



HUMANITARIAN INNOVATION FUND Small Grant Final Report for Diffusion Funding

- Please try not to exceed 5 pages (Arial, 12pts) excluding attachments –

| Organisation Name | Motivation Charitable Trust |
|---------------------------|--|
| | |
| Project Title | Increasing awareness and knowledge amongst humanitarian organisations that a solution exists for supporting disabled people in emergencies |
| Partner(s) | World Federation of Occupational Therapists, Johanniter International Assistance |
| Problem Addressed / Theme | The development of an innovative response to ensure the rapid and appropriate provision of emergency wheelchairs to injured and disabled people in humanitarian crises. |
| Location | UK, New Zealand and Germany |
| Start Date | 1 st May 2015 |
| End Date | 24 th May 2016 |
| Г | |
| Total Funding | £19,990 |
| Total Spent | £19,990 |
| | |
| Innovation Stage | Diffusion |
| Type of Innovation | Product and training |
| Project Impact Summary | The training aspect of the project has had the deepest impact with one organisation already regularly conducting emergency wheelchair provision independent to Motivation and others in discussions. 84 people have been trained through the project in emergency response wheelchair provision. The products have yet to be sold on a regular basis, |
| | however we are hopeful that the awareness raised through this project will translate into product sales in the near future. |

ACTIVITIES CARRIED OUT

1. Describe all the activities carried out. Please attach a workplan or log frame, if these were used.

Increased number of humanitarian organisations trained in emergency wheelchair provision

We attended the **UK International Emergency Trauma Register (UKIETR)** steering committee meeting, to look at the next steps for their training which includes our emergency wheelchair training and at how wheelchair provision fits within the UKIETR mandate.

We updated the training material and replaced the training wheelchairs for the Motivation run training courses with wheelchairs from our stock in Dubai.

We ran a two day Emergency Response Training in Berlin with **Johanniter International Assistance**. We held a **training session with Motivation India** in
December to help build the capacity of Motivation India staff to deliver the emergency response package should it be required.

We supported HI Belgium to present the Emergency Response Wheelchair training module for use in a rehabilitation certificate course module in Belgium addressing emergency contexts.

We submitted the Emergency Response Training Course outline to the **World Federation of Occupational Therapists (WFOT)** annual committee meeting for accreditation consideration (accreditation process still underway).

Finally, we ran an Emergency Wheelchair Response **awareness and training event in London** in April in order to make contact with INGOs involved in humanitarian response in a lower key way than one to one meetings.

Increased number of disability and relevant umbrella organisations are aware emergency wheelchair provision

We **updated the fitting video** to a more compressed format that makes it easier to send to the field. The fitting memory points are laid out in a new format following feedback, in order to make the video easier to follow.

We presented a workshop on the Emergency Wheelchair provision project at the **World Federation of OTs Pacific Congress**, in New Zealand. We displayed information about the emergency wheelchairs in collaboration with HI at the **International Society for Prosthetics and Orthotics** (ISPO) World Congress. We also presented at the **DDG Bond group** whilst DFID's disability advisor was present.

We met with the **World Health Organization** Technical Officer in the Disability and Rehabilitation Team, to outline the package and gain their support for the approach. We had meetings with **DEC**, **World Vision** and **BOND** to raise awareness of the project. We participated in a **UNICEF workshop** to discuss assistive devices for children which included a discussion on an emergency children's wheelchair. We shared the package with the newly formed **International Society of Wheelchair Professionals (ISWP)** and gave feedback on a series of information sheets they have developed. We had an article published in the **WFOT quarterly newsletter**.

We opened discussions with the **Disability Centre in UCL**, who agreed to guide us in producing an article suitable for publication (yet to commence).

We submitted evidence to both the **International Development Commission (IDC)** Enquiry into the Global Humanitarian System, and the **DFID** Humanitarian Policy Framework Consultation to advocate for wheelchair provision to be part of humanitarian response.

We exhibited the Emergency Response wheelchair package at the **World Humanitarian Summit** and are currently following up the 50 contacts made at the event. We made a commitment to implementing the new Charter on inclusion of persons with disabilities in humanitarian action by volunteering **to take the lead on wheelchair provision in the development of global guidelines on disability inclusion in humanitarian action.**

Emergency wheelchair package has additional features to enable wider reach

Motivation's design team finalised the **leg raise attachment** for the emergency wheelchair to be offered as an option. The tooling was ordered and ten prototypes delivered to the UK. The technical resource team evaluated the product from clinical point of view and provided feedback. The leg raise is very low cost; however the lack of foot support may prove problematic. We have shared the product with our partner organisations and will have feedback as they are trialled in the field.

We have participated in discussions with **UNICEF and ISWP** in relation to a potential project to design an **emergency response wheelchair for children**. ISWP are leading the first stage of this which is to submit a proposal to research the need.

2. If you have made changes or amendments to the planned activities and objectives that have NOT been detailed in an *Agreement Amendment Form*, please list them here.

We used an underspend from the portion of the budget allocated to present at the WFOT congress in New Zealand to enable us to showcase the Emergency Response Package at the World Humanitarian Summit. The underspend was due to us being able to utilise a member of Motivation Australia to present in New Zealand, instead of someone traveling from the UK, thus saving travel expenses.

ACHIEVEMENTS

| 3. Has the diffusion been successful? |
|--|
| ☐ Completely successful |
| Significantly successful |
| ☐ Partially successful |
| \square Completely unsuccessful |
| Please explain further: |

More organisations are aware of the need for wheelchair users to be included in emergency planning and humanitarian response.

More organisations are aware of the emergency response wheelchair package. 116 people have been trained in emergency wheelchair provision. Two organisations external to Motivation are now using the training independently.

We were not successful in developing further partnerships with new INGOs in terms of purchasing products. We are hopeful that the contacts made during this project will come to fruition later as it is not a quick process to fund and include new products within an organisation's emergency response stock.

MAJOR OBSTACLES

4. Please list the three most significant obstacles faced during the project and describe how they affected the planned activities and results.

| Obstacle | Impact of Obstacle |
|--|--|
| 1. The refugee crisis has had a big impact on the project, most notably on our partnership with JUH. We had planned to conduct training with JUH in November; however this was not possible as their volunteers were heavily involved in responding the unexpected refugee crisis. | The training was delayed by six months. |
| 2. We have struggled to have meaningful engagement with humanitarian actors in this section of the project. We are under the impression that the current refugee crisis is leaving organisations with little capacity to engage outside of their direct responsibilities. | Lack of traction with other INGOs |
| 3. We were unable to make any contact with company that produced the training videos, planned to be updated during this project, and assume the company has now folded. | Delay in editing the videos. No access to master video. |

5. Please indicate what steps were taken to address these obstacles and whether the solutions were effective.

| Solution | Effective? |
|---|--|
| 1. Requested project extension, and rescheduled training | Yes |
| 2. Revised plans and ran an awareness day open to all INGOs as a way of engaging without as much commitment | Partially – successful in that we made new contacts. But less commitment from INGOs attending. |
| 3. Researched and briefed a new video editor and worked around existing text rather than redoing. | Yes |

AUDIENCE IMPACTED

6. Indicate the audiences, including affected population as well as the humanitarians, that have been targeted by the diffusion project and describe how their behaviour may have been impacted.

The primary audience for the diffusion project has been:

- INGOs
- Clinically trained individuals involved or interested in humanitarian action
- WFOT members
- Government

There is an underlying growing awareness of the need for active inclusion of vulnerable groups in humanitarian response and this project was run against the backdrop of this growing awareness. In May 2016 Handicap International launched a **Charter for Inclusion of Persons with Disabilities in Humanitarian Action** at the **World Humanitarian Summit** supported by the Secretary General of the UN and signed by 96 States, humanitarian organizations, funding bodies, and non-profit organizations during a special session on disability.

OPTIONAL: PARTNERSHIPS AND COLLABORATION

If you received HIF funding with partners or collaborators, please answer questions 7 and 8.

7. How and why did the partnership change during the course of the project?

Both partnerships with WFOT and JUH continued as before during the project. We re-signed our MOU with WFOT during the project. JUH's disability advisor made the following comment on the collaboration:

We at Johanniter consider this a very close and successful collaboration - ultimately a very positive experience that was underpinned by transparency, joint decision making and mutual trust and support. The project and Motivation did not only provide us with the technical means and input to expand the scope of inclusion in our own humanitarian response, but in addition, we very much appreciated and benefitted from the joint activities, such as the training and the WHS which allowed for invaluable exchange of technical expertise.

| 8. Are there plans to continue your partnership, either while continuing this innovation or on other projects? | er |
|--|----|
| ✓ Yes, with this innovation✓ Yes, with another project☐ Maybe☐ No | |
| | |

Johanniter continues to be a key partner for Motivation. They intend to continue to include wheelchair provision as part of their emergency response capacity. Motivation also works with Johanniter over a number of projects.

We will also continue our relationship with the WFOT as outlined in our MOU. They have been promoting the emergency wheelchairs independently of Motivation at

events where they are present and we are discussing the inclusion of some parts of the training in their online training courses (due to be launched later this year).

NEXT STEPS

9.

| Is the project or innovation now to be replicated or scaled up? |
|--|
| Yes, we will scale up in the same or similar context Yes, we will scale up within our organisation (including running more pilots or trials) Yes, we will replicate the innovation/project in another context or country Yes, the innovation/project will be replicated or scaled up by another organisation or stakeholder No |
| If you answered yes to question 9, please answer 9b: |
| 9b . What model are you pursuing to scale up or sustain your innovation? |
| □ Applying for more donor funding ☑ Selling the innovation or patent ☑ Cost recovery (for example, selling your service or being paid as a consultant to implement the innovation) ☑ Innovation to be taken up by organisation or government as a standard and included in ongoing planning and core funding by them □ Other |

Please describe further:

The training package and product will now be part of our general portfolio. We will continue to advocate for inclusion of wheelchair users in emergency planning and response but as a part of our overall strategy rather than a specific project.

We're continuing to support the UKIETR training and organisations using the emergency wheelchairs.











