



MINISTRY OF HEALTH AND SOCIAL SERVICES

GUIDELINES ON MOBILE ORTHOPAEDIC TECHNICAL SERVICES

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Preface


Accessibility and equitable provision of health resources is one of the key principles that guide the Ministry of Health and Social Services (MOHSS). This includes the provision of rehabilitation services especially to those with disabilities. The Ministry continues to provide outreach services to bring health closer to the people and limit the financial and material expenditures that they use to access these services.

Mobile Orthopaedic Technical Services (MOTS) have changed the lives of many people in Namibia. From the manufacturing and fitting of prostheses and orthoses, people with disabilities have had their mobility, productivity and quality of life improved. However, there are still significant parts of the country that do not have access to these important services.

The Ministry has developed the MOTS guidelines to provide a framework for the standardisation and establishment of these services across the country. These guidelines provide an overview of the situational analysis including the successes and challenges of the current system. It further explores the core principles, goals and objectives of the Ministry in the establishment of these services.

Moreover, the implementation framework and resource implications including staffing needs are extensively explored. I urge all managers to utilise their resources efficiently to ensure that these guidelines translate into improved availability, accessibility and establishment of mobile OTS services across the country.

The Ministry is grateful to the Sub-division of Orthopaedic Technical Services of the Disability Prevention and Rehabilitation in the Directorate of Primary Health Care, other health workers in our Ministry, MVA Fund and everyone who contributed to the realisation of this demanded framework.


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Mr. A. Ndshishi
Permanent Secretary

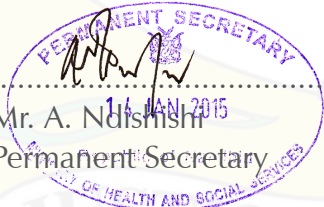


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Chapter 1: Introduction

Orthopaedic technical services form an important component of rehabilitation services. People with disabilities often require assistive devices to promote their functional independence, improve quality of life and ensure integration into the community. Among the assistive devices, prostheses and orthoses are required by the majority of people with physical disabilities.

The orthotic devices are the supportive, corrective devices such as ankle foot orthosis (AFO), body braces and corsets, limb splints, walking aids etc. The prosthetic devices such as artificial limbs are used to replace the missing parts of the human beings. The National Policy on orthopaedic technical services was developed in 2001 to guide the overall implementation of OTS services. Prior to that there was no coordination of OTS service implementation and majority of the clients did not have access to these services. In order to address these challenges the need to develop guidelines for the Mobile Orthopaedic Technical Services (MOTS) was realized.

The Directorate of Primary Health Care (PHC) at the national level is responsible for the facilitation of the development of OTS, their implementation, monitoring and evaluation. Currently, OTS are being provided through institutional based services in Windhoek, Oshakati and Rundu. These institutions serve as multi regional centers providing OTS services to surrounding regions through outreach services i.e. mobile OTS clinics. Most of the people living in the rural areas are not able to access the services due to the cost of transportation, distance and lack of family support. Traditionally, the rehabilitation provisions have been lagging behind in comparison with other health services in the country due to insufficient financial and human resources.

For a long time, the implementation of OTS has faced challenges due to lack of guiding documents. As a result these guidelines have been developed to guide the provision of standardised MOTS and create linkage with the Community Based Rehabilitation (CBR) programme and Primary Health Care (PHC) outreach services. This in turn, would improve availability and access of OTS services to the clients and ensure good quality of life. Furthermore, these guidelines will ensure compliance to the stipulations of the UN convention on the rights of persons with disabilities, national policy on disability, Vision 2030 and National Development Plan (NDP) 4.

Methodology for development of the guidelines

The development of this document was made possible through desktop analysis, consultative meetings with stakeholders, and various meetings within the division of Disability Prevention and Rehabilitation and document finalisation workshop.

Chapter 2: Situation Analysis

The MoHSS has set up the structures to ensure provision of OTS in Namibia. OTS services are being provided nation-wide through multi-regional teams. The units are situated at WCH, Oshakati and Rundu Intermediate Hospitals. Services to other regions are provided through quarterly outreach services as follows:

- WCH OTS unit provides services to //Karas, Hardap, Omaheke, Erongo, Otjozondjupa and Khomas regions

- Oshana multi-regional unit provides services to Oshikoto, Omusati, Ohangwena, Kunene and Oshana regions
- Kavango multi-regional unit provides services to Zambezi, Kavango East and West regions.

On average the mobile teams conduct outreach services 6 times per year. The conditions that are seen on outreach include neurological conditions such as cerebral palsy, stroke and musculoskeletal conditions such as amputation, back pain and club foot. The team conducts clinical assessment, supply, fabricate, fits orthosis/prosthesis, dispense technical aids such as walking frames, crutches etc and patient health education.

The multi-regional teams are manned by adequately trained personnel even though they are inadequately staffed. Orthotists/Prosthetists are trained outside the country and orthopaedic technicians were trained locally.

The current mobile services cover some earmarked district hospitals. However, some outlying areas such as Okanguati, Karasburg, Karibib, Tsumkwe, etc, are not effectively covered by the OTS outreach. In some of these areas patients have to travel significantly long distances of up to 400km to get to the outreach points. This exerts a huge amount of financial strain and inconveniences patients in accessing orthopaedic technical services.

The mobile OTS team comprises of prosthetist/orthotist, orthopaedic technologist, and orthopaedic technician. The same team is also responsible for institutional based OTS. However, some medical rehabilitation workers based at the districts assist the OTS teams by identifying and referring clients for OTS services. Currently, there are only 5 prosthetist/orthotists, 14 orthopaedic technologist and 18 orthopaedic assistants in the whole country. An ideal staff complement of 26 orthotist/ prosthetist, 39 orthopaedic technologists and 26 orthopaedic assistants is required nationally for an effective outreach service. The outreach teams are not currently properly composed. There is a need to expand the OTS outreach team to include other role players such as an orthopaedic surgeon, social worker, physiotherapist, orthopaedic nurse and occupational therapist etc. Logistics for organising the mobile outreach team is usually problematic.

Until the financial year (FY) 2012/13, allocation of funds towards OTS had been inadequate. Currently, adequate funding is available however procurement of materials and equipment remains a challenge as the process is cumbersome. Furthermore, absence of local manufactures further delays supply of materials and equipment.

Oshakati orthopaedic outreach team is funded via the Oshana Regional Health Directorate. While Rundu team is funded by the Kavango East Regional Health Directorate and the Windhoek outreach team is funded by the Primary Health Care Directorate (PHC). The subdivision of OTS at national level occasionally provides funds for capacity building (training workshops, provide funds for staff training development). In addition, the subdivision oversees the organisation, structure, planning, supervision, monitoring and evaluation of OTS outreach.

Currently, there is one mobile van situated at Oshana multi-regional unit which is well equipped for the provision of OTS. Other units are using vehicles not adapted for this service.



There have been progress towards applying conventional technology over the years but there is a need to employ modern technology in order to address current needs.

The Health Information System (HIS) is not inclusive; hence the need for further improvement in this system is needed.

Table 2. SWOT Analysis

<p>Strengths Availability of services in three (3) regions of the country One (1) modern facility in Oshana region Trained personnel</p>	<p>Weakness Inadequate resources (HR, materials and supplies, technology) Bureaucratic procurement procedure Lack of guiding documents</p>
<p>Opportunities Political will Political stability Small population</p>	<p>Threats Lack of local manufacturers Vastness of the country and sparseness of population Poor road network to the communities Increasing number of people with disabilities</p>

Justification

The majority of people in need of OTS are either in the community or district hospitals where the institutional OTS are not available, resulting in the need for MOTS. Despite the established MOTS, there are no guidelines yet to direct the service provision of this service in Namibia.

A guideline for mobile OTS outreach will provide a framework for the implementation of comprehensive mobile OTS outreach. Bringing the services to communities is essential in improving accessibility of orthopedic technical services to all Namibian citizens. These services promote functional independence, community integration, improved quality of life and productivity for people with disabilities.

CHAPTER 3: Goal, Principles and Objectives

This chapter addresses the goals, principles and objectives of the guidelines.

Goal

The goal of this document is to guide the implementation of comprehensive mobile OTS services to ensure independent functioning and improved quality of life for all clients in need of prostheses and orthoses.

Principles

OTS services should be:

- a. Available
- b. Accessible
- c. Consistent
- d. Affordable
- e. Appropriate
- f. Good quality
- g. Non-discriminatory
- h. Inter-sectoral collaboration
- i. Full participation and involvement of community

Objectives

The objectives of the guidelines are to:

- a. Standardise comprehensive OTS mobile clinic services to the community
- b. Provide criteria for the establishment of outreach points.
- c. Guide the Directorate on resource planning and allocation, including human resources, funds, and materials
- d. Promote availability and accessibility of OTS
- e. Promote awareness on OTS
- f. Provide a framework for monitoring and evaluation of mobile OTS

Chapter 4: Criteria for the Outreach/Mobile Points Establishment

4.1 Introduction

In this chapter, the overview of MOTS outreach team will be discussed, as well as the criteria for the establishment of the MOTS points.

The available three orthopaedic technical services in Khomas, Kavango and Oshana regions do deliver the demanded services, however additional outreach points are required in order to serve as supplementary measures. Currently, the outreach points have been established at the following district state hospitals: Windhoek Central Hospital provides MOTS for Keetmanshoop, Mariental, Otjiwarongo, Grootfontein and Swakopmund. Oshakati Intermediate Hospital provides MOTS for: Opuwo, Okongo, Engela, Tsumeb, Outapi, Onandjokwe Eenhana and Rundu Intermediate Hospital caters for Katima Mulilo, Andara, Nyangana and Nankudu.



4.2. Criteria for the Mobile Points Establishment

This chapter addresses the criteria for establishing mobile outreach points. It will further discuss the mobile OTS target, the ideal composition of OTS mobile teams and their roles.

The following criteria should be considered when earmarking the mobile OTS points:

- Within the radius of 50 km in that particular community
- A minimum of 25 OTS clients/patients within the catchment of the proposed point
- A minimum of one orthotist/prosthetist, two orthopaedic technologist, two orthopaedic assistants
- Availability of well-equipped mobile OTS vehicle

Availability of appropriate staff, a specialised vehicle, adequate allocation of funds and availability of materials can seriously affect mobile OTS service provision and should be considered before establishing outreach points.

4.3. The Mobile OTS Clinic Target

Clients who need OTS services in the communities that are far from the service centre should receive these services at the OTS mobile point. However, clients who need trunk orthoses and clients who need urgent OTS services before the next mobile OTS visit will need to be referred to the service point.

4.4. The Composition of the OTS Outreach/Mobile Team

The core mobile OTS outreach team should comprise of the following members:

1. orthotist/prosthetist
2. orthopaedic technologist
3. orthopaedic assistants
4. driver

Role players such as an orthopaedic surgeon, orthopaedic nurse, physiotherapist, occupational therapist and social worker can be co-opted into the outreach team as necessary or when available. The composition of the ideal OTS outreach team can then be constituted as follows:

- Orthopaedic surgeon
- Prosthetist/orthotist
- Orthopaedic technologist
- Orthopaedic assistant
- Orthopaedic nurse
- Physiotherapist
- Occupational therapist
- Medical Social Worker
- Medical Rehabilitation Worker
- Rehabilitation Officer
- Health extension workers

4.5. Roles and Responsibilities of the Outreach Team

A. Core Members of Mobile OTS Team

Prosthetist/Orthotist

- Head of the outreach team
- Organise the outreach services by planning, budgeting, arranging, compilation of outreach records
- Liaise with the orthopaedic surgeon and the rest of the team members
- Coordination and supervision of outreach activities/team
- Participates as full or equal member of the clinic team; takes actively part in the examination and prescription; and designs the prosthetic/orthotic device, including the socket or body/device interface, suspension and selection of proper components.
- Assists and advises on relevant aspects of pre-surgical, post-surgical, medical and therapeutic management of individuals requiring prosthetic/orthotic devices.
- Records and reports any pertinent information regarding patients and patients' families, including a determination of expectations and needs.
- Communicates appropriate information to the patients and their families.
- Guarantees the full inclusion of the patient in the treatment planning and decision making.
- Formulates prosthetic or orthotic designs, including selection of materials, components and assistive mobility devices as well as manufacturing special seating devices and advising on the provision of wheelchairs.
- Takes all casts and measurements that are necessary for proper fabrication and fitting.
- Modifies positive and/or negative models and/or layout of design and/or digital images to obtain optimal fit and alignment.
- Carries out fitting, static and dynamic alignment and, where appropriate, preliminary training and initial check-out.
- Performs and/or supervises fabrication of the prosthesis or orthosis.
- Advises the team and participates directly in final check-out and evaluation of fit, function and cosmesis.
- Instructs the patient or family in the use and care of the device.
- Takes part in follow-up procedures as well as maintenance, repairs and replacement of the appliance.
- Recognises the need to repeat any of the identified steps in order to optimise fit and function.
- Collaborates and consults with others engaged in the management of the patient.

Orthopaedic Technologist

- Serves as the orthopedic technologist of the outreach team (can expand of functions).
- Deputises or act as the prothetist/orthotist in the absence of the medical prosthetist orthotist.
- Responsible for clinical performance such as measurement taking, fitting the OTS appliances to the clients and patients.
- Acts as a senior staff member in the absence of the Medical Prosthetist Orthotist.
- Responsible for clinical performance such as measurement taking, fitting the OTS appliances to the clients and patients.
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- Responsible for clinical performance such as measurement taking, fitting the OTS appliances to the clients and patients.
- Acts as a senior staff member in the absence of the Medical Prosthetist Orthotist.
- Serves as the orthopedic technologist of the outreach team (can expand of functions).
- Assists and advises on relevant aspects of pre-surgical, post-surgical, medical and therapeutic management of individuals requiring prosthetic/orthotic devices.
- Records and reports any pertinent information regarding patients and their families, including a determination of expectations and needs.



- Communicates appropriate information to patients and their families.
- Identifies physical and other relevant characteristics of the patient.
- Formulates a range of prosthetic or orthotic designs which includes selection of materials, components and additional aids.
- Takes all casts and measurement required for proper fabrication and fitting.
- Modifies positive and/or negative models and/or layouts of design to obtain optimal fit and alignment.
- Carries out fitting, static and dynamic alignment and, where appropriate, preliminary training and initial check-out.
- Performs and/or supervises fabrication of the prosthesis or orthosis.
- Advises the team and participates directly in final check-out and evaluation of fit, function and cosmesis.
- Instructs the patient or family in the use and care of the device.
- Takes part in follow-up procedures as well as maintenance, repair and replacement of the appliance.

Orthopedic Assistant

- Assists in record taking.
- Fabricates and assembles prosthetic/orthotic devices, including component parts, sockets suspension systems as designed by the prosthetist/orthotist.
- Assists the prosthetist/orthotist in fitting and aligning activities with patients.
- Performs finishing operations on prostheses and orthoses, including the use of alignment transfer tools and equipment under the supervision of prosthetist/orthotist.
- Reports any pertinent information regarding the device or the patient to the prosthetist/orthotist/orthopaedic technologist.
- Takes part in follow-up procedures in respect of maintenance, repair and replacement of the appliance.
- Reports to the prosthetist/orthotist/orthopaedic technologist on special needs regarding laboratory materials, equipment and tools.

Driver

Provides transportation functions to the outreach team.

B. Non-Core Members of the Outreach OTS Team

Orthopaedic surgeon/Orthopaedic medical officer

Assessment, diagnoses, treatment, follow up of patients and appropriate referral of musculoskeletal disorders during the outreach.

Orthopaedic nurse

- a. Provide nursing care e.g wound management.
- b. Assist doctors during minor procedures done in outreach points like applying back slabs and POP for patients with club foot.
- c. Keep records of the OTS clients in their respective area.

Physiotherapist

Render the required physiotherapy services clients fitted with orthoses and prostheses during the outreach such as:

- a. Muscles strength testing.
- b. Prescription of home exercise programme.
- c. Gait re-training.

Occupational Therapist

Render the required occupational therapy services to clients fitted with orthoses and prostheses during the outreach such as:

- Train clients fitted with the orthoses and prostheses to adapt to their environment and facilitate independence in basic ADLs.
- Fabrication of hand splints.
- Retraining of clients to adapt to their environment.
- Desensitise residual limb.
- Sensory re-training.
- Assist clients in stump shrinkage and shaping.
- Wheelchair assessment and prescription.
- Assist the client in coping with psychological aspects of limb loss, including changed body scheme, reduced self-esteem etc.

Medical Social Worker

Render the required social welfare services to clients fitted with orthoses and prostheses during the outreach such as:

- Assess the socioeconomic status of the clients/patients.
- Provide psychosocial support to clients.
- Link clients with community resources such as Ministry of Labour and Social Welfare (eg. disability grant), Ministry of Gender and Child Welfare (eg. child welfare services), Ministry of Home Affairs (eg. Identification documents), I/NGOs, CSOs etc.
- Link with local social workers for continuous psychosocial support.
- Involve family members to strengthen the support system of the client.

Medical Rehabilitation Worker

Render the required services to clients fitted with orthoses and prostheses during the outreach such as:

- a. Trace and refer clients to the nearest OTS points.
- b. Provide basic rehabilitation intervention.
- c. Record keeping of identified clients.

Render the required services to clients fitted with orthoses and prostheses during the outreach such as:

- a. Conduct social mobilisation.
- b. Coordinate the tracing and identification of patients and referral to nearest OTS points.
- c. Advocates patients' rights.
- d. Record keeping of identified clients.



Health Extension Workers

- a. Trace and identify clients and refer to nearest OTS points
- b. Record keeping of identified clients

4.6 Responsibilities of Implementing Levels

The OTS is one of the three subdivisions falling under the Disability Prevention and Rehabilitation Division in the Primary Health Care Directorate. It is important to note that the OTS services have been decentralised to two hospitals; Rundu and Oshakati Hospital.

Chapter 5: Institutional Framework for Implementation

The Institutional Framework for the Implementation of these Guidelines includes the various responsibilities of National level, multi-regional workshops and community at large. This chapter also addresses the resource implications.

A. National Level

Responsibilities

- a. Organise training and capacity building for OTS related disciplines.
- b. Support and provide the regions with Information, Education and Communication (IEC) materials in English and local languages such as posters, leaflets, etc
- c. Review the implementation of the guideline every 5 years on the basis of the evaluation report
- d. Ensuring availability of an adequate staff structure and compliment for the successful implementation of MOTS guidelines across the nation.
- e. Support and Guide the Regions to implement the MOTS guidelines
- f. Mobilisation and budgeting for resources such as equipment, assistive devices and vehicles for MOTS
- g. Facilitate the establishment of new mobile OTS points
- h. Ensuring availability of an adequate staff structure and compliment for the successful implementation of MOTS guidelines across the nation.
- i. Training and orientating the regional programme administrators on MOTS guidelines
- j. Facilitate the development and review the framework for the implementation of mobile OTS
- k. Establish network and collaborate with stakeholders like line ministries and Civil Society Organisations (CSO)
- l. Monitoring and evaluation of MOTS services

B. Multi-Regional Orthopaedic Technical Services

The multi-regional Orthopaedic Technical Services (institutional and community or mobile) should be directed by the chief prosthetist/ orthotist, who reports directly to the Regional Director.

Responsibilities

- a. Implement and monitor the MOTS guideline.
- b. Coordinate the service in the regions.
- c. MOTS record keeping and reporting to national level.
- d. Responsible for annual budgeting and mobilizing resources to ensure adequate supplies are available for the OTS.

- e. Motivate for further establishment of MOTS points/OTS facilities to reach as many rural areas as possible.
- f. Advocate for resources (human, finance and material resources) to support the implementation of MOTS.
- g. Liaising with other regions to ensure uniformity, consistency and sharing of information with regards to MOTS.
- h. Recruit adequate staff for MOTS.
- i. Plan and conduct monthly MOTS outreaches to districts and clinics/communities.
- j. Identify training needs, conduct in service training and continuous services education to improve the knowledge and skills.
- k. Conduct monthly multi-disciplinary team meeting to review MOTS.
- l. Collaborate with community based rehabilitation services to provide assistive devices for clients in the community.
- m. Identify needs and carry out operational research.

C. District

Responsibilities

- a. Organise the MOTS establishment facility for OTS services to be provided.
- b. Coordinate the service at district level.
- c. Tracing and identify people that need OTS.
- d. Liaise with MOTS outreach team.
- e. Compile and keep records on clients in need of MOTS services in their districts.
- f. Motivate for the establishment of a new MOTS point.
- g. Provide logistical support to MOTS.
- h. To raise awareness on MOTS services.
- i. Mobilise the communities to attend MOTS.
- j. Provide logistical support to MOTS.
- k. Referral of clients who need OTS institutional interventions.
- l. Identify potential MOTS points and communicate to multiregional level.
- m. Collaborate outreach activities with community based healthcare (Health Extension Workers).

5.1 Resource Implications

Financial Resources

The Government through the Ministry of Health and Social Services will mobilise adequate financial resources needed for the guidelines for the provision of MOTS. The Ministry will also mobilise community support, as well as support from private organisations and donor agencies. Financial resources should be allocated to the establishment of MOTS points; procurement of tools, materials and equipment; mobile MOTS vehicle; training and capacity building of relevant health care workers involved in MOTS, health promotion materials; development of guiding documents, and monitoring and evaluation of these services.

Human Resources

The successful implementation of the guidelines will require a well trained workforce. Building national capacity of OTS personnel.



Furthermore, specialised training is required in the following areas:

- a. Orthotic/Prosthetic training.
- b. Upgrading of existing orthopaedic asistant/ technician to Orthotist/ Prosthetist.
- c. Orthopaedic training.
- d. And other OTS related trainings.

Information Resources

Information resources are important for the effective implementation of the OTS. Therefore, regions and districts, through the national OTS shall ensure the availability of:

- a. Information, Education and Communication (IEC) materials related to OTS services.
- b. Information through print and electronic media.
- c. Research, surveys and reports on MOTS.
- d. OTS and MOTS protocols.

Logistics

All level of the ministries should make sure that necessary logistics are in place which include the following:

- a. Reliable transport for the provision of ambulance and outreach services.
- b. OTS equipment, assistive devices.
- c. Hosting regions should budget for MOTS service: materials, accommodation and other needs, including subsistence and travel allowances.

Equipment, Material and Supply

- a. Well-equipped MOTS vehicle.
- b. Orthotic and prosthetic materials and supplies.
- c. All relevant equipment, materials and supplies needed to perform OTS.

Chapter 6: Monitoring and Evaluation

The goal of monitoring and evaluation (M&E) is to ensure a comprehensive, responsive, effective and accountable OTS outreach. A systematic monitoring and evaluation processes is therefore required. Measurable indicators will provide guidance to determine whether OTS goals and objectives have been achieved or not. Furthermore an M & E framework will guide and facilitate the provision of OTS outreach in-line with set OTS outreach principles.

Monitoring

Name of Indicator	Description of Indicator	Frequency of Reporting	Responsible Person
No. of clients seen	Monitors no. of patients at an outreach	Per every outreach done	Head of outreach team
Proportion of clients attended to during an outreach	Monitors proportion of clients who received appliances/ technical aids during an outreach	Per every outreach	1. Head of OTS outreach team 2. National OTS outreach coordinator
Proportion of outreach budget spend	Monitors amount of money/ budget spent on outreach	Quarterly	1. Head of OTS outreach team 2. National OTS outreach coordinator
% of outreach team members with CPD on outreach	Monitors capacity building of outreach staff	Yearly	1. Head of OTS outreach team 2. National OTS outreach coordinator
No. of outreaches done	Monitors coverage OTS outreach	Quarterly	1. Head of OTS outreach team 2. National OTS outreach coordinator
Vacancy rate of OTS posts	Monitors staffing needs for OTS outreach	Quarterly	1. Head of OTS outreach team 2. National OTS outreach coordinator
· Number of outreach points established	Monitors estb of outreach points	Annually	National OTS coordinator
· Number of mobile vans	Availability of mobile vans	Annually	National and Regional
· Number of clients on waiting list for MOTS	Monitors nr of clients on list	Monthly and Quarterly	Operational
· Number of new OTS staff trained on MOTS	Monitors nr of staff trained	Annually	National and regional
· % Regional and District health officers orientated on MOTS guidelines	Monitors orientation on MOTS guidelines	Annually	National and regional



Evaluation

Evaluation of the OTS outreach will help inform strategic decisions on the relevance, effectiveness, impact and sustainability of the OTS outreach with a focus to improve the outreach. This will be done through both internal and external evaluations.

The following aspects of the outreach will be evaluated periodically;

- a. Quality of the outreach service through patient satisfaction surveys
- b. The impact of the OTS outreach on communities and PWDS through evaluation research.

Chapter 7: Conclusion

Orthopaedic technical services exist for the primary purpose of assisting patient in maintaining functional lives, through the provision of orthotic, prosthetic and assistive devices. This in turn will promote functional independence, community integration, improved quality of life and productivity.

This document provides information on the current situation of the existing MOTS points, the criteria for setting up new points, as well as the implementation framework for MOTS services at all levels.

The MOTS guidelines aim at promoting availability, affordability and accessibility of these services to peripheral areas. It will assist in bringing the service closer to the people, focusing on areas that do not have a OTS facility available in their region.

It is expected that, in the future, the guideline should create a system aimed at directing OTS outreach team on the execution of OTS services at MOTS establishment points.

Appendix
REPORT FORMAT/ RECORD-KEEPING

NAME OF OUTREACH POINT: _____

Month	New patients	Re-vis-its	Upper Limb Prostheses	Lower Limb Prostheses	Upper Limb Orthoses	Lower Limb Orthoses	Spinal Orthoses	Walking aids & Other Devices	Foot Wear	Male	Female	TOTAL
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
TOTAL												
Waiting List of patients not treated												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
TOTAL												



ANNEXURE A – DEFINITION OF TERMINOLOGIES

- Orthopaedic Technical Services: The service for prosthetics, orthotics, walking aids and footwear
- Orthotics: The provision of body supportive and corrective devices such as a limb splints
- Prosthetics: The replacement of the missing body parts such as artificial
- Fabricate: To create something for a client such as ankle foot splint or brace
- SWOT Analysis: An analysis to measure strength, weakness, opportunity and threat
- Health Extension Workers: Health ministerial employed worker based in their respective to complement the health services
- Orthotist: An orthopedic practitioner responsible for supportive and corrective body devices
- Prosthetist: An orthopedic practitioner responsible for fabricating the replacing body parts
- Orthopaedic Technologist: An intermediate practitioner to an orthotist prosthetist

ANNEXURE B – ABBREVIATIONS

- OTS: ORTHOPAEDIC TECHNICAL SERVICES
- MOTS: MOBILE ORTHOPAEDIC TECHNICAL SERVICES
- PHC: PRIMARY HEALTH CARE
- NDP: NATIONAL DEVELOPMENT PLAN
- WCH: WINDHOEK CENTRAL HOSPITAL
- WCH OTS: WINDHOEK CENTRAL HOSPITAL ORTHOPAEDIC TECHNICAL SERVICES
- NGO: NON-GOVERNMENTAL ORGANIZATIONS
- CSO: CIVIL SOCIETY ORGANIZATIONS
- IEC: INFORMATION EDUCATION AND COMMUNICATION
- CPD: CONTINUOUS POINTS FOR DEVELOPMENT
- M&E: MONITORING AND EVALUATION
- PWDS: PERSONS WITH DISABILITY



ANNEXURE C – REFERENCES

- POLICY ON ORTHOPAEDIC TECHNICAL SERVICES - 2001
- DISABILITY COUNCIL ACT - 2004
- NDP 4
- UN CONVENTION ON PERSONS WITH DISABILITY - 2009 - 2004
- NAMIBIAN HEALTH POLICY
- CONSTITUTION OF THE REPUBLIC OF NAMIBIA
- MINISTRY OF HEATH & SOCIAL SERVICES 20 YEARS OF PROGRESS - 1990 - 2010
- VISION 2030
- CENSUS REPORT 2011
- NAMIBIA DEMOGRAPHIC HEALTH SURVEY 2007/7
- SWAPO ELECTION MANIFESTO 2009
- DECENTRALIZATION POLICY 1990