



# COPE ANNUAL REPORT 2014

*Helping people move on*

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## Message from the CEO



I am pleased to introduce COPE's annual report for 2013, which provides an overview of COPE's activities during the past year.

2013 was an exciting year for COPE, strengthening the long term efforts to ensure the best possible rehabilitation services for people with disabilities in Lao PDR. During the year we received support from a number of institutional partners and private donors from across the world, which enabled us continue the support to people with physical rehabilitation needs. Certain changes have also taken place to adapt the organizational approach based on the current challenges and opportunities, and based on lessons from the past 17 years of cooperation with our main partner, the Center of Medical Rehabilitation (CMR).

While provision of prosthetics and orthotics (P&O) as a key aspect in restoring mobility remains at the core of our activities, increased emphasis has been placed on joint planning with CMR, focusing more on local capacity-building and less on direct implementation of activities. In all these activities, the focus has increasingly been on developing quality management systems to ensure the best possible results for the patients. During the year, COPE together with CMR and other partners organized a first seminar looking at quality control. Steps have since been taken to start developing better systems and processes which can help ensure quality services and ultimately increased patient satisfaction. Reinforcement of this work will be a key focus of COPE's continued engagement.

I wish to express my sincere thanks on behalf of the COPE team to all our supporters in the year that passed. The support has been vital for enabling the important work for people with disabilities described in this report. We look forward to continuing the efforts in 2014.

A handwritten signature in blue ink, appearing to be 'B. Phayboun'.

Bounlanh Phayboun  
COPE Chief Executive Officer

## Highlights

- During 2013, thanks to the support provided through COPE, people with disabilities in Laos received **more than 900 prosthetic or orthotic (P&O) devices**. Two thirds of these devices were prosthetic, or replacing a limb, while the rest were orthotic (supporting an existing body part).



*Photos Anne Barker*

- Furthermore, the COPE Connect outreach teams conducted **clinical patient assessments of more than 800 people at village and district level in 22 districts** in five provinces.
- In addition to a series of **technical and clinical trainings**, COPE organized a broader **Quality Control Seminar** for 40 CMR P&O and management staff. The seminar was supported by the ICRC Special Fund for the Disabled and USAID, using experts from India and Vietnam as facilitators to ensure quality management of rehabilitation services in Laos.
- During the year, **17,000 people visited the COPE Visitor Center** which aims to raise awareness of the challenges and achievements related to UXO and rehabilitation services in Laos, and which is also an important part of COPE's long term fundraising strategy. The Visitor Center continued to feature as the **number one tourist attraction** in Vientiane on reference sites such as Trip Advisor.



*Exhibition at the COPE Visitor Center*

- COPE works with the Center of Medical Rehabilitation (CMR) to ensure long-term, quality rehabilitation services for physically disabled people throughout Laos. COPE is currently working through five CMR centers nationwide in Champasak, Luang Prabang, Savannakhet, Vientiane and Xieng Khuang. During the year, COPE's efforts focused on five main areas: strengthening knowledge and technical skills; ensuring provision of services for people with needs; reaching out through COPE Connect; raising public awareness at the Visitor Center; and organizational strengthening.



## Lao rehabilitation challenges

**UXO victims:** During the Vietnam War (1964-1973), conflict spilled over into Laos in a secret war where more than 500,000 bombing missions dropped over two million tons of ordnance on the country, making Laos the most heavily cluster-bombed country per capita in the world. While the bombings stopped four decades ago, the country is still littered with a significant amount of unexploded ordnance, or UXO. These contribute to killing and maiming indiscriminately, leaving people with lifelong rehabilitation needs. The most common injuries victims sustain from a UXO explosion include loss of a limb, blindness, hearing loss, shrapnel wounds, and internal shockwave injuries. In the vast majority of cases, whatever the injury sustained, survivors and their families face a long, painful and costly recovery.

**Other disabilities:** In addition to the UXO survivors, like every country in the world, Laos has many other disabled people, with impairments that reflect a wide range of disability. One of the most prevalent of disabilities is skeletal and muscular deficiency, e.g., loss of a limb, a deformed limb, or a weakened limb. Results from the latest National Census, conducted in 2005, revealed that there are about 11,500 people with a limb handicap because of war or other accident. These types of disability can be compensated by the appropriate surgery and/or the provision of limb replacements (prostheses), limb support devices (orthoses), physiotherapy, occupational therapy and/or mobility devices such as wheelchairs and walking aids. Based on the 2005 census, it is estimated that there is a national need of around 4,000 prosthetic and orthotic devices per year.

**Difficult access:** Remote villages, poor infrastructure and lack of transport or communication technologies contribute to people with disability being a disadvantaged group within an already poor society. Despite road networks and communication technologies improving, it remains a challenge to ensure that all people with disabilities are aware of and can access the available rehabilitation services in the country.

**Life-long needs:** People who have lost a limb or have other physical disabilities are often disabled for life, and need access to lifelong services. Orthotic and prosthetic devices get worn and need regular maintenance and replacement. Children need regular replacement devices as they grow. Physiotherapy and occupational therapy are important parts of multidisciplinary assessments and follow-up services. Ensuring long term sustainability of rehabilitation services – as part of a wider, well-functioning health care system – is therefore important to make sure patients' lifelong needs are addressed.

## Who is COPE?

The Cooperative Orthotic and Prosthetic Enterprise (COPE) is a Lao non-profit organization. COPE has a cooperative partnership with the Lao Ministry of Health to support the sustainable development of quality rehabilitation services for physically disabled persons throughout the country.

COPE was formed in 1997 specifically for needs in Laos, through an agreement between the Ministry of Health and a group of non-government organizations: POWER International, World Vision and the Cambodian School of Prosthetics and Orthotics. Over the years COPE has had a number of different partners but has remained focused on working with Lao health authorities in developing quality services for people with disabilities.

Today COPE works in partnership with the Ministry of Health's Center of Medical Rehabilitation (CMR) and its provincial rehabilitation centers to provide access to orthotic/prosthetic devices and rehabilitation services, including physiotherapy and occupational therapy. Since the COPE/CMR partnership commenced in 1997, the overall goal of the collaboration is to support the development of technical rehabilitation skills in Laos in a sustainable manner that enables the continuing development of these vital services within the existing Government of Lao PDR infrastructure.





## Where does COPE work?

COPE is working through five CMR centers nationwide in Champasak, Luang Prabang, Savannakhet, Vientiane, and Xieng Khuang. In addition, COPE's outreach program COPE Connect visits remote locations across the country to conduct clinical assessments and increase awareness about services available at the provincial centers.

MAP OF LAOS SHOWING THE LOCATION OF THE FIVE COPE-SUPPORTED CENTERS



## Activity overview 2013

During the year, COPE's efforts focused on five main areas of work:

- Strengthening knowledge and technical skills
- Continued provision of services for people with needs
- Reaching out through COPE Connect
- Raising public awareness at the Visitor Center
- Organizational strengthening

These activities will be described in more detail in the following sections.

### STRENGTHENING KNOWLEDGE AND TECHNICAL SKILLS

Throughout 2013, COPE continued to strengthen the knowledge and skills of CMR staff related to the multidisciplinary approach of the rehabilitation services. COPE's approach centered on the placement of three expatriate mentors (Orthotic, Occupational Therapy/OT and Pediatric Physiotherapy/PPT) working alongside government staff to build clinical rehabilitation skills within the relevant CMR departments. These mentors ensured training of CMR's key staff within prosthetics and orthotics (P&O), occupational therapy and physiotherapy at the provincial rehabilitation centers (PRCs) across the country. The technical trainings included:

- A transfemoral refresher course was organized for nine CMR/PRC P&O staff in Vientiane in July.
- A medical post-KAFO (knee, ankle, foot orthosis) course was organized for nine CMR/PRC P&O staff in Vientiane in August.
- A polypropylene refresher course was held in Vientiane in September for nine CMR/PRC P&O technicians.
- A gait training course for 15 CMR/PRC P&O and physiotherapy staff took place in Vientiane in December.
- P&O audit trips were organized in May and August/September to all the PRCs.
- One-on-one P&O training sessions were done with all the PRCs, focusing on quality, materials management, time management, prosthetic devices, casting and

rectifications, corrective spinal bracing, and reinforcing training from recently delivered courses.

- PPT rotations to Vientiane were completed in May and July/August for eight PRC staff members, focusing on assessment and treatment in clinic, collaboration with CMR staff, development of home exercise programs and documentation. Additional training was provided in each rotation based on individual training needs.
- A training course on *Pediatric Rehabilitation – Occupational Therapy and Physiotherapy Assessment and Intervention* was organized by the OT and PPT mentors in July for 22 PRC/CMR participants.
- OT audit trips to monitor implementation of activities were undertaken to Luang Prabang, Oudomxay and Xieng Khuang in May, and to Champassak and Savannakhet in July.
- Monthly case study supervisory meetings took place with the five CMR OT Trainer of Trainers (ToTs) and regular shadowing was conducted in Adult OT and Pediatric clinics.
- Six parent support group meetings were held at CMR with COPE's PPT and OT mentors and CMR staff. Ten parents or caregivers with a child with cerebral palsy were invited to attend the six sessions which focused on preparing children for school, specialized equipment for children with cerebral palsy, feeding, back care, and general PT and OT.
- A Ponsetti refresher course was organized for 20 CMR/PRC staff, in addition to two trainings for five orthopedic surgeons.

### **CONTINUED PROVISION OF SERVICES FOR PEOPLE WITH NEEDS**

COPE continued to support expenses of P&O patients who are unable to pay for treatment and associated costs such as travel costs and food and accommodation during the treatment, so that any persons with a disability, regardless of cause, can receive the necessary services free of charge. In 2013:

- The support provided through COPE ensured that 913 patients with needs received prosthetic or orthotic (P&O) devices free of charge.

- 244 of these, or 27 per cent, were women and girls, the rest men and boys.
- 63 per cent of the devices were prosthetic, or replacing a limb, while 37 per cent were orthotic (supporting an existing body part). Approximately 30 per cent of the prosthetic patients were UXO survivors.
- 173 people with clubfoot were treated, 114 of these were children.
- Furthermore, more than 100 pediatric positioning devices were distributed during the period, including standing frames and corner chairs.
- In addition to the device, patients also received necessary treatment such as physiotherapy and occupational therapy.

#### P&O PATIENT OVERVIEW 2013

|              | FEMALE     | MALE       | TOTAL      |
|--------------|------------|------------|------------|
| Orthotic     | 160        | 181        | 341        |
| Prosthetic   | 84         | 488        | 572        |
| <b>Total</b> | <b>244</b> | <b>669</b> | <b>913</b> |

#### REACHING OUT THROUGH COPE CONNECT

COPE Connect was established in 2009 to ensure that people living with disabilities in remote areas of Laos are aware of the services available. COPE Connect focuses on establishing networks with provincial health departments, district health offices, district hospitals and village and community health workers. In establishing these networks, the COPE Connect teams train people to identify different disabilities and physical problems, particularly where mobility devices or rehabilitation services could help an individual with a disability. The aim of the network is to identify people who need physical rehabilitation or mobility devices and refer them to COPE/CMR for assessment. Once the network has been established a medical team, which includes a doctor, prosthetist/orthotist and district hospital staff, invites people for clinical assessments. During the assessments, the medical team assesses whether COPE and the CMR are able to help each individual. COPE covers the costs associated with transportation to the assessment to help as this is one of the primary barriers restricting access to treatment.

In 2013, an **introductory workshop** was organized in Sayabouly province in April, bringing together 38 representatives from provincial authorities and health institutions to establish local ownership and set up a coordination network within existing government structures. Such workshops have now been held in 11 provinces.

In addition, two **coordinator trainings** were organized, one in Luang Namtha province in February and one in Sayabouly in August. Provincial and district doctors were trained on target patient identification and referral networks established. Coordinator trainings have now taken place in a total of 11 provinces.

In 2013, the outreach teams conducted **clinical patient assessments** at village and district level in 22 districts in five provinces (Attapeu, Champassack, Khammoun, Luangnamhta, Sayabouly). 71 districts in 11 provinces have now been visited by COPE Connect teams.



#### TYPE OF DISABILITIES SEEN BY COPE CONNECT TEAMS IN 2013

| No | Type of disability seen | Number of patients assessed by COPE Connect teams |
|----|-------------------------|---|
| 1  | Arm amputation          | 85  |
| 2  | Leg amputation          | 89  |
| 3  | Club foot               | 50  |
| 4  | Equines                 | 48  |
| 5  | Cerebral palsy          | 143   |
| 6  | Dropped foot and hand   | 25  |
| 7  | Hemiplegic              | 53  |
| 8  | Paraplegia              | 24  |
| 9  | Polio                   | 70  |
| 10 | Leg length discrepancy  | 51  |
| 11 | Scoliosis               | 6   |
| 12 | Others                  | 214   |

Total number of patients assessed by COPE Connect in 2013

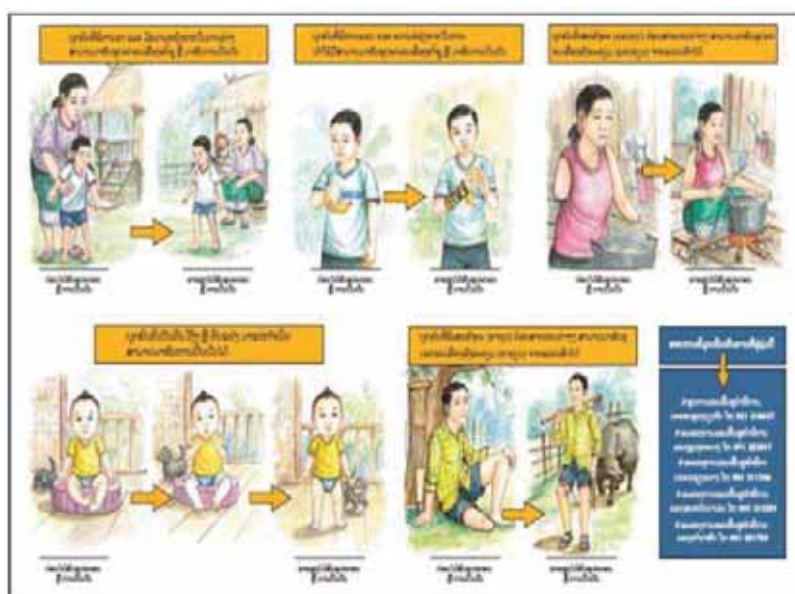
858

## COPE CONNECT HISTORICAL STATISTICS

|   | 2009 | 2010 | 2011 | 2012 | 2013 | Total        |
|---|------|------|------|------|------|--------------|
| Patients assessed                           | 534  | 433  | 453  | 500  | 858  | <b>2,778</b> |
| Patients referred to other services         | 122  | 47   | 68   | 75   | 80   | <b>392</b>   |
| Patients invited to COPE-supported services | 231  | 218  | 273  | 266  | 424  | <b>1,412</b> |
| Patients accessing COPE-supported services  | 69   | 62   | 69   | 44   | 100  | <b>344</b>   |

## Awareness campaign

During 2013 COPE Connect also developed 2,800 brochures, 2,300 posters, 1,100 comic books and distributed to provinces, districts and villages. Messages about available services were also disseminated through community radio in Sekong and Xieng Khuang province, and on national radio.





## RAISING PUBLIC AWARENESS AT THE VISITOR CENTER

The COPE Visitor Center opened in mid-2008 and provides visitors with the opportunity to understand the impact of UXO on Lao PDR, challenges related to disability in developing countries, and the work of COPE and CMR through a free permanent exhibition. Today it has become established as a popular exhibition for both locals and tourists, and features as the number one tourist attraction in Vientiane on Internet sites such as Trip Advisor. 17,000 people visited in 2013, including VIPs such as New Zealand's Governor-General, Lieutenant General The Right Honourable Sir Jerry Mateparae, the UN Under-Secretary-General Dr Noeleen Heyzer, and Canadian Foreign Minister John Baird.



*UN Under-Secretary-General Dr Noeleen Heyzer at the COPE Visitor Center*

The COPE Visitor Center is a vital part of COPE's sustainability strategy to educate, advocate and raise funds. The center is managed and run by Lao staff, who also send out a quarterly newsletter. Currently around 10 per cent of the support to COPE is channeled through the Visitor Center. In 2013 the center was revamped for the first time since it was opened, thanks to support from the Norwegian Ministry of Foreign Affairs and others, making the exhibition more informative and up to date. In December a special event was organized, and donors and other partners and stakeholders were invited to the upgraded exhibition for a celebration of the Visitor Center's 5<sup>th</sup> anniversary.

## **ORGANIZATIONAL STRENGTHENING**

A vital part of COPE's work is to strengthen local capacities to provide long-term quality rehabilitation services. In addition to increasing technical and clinical skills as described earlier, other measures were undertaken to strengthen both COPE and CMR on organizational levels, and also enhance the partnership between the two organizations.

With the intention to learn from the past and make plans for future cooperation, COPE commissioned an external facilitator to work with COPE and CMR to assess the major achievements of the past 10 years, the current areas of activities, and to scope possible future areas of activities from the view of both partners. This was a much needed opportunity for reflection and for strengthening a participatory approach to planning which COPE believes is critical to successful outcomes of the work.

As a follow-up of the joint planning, the responsibility for organizing PT and OT training activities has slowly been transitioned to CMR having full responsibility for these activities. In November 2013, COPE organized a CMR planning meeting to help identify the training needs during the coming year as CMR takes more control over the planning process. COPE will remain committed to raising support to provide the technical expertise for the training as required by CMR's self-identified needs. On a management level, joint COPE/CMR management audit trips were undertaken during the year to all the PRCs, providing important first-hand information about the challenges and opportunities at the PRCs, and also ensuring administrative and management support where needed.

One of the continued challenges is to ensure the necessary quality of services, and as part of this, to make sure that the service received by the patient is not dependent on the individual staff member, but that the whole CMR has a system of quality control that can provide the same, high quality service all over. In November, COPE organized a broader Quality Control Seminar for 40 CMR P&O and management staff. The seminar took place with the support of ICRC Special Fund for the Disabled and USAID, using experts from India and Vietnam as facilitators to help identify challenges and opportunities for how to ensure the necessary quality in rehabilitation services in Laos.



*Opening of the 2013 Quality Control Seminar*

COPE's focus on quality was not limited to the programming level, but was also applied to COPE as an organization and the way COPE works with CMR. In this regard special efforts were made to clarify COPE's governance structure and to ensure a healthy, functional governance system. COPE hired a law firm to advise the organization on the merits of a number of organization structures that are available under current Lao law and to advise on the matter.

## Income and expenditures

| INCOME  |                  |
|---|------------------|
| DONOR   | FUNDS RECEIVED   |
| World Learning/USAID                            | 612,576          |
| Australian Agency for International Development | 185,798          |
| Norwegian Ministry of Foreign Affairs           | 291,194          |
| CBM-Christoffel Blindenmission                  | 109,071          |
| International Committee of the Red Cross        | 55,117           |
| Netherland Leprosy Relief                       | 48,935           |
| Chasus  | 33,836           |
| Global Development Group                        | 19,111           |
| The Intrepid Foundation                         | 10,802           |
| Rotary Club of Broad Beach Inc.                 | 8,780            |
| Checkout Com, Inc.                              | 6,621            |
| Phu Bia Mining Limited                          | 5,000            |
| International Monetary Fund (IMF)               | 3,000            |
| Kenneth R. Hayes                                | 2,839            |
| Embassy of the Republic of Singapore            | 2,700            |
| Laotian Village Community Trust                 | 2,675            |
| Visitors' Center/private donations              | 139,172          |
| Other donors                                    | 5,728            |
| Interest income                                 | 3,862            |
| <b>Total receipts</b>                           | <b>1,546,817</b> |

*(Note: Some of the funds from institutional donors were received late in 2013 but were planned to cover expenditures in 2014.)*

| EXPENDITURES                    |                |
|---------------------------------|----------------|
| DESCRIPTION                     | EXPENSE        |
| Personnel costs                 | 281,999        |
| Consultancy                     | 6,880          |
| Skills development and training | 90,383         |
| General project expenditures    | 381,872        |
| Capital costs                   | 24,235         |
| Community support               | 28,787         |
| <b>Total expenses</b>           | <b>814,156</b> |



## Independent auditor's report



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### INDEPENDENT AUDITORS' REPORT

#### To: The management of Cooperative Orthotic & Prosthetic Enterprise

We have audited the accompanying financial statements of Cooperative Orthotic & Prosthetic Enterprise ("COPE") as set out on pages 4 to 16, which comprise the statement of fund balance as at 31 December 2013, and the statement of receipts and disbursements for the year then ended, and the notes thereto ("the financial statements"). The financial statements have been prepared by management of COPE in accordance with accounting policies as described in Note 3 to the financial statements.

#### *Management's responsibility*

Management of COPE is responsible for the preparation of the financial statements in accordance with the accounting policies as described in Note 3 to the financial statements and for such internal control as management determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

#### *Basis of opinion*

Our responsibility is to express an opinion on the financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to COPE's preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of COPE's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management of COPE, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### *Opinion*

In our opinion, the financial statements of COPE as at and for the year ended 31 December 2013 are prepared, in all material respects, in accordance with the accounting policies as described in Note 3 to the financial statements.



**Accounting policies and restriction on distribution and use**

Without modifying our opinion, we draw attention to Note 3 to the financial statements, which describes the accounting policies. As also disclosed in Note 2 to the financial statements, the financial statements are prepared to comply with the reporting requirements of COPE. As a result, the financial statements may not be suitable for another purpose. Our report is intended solely for the information and use of management of COPE, and should not be distributed to or used by other parties.



Vientiane, Lao PDR

8 July 2014



## EXTRACT FROM NOTES TO INDEPENDENT AUDITOR'S REPORT

### **2 BASIS OF PREPARATION**

The financial statements are comprised of statements of receipts and disbursements and fund balance of COPE. The financial statements, which are expressed in United States Dollar (USD), are prepared in accordance with accounting policies as described in Note 3.

The financial statements are prepared solely for the information and use of COPE and will not be distributed to other parties.

#### *Comparative figures*

Where necessary, figures for the year ended 31 December 2012 were presented for comparative purposes have been adjusted to conform with the current year's presentation.

### **3 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

The significant policies adopted in the preparation of the financial statements are set out below.

#### **3.1 Receipts**

##### *Funds received from donors*

Funds received from donors are recognised when cash is credited to COPE's bank account.

##### *Interest income*

Interest income is recognised when cash is credited to COPE's bank account.

#### **3.2 Disbursements**

Disbursements are recognized when paid rather than when incurred, excluding advances.

#### **3.3 Advances**

Advances, which comprise mainly of amounts advanced for COPE's activities, are recorded as such in the statement of fund balance when paid. When the advances are liquidated, the related expenses are recognized in the statement of receipts and disbursements.

### **3.4    *Fixed assets***

Fixed assets procured are fully recognised as expenditures in the statement of receipts and disbursements when the asset is received or when handed-over from the contractors or suppliers upon the respective acceptance and approval by COPE and when payment is made.

Accordingly, fixed assets are not recognized in the statement of fund balance at the end of the period.

### **3.5    *Foreign exchange differences***

Disbursements and withdrawals in currencies other than the USD are converted into USD at the actual exchange rate ruling at the date of the transactions

## List of acronyms

|                |  |
|----------------|--|
| <b>COPE</b>    | Cooperative Orthotic and Prosthetic Enterprise     |
| <b>CMR</b>     | Center for Medical Rehabilitation (previously NRC) |
| <b>CP</b>      | Cerebral Palsy                                     |
| <b>ICRC</b>    | International Committee of the Red Cross           |
| <b>OT</b>      | Occupational Therapy                               |
| <b>P&amp;O</b> | Prosthetic and Orthotic                            |
| <b>PPT</b>     | Pediatric Physical Therapy                         |
| <b>PT</b>      | Physical Therapy                                   |
| <b>PRC</b>     | Provincial Rehabilitation Center                   |
| <b>ToT</b>     | Trainer of trainers                                |
| <b>USAID</b>   | United States Agency for International Development |
| <b>UXO</b>     | Unexploded ordnance                                |



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