

## 1 BACKGROUND SUMMARY

### 1.1 General Context

The Cooperative Orthotic and Prosthetic Enterprise (COPE) works in partnership with the National Rehabilitation Centre (NRC) to provide prosthetic and orthotic services in Lao PDR. COPE and the NRC are working to develop a national comprehensive model of rehabilitative care that integrates prosthetic and orthotic provision, physiotherapy and occupational therapy with links to surgical units. This proposal builds on the achievements of the last three-year cooperation agreement between the Australian Government and COPE to provide continued support to the collaboration between the NRC and COPE.

The NRC, under the Lao Ministry of Health (MoH), was founded in 1963 and is responsible for providing and coordinating rehabilitation services throughout the country. Various organisations have been involved in supporting the NRC on a wide range of issues, such as visual impairment, provision of wheeled mobility devices, manufacturing of prostheses/orthoses (P&O) and rehabilitation. Five provinces now have rehabilitation centres – all supported by COPE – and some district hospitals have physiotherapists who can provide basic services.

COPE was formed under a Cooperation Agreement between the Lao Ministry of Health, the National Rehabilitation Centre and three INGOs<sup>1</sup> in 1997. COPE's supporting activities are run in accordance with the Government of Lao (GoL) priorities as set out in a number of action plans and international obligations. Initially, COPE's services were delivered through the NRC, in Vientiane only, but have since expanded to encompass four more centres, in accordance with MoH policy, to establish a regional network for the provision of prostheses and orthoses through a comprehensive rehabilitation model across the country.

In 1996, the year before COPE was formed, existing services fitted a total of 138 mobility devices throughout Lao PDR. In 2009, some 1,500 orthotic and prosthetic devices were fitted. In accordance with the consensus statements from the International Society for Prosthetics and Orthotics (ISPO), COPE introduced polypropylene technology into Lao PDR using the system designed by the International Committee of the Red Cross Special Fund for the Disabled (ICRC-SFD): this is a tried and tested technology for robust, individually-made, high quality, low-cost devices. Mobility devices are much more effective when they form part of a holistic treatment package which is offered at the NRC and Provincial Rehabilitation Centres (PRCs). Comprehensive rehabilitation remains the overarching goal of the NRC/COPE project implemented nationally, including the development of occupational therapy and physiotherapy disciplines in the five centres.



*Map showing location of COPE supported centres.*

COPE only exists in Lao PDR and is committed to indigenising the project. The program now has a Lao National as CEO, Finance Officer and Prosthetic and Orthotic Coordinator. COPE currently works with permission and the full cooperation of the Ministry of Health. In consultation with the NRC, COPE is working towards registering as a local not-for-profit association through the 2009 Decree on Associations.

<sup>1</sup> POWER International, Cambodian School of Prosthetics and Orthotics and World Vision. In 2000 Association for Aid and Relief and then in 2004 The Leprosy Mission International joined the Board of Directors. In 2005 World Vision retired from the Board.

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COPE has four major roles:

1. To act as a portal for skills development and training, upgrading clinical skills in physiotherapy, occupational therapy and P&O within the government rehabilitation services and extending to management and administrative skills to ensure that the COPE develops capacity as a local organisation.
2. To support expenses of patients who are unable to pay for treatment and associated costs as well as upgrading facilities at the five centres currently supported by COPE.
3. To act as an interface between the donor community and the GoL. International donors require a recognised standard of auditing and financial accountability for proposals to be successfully accepted and managed.
4. To facilitate referral between the networks of clinical services to provide comprehensive treatment of people living with mobility impairments, ensuring people with disabilities in Lao PDR can access the rehabilitation services that will improve their ability to participate in their communities.

All of these roles will be supported by this funding application thereby increasing capacity of services for people with physical disabilities throughout the country and their access to them.

The coming period offers time for consolidation of the work achieved over the past three years in the P&O workshops. The ICRC-SFD conducts annual audits with COPE of the prosthetic devices produced at both the NRC and one randomly chosen PRC. The last audit conducted in June 2010 reported all 20 devices evaluated were all of high quality. To ensure the services remains at such standards, this proposal supports the development of strong quality control and management systems in all five P&O workshops throughout the country and well as the continued training of staff in all centres to up-grade their skills.

While maintaining the high quality of prostheses produced across the country, attention will also be turned to improving the diagnostic and production capacities of P&O staff in the provision of orthoses. In addition this proposal also supports the development of infrastructure at the PRCs enabling a higher quality of service and meeting the needs of an expanding P&O team.

The development of comprehensive rehabilitation is an important aim for COPE and is implemented through the development of physiotherapy and occupational therapy skills through each of the five centres. The continuation of this aspect of the program would be supported by this proposal.

In addition, this project seeks to engage service users and people with disabilities (PWD) in reviewing and improving the clinical aspects of the services across the country. This will initially be focused on P&O and paediatric services at the NRC and then expanded to the PRCs and other disciplines.

The COPE Connect outreach project was launched in mid-2009 to increase awareness about connecting people to the services. Due to lack of communication technologies, poor road networks, limited or no access to accessible transportation and, significantly, lack of financial resources, people with physical disabilities have been unable to access the NRC/PRC services. In the first 18-months of the project, COPE has conducted workshops in eight provinces and trained over 420 representatives of key government departments and district



Mr Sailom, learnt about the COPE services once COPE Connect was expanded to his district. He lost his legs in 1981 in an UXO incident and was first fitted with prostheses in February 2010.

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line agencies in disability identification. Remote clinical assessments were conducted in 16 districts in seven provinces. More than 860 people attended the remote clinics and over half were able to benefit from the NRC/COPE services and referred to the relevant PRC for treatment. All of who had not accessed such services previously.

However, there is still much to do, including establishing referral networks and conducting clinical assessments in a further 46 districts to ensure national coverage, as well as follow up and evaluation in districts where assessments have already been conducted. This proposal will continue to support the development of the referral networks as well as an external project evaluation to access the impacts of the work.

In summary, this proposal will ensure the future of the NRC/COPE project for three years continuing the development of multi-disciplined rehabilitation medicine in Lao PDR. It will allow the NRC/COPE to build on the capacity developed during the last thirteen years, moving COPE towards its goal of supporting the development of a locally led, quality-assured rehabilitation service in Lao PDR.

## ***1.2 Project - Conceptual Framework and Problem Analysis***

### ***1.2.1 Activity Summary***

This proposal seeks support for the core work of COPE with respect to the commitments of the GoL relating to the National Victim Assistance strategy that seeks to implement Article 5 of the Convention on Cluster Munitions and relevant obligations within the Convention on the Rights of Persons with Disabilities. COPE offers the same level of service to patients, regardless of cause of disability.

COPE has a range of funding secured over the next one to three years (see table 4.1), but for the purposes of this proposal, the main activities are:

1. Continued capacity building of clinical rehabilitation skills, including over 20 P&O staff, 15 physiotherapy staff and nine occupational therapy staff, through a comprehensive model of rehabilitation.
2. Improve quality management systems throughout all five centres for the production of P&O, with additional focus on improving the quality of prostheses produced.
3. Continuous funding for patients' costs so that any person with a disability, regardless of cause, can be confident of receiving a full service when they present at any of the five centres.
4. Expand the COPE Connect network to ensure all who need the service are aware and able to access it and conduct an external evaluation of the project, including an external evaluation in year one.
5. Support the continuation of services through the refurbishments and maintenance of the NRC and PRC P&O workshops.
6. Support the involvement of PWDs in the development of the rehabilitation services.

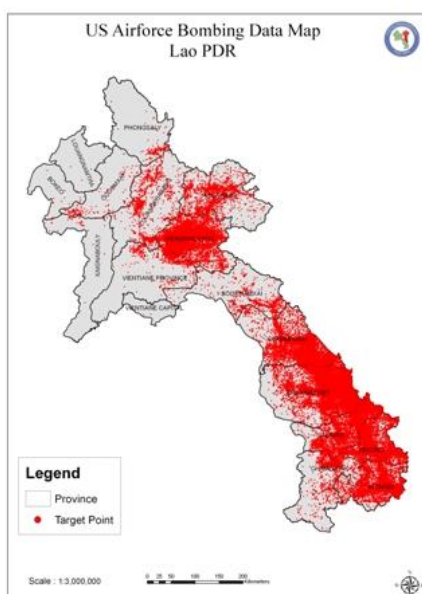
### ***1.2.2 Problem Analysis***

In common with all other countries, Lao PDR has a population of people with physical impairments that to some degree hamper mobility. Primary causes of physical impairment in Lao PDR include trauma from UXO incidents, leprosy, effects of polio, CVA (stroke), clubfoot, cerebral palsy and congenital abnormalities. Mobility is a fundamental ability and right. Mobility enables a person to take part in their family life, community activities and exercise their rights to equal access to education and employment. The NRC in partnership with COPE is the only provider of these devices in the country and it remains vital to support the service development to build a sustainable national service, including human resources as well as physical infrastructure. Mobility devices and related clinical activities have significant impact on a person's level of functioning, but capacity of human resources and funding to subsidise the costs for patients are often barriers to this service being either available or effective.

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The Socio-Economic Atlas of Lao PDR published from the findings from the 2005 population and housing census states '70,261 people in 65,015 households in Lao PDR report having a disability'.<sup>2</sup> Among this group 39% have *arm or leg handicap*, 7% have *multiple disabilities* and 10% *other disabilities*. Taking these figures even potentially under-reported when compared to global norms, there could be a (minimum) 27,400 or (maximum) 39,300 people with living with permanent mobility impairment. Among the reported cases of identified impairments the main causes are categorized as follows: congenital (39%); disease (28%); accident (16%).

While there is a lack of statistical data in Lao PDR regarding disability, data from ISPO statistical reports suggests that of the 5-8% of any population with a disability, one in ten would benefit from P&O treatment. Using population figures from July 2009, it can be estimated that from the total population of 6,834,345<sup>3</sup> that between 34,100 and 54,600 would potentially benefit from P&O intervention. Statistical data derived from the ongoing COPE program at the NRC and the PRCs is another crucial indicator of need. In 2008 and 2009 COPE provided 2,587 P&O devices from five locations, of which just under 50% of supplied devices were orthoses. When all of these sources of statistical and anecdotal evidence are combined they present a clear case for mobilizing increased resources for improving orthotic services throughout Lao PDR.



Left: Map of South East Asia including Lao PDR showing US bombing data.

The numbers of people with disability in Lao PDR has been increased by the high prevalence of unexploded ordnance (UXO) in the country, of which a significant number of injuries are from cluster submunitions. Lao PDR is internationally recognised as being severely affected by UXO and as being the most affected country in the world in terms of cluster munition contamination. According to the National Census the highest rates of disability were in areas severely contaminated by UXO (Xiengkhouang, Savannakhet and Sekong).

The scope of the problems related to UXO is more comprehensively documented in Lao PDR than any other cause of disability in the country. Accurate data about other disability groups is still unavailable. The National UXO Survey on Victims and Accidents found that from 1964-2008 over 50,000 people were directly involved in UXO incidents in Lao PDR, including over 20,700 people injured and in turn including 13,835 survivors who lost limbs. Since the end of the war in 1973, the number of people injured compared to those killed has steadily increased.<sup>4</sup>

Long term funding to NRC/COPE will secure the service base, allowing more networks to develop, and support victim assistance through a national rehabilitation program.

### **Poverty and Disability in Lao PDR**

The links between poverty and disability are complex, inter-related and noted in studies relating to mine action as well by DFID as one of several issues along with gender, remoteness from resources and age that "keep people poor".<sup>5</sup> Vulnerability is a controversial area related to disability as many people with

<sup>2</sup> The results were not disaggregated according to gender or ethnicity and there remain issues around the definition of disability, however it is the first time that disability has been included in the Census.

<sup>3</sup> See [http://www.indexmundicom/laos/demographics\\_profile.html](http://www.indexmundicom/laos/demographics_profile.html)

<sup>4</sup> National UXO Survey on Victim and Accidents, National Regulatory Authority for UXO in Lao PDR, Government of Lao PDR, 2009

<sup>5</sup> Disability, Poverty and the Millennium Development Goals: Relevance, Challenges and Opportunities for DFID (UK Department for International Development)

disabilities are able to play an active role in their community, and barriers to participation are linked with attitudes and environment rather than the actual impairment. In developing countries it is generally accepted that multiple discrimination is a key concern regarding women and girls. The Biwako Millennium Framework<sup>6</sup> recognised that in the Asia-Pacific region problems, such as access to health care, education and socio-economic integration were areas of special concern.

In addition, poverty negatively impacts the ability of persons with disabilities (PWDs) to access services. Geographic isolation, limited resources and lack knowledge due to limited exposure to healthcare cause PWDs not to access comprehensive rehabilitation care. Therefore PWDs do not receive intervention at an optimal time and physical impairment is further exacerbated and subsequently requiring a higher level of clinical intervention. Anecdotal evidence collected from remote clinical assessments via COPE Connect clearly identifies severe complex cases of physical impairment in rural communities.

It is clear that a good outcome from rehabilitation is a factor in ensuring that people have the opportunity to access mainstream opportunities where possible. The effects of disability are different for men and women, boys and girls and are framed within their own cultural context and constraints of services available in a developing country. Wherever possible, people must be made aware of the services that are available to them, and their rights to access them, irrespective of cause. It is imperative for the NRC/COPE to continue to collect data, which will inform particular gender, socio-economic and cultural barriers to accessing available services. This view is also shared by GICHD, whose analysis of victim assistance recommends a more comprehensive approach to integrating UXO/Mine victim assistance into primary health care, disability and community development.<sup>7</sup>

In summary, from the data that is available it is clear that there is a need for securely funded service provision. Capacity building of national services and subsidisation of services for people with disabilities is COPE's role in its partnership with the NRC. COPE needs to continue its work to effectively equip the NRC and PRC staff. It is vital that staff have the competency required to deliver quality services, to develop their own professions and take on more responsibility for maintaining standards of care.

### **1.2.3 Rationale**

The importance of a strong multi-disciplinary rehabilitation team is paramount in the effective provision of P&O devices. Rehabilitation service, even for those with only mobility related impairments, cannot be viewed with just a prosthetic/orthotic lens. The importance of a strong, multidisciplinary team is paramount for the best possible outcome for the patient. The continuum of care from the surgical/medical intervention, the orthotist/prosthetist fitting the device, the physical therapist that assists in obtaining robust mobility, the occupational therapist that works with the user on employment issues; each play a crucial role in the rehabilitation process and delivery of positive outcomes. The treatment scenario is specific to each person, however the outcomes are dependent on a multi-disciplined approach to physical rehabilitation. As such this proposal does not look at P&O provision in isolation but through a holistic lens that looks to develop the clinical capacity of the physiotherapy, occupational therapy, paediatric and surgical teams in the national rehabilitation programme.

New technologies bring new challenges and the introduction of polypropylene technology by COPE in 1997 has been followed with development of new skills in orthopaedic surgery, the treatment of clubfoot as well as improvements in physiotherapy techniques shown across the board during skills testing. The partnership

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<sup>4</sup> Biwako Millennium Framework for action towards and inclusive, barrier-free and rights-based society for persons with disabilities in Asia and the Pacific.

<sup>7</sup> The Geneva International Centre for Humanitarian Demining (GICHD)

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between the NRC/COPE has achieved much and the amount of people benefiting from the service is increasing year on year.

This project will seek to establish, support and then expand achievable evidence-based practices into routine clinical work. The Clinical Core Group (CCG) will be expanded at the NRC to guide the clinical development of staff, develop protocols and guidelines, engage feedback from service users and facilitate the development of a referral-based and cross discipline approach to rehabilitation medicine. It will also engage PWD and service users in surveys to gauge feedback on the services and to begin to develop more patient-orientated care.<sup>8</sup>

There is no established social work profession in the country. To support the development of the field in Lao PDR and further develop a multi-disciplinary service, the social work profession will begin to be introduced to the national rehabilitation program through this proposal. The first graduates of a social work course in Lao PDR finished their studies in mid-2010. This project seeks to hire a graduate to support the proposed activities. It is envisaged that integration of social workers into the services provided will encourage the NRC to take on the staff as full time government employees in the future.

***International commitments***

The GoL has committed in recent years to two significant international treaties in relation to disability. The first is the UN Convention on the Rights of Persons with Disabilities ratified by the Government on 25 September 2009. Article 20 of this convention addresses mobility devices, as just one aspect of this important convention;

*States Parties shall take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities, including by:*

- a) Facilitating the personal mobility of persons with disabilities in the manner and at the time of their choice, and at affordable cost;*
- b) Facilitating access by persons with disabilities to quality mobility aids, devices, assistive technologies and forms of live assistance and intermediaries, including by making them available at affordable cost;*
- c) Providing training in mobility skills to persons with disabilities and to specialist staff working with persons with disabilities;*
- d) Encouraging entities that produce mobility aids, devices and assistive technologies to take into account all aspects of mobility for persons with disabilities.*

The second is the Convention on Cluster Munitions (CCM) ratified by the GoL on 18 March 2009 and entered into force on 1 August 2010. Article 5 of the CCM is dedicated to the provision of effective assistance to all victims of cluster munitions, including physical rehabilitation, and responsibility of states to ensure this through the mobilization of national and international resources. Non-discrimination is also central to the provision of such assistance, stating each State Party shall “Not discriminate against or among cluster munitions victims, or between cluster munitions victims and those who have suffered injuries or disabilities from other causes”<sup>9</sup>.

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<sup>8</sup> At this time, treatment and services provided by NRC in Lao PDR remains strongly framed within a medical model of disability. Therefore it is currently not appropriate or correct forum to include service users in the CCG itself. The aim of the CCG is to review broad clinical guidelines and practices, it is not the intention of the proposal to include service users in overarching clinical planning and decision making at this stage of development. Involvement of service users is extremely important and will occur via increased participation in surveys, individual treatments, quality of life and outcome measurements.

<sup>9</sup> Convention on Cluster Munitions, Article 5.2.e.

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In October 2010, the GoL in collaboration with the UN and development partners launched a Lao-specific ninth Millennium Development Goal (MDG) committing to significantly reducing the impact of UXO contamination in the country through clearance, risk education and victim assistance by 2015. A measurement indicator for the goal is to; “Ensure that the medical and rehabilitation needs of all UXO survivors are met in line with treaty obligations under the Convention on Cluster Munitions”<sup>10</sup>.

Significant work has been undertaken to develop policy frameworks to implement the obligations under the two conventions. The NRA has been working with stakeholders to draft a national victim assistance strategic plan and the government is currently drafting an implementation decree for the CRPWD. The Ministry of Labor and Social Welfare master plan published in 2008 aims to improve the participation of people with disabilities, highlighting prosthetics as an area for continued development. Rehabilitation underpins many of the relevant government’s aims such as inclusive education, employment rights and social protection mechanisms. Effective rehabilitation has benefits for a wide range of people with disabilities but, as stated in the “Standing Tall Report”<sup>11</sup> commissioned by Aus AID in 2006, many countries reported a lack of adequately trained healthcare and rehabilitation providers.

The implementation of both conventions and meeting the targets of the ninth MDG is a significant challenge. Through COPE and the NRC, comprehensive rehabilitation care can be developed and expanded to meet the needs of people with physical disabilities throughout the country and in turn meeting aspects of the international obligations outlined above.

In addition, COPE/NRC provides services that primarily fit within the main sectors of the health component of World Health Organisation – Community Based Rehabilitation (WHO CBR) guidelines: rehabilitation, assistive devices, medical care and prevention. This includes early detection and intervention and treatment of any condition to reduce impact and prevent secondary conditions. With regards to assistive devices, COPE is working in all areas to make locally produced items for mobility, positioning, P&O, daily living devices that are appropriate for the environment of the patient. Through the Occupational Therapy Program COPE is working with NRC/PRC therapists to inform families on making their homes barrier free environments. Where possible, COPE covers the cost of such devices to further increase accessibility to the technology. All of the services COPE support the NRC/PRCs to provide are centre-based and the Centres link to CBR networks where they exist. Since there is not a comprehensive CBR network in Lao PDR the need for continued centre-based services is necessary. COPE outreach project aims to reach people in remote areas where no CBR exists. The Outreach project provides medical assessments in remote locations throughout the country, referring those who could benefit from the services to the centres. COPE then covers the cost of treatment, including the cost of transport to the centre and accommodation and food during the treatment.

***Linkages with GoL and Donor National and Provincial Programs and Priorities***

COPE was initiated as a partnership between international NGOs and the GoL, through the NRC. COPE is today a local not-for-profit organisation. All activities of COPE are implemented through the NRC, a part of Central Government, as well as through the four Provincial Rehabilitation Centers that fall within the provincial governments of Luang Prabang, Xiengkhouang, Savannaket and Champasak. Each Centre serves a given number of provinces and has linkages with those provinces (for example, the Champasak PRC in Pakse serves the requirements of Champasak, Sekong and Attapeu). The NRC is a coordinating body for all physical rehabilitation work throughout the country and regularly coordinates with the provincial governments within whose ambits the PRCs fall and relays changes and developments to COPE chiefly through very regular meetings between its Director (who is also Chair of COPE) and the CEO of COPE.

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<sup>10</sup> “The MDG Compact – Lao PDR”, Vientiane High Level Round Table Meeting, 20 October 2010, Vientiane, Lao PDR

<sup>11</sup> Landmine Victim Assistance in 2006.. Overview of the situation in 24 States Parties. International Campaign to Ban Landmines. Standing Tall Australia International Rehabilitation and Research Support Services Ltd. 2007

This proposal also supports the priorities as set out by the GoL. The GoL considers dealing with the issues UXO contamination creates throughout 75 percent of villages in the country, as high priority in the current National Socio-Economic Development Plan. The services to deal with the UXO contamination and its consequences, including the provision of rehabilitation services for victims, are emphasised as a key constraint to poverty reduction in the country. In addition, *Safe Path Forward II 2015-2015*, the strategic plan for the UXO/Mine Action Sector in Lao PDR, has been drafted in consultation with sector stakeholders under the guidance of the National Regulator Authority.<sup>12</sup> It emphasizes the need to ensure medical and rehabilitation needs of all UXO survivors are met in line with treaty obligations, including the need to strengthen the physical rehabilitation services across the country.

#### **1.2.4 Relevant expertise and experience to undertake the activity**

COPE has been in operation for more than 13 years. A vital component of the work undertaken has and continues to be the partnership with the NRC. The NRC has been tasked as the central government body for disability issues since 1963. The P&O aspects of the responsibilities are, effectively, carried out through COPE.

On two occasions COPE has faced closure due to funding problems but has revived on both occasions. The last occasion was at the end of November 2005 and the repercussions of that have now dissipated. Currently the program has a strong collaboration with the NRC supporting the continuation of activities and has successfully worked with a range of donors, including governments and international organizations. There can be few organizations that have such range and depth of experience in promoting, developing and maintaining a prosthetics and orthotics service in a low-income country.

For all building renovations, COPE will hire an experienced consultant to design with respect to accessibility requirements and manage quality control and safety standards. In addition to utilizing accessibility guidelines, the OT Mentor will also be involved to ensure the renovations result in a fully accessible building.

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## **2 DESIGN**

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### **2.1 Consultation with Partners and Other Stakeholders**

All activities of the COPE project are carried out in strict accordance with government policy. Throughout the planning and implementation phases of any activity, the Director of the NRC and relevant NRC staff are regularly consulted. Board Meetings are held every three months, in the month following the end of the quarter. They are attended by representatives of the partner organisations, senior officers of COPE, and senior personnel in the NRC. Reports are tabled at each meeting detailing that quarters activities and noting any challenges that need to be overcome.

### **2.2 Linkages to and coordination with other agencies in the sector**

COPE also works in partnership with a number of organisations in Lao PDR and regionally ensuring, where possible, there are links between projects. COPE recently concluded work with CARE International in Sekong province establishing the COPE Connect network as part of a much larger livelihoods initiative conducted by CARE International.

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<sup>12</sup> *National Strategic Plan for the UXO Sector in the Lao PDR - The Safe Path Forward II*, UXO Sector Five year Annual Work plan (2011-2015), Government of Lao PDR.



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COPE is continually seeking new opportunities to partner with organisations on all aspects of the project as in-patient rehabilitation alone cannot completely ensure integration of people with disabilities. Policy, advocacy and better referral and follow-up networks are essential. Involving all stakeholders reduces the potential for overlapping services. In terms of prosthetics and in-patient rehabilitation there are no other organisations currently carrying out this kind of work but there is a need to include other stakeholders in raising awareness of available services and working with the Lao Government to support the development of services.

To increase the involvement of people with disabilities in the design of the work of COPE, the Lao Disabled People’s Association – the Lao national organisation for PWD – will be invited in 2011 to observe the Board Meetings and work towards becoming a member of the Board of Directors.

<b>Linkages between NRC/COPE stakeholders</b>	
<b>Government of Lao PDR</b>	<b>Continued capacity building in this sector enabling the GoL to meet its goals for implementing policy.</b>
<b>Provincial and District government health officials</b>	<b>Improving disability identification, distribution of information on services available to PWD, and establishing local referral networks</b>
<b>Service Users</b>	<b>Access to a quality service, free to those that cannot afford to pay</b>
<b>LDPA</b>	<b>LDPA cell network already in place: a good starting point for joint working and greater user involvement in strategy and planning.</b>
<b>HIB</b>	<b>HIB operates a CBR project in Savannakhet and would be a useful link for developing further outreach services as well as already being a key advisor on disability issues</b>
<b>NRA</b>	<b>The NRC/COPE partnership continuing would ensure that the Victim Assistance pillar of UXO activity would be partially met. An opportunity to utilise the NRA survey of UXO casualties to bolster the use of COPE/NRC services and effectiveness of outreach</b>
<b>NCDP</b>	<b>Ability to use the NCDP responsibilities to disabled people through utilisation of the NCDP/MLSW networks to secure greater use of COPE/NRC services</b>
<b>POWER International</b>	<b>Support the inclusive education project through the provision of rehabilitation and assistive devices to enable students with disabilities to attend school</b>
<b>World Education Consortium</b>	<b>Consortium support surgical costs of people injured by UXO as well as psycho-social activities</b>
<b>NRC/PRC staff</b>	<b>Improved skills, more stable working environment achieved through long term funding.</b>

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### **3 ACTIVITY DESCRIPTION**

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#### **3.1 Goals**

The overarching goal of the COPE project is to ensure that people with disabilities have local, free access to a quality, nationally managed rehabilitation service.

#### **Prosthetics and Orthotics (P&O)**

The provision of P&O is a core activity of the COPE program. To date, fourteen Lao nationals have been trained as Category II P&O through the support of COPE at the Cambodian School of P&O.<sup>13</sup> Eleven of the

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<sup>13</sup> Trained to the internationally recognized standard in accordance with the International Society for Prosthetics and Orthotics.

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staff are now working throughout the five Centres in Lao PDR.<sup>14</sup> From that initial cadre, two staff were selected for upgrade to Category I, awarded by La Trobe University in Melbourne. This is the same level of training required to work as a P&O worldwide and is an essential level required to maintain standards. One Lao national Category I P&O is now working at the NRC as the P&O Coordinator for the national programme completing the phase-out of international mentoring in prosthetics. The second is managing the provision of devices and quality controls at the Champasak and Savannakhet PRCs. Ideally every PRC would have one Category I P&O and at least two Category II P&Os. This proposal with regards to prostheses focuses on the next steps ensuring that the standard of quality remains high across all centres through strengthening the quality management and control systems.

### **Physiotherapy**

COPE supports the development of the physiotherapy department at the NRC and the four PRCs through a Training of Trainers programme and has done so since 2004. Physiotherapy skills are still in their infancy in Lao PDR and as such contextually specific group and one-on-one trainings are an effective form of skills transfer. This proposal continues to support the provision of such training through the Physiotherapy Mentor.

### **Occupational therapy and paediatric rehabilitation**

An Occupational Therapy (OT) Mentor began working with COPE/NRC in March 2010 to support the skill development of five OTs at the NRC and will expand the trainings to staff at the PRCs in 2011. OT is a relatively unknown profession in Lao PDR, although is an important part of assisting people to live more independently. No local graduate training program is available in country and as such there are very limited OT skills within the national rehabilitation programme. The OT Mentor also will support the NRC and PRC to build the capacity of paediatric services through changes in infrastructure and development of technical skills. This will enable the child and their parents to better manage the child's disabilities, and increase participation so a child has improved opportunities to access education and be included in community life.

### **A team approach**

The clinical development of NRC and PRC staff will be supported through multi-disciplinary training sessions. A Clinical Core Group (CCG) will be expanded at the NRC to provide patient-focused clinical analysis and coordination across all disciplines. Service users will also be engaged in the development of the services through feedback collected by the social work graduate through survey. This will initially be focused on increasing attendance to the paediatric clinics and collating feedback on the provision of the P&O services.

Training courses alone are not enough to ensure a transfer of skills. Follow-up, mentoring and personal development plans are required to integrate skills and to develop rounded, clinical and management professionals. On-going mentoring is the delivery method for those skills essential for clinicians to be responsible for their own professional development. Details of training plans are provided in the work plan.

### **Organisational capacity**

The development of COPE staff will be supported to enable the organisation to proactively design, develop and implement sustainable services and fully monitor and evaluate service provision. This will include the employment of a Financial Advisor (Lao national) for the first year to introduce a comprehensive financial software package to support improved financial management.<sup>15</sup> Further development and monitoring of policies and procedures will also occur, including the development of a Child Protection policy within the NRC.<sup>16</sup>

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<sup>14</sup> In addition to the natural movement of staff to and from jobs, a combination the low government salaries and unavoidable personal circumstances have seen three trained Category II P&O leave the government service.

<sup>15</sup> COPE currently uses Microsoft Excel to manage all its finances.

<sup>16</sup> COPE has a Child Protection Policy for its employees and will work with the NRC to adopt and implement similar policy.

### **3.2 Objectives**

#### **Objective 1: Knowledge & Technical Skills**

***To work with the national rehabilitation program and act as a portal for capacity building of clinical rehabilitation skills, including P&O, physiotherapy and occupational therapy, ensuring adequate technical resources are available to provide essential rehabilitation services throughout the country.***

The proposal supports the implementation of the national plan for rehabilitation, delivered through the NRC/COPE partnership, and will enable the clinical capacity building to continue through the provision of international mentor support and trainings.

COPE will continue the development of the P&O program.

- a) Review and improve the national quality control and management system in all five centres;
- b) Upgrade over 20 NRC/PRC P&O staff skills with regards to prostheses provision;
- c) Personal development plan annually reviewed for the Category I P&O staff
- d) Specific training courses delivered according to P&O work plan

COPE will continue the Physiotherapy Mentor program.

- a) Ongoing 'Train the Trainer' sessions with fourteen key NRC and PRC physiotherapist
- b) More than twenty workshops led by ToTs for other NRC and PRC physiotherapy staff to lead and transfer skills learnt in the ToT program, supported by the PT Mentor
- c) At least two specific training courses delivered according to work plan annually

COPE will continue the Occupational Therapy Mentor program.

- a) 'Train the trainer' program implemented with at least seven identified NRC and PRC staff to develop teaching skills and clinical expertise in prioritised areas.
- b) Paediatric Clinical guidelines for prioritised areas developed and implemented via the clinical core group.
- c) At least two specific training courses delivered according to work plan annually

COPE will expand the Clinical Core Group (CCG) at the NRC.

- a) The CCG will be developed with support and training from the COPE Mentor team to identify and improve the clinical work of the NRC
- b) Medical English language training for a multi-disciplinary team of 16 NRC staff (Y1, Y2)
- c) Club foot treatment refresher and training with a multi-disciplinary team held annually (Y1-Y3)

#### **Objective 2: Service Provision**

***To ensure uninterrupted access to service for PWD by providing materials and meeting patient costs.***

COPE will continue to manage and secure funds to ensure that impoverished patients are able to access relevant services free of charge, in line with NRC/COPE policy.

- a) To support expenses of patients who are unable to pay for treatment and associated costs
- b) Stock management systems are reviewed and maintained
- b) Ensure financial processes are followed and audited.
- c) Continue to implement cost-recovery policy to increase contribution from patients who are able to contribute. (In line with NRC/COPE policy)

#### **Objective 3: Infrastructure**

***Upgrading rehabilitation facilities at the five centres currently supported by COPE to ensure the P&O service can meet the increasing demand on services.***

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- a) Support the continuation of P&O services nationwide through the refurbishment of the P&O centres at the NRC and PRCs to ensure the continuation of the service.
- c) Where possible, work with accessibility guidelines to ensure all centres can be utilized by all, with initial focus on the P&O workshop at the NRC.
- c) Develop infrastructure of adult OT and PT departments by equipping new functional rehabilitation clinic area at the NRC.

**Objective 4: Outreach**

***To facilitate referral between the networks of clinical services ensuring people with disabilities in Lao PDR can access the rehabilitation services that will improve their ability to participate in their communities.***

- a) Establish and support referral networks throughout Lao PDR in all provinces through conducting workshops with provincial and district government staff, local organisations and relevant stakeholders
- b) Conduct clinical assessments with a multi-disciplinary team in remote, rural locations
- c) Disseminate information regarding the provision of free P&O services nationally, via posters, leaflets, radio, etc in all provinces over the three years.
- d) Conduct an evaluation of the program in year one to inform the continuing development of the service.

**Objective 5: Involvement of Service Users**

***To promote the involvement and contribution of service users to ensure barrier free service provision***

- a) Collect qualitative data on patient satisfaction and their opinions in relation to the provision of P&O services, initially focusing on patients attending NRC and aiming to survey ten percent of P&O patients.
- b) Collect qualitative data to investigate the barriers restricting patient attendance at rehabilitation centres via surveying service users, initially focusing on children's rehabilitation services at NRC then expand to PRCs and aiming to survey ten percent or more of families attending the children's rehabilitation services.

**Objective 6: Organisational strengthening**

***Develop capacity of COPE to proactively design, develop and implement sustainable services and fully monitor and evaluate service provision***

- a) Develop a strategic plan in line with GoL MoH action plans to facilitate a sustainable and clear organizational vision and mission
- b) Conduct annual team building and development days with COPE team, and with NRC/PRC staff, to evaluate service provision
- c) Revise and implement policies and procedures to ensure the consistent, transparent and smooth implementation of organizational activities
- d) Evaluate, upgrade and implement new and revised financial logistics and administration systems

**3.4 Location**

This project will be based at the NRC in Vientiane with regular visits to the four PRCs supported by COPE in Luang Prabang, Xieng Khouang, Savannakhet and Champasak provinces according to the work plan.

**3.5 Target groups and beneficiaries**

The National Census of 2005 records an average household size in the Lao PDR of just under six people. Our experiences shows when a disabled person receives prompt rehabilitation the entire household gains. Families and communities will benefit when people with disabilities are able to resume productive roles. Particularly with prosthetic/orthotic provision in rural, subsistence level communities there is anecdotal evidence from community services that some are able to continue with livelihood maintenance.

**People with physical disabilities throughout Lao PDR.** There are 45,000 people recorded as having a physical disability in Lao PDR. They are the largest group of people with potential for gain from accessing services available.

**Family groups of people with disabilities throughout Lao PDR.** The average household size in Lao PDR is 5.9 people, when one person in the family becomes disabled the whole family shares the burden. Indirectly improving access to rehabilitation services will benefit additional family members living with a person with a disability.

**Existing and New Service Users.** Ensuring quality services are delivered will lead to better outcomes for patients. In 2009, 1500 mobility devices were issued. 5000 people a year attend for physiotherapy, some of whom have also received devices. The potential increase in referrals and treatments provided is estimated to be 15% per annum, while services continue to monitor and update existing patient treatments.

**NRC/PRC staff.** COPE currently supports 70 government-employed staff with a productivity payment. Increased productivity will mean increased support as well as opportunity to improve professional services and develop new presentation, management and planning skills related to activities in the project.

**NRC/PRC administrative staff.** Administrators will develop improved knowledge of referral networks.

**Staff from other projects and institutions.** An increased awareness of disability issues will enhance working capacity of project staff and improve their ability to support the communities they work in.

**The community.** Increased awareness will benefit all people in the community, creating a greater tolerance for people with disabilities and potentially reducing barriers to their complete inclusion in daily life.

### **3.6 Duration**

The three-year project will be implemented from 1 January 2011 to 31 December 2013.

### **3.7 Outcome and key outputs/indicators**

*See Annex 1 – Logical Framework*

### **3.8 Implementation process**

All rehabilitation services in Lao PDR are provided through cooperation between the Ministry of Health, the NRC and COPE. Services are planned, developed and implemented initially at the NRC with the central rehabilitation team and then expanded to the provinces and peripheral rehabilitation teams in a structured and contextual way to ensure that each activity is appropriate to and can be integrated into the individual PRCs effectively. Implementation of services and community awareness are designed and implemented in collaboration with the Ministry of Health through the NRC. The proposal activities are a continuation of services rather than new initiatives. As such there will be no interruption of normal implementation mechanisms.

### **3.9 Coordination, policy and capacity**

Capacity building is a fundamental activity of the COPE project. Coordination and policy development

happen in conjunction with the NRC and other stakeholders. Regular consultation meetings occur and the proposed Clinical Core Group will work on issues related to communication across disciplines, patient care and accessing treatment with relation to quality of life indicators.

### ***3.10 Gender equity and cross cutting issues***

COPE is committed to ensuring equity in service provision. All who require the service are free to access it, with transportation and related treatment costs covered by the project to support universal access. This is also at the heart of the impetus to ensure that all people with disabilities are aware of services available, particularly those in remote areas.

The gender divide for patients attending the National Rehabilitation Centre is on average 60% males and 40% females. There is a gender difference in some risk factors that might affect these figures. It may also be easier for women with children to access the service in Vientiane as an outpatient rather than having to leave the family for an extended period if they are from a remote village. This will continue to be an important issue for NRC/COPE to address to ensure that gender is not a barrier to receiving a service and that resources and information are targeted appropriately.

The P&O training programme undertaken already by COPE has had a very strong gender basis. The programme consciously sought to train women P&O to Category II, so that there would be at least one in each of the Rehabilitation Centres. This is critical if women and children are to be persuaded to come into the Centres. Traditionally, women with disabilities living in rural areas do not travel and tend to hide themselves away.

Beyond that, the demand for prostheses is very adult male dominated, whereas that for orthoses is almost evenly split between the genders and with a higher child component. Before the COPE programme, there was only limited availability of an orthotic service and that only at the NRC. Now, the orthotic service is catching up, in importance, with the prosthetic service and is available in every Centre. This has significant implications for satisfying the needs of women and children for rehabilitation devices.

It is recognized that enabling people with disabilities to fulfill their potential and achieve desired levels of independence, including employment, reduces strain and limitations experienced by other family members, often mothers and sisters, who are primary carers. Through accessing and benefiting from physical rehabilitation services, people with mobility difficulties are given increased independence and reduced dependence on family members.

In future we plan the following examples of disability and gender mainstreaming:

- Using positive and empowering images of people with disabilities in literature ensuring that documents reflect the diversity of Lao Culture.
- Continuing to actively recruit staff to ensure a gender balance. More P&O staff are required and COPE will continue to ensure that there are both male and female staff available to address the needs of patients.
- Continuing to actively recruit a range of staff that reflects the population that they serve in relation to ethnicity.

In recognition that children with disabilities are at least twice as likely to be abused as children without disabilities<sup>17</sup> and adults with disabilities also face abuse at levels far higher than in the general population<sup>18</sup>, COPE is committed to mitigate any circumstance that will place a vulnerable person at risk. The COPE Child

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<sup>17</sup> British Overseas NGOs for Development (BOND), 1999

<sup>18</sup> World Disability Report 1999

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Protection Policy<sup>19</sup> encompasses vulnerable adults with disabilities, including women with disabilities. This policy demonstrates COPE's commitment to protect vulnerable children and adults through a Code of Conduct for staff, recruitment procedures, ethical media reporting and incident reporting. COPE's role is in prevention, a commitment to providing a safe environment via implementation of relevant policies, incident reporting mechanisms and referral to other support services working directly with women. Mitigation via outreach activities is not the current role of COPE, but can be addressed through referral links with other organizations such as AFESIP and the Lao Women's Union. These linkages are strengthened through a COPE representative's regular participation in the Child Protection Working Group.

In addition, COPE is committed to the anti-corruption measures through the implementation of a strong procurement policy that disallows any commissions received against any purchases made. This ensures procurement decisions are dependent on quality and price, not the amount of tip given to the buyer. The financials of COPE are audited annually to ensure transparency and build confidence in the financial management of the organisation.

### ***3.11 Sustainability strategies***

The job of the designers of COPE was to attempt to design a vehicle, and a strategy, for the long-term continuation of the P&O service in Lao PDR. COPE was designed as part of a wider sustainability strategy. It is recognised that, for many years to come, the entire cost of the rehabilitation service will not be met out of local sources. Under these circumstances, it is necessary to have a local organisation working in partnership with the government service that is transparent and credited with accountability and thus able to manage ongoing funding from the donor community. COPE fulfils that description.

The mentor and financial support for the national P&O programme has been successful in developing a profession to internationally recognised standards. In recent years, mentor support for the P&O programme has been phased out, with a Lao national Category I P&O now leading the training and quality management aspects of the program. There will still be a need for intermittent monitoring and continued updating of knowledge but this is increasingly being offered by regional actors.

A key issue faced by the P&O programme is the number of P&O technicians trained to international standard. Although COPE has supported the training of 14 Category II P&Os, and within that number two Category I P&Os, the workload of the national program will not allow further responsibilities placed on the current staff. For further development of the orthoses production within the five workshops an international orthotist will be sought to focus on the review and development of orthoses diagnosis and production. The general running of the P&O programme will continue under the management of Lao national staff. It is envisioned the international orthotist would support the NRC/PRCs for a set time of three years to enable comprehensive skills transfer to the Lao national P&O staff nationally.

Mentor support for the skill development of the occupational therapy and physiotherapy will continue utilizing the "Training of Trainers" model. This facilitates the transfer of skills throughout the NRC and PRC teams, with those undertaking courses facilitated by COPE mentors passing on the skills to other staff members. As such the mentoring program is equipping trainers to ensure the skills transferred from expatriates can continue to be taught by Lao national trainers into the future.

COPE is looking to work concurrently with the University of Health and Science to improve the curriculum for the physiotherapy course. No OT graduate course currently exists in country.

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<sup>19</sup> This policy is in draft form at time of writing awaiting approval by the COPE Board.

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COPE as a local organisation has to develop management capacity so that it can, as an emerging civil society organisation continue to liaise with international donors once the skills development programme is completed. This could involve liaising with donors around continuing to subsidise costs for patients or managing the visitor centre. Capacity building in this area is important for the future of COPE as a local organisation.

Currently the Government of Lao PDR provides covers the cost of the daily running of all facilities of the national rehabilitation program, including office space and utilities within the National Rehabilitation Centre to COPE free of charge. All Lao national clinical personal working within the national rehabilitation program are employed by the government, who cover their salary costs. COPE currently supports 70 government-employed staff with a productivity payment. This system will be phased out over time as the Lao Government increases resources provided to the national rehabilitation program.

A patient cost recovery scheme has been initiated by COPE that encourages patients who can afford to do so to contribute to their cost of care, even if it is just 1-2usd. To date the scheme has been able to recover very little of the patient costs. This is considered to be a result of a lack of access to a cash income, particularly amongst PWDs and their families. The scheme will continue and will be reviewed in the future to become more effective.

The Visitor Centre, housed at the NRC/COPE offices in Vientiane, is now a key part of the sustainability strategy of COPE. Opened in at the beginning of 2008, the COPE Visitor Centre is now a key tourist attraction in Vientiane and has well over 600 monthly visitors from all over the world. In 2009 the Centre brought in over 10% of the projects overall funding through individual donations, the sale of COPE-specific merchandise and from COPE supporters running small localised fundraising efforts across the world. As the tourism sector grows in Lao PDR, the Visitor Centre also continues to grow in popularity and in turn so does the level of funding it brings into the project.

**3.12 Risk factors and risk management strategies**

<b>Risk</b>	<b>Priority</b>	<b>Strategy</b>
That there is not sufficient capacity within the P&O discipline to expand the service	High	Two Lao national single discipline Category II Prosthetic technicians will graduate in July 2011 from VIETCOT. COPE plans to train, with approval from the Board and the NRC a further two Category II Orthotic technician graduates in 2012/13 and another Category I P&O graduate. The latter is dependent on funding for this proposal. Ideally a further 8 Category II graduates will be trained and at least four Category I graduates in the coming decade. In addition, COPE has begun discussions with the University of Health and Science in Vientiane to establish a local, international recognised P&O graduate course in-country. This would provide significant stability to the national programme. Funding is being sought for both paths forward.
Co-share funds are not available for the life of this proposal period	Medium	COPE has a multi-donor strategy, including contributions from partner organisations, major donors, minor donors and contributions through the Visitor Centre. With this proposal the core costs of COPE would be fully funded to the end of 2013. Funding would be continued to be sought through this period of some activity costs.
Protection of child not adequate	High	The majority of the clinical COPE and NRC/PRC staff are regularly in contact with children. COPE has a Child Protection Policy and will continue to work with COPE staff to fully implement it. COPE will also work with the NRC/PRCs to adopt and implement a comparable policy. Save the Children have been approached to deliver training to COPE/NRC staff in the first quarter of 2011.



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Staff turnover	Medium	All NRC participants in the mentor/skills-building program have signed a contract committing them to a number of years work with the NRC post training. This can be for up to 5 years. However, salaries of NRC as government staff are very low, and with international qualification there will be financial gain for these staff to look for work outside the NRC. Salary supplements, to prevent this from happening, have been a feature of the COPE strategy for ten years, but need to be reappraised and revised, at least until there is a critical mass of trainee graduates in Lao PDR. This is not within the scope of this project, but is something that is under current discussion between NRC/COPE and current partners, as an issue requiring risk management, fundraising and strategic planning
Vulnerability of children with disabilities to neglect and abuse	High	COPE is working to implement Child Safe Guidelines. This will establish incident reporting procedures for suspected or reported child abuse. All COPE staff will be required to sign a Child Safe Code of Conduct as part of their employment contract. This Code outlines expected and appropriate behaviour when working with children. The guidelines also stipulate Child Safe recruitment procedures and ethical reporting when using data (written and visual). The policy is currently a final draft version waiting approval (expected by the end of April 2011). After which, all current staff will receive training on the guidelines in collaboration with Save the Children child protection officer. Future staff will be briefed as part of their induction. In addition, government staff working with children in COPE clinics and in the paediatric department will be briefed on appropriate care of children, particularly children with disabilities to maintain their safety and wellbeing. For example always have more than one staff member in the room when treating a child. COPE will continue to be an active member of the Child Protection Working Group linking with organisations to have up to date information on child protection systems within Lao PDR.

**3.13 Management and coordination arrangements, including relationships with GoL at all levels and other partners (eg. other NGOs, UN, etc)**

Meeting	Frequency	Attendees	Purpose
Board meeting	Quarterly	Directors representing Partners, chaired by the Director of the NRC, NRC administrators. COPE, CEO, Mentors and support staff	Receive regular reports from Officers, review overall strategy and approval of plans and proposals
Clinical Core Group	Once established will initially meet monthly, and then the regularity of meetings will be reviewed	NRC clinical staff, COPE Mentors	To prioritise and develop clinical standards, patients charter, address communication issues and provide a forum for technical discussions
COPE staff meeting	Monthly	NRC representative, all Mentors, Project Coordinator, COPE admin staff.	To keep up-to-date with current issues and decisions and assist in the planning and coordination of activities amongst the team
COPE and NRC Management meeting	Weekly	COPE CEO and NRC Director	Review current activities, discuss plans and seeking formal permission for up-coming activities
Ad Hoc Meetings at the NRC and PRCs	When required, or when Mentors are in PRCs	As required	Updating, canvassing ideas and opinions, dealing with specific issues

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Victim Assistance Working Group	Quarterly	Government, national and international organizations involved in victim assistance	To coordinate national approach to VA, prioritize and develop strategic plan for the sector
Disability Forum meeting	To be determined	Government, national and international organizations involved in disability sector	To coordinate work in the disability sector, support development and implementation of national policies with regards to disability
Child Protection Working Group Meeting	Every two months	National and International organizations working with children	To coordinate work in regard to child protection issues, disseminate information, create networks. Support the development of local and national policies in relation to child protection incidents

### **3.14 Monitoring and Evaluation**

COPE separates monitoring from evaluation. Monitoring occurs regularly – generally monthly, quarterly and annually, through financial and production/productivity reporting against budgets and targets. Quality of devices, therapy provision and professional skills are monitored continuously or, in the case of PRCs, through six-monthly P&O Coordinator/PT/ OT mentor visits and annual audits.

The following evaluations are carried out as routine:

#### **Internal Audit**

Audits are carried out every six months on patient notes, cost recovery systems and aspects of teamwork. Mobility devices are audited by a Category I P&O. Critical is a system of home visits to assess the functionality, fit and comfort of devices in use. These home visits are conducted by a team of P&O, physiotherapist, surgeon and administrator once annually for each of the Rehabilitation Centres. Internal audits of patient notes in the PT and OT departments will also be undertaken annually throughout this project period. This will inform the improvement of effective assessment forms, diagnostic trainings and levels of intervention.

#### **External Audit**

COPE's accounting period is from April 1<sup>st</sup> to March 31<sup>st</sup>. Annual audits of accounts and financial and other management systems are carried out by a firm of internationally recognised accountants. The annual audit generally starts in May with draft final reports available for the July Board Meeting when any revisions are sought and instructions are given for signing on condition of satisfactory conclusion of revisions.

#### **External Evaluation**

COPE commissions an external evaluation about once every three years, with a focus on different aspects of the project. There have been three evaluations carried out since the start of COPE, in 2000, 2003 and 2007. The Children's Rehabilitation Project will be externally audited in 2012.<sup>20</sup> The COPE Connect program will be evaluated in year one of this project.

### **3.15 Financial Management and Fraud Prevention**

AusAID funds will be transferred into a separate Bank account, from which money will be transferred into the main COPE account in line with budgeted sums for this grant. COPE will use the transferred money against the grant designated budget lines. Any interest or exchange gains will be reported on and used for activities that are currently in the budget and not for any other purpose. This account can only be accessed using two signatories (CEO and Project Coordinator). COPE funds are managed independently of NRC accounts. All NRC/PRC staff are aware of financial policies that relate to the management of COPE funds.

<sup>20</sup> This will be funded by POWER International.

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COPE operates under a management philosophy sensitive to risk and implements a policy of zero tolerance to all forms of fraud. This approach is based on three key factors that lead to fraud in the first instance: i) motivation; ii) opportunity, and iii) the absence of capable guardianship. COPE has a number of fraud prevention measures in place to ensure the security of donor funds and accuracy of financial reporting. These measures include: careful recruitment of staff, a culture of integrity and loss prevention within COPE, transparency of financial transactions, and regular auditing of transactions by independent and accountable external auditors.

Capable guardianship refers to surveillance of transactions to improve opportunity to detect fraud. COPE has the following guardianship measures in place:

- All expenditure is approved by the CEO and the Project Coordinator against budget requests which are submitted for all activities prior to their approval;
- Bank transactions (deposits, withdrawals, cheques) require two signatories, the CEO and Project Coordinator;
- Locking bank books, chequebooks and other hardcopy financial information in a secure location at all times when not being used;
- Electronic financial management systems are password protected;
- Obtaining three quotes/estimates on all bulk purchases or expenditure over \$500US (where alternate suppliers are available);
- Daily recording of expenditure in the financial management system;
- Using stamps such as 'received' and 'paid' on all relevant documents to reduce the risk of duplication;
- Monthly acquittals - going through the accounts at the end of every month to make sure incomings and outgoings matched; and
- Management undertaking unannounced random checks by matching cheques paid with the paperwork.

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## 4 FEASIBILITY

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Currently, the GoL provides the sites and premises for the five Rehabilitation Centres, water and electricity, and pays the government salaries of over 70 staff engaged on a daily basis in the rehabilitation service. These amounts have been valued at an annual sum of about \$80,000.

### ***4.1 Summary of funds dedicated for 2011 (USD)***

<b><i>Donor</i></b>	<b><i>Activities</i></b>	<b><i>Funding Level</i></b>
POWER International	Paediatric and OT training	60,000
CBM	Physiotherapy training program	35,000
ICRC SFD	Patient costs, upgrading prosthetic skills	40,000
French Fund for Social Development	Development of the COPE Visitor Centre	30,000
Embassy of Luxemburg	COPE Connect	20,000
Association for Aid and Relief Japan	COPE Connect	12,000
COPE Visitor Centre	Patient costs and project administration	50,000 <i>Provisional</i>
MoFA, Government of Norway	NRC P&O building renovations	300,000
USAID	Project administration, orthoses development, patient costs	400,000
<b>TOTAL</b>		<b>947,000</b>

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## 5 DONOR VISIBILITY

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COPE will accord any and every donor the visibility that they require. This will be carried out in accordance with policy and advice taken from the AusAID office in Lao PDR.

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## 6 BUDGET

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See attached excel spreadsheets for more details.

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## 7 IMPLEMENTATION SCHEDULE

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See the attached Annex 2 COPE Work Plan 2011-2013.

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## 8 CHILD PROTECTION POLICY

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Children with disabilities have been identified as a particularly vulnerable group in society to abuse and neglect. As a medical service provider a number of COPE employees work with children with disabilities in their current roles. As such COPE is working to ensure that every child is protected in their engagement with our service.

COPE is working to formalize a Child Safe Guidelines that will include all employees of the organisation signing the Child Safe Code of Conduct. This policy is currently in final draft form and is aimed to be finalized and approved by the end of April 2011. Following the approval of this policy, COPE will conduct a workshop with all current staff on this matter and all will be expected to sign the Child Safe Code of Conduct. Future employees will receive information about the policy during their induction.

A draft copy of this policy has been provided to AusAID for comment and the final document will be shared with AusAID once approved by the COPE Administration.

COPE Employees who regularly work with children, are;

<b>Position</b>	<b>Current Employee</b>
Occupational Therapy Mentor	Mrs Donna Koolmees
Physiotherapy Mentor	Mrs Ilona Bolton
COPE Connect Coordinator	Mr Sengthong Soukhathammavong
Occupational Therapy Assistant	Mrs Somchay Ounsamone
Physiotherapy Assistant	Mr Bounma Thor
P&O Category 1 Coordinator	Mr Sybounheuang Sansathit
P&O Category 1	Mrs Chayphet Phanthakesone
Social Work Graduate	<i>Position vacant</i>