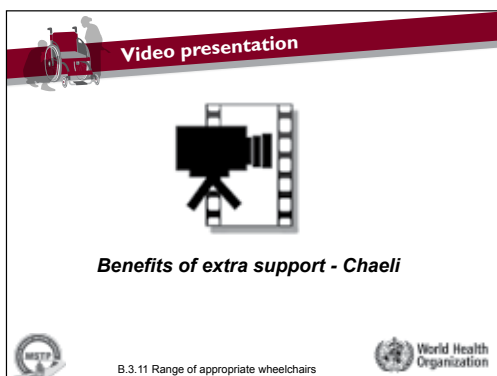
- increased complications and more time attending appointments
- poorer health

- poorer posture and discomfort
- lower sitting tolerance (sitting less time in comfort)
- decreased participation in educational programmes
- decreased quality of life.

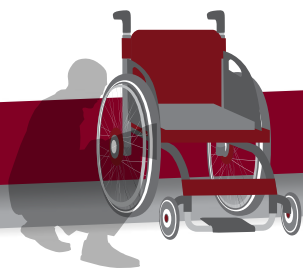| Notes for trainers: this is additional information in case the participants ask more questions |
| --- |
| On further analysis; the following risk factors increased the risk of postural complications developing:

• *asymmetrical muscle control of the trunk;*

• *strong movement creating postural tendencies;*

• *growth spurt;*

• *existing bony lesions;*

• *weakness/paralysis of the trunk (high level).* |

Video presentation

Benefits of extra support - Chaeli

B.3.11 Range of appropriate wheelchairs

Introduce video: Benefits of extra support – Chaeli.

Ask participants to listen to Chaeli describing how extra support from a young age has helped her.

Show video.

Ask: What did you think about Chaeli's comments about the benefits of extra support from a young age?
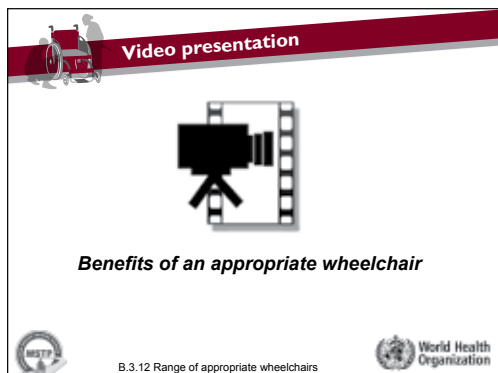
Acknowledge answers.

4. Meeting the user's needs and environment (10 minutes)

Video presentation

Benefits of an appropriate wheelchair

B.3.12 Range of appropriate wheelchairs

World Health Organization

Introduce video: Benefits of an appropriate wheelchair.

Ask participants to observe how the different wheelchairs help people in the video carry out their work or activities.

Show video.

Ask: What were some of the activities that you saw?

Most important answers:

- working (in supermarket, gym);
- dancing;
- walking (with Mum and dog);
- playing basketball;
- get to places you need to go to (school, overcome physical barriers in environment).

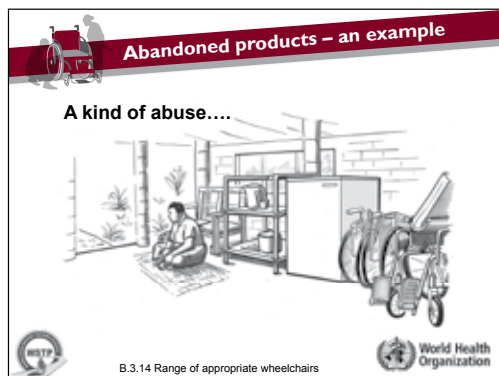**Introduce video: Meeting the wheelchair user's needs.**

Video presentation

*Meeting the wheelchair user's needs
- Mark and Ryan*

B.3.13 Range of appropriate wheelchairs

World Health Organization

Ask participants to look for the different features that help users to carry out different work or activities.

Show video.

Ask: What were some of the features that you saw?

Abandoned products – an example

A kind of abuse….

B.3.14 Range of appropriate wheelchairs

World Health Organization

Explain: The video highlights that different wheelchairs are suited to different environments. When people receive a product which does not work well in their environment, the wheelchairs are often discarded.
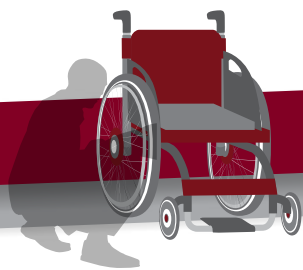
Explain:

- In this image, there are three wheelchairs. The first two have been abandoned because they need repair and there are no spare parts available.
- The third donated one is new; however, it feels wobbly and unstable when used outside and the person who received it feels unsafe.
- This person has three wheelchairs but none of them provide an appropriate solution for his needs.

5. Importance of a safe and durable product (20 minutes)

Explain: We have discussed the importance of the product matching the person and their environment. Now we will consider factors which influence the safety and durability of products.

Ask: What happens when a wheelchair is not durable?

Most important answers:

- it will not last long;
- it will quickly break down.

Cost of poor durability

- Products which are not durable have to be reissued more often than durable products.
- An inappropriate product may break down within 1-6 months and require replacing.
- An appropriate product can last 3–5 years and provide better value for money in the long run.

B.3.15 Range of appropriate wheelchairs

World Health Organization

Explain:

- Products that are not durable have to be replaced more often than durable products.
- An inappropriate product may break down within 1–6 months and require replacing. An appropriate product can last 3–5 years (six to ten times longer) and provide better value for money.

Ask: What are some of the costs of having piles of discarded wheelchairs?

Most important answers:

- there is a cost to breaking down and getting rid of discarded equipment;
- abandoned products take up valuable space in facilities;
- donated equipment often lacks one person who has the responsibility and authority to make decisions on how it is used/stored and removed.

Cost of not considering environment

Wheelchair graveyard

B.3.16 Range of appropriate wheelchairs

World Health Organization

Click through the pictures.

Explain:

- These examples of piles of discarded wheelchairs that cannot be repaired are found in many countries around the world filling up rooms or discarded outside the service centre.

A manager's role when procuring or receiving donated products is to ensure that:
• different sizes are provided
• wheelchairs come with cushions
• the range of products is suitable for the environments in which they will be used
• products are durable when used in rough and harsh environments
• the available products can be repaired locally.

B.3.17 Range of appropriate wheelchairs

Explain: A manager's role when procuring or receiving donated products is to ensure that:

• The range of products is suitable for the environments in which they will be used.
• Products are durable when used in rough and harsh environments.
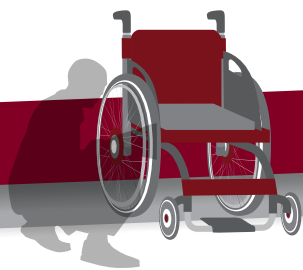• The available products can be repaired locally.

Ask: Who do you receive wheelchairs from?

Possible answers – will vary according to the participants and their context:
• donors; • faith based organizations; • manufacturers; • suppliers.

Explain: Wheelchair users want safe and durable products, which can be repaired at an affordable cost. There are important questions to ask about existing products available at your service, or when sourcing new products for your service.

Activity	
Groups:	**Divide** participants into three groups.
Instructions:	**Give** each group a number 1–3 and assign the appropriate assignment in the workbook: B.2 Range of appropriate wheelchairs: durability, repairability. **Ask** participants to answer questions assigned to their group in their workbook. **Explain**: that participants may refer to the reference manual and use their own knowledge and experience to complete the activity. **Explain**: that participants have 5 minutes to answer the assigned question.
Monitor:	**Monitor** the groups, and assist as needed.
Time:	**Allow** 5 minutes to prepare. **Allow** 10 minutes (in total) for feedback; this timing is based on three groups, adjust the timing if more groups are feeding back.
Feedback:	**Ask** each group in turn to present their feedback. Trainer should refer to the notes in the reference material to guide the discussion points.

What questions can you ask about the safety and durability of the products supplied?

- Has the product passed any certified standards (has the product passed performance tests and quality assurance tests set by a professional body)? What were the results?
- Does the supplier recommend a particular lifespan?
- Does the supplier have a system for reporting faults?
- Who else buys and uses their products?
- Has the product been tried in the country; and if so, what feedback/results were there?
- Are there spare parts available? Do these parts need to be purchased overseas; or are some of the spare parts that may be needed readily available in your country?
- If the frame breaks – can this be repaired locally?

What are some of the wheelchair parts that commonly break or wear out?

- Poor quality upholstery tears or sags.
- Castor wheels (axles, tyres, bearings, castor forks).
- Rear wheels (wheel axle, push ring, spokes, bearings, tyres).
- Brakes.
- Footrests.
- Cushions.

How do you calculate which spare parts to order?

- Ask if the supplier has any recommendations.
- Identify what spare parts can be purchased locally (either by the service or the user).
- Consider how many follow-up appointments are predicted for the next year and order stock for 30% of this number as a starting point.
- Keep clear records of how many spare parts are used each year and use this to predict future orders.

Ask: Who else can you talk to in order to find out about safety and durability of products?

Acknowledge answers.

Ask about safety and durability

- Ask for feedback from users through home visits, focus group meetings, meeting DPOs.
- Ask for feedback from service providers in different organizations.
- Always procure a small number of products to trial.

B.3.18 Range of appropriate wheelchairs

- **Ask** for feedback from users through home visits, focus group meetings, through DPOs.
- **Ask** for feedback from service providers in different organizations.
- **Purchase** a small number of products to trial before you make a big purchase.

Product trial

- During a product trial, people often want to judge a product based only on how it looks.
- Often opinions change – both positive and negative after actually using the product.
- It is important to actually try a product before making a positive or negative decision.

B.3.19 Range of appropriate wheelchairs

Explain:

- During a product trial, people often want to judge a product based only on how it looks.
- Often opinions change – both positively and negatively after actually using a product.
- It is important to actually try a product for a few months before making a positive or negative decision.

Explain: Step eight of a service is follow up, maintenance and repairs. All users and their family members should be taught simple maintenance and repair to prolong the life of their product. This is taught in WSTP basic.

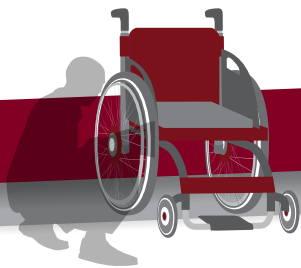

Maintenance and repair

B.3.20 Range of appropriate wheelchairs

Explain: The manager's role is to:

- Ensure that service users have access to a maintenance and repair service.
- Train partners to provide maintenance and repair services.
- Identify resources in the community who can provide maintenance and repair services.

Explain: Follow-up is discussed further later in the workshop.

6. Starting range of wheelchairs (25 minutes)

Acknowledge that in some situations there is only one type of wheelchair available.

Read the example of government introducing standards for wheelchairs in Sri Lanka below.

Highlight: Governments that sign up to the CRPD have a moral and legal commitment to address standards in assistive devices.

National standards for wheelchair provision in Sri Lanka
A process for establishing wheelchair standards was initiated in Sri Lanka as a result of more than three years of lobbying. The result is that any supplier or manufacturer of wheelchairs has to meet the same basic standards in their products. If the government are purchasing wheelchairs, as in the case of Sri Lanka, standards can be used as leverage to increase the spend per wheelchair, giving the users greater benefits by providing more durable and functional equipment. The purchaser also benefits as their money lasts longer.

Explain:

That the next activity considers how stakeholders can work with government or donors to improve the supply of appropriate wheelchairs.

Activity	
Groups:	**Divide** participants into three groups.
Instructions:	**Give** each group a scenario from the Workbook: B.2.2 Range of appropriate wheelchairs: role play.
	Ask participants to read the scenarios.
	Explain that participants have 10 minutes to prepare the assigned scenario.
Monitor:	**Monitor** the groups, and assist as needed.
Time:	**Allow** 10 minutes to prepare.
	Allow 12 minutes (in total) for feedback; this timing is based on three groups; adjust the timing if more groups are feeding back.

Feedback:	**Ask** each group in turn to present their feedback
	Trainer should refer to the principles in Chapter 6 of the Joint position paper on provision of mobility devices in less resourced settings to guide the discussion points.
	The principles of providing appropriate mobility devices In order for countries to meet their obligations related to assistive technology (mobility devices), outlined in the Convention on the Rights of Persons with Disabilities the following key principles need to be considered (9): • Acceptability – people with disabilities must be involved in all stages of mobility device provision. • Accessibility – mobility devices and related services must be accessible to everyone with an identified need. • Adaptability – mobility devices and related services need to be adapted and modified to ensure they are appropriate to the needs of the individual. • Affordability – mobility devices and associated services must be affordable. • Availability – facilities, personnel and products must be sufficient for the needs of the population and provided as close as possible to the people's own communities. • Quality – products, facilities and services are of an appropriate quality.

7. Summary of action points for managers (5 minutes)

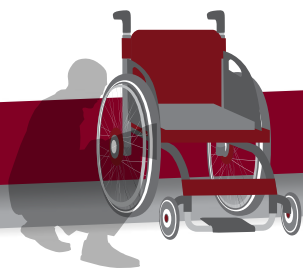**Read** the action points for managers.

Actions for managers

• Identify the needs of your service users and the most important product features to meet those needs.
• Identify a suitable range of appropriate wheelchairs, cushions and spare parts.
• Identify suitable supplies of materials for making modifications to products.
• Discuss the cost:benefit ratio of appropriate wheelchairs and cushions delivered through a service at every opportunity with different stakeholders.

B.3.21 Range of appropriate wheelchairs

Explain: Work with wheelchair service staff and key stakeholders to:

• identify the needs of your service users and the most important product features to meet those needs.
• identify a suitable range of appropriate wheelchairs, cushions and spare parts.
• identify suitable supplies of materials for making modifications to products.
• discuss the cost-benefit of appropriate wheelchairs and cushions delivered through a service at every opportunity with different stakeholders.

WHEELCHAIR

Ask: participants to refer to their workbook and record their own actions for improving the range of appropriate wheelchairs in their service.
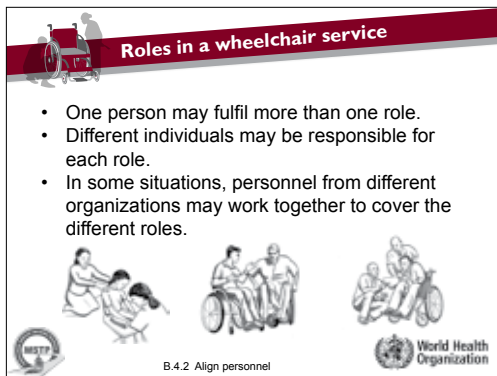
B.4: Align personnel

OBJECTIVES	By the end of this session, participants will be able to: ☐ describe four roles of a wheelchair service delivery team; ☐ identify personnel required for a basic and intermediate service; ☐ plan the integration of roles into new or existing schedules; ☐ estimate annual service capacity.
RESOURCES	For the session: ☐ PPT slides: B.4: Align personnel ☐ Reference Manual and Workbook;
CONTEXT	Adapt this session to suit the context participants will be working in. For example: ☐ consider existing models of service delivery in the region and how wheelchair services may integrate into these models.
TO PREPARE	☐ Read through the session plan and gather resources. ☐ Work through the Excel spreadsheet and scenarios stored in the Supplementary resources folder of the Pen Drive.

OUTLINE		
1.	Introduction	2
2.	Roles in a wheelchair service	10
3.	Include staff in planning	5
4.	Encourage teamwork	5
5.	Assessing service capacity	25
6.	Summary of action points for managers.	3
	Total session time	**50**

1. Introduction (2 minutes)

Explain: In this session, we will talk about the manager's role in identifying and aligning personnel to deliver the different roles and responsibilities. We will focus on four key roles: clinical, technical, training, administrative.

2. Roles in a wheelchair service (10 minutes)

Explain: The service roles can be delivered by people with different educational and professional backgrounds, as long as the appropriate training has been given. For this reason, different types of organizations can be involved in wheelchair provision.
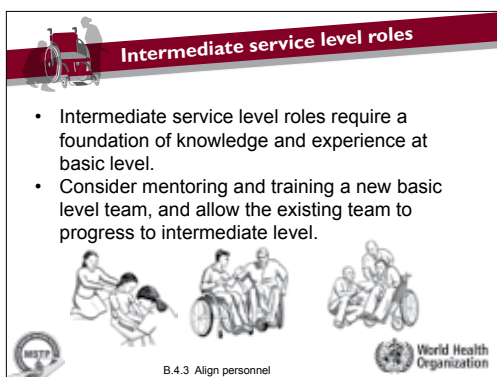
Roles in a wheelchair service
- One person may fulfil more than one role.
- Different individuals may be responsible for each role.
- In some situations, personnel from different organizations may work together to cover the different roles.

B.4.2 Align personnel
World Health Organization

Explain:

- One person may fulfil more than one role or cover one step of the eight steps.
- Different individuals may be responsible for different roles.
- In some situations, personnel from different organizations may work together to cover the different roles or to cover different steps of the eight steps.

Intermediate service level roles
- Intermediate service level roles require a foundation of knowledge and experience at basic level.
- Consider mentoring and training a new basic level team, and allow the existing team to progress to intermediate level.
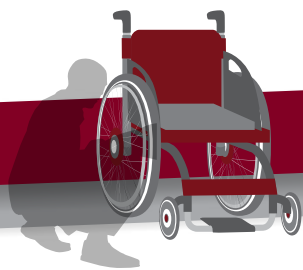
B.4.3 Align personnel
World Health Organization

Explain:

- Intermediate service level roles require a foundation of knowledge and experience at basic level.
- Consider mentoring and training a new basic level team, to allow the existing team to progress to intermediate level.

Explain: The first responsibility of the manager is to identify new or existing personnel to carry out the different roles in the wheelchair service. If personnel from another organization are involved – managers from each service will need to work together.

Activity	
Groups:	**Divide** in to different organizations. Participants from the same organization should work together. It is not necessary to work in groups if participants are from different organizations.
Instructions:	**Explain**: that a sample table has been completed listing the main roles of wheelchair service personnel.
	Participants should put a name next to each role. Remind participants that one person may carry out more than one role.
	If service teams have not yet been identified, consider who may fulfil these roles.
	If more than one service is supported by the manager, list each service.
Monitor:	**Monitor** the groups, and assist as needed.
Time:	**Allow** 5 minutes.
Feedback:	**Ask** if anyone would like to comment on that activity? Explain that it is important that someone has responsibility for each of the highlighted roles.

3. Include staff in planning (5 minutes)

Explain: We talked about the importance of including personnel in planning, in the session on leading change.

Ask: Why is it important to include personnel?

Most important answers:
• resistance to change usually comes from a lack of knowledge about the change;
• people are more likely to support what they help create;
• staff will have experience and ideas of how to start or improve the service.

Involve all key personnel in planning

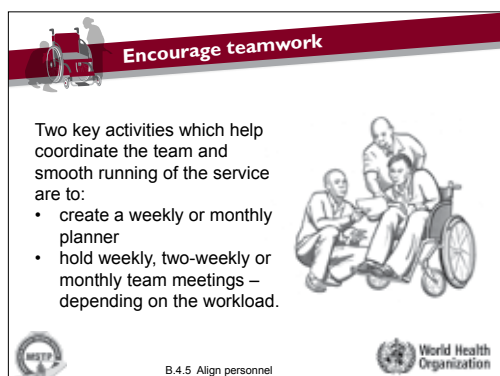B.4.4 Align personnel

World Health Organization
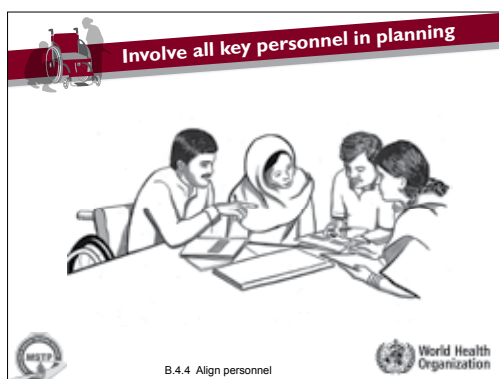
Explain: that by bringing together the service personnel and involving them in planning, it:

• starts the process of creating a team and
• encourages good teamwork.

4. Encourage teamwork (5 minutes)

Explain: Once you have created a team, it is important to work together to plan how to create or improve the service.

Explain:

Two key activities which help coordinate the team and smooth running of the service are to create a weekly or monthly planner, which is visible in each clinical and technical facility, and to hold regular team meetings:

- weekly, twice monthly or monthly planner
- weekly, twice monthly or monthly team meetings.

5. Assessing service capacity (25 minutes)

Explain: We are going to consider how to plan service capacity when starting or improving a service.

Explain: Service capacity is linked to:

- number of staff available for wheelchair service delivery;
- annual product supply linked to product procurement budget.

Highlight that we will focus on the link between capacity of service personnel and annual number of service users. Budgeting will be considered in the next session.

Explain: There is a direct link between the number of staff and the hours they work and the annual capacity of the service for new and follow-up appointments.

Explain:

- It is recommended that a minimum of two staff per organization are trained at both basic and intermediate level.
- If only one person is trained, the service is very vulnerable if they leave and all the knowledge and experience leaves with them.

Explain:

- The number of working weeks available each year should be calculated, deducting public holidays and annual leave.
- This will impact on the number of wheelchair users seen each year.

Ask participants to calculate how many working weeks are available for service personnel each year in their service. Remember to deduct public holidays and annual leave.

Explain: A working week may be five days. However, personnel may not be available for wheelchair service delivery on all five days.

Number of days per week

- The number of days available each week to work directly on the service steps should also be estimated, deducting weekly meetings, stock control, paperwork and breaks.
- This will impact on the number of wheelchair users who can be seen each week.
- If a person has a role other than wheelchair service delivery, it is important to clearly identify the time available for each role.

B.4.9 Align personnel

Explain:

- The number of days available each week to work directly on the service steps should also be estimated. Weekly meetings, paperwork, stock control and breaks all need to be taken into consideration and deducted from the time available for service delivery.
- This will impact on the number of wheelchair users who can be seen each week.
- If a person has a role other than wheelchair service delivery, it is important to clearly identify the time available for each role.

Explain: As a starting point for planning, we will consider approximately how many basic level users and intermediate level users can be seen in a day.

There are many factors which will influence this, for example, whether service personnel are new or experienced; whether the wheelchair provided requires modification or not. These factors will be considered more in the next section of the workshop: running a wheelchair service.

Different service levels

B.4.10 Align personnel

- An experienced team may be able to see two basic level clients per day.
- An experienced team may be able to take care of one intermediate level client per day.
- **Note**: this is based on a service in a day: from step 2: assessment to step 7: user training. Service estimates should be adjusted to reflect the service model.

Refer to the Excel spreadsheet in the PowerPoint presentation.

Explain that we will go through a process which can help a manager to calculate how many wheelchair users their service can see each year.

Estimating service capacity

Planning the working week		
Number of working days per week	5	
Number of working weeks per year	42	
Estimating Service Capacity	**Basic**	**Intermediate**
Number of working hours per day		
Estimated number of hours per user		
Number of service users per day		
Number of service users per week		
Number of service users per year		
Contingency (unexpected events)		
Estimated number of users per year		

B.4.11 Align personnel

World Health Organization

Introduce spreadsheet and explain that the first two rows should be calculated according to their individual service.

- Number of working days per week?
- Number of working weeks per year?

Estimating service capacity

Planning the working week		
Number of working days per week	5	
Number of working weeks per year	42	
Estimating Service Capacity	**Basic**	**Intermediate**
Number of service users per day	2	1
Number of service users per week	10	5
Number of service users per year	420	210
Contingency 15% (unexpected events)	-63	-32
Estimated number of users per year	357	179

B.4.12 Align personnel

World Health Organization

Refer to the service data already entered to help calculate the service capacity:

- Enter number of service users per day; ×1 for basic, ×2 for intermediate

- Calculate number of service users per week: number of service users per day × number of working days.

- Calculate number of service users per year: weekly rate × working weeks.

- Allow for a contingency of 15% for unexpected events and loss of working hours and deduct this number from the total.

- Calculate an estimated service capacity for a year.

Ask for a volunteer to give their estimated figures and enter into the spreadsheet.

Explain: This does not include step eight: follow-up. We will look at planning follow-up in a later session.

Summarize: Look at the total predicted numbers on the spreadsheet for basic and intermediate level. Are those numbers more or less than you expected? Encourage discussion.

Explain: We will discuss this estimate again in the running services part of the workshop.

6. Summary of action points for managers (3 minutes)
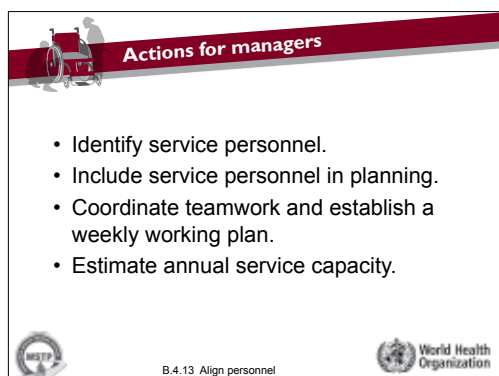
Read the slide, reinforce if needed.

Actions for managers

- Identify service personnel.
- Include service personnel in planning.
- Coordinate teamwork and establish a weekly working plan.
- Estimate annual service capacity.

B.4.13 Align personnel

World Health Organization

Ask participants to refer to their workbook and record their own actions for aligning personnel.

B.5: What does a wheelchair service cost?

OBJECTIVES	By the end of this session, participants will be able to: ☐ identify key budget lines for an eight step service; ☐ explain at least two benefits of sharing costs when integrating services; ☐ explain at least two benefits of sharing costs when partnering with other organizations.
RESOURCES	For the session: ☐ PPT slides: B5: What does a wheelchair service cost? ☐ Reference Manual and Workbook; ☐ flip chart; ☐ blue, black and red pens.
CONTEXT	Adapt this session to suit the context participants will be working in. For example: ☐ it is assumed that participants will have general budgeting skills.

TO PREPARE	☐ Read through the session plan and gather resources. ☐ Prepare list of budget headings on the whiteboard and leave space to write down suggested budget lines.	
OUTLINE	1. Introduction	2
	2. Budget guide	20
	3. Benefits of integrating services	20
	4. Benefits of cost sharing through partnerships	13
	5. Key actions for managers.	5
	Total session time	**60**

1. Introduction (2 minutes)

Explain: Identifying the cost of all eight service steps from the outset of setting up a service is important. In this session, we will talk about how to calculate the cost of starting or improving a service. We will also discuss different ways to share costs.

2. Budget guide (20 minutes)

Refer to budget headings listed on whiteboard.

Explain: that we are going to consider the budget lines which would sit under these headings.

Activity	
Groups:	**Divide** into three groups. Participants not to refer to workbook at this time.
Instructions:	**Show** the budget headings on the whiteboard. **Refer** participants to the wheelchair service steps poster to think about each service step. **Ask** each group to discuss what budget lines they would expect under these headings? **Whole group:** feedback suggested budget lines under each budget heading.
Monitor:	**Encourage** answers.

Time:	**Allow** 5 minutes for discussion and 10 minutes for feedback.
Feedback:	**Record** answers under budget headings on whiteboard.
	Refer participants to completed budget guide in workbook.
	Acknowledge that some services may have additional budget lines, which are not listed here. Not all services will use all budget lines listed.
	Ask participants to refer to their workbook. Encourage participants to record budget notes against the budget lines. (5 minutes) Refer to notes below.

Notes for trainers:	
Budget item	**Comments**
Start-up costs	
Product design	
Sourcing range of products	
Tools	
Equipment	
Building/facilities	*May include building/renovation/refurbishment.*
Stock of materials	
Operational costs	
Wheelchairs	*Wheelchair stock – based on estimated service capacity and anticipated needs of wheelchair user clients.*
Spare parts	*Maintaining a stock of commonly needed spare parts is very useful.*
Materials	*At basic level, some materials are required for modifications. At intermediate level more materials are required.*
Freight (product transport)	*Shipping and customs for imported wheelchairs. Transporting wheelchairs to satellite centres.*
Personnel	
Management	*A wide range of potential staff are listed in the budget guide. It is not expected that each service will have all of these staff members.*
Clinical personnel	
Technical personnel	*The ticks (see spreadsheet) represent activities relating to service steps. One member of staff may be responsible for carrying out more than one activity.*
Trainer/peer trainer	
Administrator	

Local transport	
Local transport for personnel	*For example follow-up; outreach services; training referral networks.*
Local transport for clients	*Travelling to the service for appointments.*
Accommodation for clients	*Cost of providing accommodation for clients who need to stay overnight (if this is covered/supported by the service).*
Printed materials	*Forms, checklists and user information.*
Consumables	*For example, glue, thread, paint.*
Tool replacement	*Tools wear out – and funds therefore need to be budgeted for replacement.*
Overheads	*Consider electricity, water, rent – for the different service areas (clinical, technical, storage, user training, office).*
Training of personnel	*Consider any training costs for service personnel.*
Training partners/referral networks	*Consider any training/awareness activities for partners or referral network organizations.*
Fundraising	*The cost of any fundraising activities should be budgeted.*
Monitoring and evaluation	*Costs associated with monitoring and evaluating – for example visiting service users to gather feedback. The costs may include travel or additional personnel.*

3. Benefits of integrating services (20 minutes)

Ask: Does anyone work in a wheelchair service, which is integrated within another service?
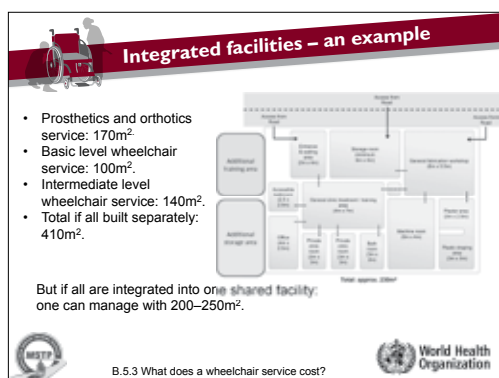
Acknowledge answers.

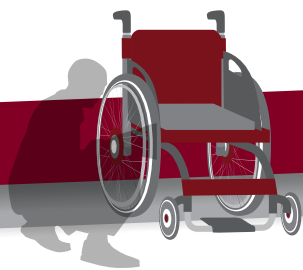
B.5.2 What does a wheelchair service cost?

Explain:

- An integrated service, which effectively shares facilities, can provide significant cost sharing opportunities compared to establishing individual services.

Integrated facilities – an example

- Prosthetics and orthotics service: 170m².
- Basic level wheelchair service: 100m².
- Intermediate level wheelchair service: 140m².
- Total if all built separately: 410m².

But if all are integrated into one shared facility: one can manage with 200–250m².

B.5.3 What does a wheelchair service cost?

Explain (an example):

- A Prosthetics and Orthotics (P&O) service might require approximately 170m² of floor space

- A basic wheelchair service might require approximately 100m² of floor space

- And an intermediate wheelchair service might require approximately 140m² of floor space

- Total if all built separately: 410m²

- Total if all integrated into one shared facility: one can manage within 200–250 m²

- This represents an almost 40–50% saving on floor space needed to be funded and constructed.

Activity	
Groups:	**Whole group.**
Instructions:	If no-one is currently integrating a service: work through the example scenario below.
	Review each line in the budget tool and consider which costs can be shared or saved in integrated services. Note: there is not a definite right or wrong answer. The purpose is to recognize cost saving benefits of integrating services.
	Explain:
	Circle in black pen all costs, which can be saved.
	Circle in blue pen all costs which can be shared.
	Circle in red pen all costs which require fundraising (some items will have a blue and red circle).
Monitor:	**Encourage** answers.
Time:	**Allow** 15 minutes.
Feedback:	**Ask** participants to share their thoughts on the benefits of integrating services.
	Acknowledge that this is not the only way to save costs: cost sharing through partnership with other organizations also saves costs.

Integrated service scenario: if participants do not have experience of an integrated service share the scenario below.

A P&O service is planning to integrate a wheelchair service. Two personnel have been identified and sent on WSTP basic training.

Both personnel will work three days per week on the wheelchair service and two days per week in the P&O service.

A workspace has been allocated in the workshop for a wheelchair technician. The therapy department had a clearout of broken and unused equipment and this has created space for a work area for the clinical role.

The outdoor gait training area has been modified to include some additional barriers for wheelchair skills training.

Suggestions for shared costs

Stock of materials

Personnel salaries

Equipment

Tools

Local transport (depends on service model)

Monitoring and evaluation

Fundraising

Training of partners/referral networks

Tools replacement

Consumables

Printed materials

Accommodation for clients

Personnel.

Suggestions for saved costs

Building/facilities

Overheads.

Suggestions for additional funding

Supply of wheelchairs

Spare parts

Modifying an existing mobility skills area (costs will be less because most of it already exists)

Some tools

Some equipment

Printed materials

Training of personnel.

4. Benefits of cost sharing through partnerships (13 minutes)

Explain: Organizations may partner with other organizations to share costs.
Ask: Do any of you have examples of cost sharing to provide **products**?

Encourage answers.

Explain:

- International organizations can cost share the price of products with the service centre.
- *Benefit* for service centre: products are more affordable for service users.
- *Benefit* for international organization: service centre is demonstrating capacity to work towards financial sustainability.
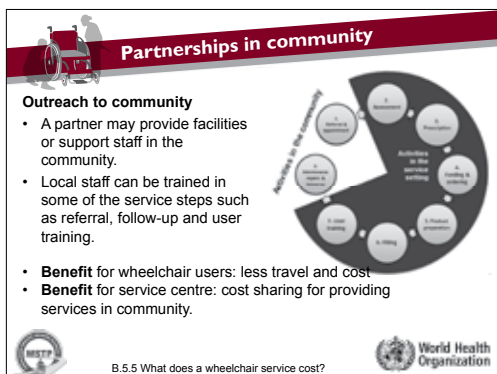
Ask: Do any of you have examples of cost sharing on **service delivery** (staff, facilities, transport)?

Encourage answers.

Explain:

Partnerships in the community can allow centralized services to reach the community more effectively:

- A partner may initially be able to provide facilities, or support staff.
- They may also be able to provide staff to be trained in some of the service steps – for example referral, follow-up and user training.
- *Benefit* for wheelchair users: less travel and cost.
- *Benefit* for service centre: services can expand into the community, without the cost for services in the community.

Ask: Do any of you have examples of cost sharing on **training**?

Encourage answers.

Explain:

International and private organizations may fund training:

- *Benefit* for wheelchair users: increased health, comfort and function leading to increased participation.
- *Benefit* for funder: increasing capacity of an organization to better meet the needs of people with a mobility disability. May help private organization meet their corporate social responsibility targets.

Explain: Once you have planned a service model and developed a budget, it is necessary to identify potential funding sources. More information on how to source funding for wheelchair service set-up and running costs is discussed in C.4: Planning for financial sustainability.

5. Summary of action points for managers (5 minutes)

Read the action points for managers.

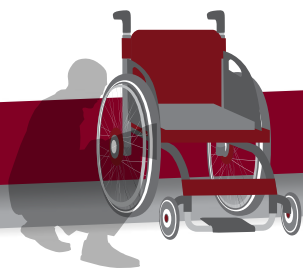**Work** with wheelchair service staff and key stakeholders to:

- consider service integration when planning a service model;
- consider community partnerships when planning a service model;
- prepare a budget for the planned service model.

Ask participants to refer to their workbook and record their own actions for identifying costs for setting up and running a wheelchair service.

C: Running a wheelchair service

C.1: How do you know if your service is working?

OBJECTIVES	By the end of this session, participants will be able to: ☐ explain the differences between monitoring and evaluation (M&E); ☐ describe how to prepare a service plan; ☐ discuss at least three ways to improve service efficiency and effectiveness; ☐ describe how to gather user feedback to inform service provision.
RESOURCES	For the session: ☐ PPT slides: C.1: How do you know if your service is working? ☐ Reference Manual and Workbook; ☐ Post-it notes; ☐ tool for measuring participation at time of assessment; ☐ tool for measuring satisfaction and outcomes at time of follow-up.
CONTEXT	Adapt this session to suit the context participants will be working in. For example: ☐ consider meeting with some service users and completing user satisfaction questionnaires to inform discussion during the session. ☐ consider reviewing an existing service plan and relating it to the service plan framework.
TO PREPARE	☐ Read through the session plan and gather resources. ☐ Pre-prepare cards on benefits of monitoring and evaluation.

OUTLINE		
1.	Introduction	2
2.	What is monitoring and evaluation?	10
3.	Efficient and effective services	20
4.	Importance of user feedback	23
5.	Creating a service plan	15
6.	Summary of action points for managers.	5
	Total session time	**75**

WHEELCHAIR

1. Introduction (2 minutes)

Explain: The next part of the workshop focuses on running a wheelchair service. In this session we will talk about the manager's role in developing an efficient and effective service with an annual service plan.

2. What is monitoring and evaluation? (10 minutes)

Explain: Monitoring and evaluation (M&E) helps a manager see what is (or is not) happening as a result of their team's activities. It also helps a manager and their team to learn what is and isn't working, and to understand what their service users and stakeholders think.

Monitoring and evaluation

Is the service fit for purpose?

Monitoring
- How well a service is carrying out its activities.

Evaluation
- Impact of activities on service users.

C.1.2 How do you know if your service is working?

World Health Organization

Ask: How would you describe monitoring?

Explain:

Monitoring measures performance. It looks at how well a service is delivering the service steps at a moment in time.

Ask: How would you describe evaluation?

Explain: Evaluation goes a step further than monitoring:

- It looks at the impact of the service activities on the service users.

Explain: that we will look a little closer at key differences between monitoring and evaluation.

Difference between M&E

	Monitoring	Evaluation
When is it done?	Daily, weekly, monthly	Annual review
What is measured?	Service activities, resources used and number of people benefitting.	Impact on individuals and communities and how sustainable the service is overall.

C.1.3 How do you know if your service is working?

World Health Organization

Ask: When is it done?

Explain: Monitoring is regular throughout the year. Evaluation is less frequent and can be performed annually.

Ask: What is measured?

Explain: Generally, monitoring assesses **efficiency** – of service activities, resources used and number of people benefitting.

Generally, evaluation assesses **effectiveness** – impact on individuals and communities and how sustainable the service is overall.
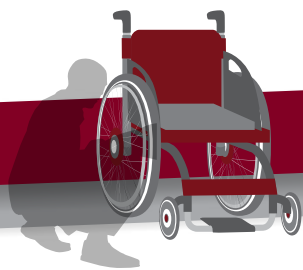
Activity	
Groups:	**Divide** participants into groups of four.
Instructions:	**Explain**: There are several examples of the benefits of monitoring and evaluation and the aim is to see which group thinks of the most examples. **Ask** the participants to write examples down on separate Post-it notes. **Stick** the Post-it notes on a flip chart as it gets completed.
Monitor:	**Monitor** the groups, and assist as needed.
Time:	**Allow** 5 minutes.
Feedback:	**Leave** the Post-it notes on flip chart paper or wall during the session.

Acknowledge their contribution.

Most important answers:
• provides important information to improve the quality of service delivery; • provides information to guide product procurement; • helps to contain costs by increasing efficiency and justifying current and proposed funding; • enables services to demonstrate with evidence the effectiveness of the service to funders – including the government and NGO donors; • helps identify and quantify unmet needs; • informs appropriate allocation of resources; • raises awareness of the benefits of the service; • develops stronger partnerships with service recipients.

3. Efficient and effective services (20 minutes)

Explain: Earlier in the workshop we focussed on starting a wheelchair service and putting in place those things that would help to improve efficiency, including:

Follow up agreed actions

Some common findings of an evaluation:
- Further actions are needed to create an equitable service.
- Need to improve referral, appointments and follow up.
- Upgrade facilities and create better systems and procedures for service provision.
- Improve the quality of available products or increase the range of products.

C.1.4 How do you know if your service is working?

World Health Organization

- Actions to create an equitable service.
- Actions to improve referral and appointments.
- Organizing facilities and creating systems and procedures.
- Actions to improve the quality of available products.

Explain: It is important to follow up and assess how efficiently systems and procedures for each service step are working.

Explain: When planning how to monitor and evaluate a service, it is helpful to create a three step framework. Further details can be found in table 3.5 of the *Wheelchair Guidelines*.
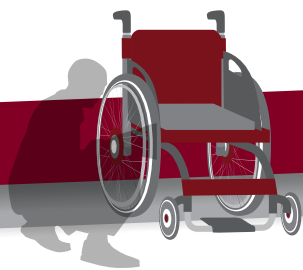
Introduce group activity and explain that we will look at how we can assess how efficiently and effectively a service is working.

Activity	
Groups:	**Divide** groups into people working in the same or similar organizations. **Assign** half the groups to work on completing the shaded section of the table in section C1.1 Monitoring in their workbook, and the other half to work on the unshaded section of the table.
Instructions:	**Explain** the table: • column one lists service areas and activities to be monitored; • column two lists some possible service performance targets; • column three lists methods of information collection to compare what is actually happening to the targets (what should be happening). **Explain** the activity: • some of the boxes on the activity worksheet of the Workbook have been completed to help get started. The remaining boxes should be filled in. **Ask** why it is important to record this information.
Monitor:	**Monitor** the groups, and assist as needed.
Time:	**Allow** 5 minutes for the activity and 10 minutes to discuss the completed table.

Feedback:	**Bring** groups together and complete each row (answers will vary, it is the process which is important).
	Add suggestions that the group may not have thought of.

Examples of service areas that could be monitored, performance targets, and ways of collecting information

| Service areas and activities	Service performance targets	Methods of information collection
Referral		
Number of users referred	The service will receive 30 referrals per month	Record referrals received
Average waiting time from referral to appointment	Waiting time from referral to appointment should be less than 1 month	Record date referral received and assessment date on user file
Wheelchair provision		
Number of users who receive a wheelchair	The service will prescribe and fit wheelchairs for 20 users per month	Wheelchair prescriptions recorded on users' files
Average waiting time from assessment to fitting	Waiting time from assessment to fitting should be less than 2 months	Record date of assessment and date of fitting on user file
Number of follow-up appointments carried out	Follow-up appointments will be carried out for at least 15 users per month	Follow-up appointments documented in users' files
Wheelchair population served		
Details of users referred to the service, such as age, gender, disability, postural support needs	The service will encourage equal access The service will aim to meet the needs of users requiring basic wheelchairs and those requiring modifications and postural support	Number of women, men, girls and boys accessing the service recorded on user files Types of postural need presented and wheelchairs prescribed recorded on user files
Geographical area covered by the service	The service will provide wheelchairs for people living within (defined region/area)	Home address of users accessing the service – recorded on user files

Service costs		
Cost of products supplied, including modifications made within the service	The individual cost of each wheelchair will be less than (amount specified according to budget and realistic cost of available products)	Home address of users accessing the service – recorded on user files
Amount of time spent by personnel on service activities (for example, assessment, follow-up and training)	The service will provide wheelchairs for people living within (defined region/area)	Home address of users accessing the service – recorded on user files

Explain: when analysing the information and data gathered there are two important considerations:

- When an activity is not going well, work together with service users, service personnel and other stakeholders to get to the root cause of the problem.
- When an activity is going well and targets have been achieved, find ways to share and celebrate the success. This is very motivating for the service team and other stakeholders.
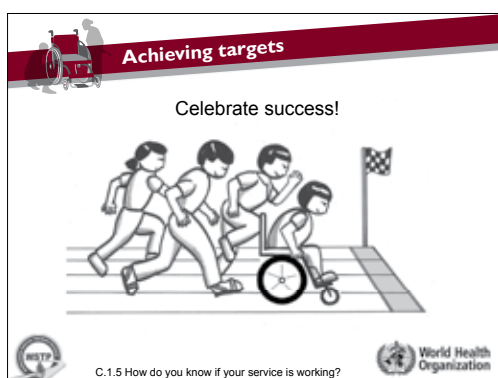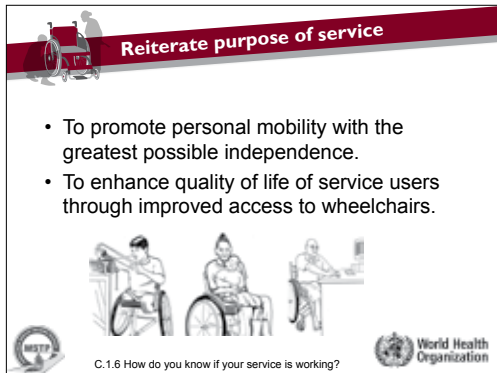

Explain:

- It is important to celebrate success and prize the good results.

Ask: Do you celebrate success with personnel in your organization? How do you do this?

## 4. Importance of user feedback (23 minutes)

Explain: Evaluation allows the service to reflect on what is working well and what needs to change. It also allows the service to reflect on whether it is achieving its overall purpose.

Explain:

- The ultimate purpose of the wheelchair provision – read from the slide.

Explain: There are a number of suggestions on how to evaluate your service in table 3.6 of the *Wheelchair Guidelines*. Further details are included in the reference manual.
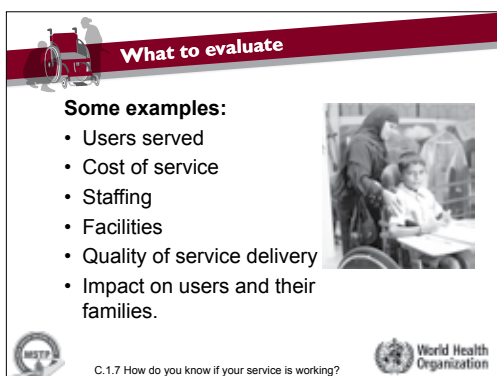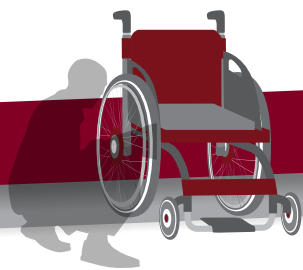

Explain:

- Users served and the intervention they received.
- Cost of service, including cost of products and service delivery.
- Staffing (numbers of personnel and their roles and competences).
- Facilities and equipment available to the service.
- Quality of service delivery – good practice recommendations are listed in the *Wheelchair Guidelines*.
- Impact on users and their families.

Ask participants if they are already evaluating their services?

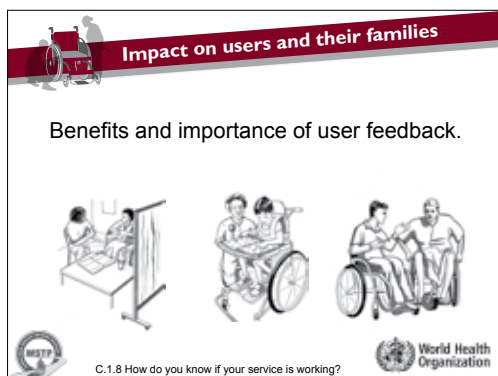**Acknowledge** answers.

Ask if they are evaluating any of the listed areas?

Acknowledge answers.

Impact on users and their families

Benefits and importance of user feedback.

C.1.8 How do you know if your service is working?

World Health Organization

Explain:

- We are going to focus on the final point on the list: impact on users and their families.
- We will discuss the benefits and importance of feedback from service users.

Explain that you would like to share an example from Ethiopia about the benefits of people with mobility disabilities being involved in gathering user feedback.

Read or tell the story.

Example from Ethiopia

Two field officers interviewed 140 wheelchair users from seven service centres across the country. Both field officers had a mobility disability and this was found to be very beneficial for their role.

Benefits of the process:

The **field officers** themselves became well informed of issues facing wheelchair users in their country. The process has empowered them as advocates for the needs and rights of wheelchair users.

The **service users** gained emotional and psychological benefits from being interviewed by a positive role model. Following interviews, an informal network has evolved which has led to a stronger relationship between the service providers and users.

In addition, through the evaluation, some instances were identified where a wheelchair user had not received a wheelchair suitable for their needs. This was traced back to a training need within the service, and the service has been able to act on this.

Explain: There are some important considerations when planning to gather feedback from service users. Refer to the workbook.

Activity	
Groups:	**As a group:** participants from the same organization can work together.
Instructions:	**Introduce** the Tools "Assessing participation at time of assessment" and "Measuring satisfaction and outcomes at time of follow-up" from the Additional Resources for Managers Manual on the Pen Drive. **Explain**: There are some important considerations when planning to gather feedback from service users. **Complete** this checklist to make notes for your service.
Monitor:	**Monitor** the groups, and assist as needed.
Time:	**Allow** 8 minutes for group activity and 5 minutes for feedback.
Feedback:	**Ask** for one volunteer to share their plan.

Explain: There are important considerations and preparations required before interviewing service users. Refer to reference manual for more information.

5. Creating a service plan (15 minutes)

Explain: Monitoring and evaluation information can be used to create a service plan.

Introduce service plan framework and talk through each heading.

Explain:

- First consider a service need or problem.
- Then consider what action is required to address that need or problem.
- Set a target (or "short-term win").
- Decide how you will collect information to show that the target is being met.

Activity	
Groups:	**As a group.**
Instructions:	**Ask** participants to refer to their workbook and identify three needs or problems and complete the service plan framework.
Monitor:	**Monitor** the groups, and assist as needed.

Time:	**Allow** 5 minutes for activity and 9 minutes for feedback.
Feedback:	**Project** the table headings in the PPT.
	Ask for two volunteers to explain their examples.
	Type in the examples; clarify any points as necessary.

6. Summary of action points for managers (5 minutes)

Read the action points for managers.

Ask participants to refer to their Workbook and record their own actions for creating a service plan to know if their service is working or not.

C.2: Managing demand

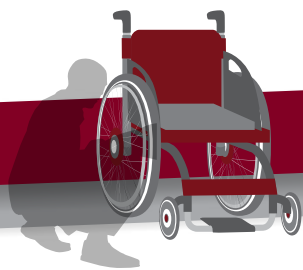|	
OBJECTIVES	By the end of this session, participants will be able to: ☐ list at least two actions for managers when referrals are too low; ☐ list at least two actions for managers when referrals are too high; ☐ describe three reasons why early referral for children is important; ☐ describe at least three actions to monitor and improve service efficiency.
RESOURCES	For the session: ☐ PPT slides: C.2: Managing demand; ☐ Reference Manual and Workbook;

CONTEXT	Adapt this session to suit the context participants will be working in. For example: ☐ If running a workshop for a specific partner: gather data on time of service steps.
TO PREPARE	☐ Read through the session plan and gather resources. ☐ Pre-write benefits of early referral on flip chart paper.

OUTLINE		
1.	Introduction	2
2.	Creating demand	20
3.	Managing demand	18
4.	The importance of early referral for children	20
5.	Running efficient and effective services	20
6.	Summary of action points for managers.	5
	Total session time	**85**

1. Introduction (2 minutes)

Explain: In this session, we will talk about the manager's role in developing their service supply to meet the demand. This includes managing referrals; the importance of early referral for children; and suggestions to improve service efficiency and effectiveness.
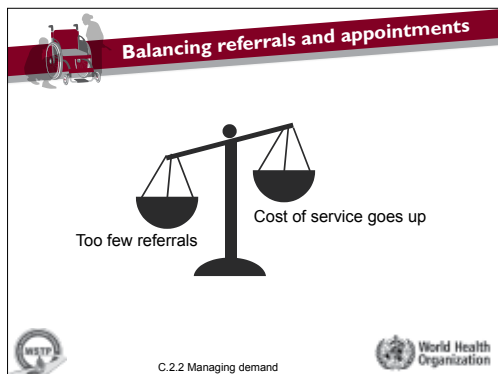
2. Creating demand (20 minutes)

Explain: We are going to consider what action a manager should take when referrals to the service are too low.

Explain:

• When there are too few referrals the service becomes costly to run.

Ask: What actions were suggested in previous sessions to develop a referral network?

Encourage answers and write on the whiteboard.

Most important answers:
• identify referral sources; • visit potential referral organizations; • run referral network training; • hold an open day at the service.

Ask: What could be the root cause of problems if referrals are too low?

Encourage answers and write on the whiteboard.

Most important answers:
• the service has not identified the most appropriate referral sources; • people who need a wheelchair are not accessing the referral sources; • referral network training did not get across the benefits and importance of a wheelchair service; • wheelchair users are unable to access the service – for example, because it is too far from where they live, or there is no transport available.

Activity	
Groups:	**Divide** participants into pairs.
Instructions:	**Ask** participants to read the example of a successful referral network in their workbook: C.3.1 Generating demand and early referral.
	Ask participants to consider why this has been successful and list their reasons.
Monitor:	**Monitor** the groups, and assist as needed.
Time:	**Allow** 5 minutes for activity and 5 minutes for feedback.
Feedback:	**Ask** participants to share their thoughts on factors for success.
	Record answers on the whiteboard.
	If necessary, suggest factors that they have not thought of at the end.

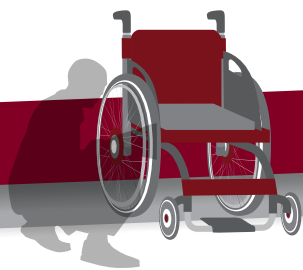### An example of success: generating referrals from Bangladesh

A "Walk for Life" programme in Bangladesh is working in partnership with the Ministry of Health to develop national sustainable services to correct clubfoot deformity for children under 3. The Walk for Life goal is for no family to have to travel more than 60 km anywhere in the country in order to be able to access a service for clubfoot.

For this goal to be achieved, the Walk for Life programme needs an efficient referral network. The programme identified the following groups as potential referral sources: health workers and fieldworkers from both government and non-government organizations, including doctors, therapists, nurses and medical assistants. The programme then targeted these groups to carry out activities to raise their awareness of the importance of early referrals for children with clubfoot.

The result: on average, over 60% of the number of children in Bangladesh estimated to be born with clubfoot deformity are identified and treated within 12 months of being born. In Dhaka division, which serves a population of 50 million, the figure rises to 75%.

Most important answers:

- clear message about who is being targeted;
- clear goal of what they want to achieve;
- identified different types of organizations as well as different professions;
- identified centre-based and community-based organizations;
- close monitoring of referrals – stories of success in generating early referrals are motivating for all personnel involved.
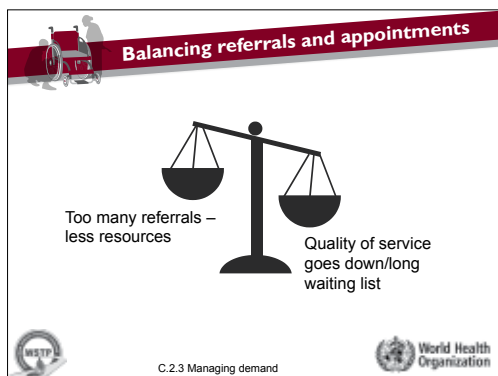
3. Managing demand (18 minutes)

Explain: When there is a high demand for the service, people cannot be seen immediately. This can be demoralising for service users and service personnel.
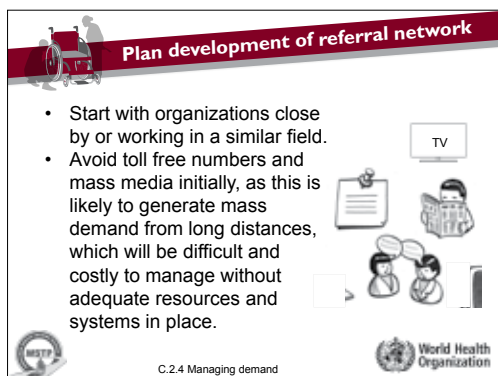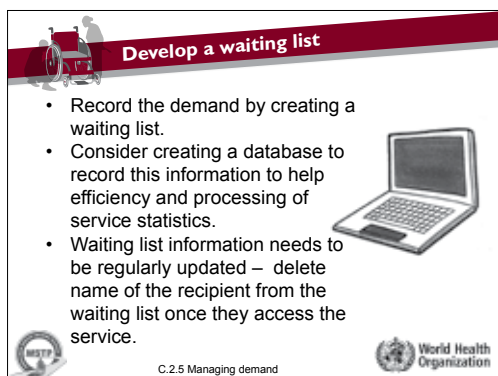

Explain:

If the number of people being referred to a service becomes more than the personnel can manage, there are three likely results:

- personnel are forced to spend less time than they need with each person – and the quality of service goes down; or
- the time that wheelchair users have to wait for an appointment goes up; or
- some wheelchair users are turned away.

Explain: If possible, a manager should therefore carefully manage the demand.

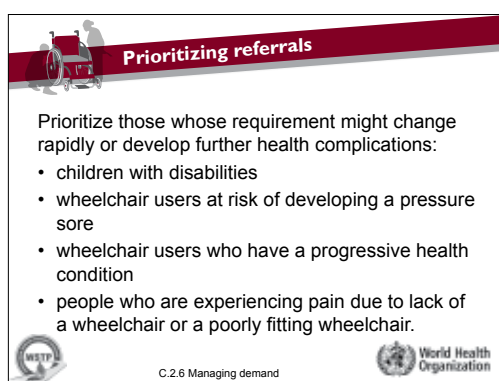**Read** the slide, reinforce if needed.

Explain:

The first step is to record the demand by creating a waiting list:

- It is very helpful if a database is created to record this information.
- This will allow a manager and personnel to access information efficiently and allow easy processing of service statistics.
- This waiting list information can be added to once the user accesses the service.

Explain: When the waiting list builds up, some organizations prioritize referrals.

Ask: Do any of you have a system for screening and prioritising referrals in your organization?

Acknowledge answers.

Prioritizing referrals

Prioritize those whose requirement might change rapidly or develop further health complications:
- children with disabilities
- wheelchair users at risk of developing a pressure sore
- wheelchair users who have a progressive health condition
- people who are experiencing pain due to lack of a wheelchair or a poorly fitting wheelchair.

C.2.6 Managing demand

Explain:

When there are a lot of referrals it can be important to review the list and prioritize those whose needs might change rapidly or develop health complications:

- Children with disabilities – because of the risk of developing bad posture or secondary deformities.
- Wheelchair users at risk of developing a pressure sore – because this is a life-threatening condition.
- Wheelchair users who have a progressive health condition.
- People who are experiencing pain due to lack of a wheelchair or a poorly fitting wheelchair.
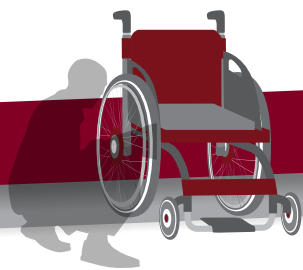
Ask: What information do you think would be important to help screen referrals?

Most important answers:
• age;
• type of disability;
• reason for referral;
• geographical location.

Explain: It is important to manage expectations of what a service can provide – in terms of the number of wheelchair users who can be seen, and the level of service delivery.

Every region in every country will have people with basic, intermediate and advanced posture support needs. Every region in every country will have a need for an intermediate (and later advanced) service. However, not every service will have the capacity to deliver intermediate (or advanced) services.

WHEELCHAIR
SERVICE TRAINING PACKAGE

Explain:

- Make information leaflets and publicity clear about the level of service available.
- Start by developing a foundation of knowledge and skill at basic level with the supporting systems and procedures for an eight step service.
- Discuss how to manage referrals for more complex – intermediate and advanced user needs.

Explain: It is helpful to document needs that cannot be met – to help planning for increasing the capacity of personnel and products available.

Some services can go on to train personnel and develop intermediate level services with an appropriate range of products and posture support devices.

Some services will require the ability to refer to an intermediate level service. When starting out, it is important to make information leaflets and publicity clear about the level of service which is available.


Notes for trainers:

The reality in the field is that service personnel will be presented with service users who have needs that go beyond their knowledge, skill, product availability and, therefore, service capacity. It is important for both service users and service personnel that a clear discussion and strategy is in place for how to deal with this situation. Creating publicity information about the level of service available will help facilitate these discussions.

It is important to liaise with other service providers to see if referral or collaboration is possible for people with needs that go beyond the service capacity.

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4. The importance of early referral for children (20 minutes)

Explain: Many children who require a wheelchair may also need additional posture support. This means that many children require an intermediate level service. It is very important for all children to be referred to services as early as possible, to prevent or delay the development of bad posture.

Importance of an early referral for children

C.2.8 Managing demand

World Health Organization
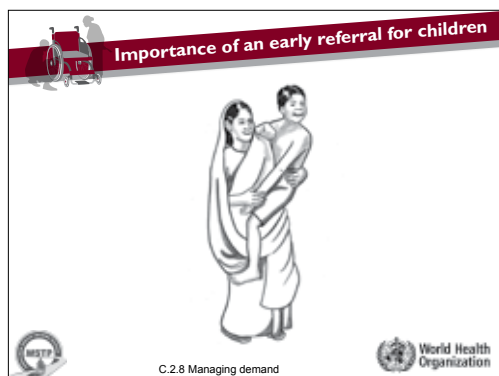
Ask: In the participants' experience, are children referred for a wheelchair when they are very young, or when they are older and become difficult for the parent/carer to carry?

Encourage answers.

Ask: Why are some parents reluctant to bring young children for a wheelchair assessment?
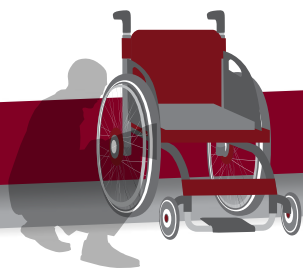
Encourage answers.

Most important answers:
• parents may be hoping the child will be "cured" and begin walking;
• parents may think that if they give the child a wheelchair, they will no longer try to walk;
• while children are young and light, it is easier to carry them than manage a wheelchair over difficult terrain and inaccessible environments;
• parents may not have funds to pay for a wheelchair and will delay until it becomes too difficult to carry the child;
• the family may be experiencing guilt or fear that they will be seen in a bad light by others if their child is seen to have a disability.

Ask participants to suggest some of the benefits of early referral.

Place the pre-prepared list of benefits of early referral on the wall and cross check if all benefits have been suggested:

- children who have difficulty sitting upright can develop postural problems if not well supported;
- if a child is referred late, some postural problems may have become fixed. This can make it difficult for the child to sit comfortably even with support;
- without the experience of sitting and being mobile, a child's development can be delayed;
- for children who have some ability to walk, using a wheelchair may make their daily life easier and allow them to do more things in a day.

Lifestyle choice

	Comfortable gait speed (metres/minute)	Additional energy expenditure
Person with no mobility impairment	80	
Below knee amputation with prosthesis	60	33–58%
Above knee amputation with prosthesis	36–51	60–116%
Amputee mobilizing with crutches	71	41–61%
Person with hemiplegia	42–49	61%
Paraplegic mobilizing with braces	27	230%
Wheelchair user propelling with arms	75	9%

C.2.9 Managing demand

Explain:

- Using a combination of walking aids and/ or prostheses as well as a wheelchair can enable people to do more; due to the added speed and reduced energy cost of using a well set-up wheelchair.
- The table below shows the difference in speed (metres/minute) of the different methods of mobility and the energy expenditure (in comparison with walking the same distance with no mobility impairment).

It is important to reassure parents and referral sources that a wheelchair is unlikely to prevent a child from walking if this is possible for them. The experience of mobility through a wheelchair while the child is learning to walk will benefit their development in many other ways.

Referring children to a wheelchair service

Early referral for wheelchairs and extra postural support is important.

By the age of one – many children are able to sit by themselves; and are pulling themselves up to stand

By the age of two – many children are able to walk on their own

Children who are having difficulty doing these things may need a wheelchair and extra postural support. Refer for a wheelchair assessment.
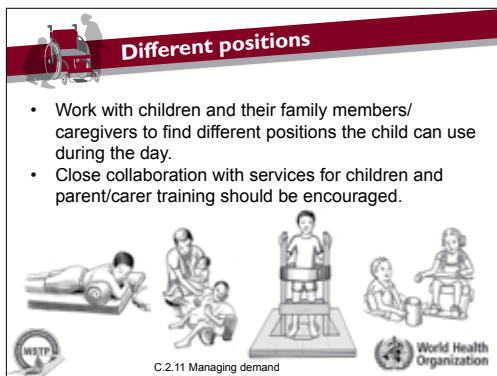
C.2.10 Managing demand

Explain:

Wheelchair services can encourage referral networks to refer children who:

- have difficulty sitting upright or are not pulling up to stand by the age of 1; or
- are not walking alone by the age of 2.

Explain: Children do not spend much time sitting down. They change the activity they are doing and their position many times during the day. This means that although a wheelchair is important, children should not spend all day in a wheelchair.

Different positions

- Work with children and their family members/ caregivers to find different positions the child can use during the day.
- Close collaboration with services for children and parent/carer training should be encouraged.

C.2.11 Managing demand

World Health Organization

Explain:

- Wheelchair service personnel need to work with children and their family members/caregivers to find different positions the child can use during the day.
- This may include different supported sitting positions, standing, and lying.
- Close collaboration with services for children and parent/carer training should be encouraged.

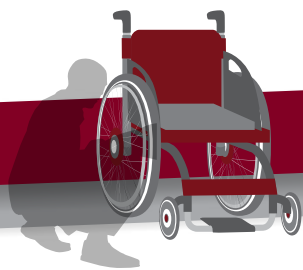| Activity	
Groups:	**Divide** participants into pairs.
Instructions:	**Ask** participants to read the example of success in early referral by parents in Mexico. **Ask** participants to consider why this has been successful and list their reasons.
Monitor:	**Monitor** the groups, and assist as needed.
Time:	**Allow** 5 minutes for activity and 5 minutes for feedback.
Feedback:	**Ask** participants to share their thoughts on factors for success. **Record** answers on the whiteboard.

Example of success: early referral by parents in Mexico

Here is an example of how a group of rehabilitation centres for children in Mexico built up an effective early referral network.

The rehabilitation centres targeted awareness-raising about their service at neonatal doctors and paediatricians. In addition, they targeted the general community through a major annual fundraising campaign, which uses extensive media coverage including radio and television. This has led to a lot of word of mouth referrals; and many parents self-referring their children.

During their awareness-raising, they had a clear message: the importance of referring children for rehabilitation when they are born. They also presented a powerful vision of success; with many positive stories relating to integration and achievements of the children that they work with. Over a period of 15 years, the rehabilitation centres have seen a cultural change as paediatricians and families are now actively making early referrals.

The result: A third of all referrals are for newborns up to 3 years old.

Most important answers:
• clear message about who is being targeted;
• clear goal of what they want to achieve;
• a different approach for professionals and parents;
• sharing success stories to encourage parents and professionals to refer;
• sustained awareness-raising over a period of years.

5. Running efficient and effective services (20 minutes)

Explain: We looked at estimating annual service capacity for a basic and intermediate service in the session B.4: Align personnel. Once a service is running, it is useful to look at this in more detail and analyse:

- How long each service step is taking; and
- Making each of the service steps as efficient as possible by focussing on:
  - teamwork
  - what can be prepared in advance for each service step?

Ask participants to estimate how many working hours are available each day for service delivery in their service centre. Take into consideration tea/coffee/lunch breaks; time to complete paperwork; meetings and any cultural issues, which influence start and finish times.

Acknowledge that this will only be an estimate.

Ask participants to note this figure in their workbook.

Highlight that this is a useful activity to go through with service personnel so that management and personnel can set realistic service targets together.

Timing of service steps – basic level

An example:

Service steps	Basic level in minutes
Referral	-
Assessment	20 –40
Prescription	10–20
Product preparation	20–40
Fitting	20–60
User training	30–60
Total	**100–220**
Follow up	30–60

C.2.12 Managing demand

Show timing of service steps – basic level.

Ask participants to estimate number of wheelchairs (basic level) they can provide annually.

An example:

| Service steps	Intermediate level in minutes
Referral	-
Assessment	30–60
Prescription	30–60
Product preparation	30–120
Fitting	30–120
User training	60–120
Total	180–480
Follow up	45–120

C.2.13 Managing demand

Show timing of service steps – intermediate level.

Ask participants to estimate number of wheelchairs (intermediate level) they can provide annually.

Acknowledge that there is a large variation between the estimated timings for each service step.

Explain that we will look at some of the reasons for the variation.

Activity	
Groups:	**Divide** into groups of two or three.
Instructions:	**Explain**: the focus of the activity is to think about team working and what can be prepared in advance to reduce time spent on each step of service delivery. **Read** the column listing reasons for service steps taking more time. **Read** some ideas for working more efficiently and reducing time spent on service steps. **Draw** a line to match up problem and solution.
Monitor:	**Monitor** the groups, and assist as needed.
Time:	**Allow** 5 minutes for the activity and 10 minutes for discussion.
Feedback:	**Ask** volunteers to read out their selected strategies to improve efficiency of the service steps. **Encourage** other groups to add additional ideas if they have not been covered.
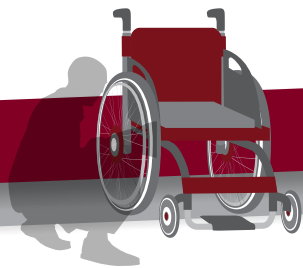
Strategies for efficient service steps

1. Source products with as much range of adjustability as possible.
2. Source products which can easily be modified.
3. Source products with postural support devices (PSDs).
4. Pre-prepare sample product set-up options.
5. Pre-fabricate PSDs.
6. Clear scheduling to allow for joint working.

C.2.14 Managing demand

Read the slide content, reinforce if needed.

Strategies for efficient service steps

7. Hold team meetings to create shared workplans.
8. Clinical and technical teams work together during fitting.
9. Clinical and technical teams discuss prescription solutions.
10. Clear documenting of information and record keeping.
11. Plan appropriate level of training for service personnel.

C.2.15 Managing demand

Read the slide content, reinforce if needed.

Strategies for efficient service steps

12. Source appropriate materials for cushion and PSD fabrication and modifications.
13. Source appropriate tools for making quick product adjustments.
14. Allocate user training to a specific person, for example a peer trainer.
15. Identify facility for user training close to clinical and technical areas.

C.2.16 Managing demand

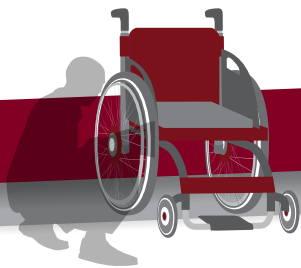**Read** the slide content, reinforce if needed.

Strategies for efficient service steps

16. Establish effective stock control systems.
17. Prepare a small stock of wheelchairs in different sizes.
18. Establish community partnerships to identify service users and provide transport to a service centre in the community.
19. Build capacity of community partners to provide basic level services and refer intermediate level service users.
20. Be open to new ideas – innovation.

WSTP C.2.17 Managing demand World Health Organization

Read the slide content, reinforce if needed.

Column 1: Service challenges	Column 2: Service strategies
Assessment:	
1. If service personnel are travelling to a service or carrying out home visits, travel time may need to be factored in to the assessment.	18
2. If team members are inexperienced the assessment will take longer.	11
Prescription:	
3. If products have limited adjustability, modifications must be prescribed to make the products fit individual users.	1, 2
4. If extra posture supports require fabrication, additional measurements and drawings are required.	5, 9, 10, 16, 19
Product preparation:	
5. Quick access to type and size of product required.	16, 17
6. If a wheelchair has limited adjustability then more time may be required on product preparation.	1, 2, 12, 13
7. If modifications for posture support are necessary, more time will be required.	1, 2, 4, 5, 12, 13
Fitting:	
8. If modifications have been made or extra supports added to the wheelchair, fitting will take longer.	3, 6, 8
9. If any changes are made to the wheelchair set-up during fitting, further fitting checks are required.	1, 2, 3, 6, 8, 10, 13
User training:	
10. If it is the first time a person is receiving a wheelchair, or a health complication exists, more time will be required to cover user training in health, mobility, handling the wheelchair and care and maintenance and referring on to other referral sources.	6, 7, 10, 11

Explain: Planning and management of follow-up has a huge impact on service development. Follow-up is discussed in the next session.

Planning intermediate services

- The need for intermediate services is becoming more visible.
- Expect more demand in near future.
- Train and develop the teams accordingly.

C.2.18 Managing demand

Explain:

- The need for intermediate services is emerging as increasingly greater.
- When expanding services to intermediate level, a large demand should be expected.
- Therefore, it is recommended to have a team dedicated to intermediate level service provision as for basic level service provision.
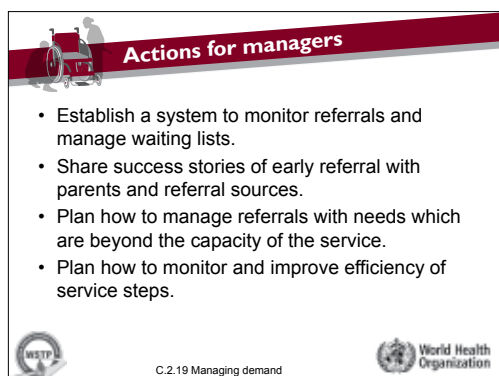
Explain: At intermediate level significant clinical and technical knowledge and skill is required. This can be developed in one person. However, it is more common to have two personnel – one with a clinical skill and the other with a technical skill.

Ask: How do you think you should plan development of personnel to run both a basic and intermediate service?

Most important answers:
• train new person or team for basic level services first: WSTP basic;
• consider developing staff from partner organization if service is not able to support additional salaries;
• identify new person or team for intermediate level service;
• plan service model and facilities for intermediate level;
• train new team in intermediate skills: WSTP intermediate.

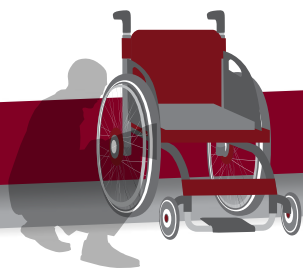## 6. Summary of action points for managers (5 minutes)

Actions for managers

- Establish a system to monitor referrals and manage waiting lists.
- Share success stories of early referral with parents and referral sources.
- Plan how to manage referrals with needs which are beyond the capacity of the service.
- Plan how to monitor and improve efficiency of service steps.

C.2.19 Managing demand

Read the action points for managers.

Explain: Work with wheelchair service staff and key stakeholders to:

- establish a system to monitor referrals and manage waiting lists;
- share success stories of early referral with parents and referral sources;
- plan how to manage referrals with needs which are beyond the capacity of the service;
- plan how to monitor and improve efficiency of service steps.

Ask participants to refer to their workbook and record their own actions to create and manage a balance in service supply and demand.

C.3: Planning follow-up

OBJECTIVES	By the end of this session, participants will be able to: ☐ describe at least four user groups who need more regular follow-up; ☐ describe at least three benefits of follow-up in the person's community or at the service centre; ☐ list at least two barriers to follow-up and how to overcome them; and ☐ discuss how community partnerships can support inclusion and participation of service users in their community.
RESOURCES	For the session: ☐ PPT slides: C.3: Planning follow-up; ☐ Reference Manual and Workbook.
CONTEXT	Adapt this session to suit the context participants will be working in. For example: ☐ consider the service models that the participants are working in and adjust examples if necessary; ☐ collect useful resources relevant to the context.

WHEELCHAIR

TO PREPARE	☐ If possible bring a wheelchair user/s to talk about the benefits of follow-up and what it has meant for them.	
OUTLINE	1. Introduction	2
	2. Importance of follow-up	10
	3. Purpose of follow-up and where it should happen	15
	4. Planning for follow-up	20
	5. Reducing barriers to follow-up	20
	6. Inclusion and participation in the community	13
	7. Summary of action points for managers.	5
	Total session time	**85**

1. Introduction (2 minutes)

Explain: Follow up is the eighth step of wheelchair provision. All wheelchair users benefit from being followed up. It is important for a service to have a plan for how follow-up will be carried out. During follow-up, services also benefit from the opportunity to learn about the impact of the service on the user, their family members and their community.

2. Importance of follow-up (10 minutes)

Ask: Do you have experience of follow-up working in any type of service?

Encourage answers.

Discuss:

- Is it useful?
- Is it planned?
- How often does it happen?

3. Purpose of follow-up and where it should happen (15 minutes)

Explain: Service personnel should be clear about the purpose of follow-up and how it is different to a new appointment.

The purpose of follow-up

- Gather information from the wheelchair user.
- Check that the wheelchair is in good working order.
- Check the fit of the wheelchair.

C.3.2 Planning follow-up

Read the slide content, reinforce if needed. Make use of some of the answers, which participants have given before.

Common follow-up actions

- Providing more advice or training.
- Re-adjusting the wheelchair.
- Carrying out minor repairs.
- Referring the wheelchair user to other service providers for support or assistance, if needed.

C.3.3 Planning follow-up

Read the slide content, reinforce if needed.

Highlight: Follow-up should not turn into a new assessment or significant refurbishment of the wheelchair. This is not possible in the time available for follow-up and a new appointment should be given for a full assessment.

Common follow-up actions

- In the wheelchair user's home.
- At the wheelchair service centre.
- At any other location that suits the wheelchair user and the wheelchair service personnel.

C.3.4 Planning follow-up

Explain: Follow-up can happen:

- in the wheelchair user's home; or
- at the wheelchair service centre; or
- at any other location that suits the wheelchair user and the wheelchair service personnel.

Explain: There are benefits to doing follow-up in a person's home or close to the community where they live.

Ask: What do you think these benefits are?

Acknowledge answers and write on whiteboard.

<table>
<tr><td>Most important answers:</td></tr>
<tr><td>

• more cost-effective for user and their family: family do not have to take time off work and pay for transport;

• education of service providers: about the barriers to participation and inclusion that people face in their homes and communities;

• quality of service: confirmation (or not) that the wheelchair is meeting the user's needs;

• community awareness: seeing the service provider in action can increase referrals and possibly community fundraising;

• supports fundraising: allows gathering of case studies and user stories which can be used to support fundraising.

</td></tr>
</table>

Explain: There are also benefits of doing follow-up at a service centre.

Ask: What do you think these benefits are?

Acknowledge answers and write on whiteboard.

<table>
<tr><td>Most important answers:</td></tr>
<tr><td>

• efficient use of staff time: no time lost in travel;

• major repairs are able to be carried out with full workshop facilities;

• all equipment and facilities are already set up;

• staff are available for a second opinion;

• direct feedback on quality of service: confirmation (or not) that the wheelchair is meeting the user's needs;

• supports fundraising: allows gathering of case studies and user stories which can be used to support fundraising.
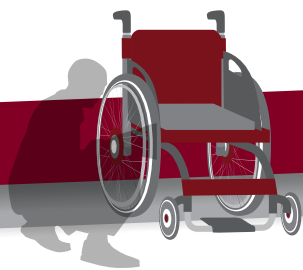
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WHEELCHAIR

4. Planning for follow-up (20 minutes)

Who needs follow-up?

- All wheelchair users benefit from follow-up.
- Follow-up is particularly important to wheelchair users who:
  - are children;
  - are at risk of developing a pressure sore;
  - have a progressive health condition.
  - need additional postural support in their wheelchair;
  - have had difficulty with any of the training or instruction given to them.

C.3.5 Planning follow-up

World Health Organization

Explain: All wheelchair users will benefit from follow-up. However, follow-up is most important for:

- children with disabilities
- wheelchair users at risk of developing a pressure sore.
- wheelchair users who have a progressive condition.
- wheelchair users who need extra support in their wheelchair (intermediate level).
- wheelchair users who have had difficulty with training in transfers, mobility, health or wheelchair maintenance.

When should follow-up happen?

- There is no rule.
- It is helpful to offer a follow-up service within six weeks from the date of delivery for intermediate users.
- It is ideal to follow-up children and people with a progressive health condition, every six months.
- It is ideal if all other users are offered follow-up within twelve months from the date of delivery.

C.3.6 Planning follow-up

World Health Organization

Explain: There is no rule about when follow up should happen, as the best time to follow up will depend on the needs of the wheelchair user:

- it is helpful to review intermediate users within six weeks to check on comfort and abilities with the new support.
- for children and people with a progressive condition, it is ideal if follow up is every six months. This is because their needs can change quickly.
- it is ideal if all other users are offered follow-up within twelve months of receiving their wheelchair.

C.3.7 Planning follow-up
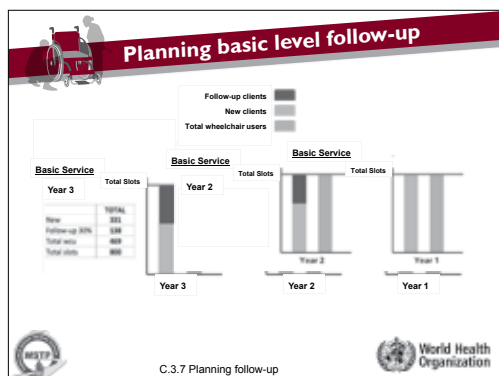
Introduce the visual tool for a basic level service.

Explain:

- Blue = Follow-up appointment
- Green = New appointment
- Orange = Total number of service slots available
- In the first year there are no follow up appointments and all appointment slots are used for new service users (green column).
- The total service users (orange column) are all new appointments.

Ask: Do you think it is realistic that there will be no follow-up appointments required in the first year?

Acknowledge that some people will require a priority follow-up. In some services, this can be up to 30% of the caseload.

Click to bring up year 2: note the blue column is follow-up appointments from year 1.

Ask: What has happened to the green column for new appointment slots?

Acknowledge that it has gone down and less new appointments are available.

Click to bring up year 3.

Highlight that the total number of slots for new appointments continues to go down.

Ask: What actions could be considered to maintain the number of new service slots each year?

Most important answers:

- develop service support role to carry out follow-up;
- identify follow-up facility, tools and equipment at service centre;
- train personnel at partner organization in community to carry out follow-up;
- train more service personnel to manage increased workload.
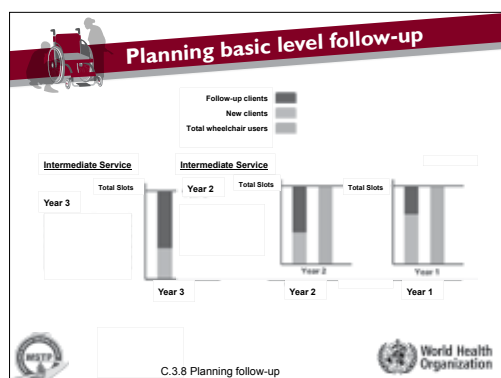
Introduce the visual tool for an intermediate level service.

Explain:

- Blue = Follow-up appointment
- Green = New appointment
- Orange = Total number of service slots available.

Explain: in the first year, follow-up appointments start usually after six months.

Click to bring up year 2.

Ask: What is the difference between the basic level service and the intermediate level service in year 2?

Acknowledge that the number of follow-ups is greater and the number of new appointment slots is significantly less.

Click on year 3.

Ask: What is happening now?

Acknowledge that less than half of the appointments are available to see new service users.

Ask: When do you need to start planning follow-up at your service centre?

Acknowledge answers.

Highlight that it is important to plan for follow-up from the very beginning and build it into the service model.

Explain: The impact of follow-up on the availability of new appointments will be felt very quickly if a service does not plan ahead. Intermediate services in particular are at risk of getting close to saturation by year three.

C.3.9 Planning follow-up
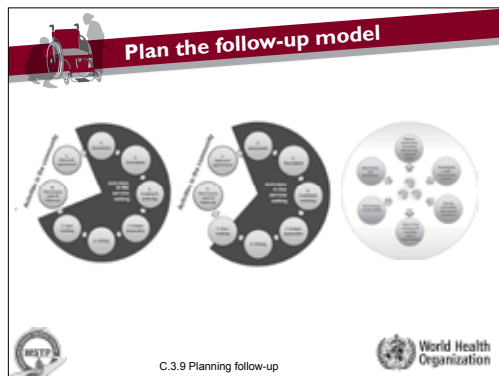
- One solution to this is to collaborate with community based organizations – and train their personnel to carry out as much follow-up as possible. Community-based personnel may be able to manage many of the simpler follow up tasks, only referring back to the wheelchair service for re-assessment, major repairs, or other problems they cannot solve.
- There are many benefits of this role being carried out by a positive role model such as a person with a mobility disability.

5. Reducing barriers to follow-up (20 minutes)

Explain: Despite the benefits to service users and service providers, the numbers receiving follow-up are often low. It is important to get to the root cause of why numbers are low, in order to overcome the barriers and improve the service.

Ask: In your experience, what are the barriers to follow-up?

Acknowledge answers.
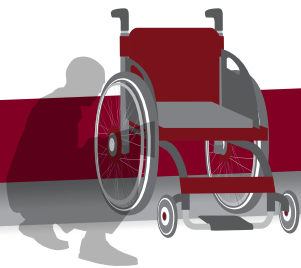
Most important answers:

Barriers to an outreach follow-up service:

- costs of service centre staff travelling to communities;
- time for service centre staff to travel to the community;
- follow-up is not prioritized by service managers;
- follow-up is not valued by service users until they experience the benefits.

Barriers to centre-based follow-up:

- cost of travel and time off work for one or more family members is a double financial cost to the family;
- users and family members are often not aware of the benefits of follow-up once they have received a wheelchair;
- difficulty finding accessible transport;
- there can be pressure to focus on new appointments at the service centre, with no time left for follow-up;
- difficulty scheduling appointments: users may turn up when staff not available, or not turn up when staff are available.

Read an example of how one organization in Indonesia has approached follow-up

For a wheelchair provision programme in Indonesia; rather than charge a fee directly for the wheelchair itself, they charge "membership fees" that contribute to the service, follow up, maintenance, and administration costs. This membership fee entitles 'members' to a quality service and on-going support. There is a 'sliding scale' fee system, in which the amount that an individual pays is determined based upon that individual's household income, as identified via utility bills, civil service employment documents, self-reporting and other supporting income indicators.

This wheelchair programme has found that the membership system is effective on a number of levels:

- members feel empowered to expect a quality service and product;
- because members have paid a significant amount relative to their income level (usually in the range of US$ 2–20, but anywhere up to US$ 150), they are more likely to value their wheelchair and feel a sense of pride in owning it;
- because the membership entitling them to free or discounted follow-up service, which expires within two years, members are more likely to seek out follow-up sooner.

Activity	
Groups:	**Divide** in groups of three or four.
Instructions:	**Read** the list of possible barriers to follow-up.
	Add any additional barriers, which the group have highlighted to the table.
	Consider the strategies for leading change and apply them to help overcome barriers to follow-up.
	List possible strategies in the blank section of the table.
Monitor:	**Monitor** the groups, and assist as needed.
Time:	**Allow** 5 minutes for activity and 10 minutes for feedback.
Feedback:	**Consider** each of the strategies for overcoming barriers to follow-up and ask participants to suggest how this can help to overcome barriers to follow-up.

Possible actions for overcoming barriers to follow-up

Motivate, engage and commit service users to the benefits of follow-up:

- explain benefits of follow-up during user training, service step 7;
- share stories of the benefits of follow-up in waiting room, on websites, and on community noticeboards;
- membership system for service users.

Motivate, engage and commit service personnel to the benefits of follow-up:

- pilot a follow-up scheme delivered by service personnel;
- collect case studies of the benefits of follow-up.

Identify an immediate and measurable result:

- set targets for a pilot follow-up scheme;
- gather and share stories of success.

Prioritize follow-up when allocating resources:

- use stories of success about the benefits of follow-up to support fundraising for specific costs relating to follow-up;
- allocate time to develop community partnerships and train and mentor personnel in the community.

Maintain support for facing continuing challenges:

- monitor follow-up data closely and identify root cause of problems;
- make follow-up part of the service model, systems and procedures.

6. Inclusion and participation in the community (13 minutes)

Explain: As we have discussed already, follow-up is a time to assess the impact of the service and whether it is achieving the overall vision of: increasing quality of life, inclusion and participation in the community.

One of the wider roles of a wheelchair service is improving accessibility. This can have a significant impact on the inclusion and participation of wheelchair users in the community.

The example below explains the cost of not addressing access in the home and community.

Read about access barriers delaying discharge in Sri Lanka

Not addressing access in the home and community can be very costly for government. In a rehabilitation hospital in Sri Lanka a hospital cost survey was carried out on the spinal injuries unit in 1998. The average cost/day for in patient stay was US$6.8.

There were 16 patients on Ward 8 (a ward for patients who were not able to be discharged) with an average length of stay of 61 months costing Rs 858,270 (US$ 12,438) each. Paying to make the home accessible so that people could return to their homes would have saved the hospital and government a lot of money.

Access to homes

C.3.10 Planning follow-up
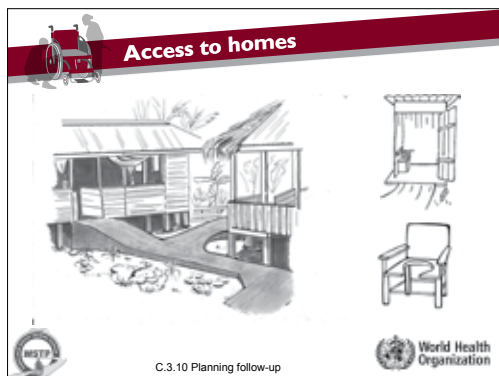
Explain:

• One of the main barriers at home is access to a toilet.

Access inside homes

C.3.11 Planning follow-up

Explain:

• Advice on simple changes to the home can make a huge difference to quality of life.

Highlight: In studies, the World Bank found that the cost of building-in accessible features at the time of construction is minimal. It has been shown that making buildings accessible adds less than one percent to construction costs.

Read about an architectural barriers campaign in Nicaragua
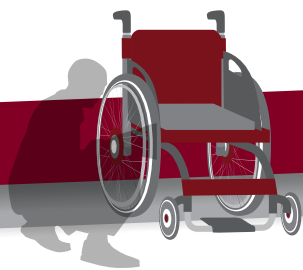

C.3.12 Planning follow-up

In Nicaragua, a DPO called CADISCA ran a campaign in the capital city Managua to highlight the problem of high kerbs and steps. It built 200 ramps and dropped kerbs (making a small area of a kerb level with the road) in just three months with a team of wheelchair users, creating access to public areas. The members of CADISCA were seen out in their community doing something positive, which raised support and resulted in local companies sponsoring the building of more kerbs and ramps throughout the city.

Early on, CADISCA used wheelchair basketball to promote self-confidence and boost member involvement in DPO activities.

Sport training sessions also gave an opportunity for regular DPO meetings, where plans for awareness-raising were organized. These training sessions were held in a public park, exposing the community to the DPO's activities and raising awareness. Ultimately, the sport programme helped influence the success of the access campaign through gaining public awareness and support for disabled people. This helped to eventually pressure the government to fund dropped kerbs throughout Managua. The removal of physical barriers has given wheelchair users an equal opportunity to access key financial, educational and social areas within the city.

Explain: Transport is a common barrier for wheelchair users. Challenges include:

• getting transport to stop long enough to transfer and stow a wheelchair;
• being charged an additional fee to carry a wheelchair;
• risk of removable parts being stolen e.g. wheels;
• difficulty accessing transport due to thresholds and doorways.

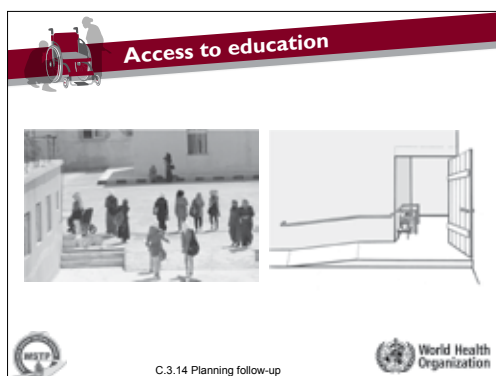**Introduce** the picture of a modified motorbike in Thailand and modified auto-rickshaw in India.

Explain:

- There are inclusive transport initiatives in many countries, including South Africa and Colombia. Some useful resources are referenced in the reference manual.

Explain:

- Access to education can be prevented by something as simple as the width of a pathway and access to a toilet.
- Being able to offer resources and information on accessible buildings and pathways can empower schools to be inclusive.

Summarize: By providing advice and information on accessible environments and working in partnership to facilitate access to homes, transport and education; a service is maximising the opportunities for inclusion and participation of people with mobility disabilities.

7. Summary of action points for managers (5 minutes)

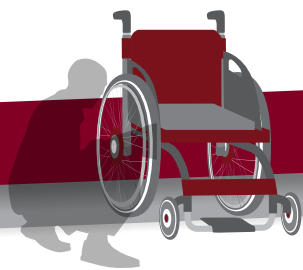

Read: the action points for managers.

Work with wheelchair service staff and key stakeholders to:

- plan follow-up.
- establish and train community partners.
- identify a dedicated role for user training and follow-up.
- engage all stakeholders in the importance of follow-up by gathering stories of the benefits and success.

Ask participants to refer to their workbook and record their own actions for planning follow-up.

C.4: Planning for financial sustainability

OBJECTIVES	By the end of this session, participants will be able to: ☐ define financial sustainability; ☐ describe how to plan for financial sustainability; ☐ identify at least three funding sources; ☐ outline a fundraising strategy.
RESOURCES	For the session: ☐ PPT slides: C.4: Planning for financial sustainability; ☐ Reference Manual and Workbook.
CONTEXT	Adapt this session to suit the context participants will be working in. For example: ☐ research the service model of participating service centres; ☐ add specific local sources of funding or examples of success to the reference material or create a supplementary resource to support this session.
TO PREPARE	☐ Read through the session plan and gather resources. ☐ Go through the fundraising framework.

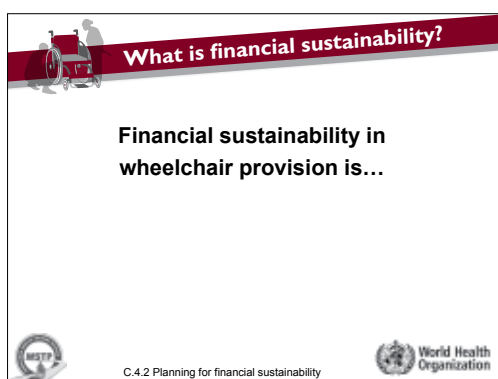| **OUTLINE**	1. Introduction	2
	2. What is financial sustainability?	15
	3. Planning for financial sustainability	8
	4. Identifying potential sources of funding	20
	5. Planning a fundraising strategy	20
	6. Summary of action points for managers.	5
	Total session time	**70**

WHEELCHAIR

1. Introduction (2 minutes)

Explain:

In this session, we will talk about the manager's role in developing a strategy for funding the service steps and wider service responsibilities; with the overall aim of ensuring the wheelchair service is sustainable.

2. What is financial sustainability? (15 minutes)

Explain: We are going to create a statement about 'What is financial sustainability in wheelchair service provision?'

Project the slide

Introduce the group activity.

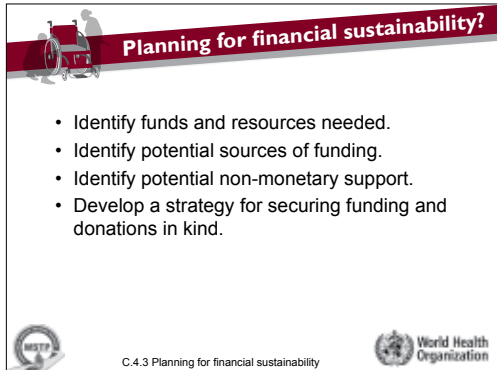| Activity	
Groups:	**Divide** participants into three groups.
Instructions:	**Ask** each group to write down a statement about what is financial sustainability in wheelchair service provision.
	Explain that it sometimes helps to write down what it is not and then turn that into a positive statement. For example, financial sustainability of a wheelchair service is not just considering product costs; this can become: "Financial sustainability of a wheelchair service must include more than product costs."
	This can provide a starting point to build a financial sustainability statement.
Monitor:	**Monitor** the groups, and assist as needed.
	Ask groups to write down their statement on financial sustainability on flip chart paper.
Time:	**Allow** 5 minutes for activity and 8 minutes for feedback and creating the statement.

Feedback:	**Ask** one representative from each group to present their statement to the rest of the participants.
	Remark on the common elements of the statements and create one shared statement of financial sustainability.
	Write common statement on flip chart and place on wall.

Notes for trainers: An example of a possible statement

- *A sustainable wheelchair provision programme is one with the capacity to provide appropriate wheelchairs through the eight steps of service to a consistent number of individuals over a significant period of time.*
- *This requires continuous investments in product supply, trained personnel, space, and monitoring and evaluation systems. Financial sustainability is reached when a service has secured, or is consistently able to secure, the funds and resources necessary to enable this continuous investment.*

3. Planning for financial sustainability (8 minutes)

Planning for financial sustainability?

- Identify funds and resources needed.
- Identify potential sources of funding.
- Identify potential non-monetary support.
- Develop a strategy for securing funding and donations in kind.

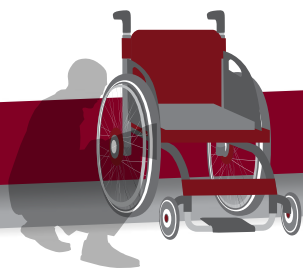C.4.3 Planning for financial sustainability

Explain: Planning for financial sustainability includes:

- clearly identifying the funds and resources needed to sustain the service (this was discussed in B.5);
- identifying potential sources of funding;
- identifying potential non-monetary support;
- developing a strategy for securing funding and donations in kind.

Ask: What are some potential funding sources in participant's context?

Acknowledge answers.

Potential funding sources

- Government
- National insurance schemes
- Private donors and sponsors
- Corporate (business) donors and sponsors
- User contributions or full purchase
- Income generation/social enterprise
- Community groups/charitable societies
- Diplomatic missions
- International and national NGOs.

C.4.4 Planning for financial sustainability

World Health Organization

Potential non-monetary support

- Non-monetary support can include:
  - Donations in kind:
    - Equipment
    - Wheelchairs
    - Materials
  - Volunteer support
  - Provision of facilities.
- Non-monetary support reduces the funds that the service needs to secure.

C.4.5 Planning for financial sustainability

World Health Organization

Explain: There are many different possible funding sources.

Show slide.

Explain:

- Wheelchair services can be funded in many different ways.
- Some services may have one single funding source (for example Government), however most services will secure the funds and resources needed from a range of different sources.

Explain:

- As well as sources of funding, there are also sources of non-monetary support.
- This includes donations in kind (for example donations of equipment, wheelchairs, and materials) and volunteer support.
- Non-monetary support can reduce the amount of funds required to manage the service.

Ask: Does anyone have any examples of non-monetary support?

Acknowledge answers.

The Teletón in Mexico is an annual TV and radio broadcast, started in 1996, to raise money for children's rehabilitation centres (known as Centro de Rehabilitación Infantil Teletón or CRIT – "Teletón Children's Rehabilitation Center" in English) for disabled children.

It is produced by Televisa and more than 600 Mexican and foreign media; and 20 commercial firms sponsor the event. They sell their vision of success with powerful positive stories about integration and achievements. Over a three month period prior to the event, the case studies are released through the media as part of the build-up. High profile personalities are involved in the promotion of the event.

The CRIT centres are completely financially sustainable and growing; with the combined income streams of this annual fundraising event and service user contributions.
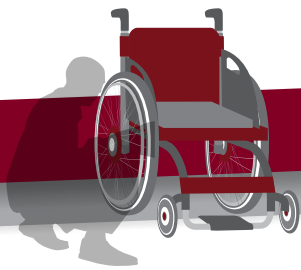
Acknowledge: The Teleton awareness-raising is on a massive scale but it is also very successful.

Explain: Gathering and sharing success stories is a powerful fundraising tool. Services will benefit from planning awareness-raising in their communities.

4. Identify initial funding sources (20 minutes)

Explain: Once you have planned a service model and developed a budget, it is necessary to identify funding sources.

Activity	
Groups:	**Divide** in to small groups. Participants from the same organization can work together.
Instructions:	**Read** the list of possible funding sources.
	Choose the three sources that you believe have the greatest potential for your service and list them in the table below.
	Consider how much effort will be required and what the short-term or long-term rewards might be.
	Number in priority order.
Monitor:	**Monitor** groups and answer any questions.
Time:	**Allow** 12 minutes for activity and 8 minutes for feedback.
Feedback:	**Ask** for volunteers to discuss which funding sources they have selected and why.
	Ask whether anyone is considering a funding source that they haven't approached before?

5. Planning a fundraising strategy (20 minutes)

Explain: Once potential funding sources have been identified, service managers need to develop a strategy for *what kind of support* will be requested from *which potential funding source*, and for *how much*.

Explain:

- To help plan a strategy, managers need to prioritize the different funding sources, and plan how they will approach securing funding.
- Managers need to consider:
  - *funding source*: who will be approached;
  - *support*: what support the manager will ask from the funding source.

Fundraising framework – an example:

Request: How much will you ask the funding source to provide/support?

Likelihood: What is the likelihood that the funding source will fund/support the request? This can be categorized as low, medium and high.

Effort: What will be required to secure the funding, and what reporting or other obligations will there be?

Fundraising framework

A table can help managers prioritize funding sources and plan a strategy.

Funding source	Type of Support	Request	Likelihood	Effort

C.4.7 Planning for financial sustainability
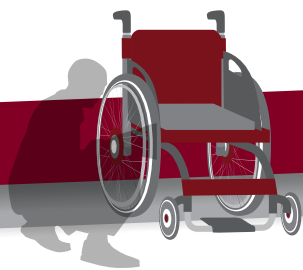
World Health Organization

Explain:

- A table can help managers prioritize funding sources and plan a strategy.

Consider:

- *Type of support*: This may focus on a budget line for example products, or a service step (or steps), with a number of associated budget lines. Consider the specific funding source, and what they are most likely to want to support.
- How much to request: Consider the size of previous donations to the service or others. Aim to ask for a realistic amount.
- Effort: The amount of effort to secure funding should be in proportion to the amount of the funding. Obligations should also be affordable/manageable for the service.

Activity	
Groups:	**Remain in same groups.**
Instructions:	**Read** the examples in the table. **List** the three funding sources from the previous exercise. **Complete** the table for the selected funding sources. **Acknowledge** that it may not be possible to complete all sections precisely but to go through the process and add as much information as possible.
Monitor:	**Monitor** the groups, and assist as needed.
Time:	**Allow** 15 minutes for the activity.
Feedback:	**Ask** for feedback on structuring fundraising using the strategy outlined in the table.

Explain: It is important to create a budget forecast to inform fundraising efforts, linking work from earlier sessions on annual predicted caseload and budgeting.

WHEELCHAIR

6. Summary of action points for managers (5 minutes)

Actions for managers

- Create a shared vision of financial sustainability.
- Identify the funds and resources required.
- Identify potential funding sources.
- Prioritise funding sources to be targeted.
- Develop a fund raising strategy and then act.

MSTP · World Health Organization

C.4.8 Planning for financial sustainability

Read: the action points for managers.

Work with wheelchair service staff and key stakeholders to:

- create a shared vision of financial sustainability;
- identify the funds and resources required;
- identify potential funding sources;
- prioritize funding sources to be targeted;
- develop a fund-raising strategy and act.

Ask participants to refer to their workbook and record their own actions for planning for financial sustainability of the service.

Putting it all together

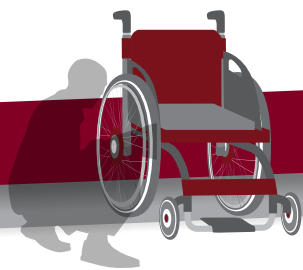|	
OBJECTIVES	By the end of this session, participants will be able to: ☐ Reflect on actions that managers can take to encourage stakeholders to improve wheelchair provision in the country.
RESOURCES	For the session: ☐ PPT slides: Closing; ☐ video: Take home message; ☐ evaluation forms (to be given out on previous day and collected during this session).
CONTEXT	Adapt this session to suit the context participants will be working in.

TO PREPARE	☐ Read through the session plan and gather resources. ☐ Ensure certificates have been printed and signed by trainers. ☐ Review flip chart paper with change facilitators (put up at the beginning of the workshop).

OUTLINE	1. Introduction	2
	2. Actions to lead change	18
	3. Closing ceremony and presentation of certificates.	10
	Total session time	**30**

1. Introduction (2 minutes)

Explain: that in this final session the managers can take the lead in proposing actions to move forward improvement of wheelchair provision in the country.

2. Actions to lead change (18 minutes)

Activity	
Groups:	**Whole group.**
Instructions:	**Refer** to the flip chart paper "change facilitators" which were put up at the beginning of the workshop as a place to record shared actions that managers and stakeholders can take to improve appropriate wheelchair provision.
Monitor:	**Encourage** participants to add any ideas that they have not put down already (allow 5 minutes).
Time:	**Allow** 18 minutes in total.

Feedback:	**Ask** for a volunteer to lead on reviewing Communicate the importance of wheelchair provision with a sense of urgency and Create a shared vision.
	Ask: What will be the next steps?
	• Are you going to form a task force to initiate some of the actions proposed?
	• Who will take these actions further?
	• Are you going to meet again? When?
	Repeat for Align stakeholders and resources.
	Repeat for Motivate, engage and commit stakeholders.
	Record: Take notes of the next steps, with people responsible and dates on a flip chart.

3. Closing ceremony and presentation of certificates (10 minutes)

Explain:

• The logo represents a commitment to get people on the road – no more locked inside their houses or huts – increasing the participation and inclusion of people with disabilities: through provision of appropriate wheelchairs delivered through services by trained personnel.

Encourage participants to use the logo.

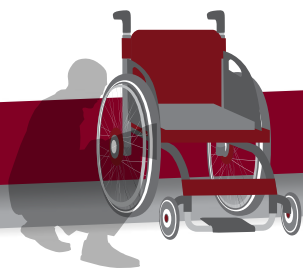**Ask** managers to hand in their completed evaluation forms given out the previous day.

Introduce video: Take home message.

Show video.

Notes for trainers:

- *Trainers may choose how they wish to present certificates and close the training programme. Each participant can also be given a poster of the wheelchair service steps as part of this session if this was not provided earlier.*

References

1 Guidelines on the provision of manual wheelchairs in less resourced settings. Geneva: World Health Organization; 2008 (http://www.who.int/disabilities/publications/technology/wheelchairguidelines/en/).

2 Wheelchair Service Training Package – Basic Level. Geneva: World Health Organization; 2012 (http://www.who.int/disabilities/technology/wheelchairpackage/en/).

3 Wheelchair Service Training Package – Intermediate Level. Geneva: World Health Organization; 2013 (http://www.who.int/disabilities/technology/wheelchairpackage/wstpintermediate/en/).

4 Convention on the Rights of Persons with Disabilities, G.A. Res. 61/106 (2007) New York: United Nations; 2008 (http://www.un.org/esa/socdev/enable/rights/convtexte.htm).

5 Bragar Galer, Joan, Alison Ellis and Sylvia Vriesendorp. "Leading change for better health." Chapter 6 in *Managers Who Lead.* Cambridge: Management Sciences for Health; 2005

6 Wyndaele M, Wyndaele JJ. Incidence, prevalence and epidemiology of spinal cord injury: what learns a worldwide literature survey? *Spinal Cord,* 2006; 44: 523–529.

7 Razzak A, Helal SU, Nuri RP. Life Expectancy After Spinal Cord Injury in a Developing Country – A Retrospective Study At CRP, Bangladesh. *Disability, CBR & Inclusive Development,* 2011. Vol. 22. 2011.

8 World Health Organization, World Bank World report on disability. Geneva: World Health Organization; 2011 (http://www.who.int/disabilities/world_report/2011/report/en/).

9 Joint position paper on the provision of mobility devices in less resourced settings. Geneva: World Health Organization; 2013 (http://whqlibdoc.who.int/publications/2011/9789241502887_eng.pdf?ua=1&ua=1).