

WHO standards for
prosthetics and orthotics

Assessment package

User manual



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WHO standards for prosthetics and orthotics assessment package: user manual

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Introduction



This manual explains how to use the World Health Organization (WHO) *Assessment tool*, an Excel-based instrument developed to measure the degree to which the 60 WHO standards for prosthetics and orthotics are implemented at the country level.

Before starting the assessment, users of the tool are advised to carefully study this *User manual* and *the Assessment guide*, and to review the *WHO standards for prosthetics and orthotics* (Parts 1 and 2).¹

Assessment package

The complete Assessment package consists of the following four components:

- *Assessment guide*: gives directions on how to organize and implement the assessment.
- *Assessment tool*: Excel instrument used to carry out assessments and record results.
- *User manual* (current document): explains how the Assessment tool should be used.
- *Planning document*: Excel file into which the recommendations that are generated by the Assessment tool can be pasted for easy use in subsequent planning.

A PowerPoint presentation describing the standards assessment process and a video presenting the main assessment steps and key functions of the tool are also available to support assessments.

¹ WHO standards for prosthetics and orthotics. Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/handle/10665/259209>, accessed 9 January 2023).





The Assessment tool



1. Overview

The Assessment tool is used to analyse and score different aspects of the 60 WHO standards for prosthetics and orthotics. The Excel-based tool includes the following ten sheets:

- A **Welcome** sheet: prompts the user to provide short data on when and where the assessment is done.
- Four **Scoring** sheets (**Policy**, **Products**, **Personnel** and **Provision**): used for analysing and scoring the implementation of standards across four areas.
- A **Progress** sheet: shows how the assessment is advancing.
- A **Results** sheet: jointly presents the average scores obtained for each standard, standard area and the 60 standards.
- A **Recommendations** (“**Rec’s**”) sheet: suggests steps that may be considered by national stakeholders to more fully implement the standards, based on the data that has been entered.
- A **Notes** sheet: summarizes any notes made on the four Scoring sheets.
- A **Non-Applicables** (“**Non-Appl’s**”) sheet: lists the standards marked “*Not applicable*” on the scoring sheets (if any) together with related justifications.

60 standards – 65 components to assess

Two of the 60 standards (numbers 4 and 40), which cover particularly broad areas, have been divided into separate assessment topics (called 4A, 4B, 4C, 4D and 40A, 40B, 40C). This means that a total of 65 components are assessed in the tool, all of which are given equal weight when averages are calculated on the “Results” sheet.



2. Getting started

Before opening the Excel file

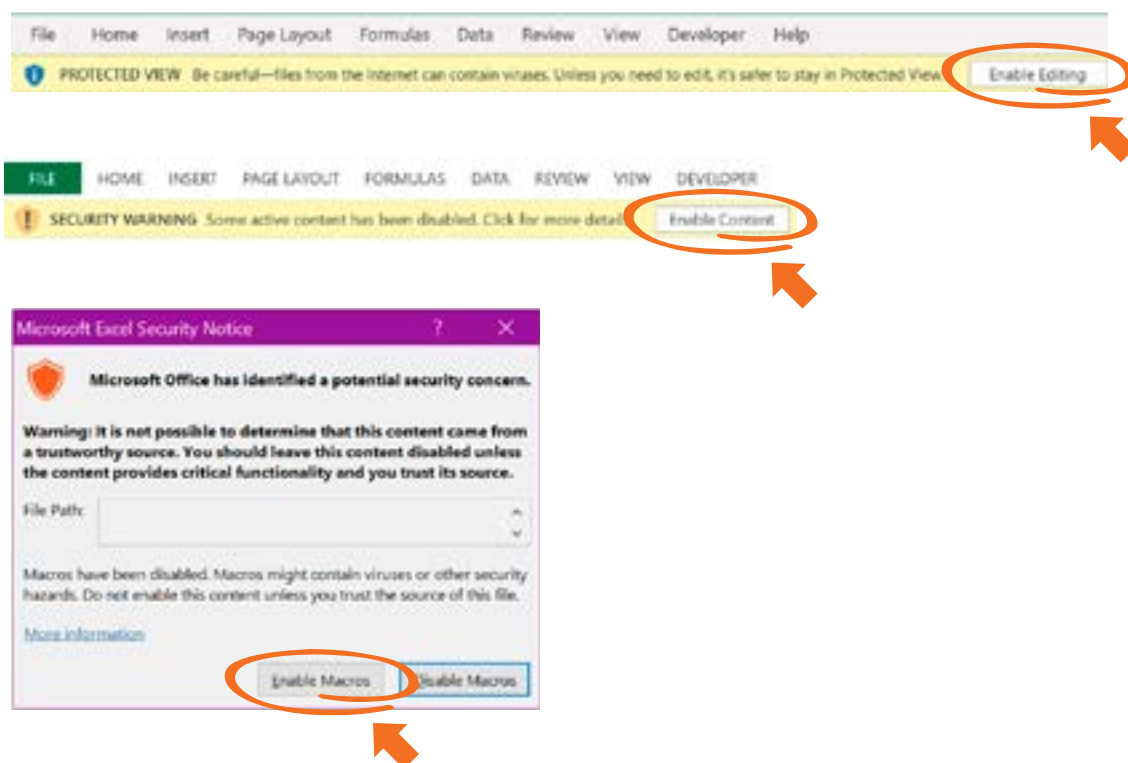
▶ Give the file a unique name

Rename the file so that it indicates where and when the assessment is being carried out, for example following this format: "WHO Standards Assessment {Country} {Month} {Year}.xlsm".

On opening the file

▶ Enable editing, content and macros

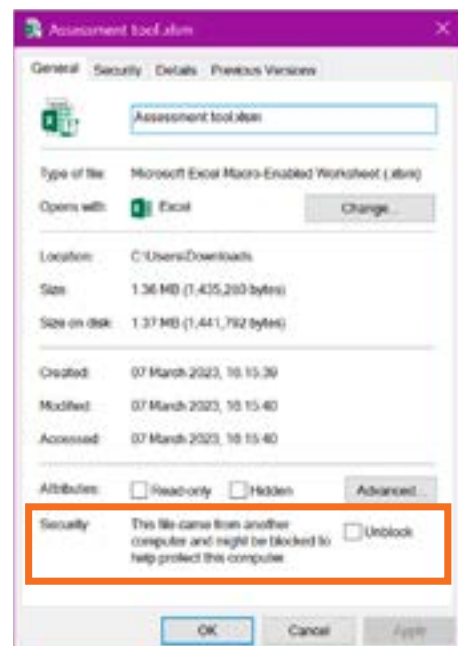
When opening the file for the first time, Excel will display initial alerts stating that editing permission and some content or 'macros'² have been disabled. The alerts appear in various ways in different computers. You can safely enable these functions by clicking the "Enable Editing", "Enable Content" and "Enable Macros" buttons, as they appear.



² Macros are automatic instructions/functions the tool uses to perform certain operations in the background. You can open and use the tool without enabling editing, content and macros, but some key functions will not be available, and it will be impossible to complete the assessment.

In some cases, you may also need to unblock macros by modifying the properties of the file:

1. Open Windows File Explorer and go to the folder where you saved the file.
2. Right-click the file and choose **Properties** from the context menu.
3. At the bottom of the **General** tab, select the **Unblock** checkbox and click **OK**.



Before starting the assessment

▶ If needed, adjust the zoom

Once the file is opened, the programme launches the “Welcome” sheet and automatically sets the zoom so that the four-coloured ribbon (on the top of the sheet) is fully visible on the screen with some margin showing on both sides:



This process is repeated for each new sheet that is opened. If needed, the zoom can be adjusted manually for each sheet at any point during the assessment. To do so, either:

- press the **Ctrl**-key and use the scroll wheel on the mouse to zoom in or out;
- on the **status bar** of your Excel app, click the **zoom slider** (normally found in the lower right-hand corner); or
- on the **View** tab, in the **Zoom** group, click **Zoom**, and then enter a percentage or choose a suitable pre-set value.



Note: The file does not save preferred user zoom settings when it is closed, and will revert to default settings once reopened.



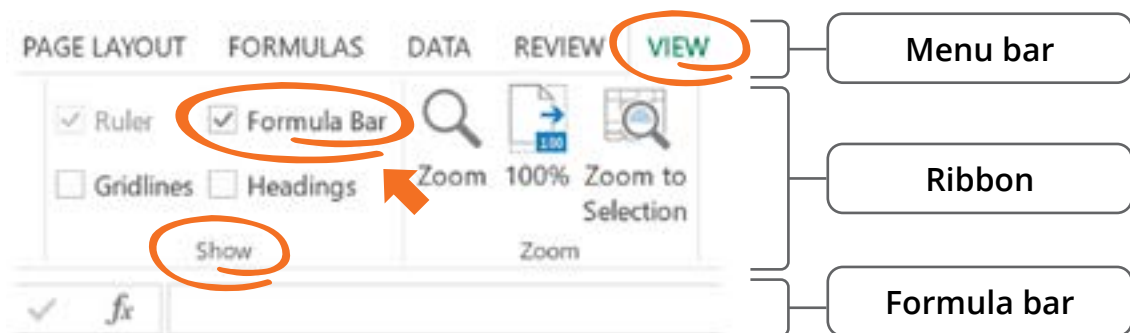
▶ If needed, maximize the height of the screen

When working on the scoring sheets, it may be convenient to use *full screen* mode (i.e. to hide the Menu bar, the Ribbon and the Formula bar) so that you can see the maximum number of rows in the sheets, and thereby limit the need for scrolling.

To switch to full screen mode, do the following:

First, hide the Formula bar:

- on the **View** tab, in the **Show** group, deselect **Formula Bar** (if not already deselected). (If the ribbon is visible after that, unpin it by pressing **Ctrl+F1** – both keys at once.)



Then, hide the Menu bar:

- press **Ctrl+Shift+F1** (all keys at once).

To return to the original view settings, do the same steps but in reverse order, i.e. press **Ctrl+Shift+F1** to unhide the **Menu** bar, then select **Formula Bar** in the **Show** group on the **View** tab to view the **Formula** bar.

Note: When the view settings are changed in this way, they may also apply in other Excel files that are opened during or after the assessment. If that is not desirable, you can easily revert to the original settings in those files by following the last instructions above.

During the assessment

▶ Save your work

To avoid any potential loss of data, regularly save your work and create back-up files as the assessment progresses.

3. Welcome sheet

Welcome

The “Welcome” sheet prompts you to enter some initial data on where and when the assessment is done, and by how many stakeholders. The completed fields may for example look like this (for an assessment made in Country A in March 2023 by a group of ten stakeholders):

Country/Region to be assessed:	Country A
Month of assessment (mm):	03
Year of assessment (yyyy):	2023
Number of members of the Standards Assessment Group:	10

Also note that the “Welcome” sheet describes how the national organizing body can submit the results of the assessment (i.e. a copy of the completed file) to WHO at the given email address. This submission is optional. Submitted information will be used to identify common challenges at global level and to develop strategies for improvement.



4. Scoring sheets



The tool has four scoring sheets, which present the WHO standards in the areas of policy, products, personnel and provision. On these sheets, each standard has been divided into different *aspects*, which are the different facets of a standard that are studied to understand the degree to which it has been implemented. The user is prompted to analyse and score each aspect on a four-graded scale. This will generate a total score for the standard (an implementation value of 0–100%), which is displayed on the “Results” sheet. (The scoring system is described in more detail under separate heading on page 15.)

There is an average of four aspects to be scored per standard (varying from one to ten), which makes a total of some 250 aspects to be considered through the complete assessment process.

Overview

All four scoring sheets have the same layout, with the same features and functions integrated in one main element per standard:

Standard

Scoring option

Standard 1 Governments should assume a leading role in the development and coordination of national prosthetics and orthotics service provision.

☐ Not applicable

Aspect	Ref. N/A	Option 1	Option 2	Option 3	Option 4	Score
The role of the government	1A	<input type="checkbox"/> The government has a leading role in the development and coordination of national prosthetics and orthotics service provision	<input type="checkbox"/> The government has a support role in the development and coordination of national prosthetics and orthotics service provision; services are essentially developed and coordinated by other stakeholders, with little involvement and support of the government	<input type="checkbox"/> The government has an advisory role in the development and coordination of national prosthetics and orthotics service provision; government actively promotes, facilitates, plans, regulates, monitors and generally creates circumstances for services to flourish	<input type="checkbox"/> The government has no role in the development and coordination of national prosthetics and orthotics service provision	
Responsible office in the government	1B	<input type="checkbox"/> There is a top designated office or focal point in the government responsible for prosthetics and orthotics	<input type="checkbox"/> There is a local point for rehabilitation or assistive technology in a ministry, but prosthetics and orthotics are not part of its portfolio	<input type="checkbox"/> There is a local point responsible for prosthetics and orthotics in a ministry (usually as part of the wider field of rehabilitation or assistive technology)	<input type="checkbox"/> There is a designated office for rehabilitation or assistive technology in a ministry, with responsibilities for prosthetics and orthotics	
Human resources for prosthetics and orthotics in the government	1C	<input type="checkbox"/> The government has sufficient human resources to ensure its responsibilities in prosthetics and orthotics	<input type="checkbox"/> The government has insufficient human resources to ensure its responsibilities in prosthetics and orthotics	<input type="checkbox"/> The government has partial sufficient human resources to ensure its responsibilities in prosthetics and orthotics	<input type="checkbox"/> The government has no human resources to ensure its responsibilities in prosthetics and orthotics	
Financial resources for prosthetics and orthotics in the government	1D	<input type="checkbox"/> The government has sufficient financial resources for prosthetics and orthotics	<input type="checkbox"/> The government has insufficient financial resources for prosthetics and orthotics	<input type="checkbox"/> The government has partial sufficient financial resources for prosthetics and orthotics	<input type="checkbox"/> The government has no financial resources for prosthetics and orthotics	

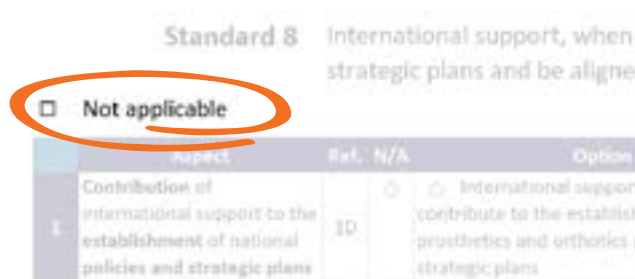
Aspects

Aspect numbers

Features and functions

Not applicable check box

The “*Not applicable*” option allows you to exclude any standard that is not applicable to the country from the assessment.



Standard 8 International support, when strategic plans and be aligne

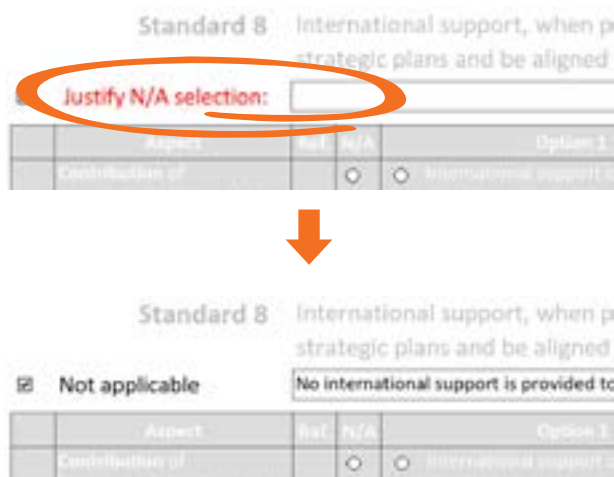
☒ Not applicable

Aspect	Ref.	N/A	Option
Contribution of international support to the establishment of national policies and strategic plans	1D	<input type="radio"/>	<input type="radio"/> International support contribute to the establish prosthetics and orthotics strategic plans

Note: You should only use this option for standards that are truly not applicable in the country (which may be the case, for example, with Standard 8 as international support is not provided in all countries). The option should *not* be used merely because a given standard is deemed low priority or difficult to implement in the foreseeable future. With few exceptions, *all* standards should apply in *all* countries.

Justify field

When marked as “*Not applicable*”, the standard will be greyed out and you will be prompted (in red text) to give a justification for why it is not applicable. Once a justification of sufficient length has been given, the red text will disappear.



Standard 8 International support, when p strategic plans and be aligned

Justify N/A selection:

Aspect	Ref.	N/A	Option 1
Contribution of		<input type="radio"/>	<input type="radio"/> International support

Standard 8 International support, when p strategic plans and be aligned

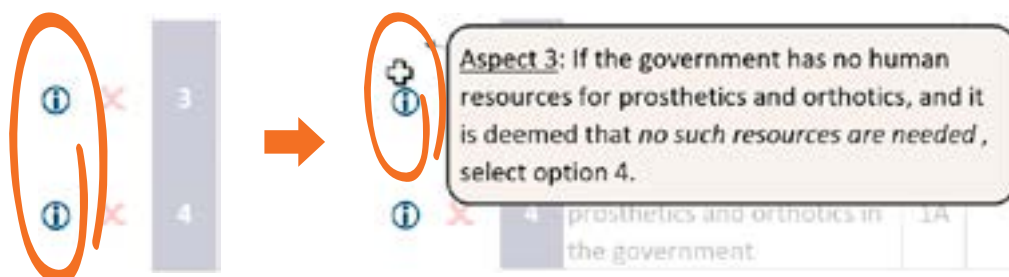
☒ Not applicable No international support is provided to

Aspect	Ref.	N/A	Option 1
Contribution of		<input type="radio"/>	<input type="radio"/> International support

Note: Unless a justification is provided, the standard will not be marked as complete on the “Progress” sheet.

→ i-sign

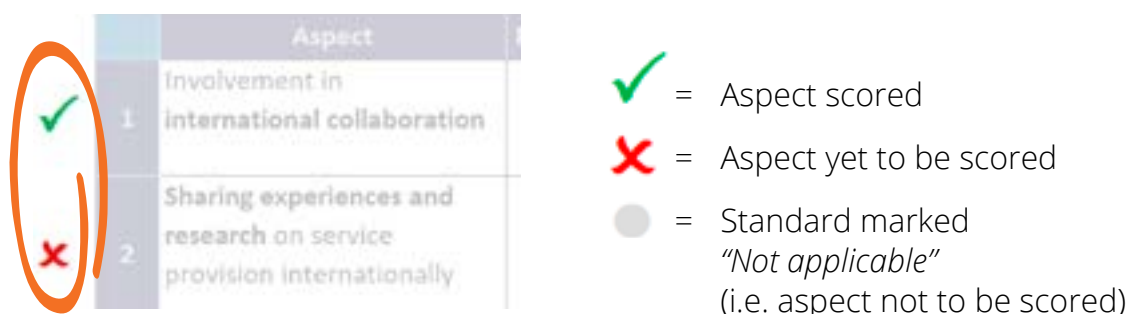
The blue information sign in the left margin indicates that there is an explanatory note for that standard or aspect. The note will be visible when hovering the mouse pointer over the blue sign.



Note: All explanatory notes are also listed on page 30 of this manual. It is recommended that the user consults these notes, in either the tool or the manual, as the assessment progresses.

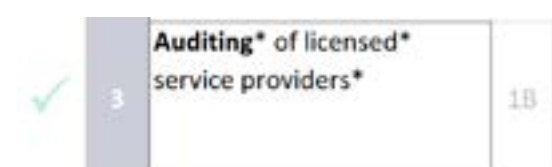
→ Clearing signs

Clearing signs indicate the scoring status of each aspect:



→ Asterisks (*)

Some words on the scoring sheets are marked with an asterisk. These are key terms that have been specifically defined for the purpose of the Assessment tool. Definitions can be found on page 28 of this manual.



➔ References

Reference numbers are given for further reading on the aspect matter in relevant sections of the Implementation manual (i.e. Part 2 of the WHO standards for prosthetics and orthotics).

	Aspect	Ref.	N/A
✓	1 Involvement in international collaboration	10 21	<input type="radio"/> National <input type="radio"/> international
✗	2 Sharing experiences and research on service provision internationally	21	<input type="radio"/> National <input type="radio"/> experience at orthotics serv

➔ N/A button

This button provides the possibility to, as appropriate, mark an aspect as “N/A”, and exclude it from the assessment. Selecting this option greys out the aspect.

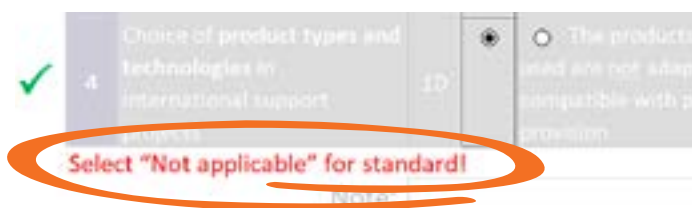
	Aspect	Ref.	N/A
✓	1 Involvement in international collaboration	10 21	<input type="radio"/> <input checked="" type="radio"/> National <input type="radio"/> international
✗	2 Sharing experiences and research on service provision internationally	21	<input type="radio"/> <input checked="" type="radio"/> National <input type="radio"/> experience at orthotics serv

Note:

- 1) This option should only be used when the aspect is truly not applicable in the country, or if the scoring options do not correspond to the local context (and it has been concluded that the flowchart on page 16 cannot be used).
- 2) The reason for excluding a given aspect can be added to the Note field (under the last aspect of the standard in question).

➡ Notification: Select “Not applicable” for standard!

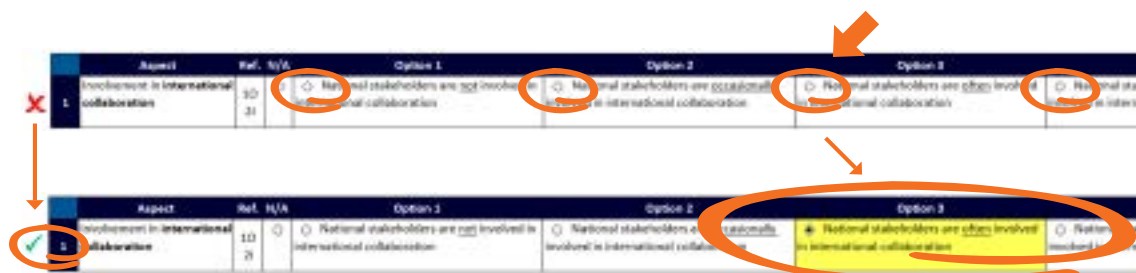
This notification appears on the bottom left-hand corner of the standard element if all aspects of the standard have been marked “N/A”, but the standard itself has not been marked as “Not applicable”. If none of the aspects are applicable, the standard itself is not applicable and a reason for this must be given. Therefore, mark the standard as “Not applicable” and provide a justification. (See Not applicable check box on page 9.)



Note: Even though all aspects will have green check marks when marked “N/A”, the standard will not be shown as complete on the “Results” sheet unless it is marked “Not applicable” and a justification is given.

➡ Scoring buttons

There are four scoring buttons for each aspect, each one linked to a specific cell containing a description of the corresponding option. The Standard Assessment Group should carefully consider the four options given, come to a consensus on which one best describes the situation in the country, and then click the corresponding button. By doing so, the selected cell will be coloured (according to the score that was set) and the clearing sign in the left margin will change to green:



The scoring system is described in more detail on page 15.

→ Grey cells

Aspects that have one or two grey cells without text are “follow-up questions” to an aspect above. They will only need to be considered if the first aspect is marked with a sufficient score. A too low score will grey out the whole “follow-up aspect”.

Aspect	Ref.	K/A.	Option 1
Economic benefits at individual, family and community levels	14	<input type="radio"/>	The direct economic benefits of prosthetics and orthotics services have <u>not</u> been analysed at individual, family or...
Degree of detail of analysis at individual, family and community levels	15	<input type="radio"/>	
Economic benefits at society, health sector and national levels	16	<input type="radio"/>	The direct economic benefits of prosthetics and orthotics services have <u>not</u> been analysed at society, health sector and...

Note: Scoring buttons, once selected, will remain selected in greyed out aspects, but the score will not be considered by the tool when the implementation rate is calculated for the standard.

→ Reset button

Clicking the reset button at the far right of the scoring sheet clears any score already set for that aspect; the clearing sign in the left margin also reverts to a red X.

Option 4	Reset
<input type="radio"/> National stakeholders are <u>continuously</u> involved in international collaboration	<input type="radio"/>
<input type="radio"/> National stakeholders systematically share <u>all</u> relevant experience and research on prosthetics and orthotics service provision internationally	<input type="radio"/>

➔ Note field

Under the last aspect of each standard, there is a field to make short notes, such as reminders for the planning session, explanatory notes to WHO, clarifications of the scores that have been set, reasons for excluding an aspect, or any other issue emerging from the assessment discussion.

✓	2	research on service provision internationally	21	<input checked="" type="radio"/> National data on prost. provision	experience ar orthotics serv
✗	10	Sharing data on service provision internationally	10	<input type="radio"/> National data on prost. provision	

Note:

Note: Notes added here are summarized on the “Notes” sheet.

➔ About option buttons

1. There are a total of six option buttons for each aspect; one N/A button, four scoring buttons and one reset button. Only *one* of these can be selected at a time, and only the five first are valid options for completing the aspect.
2. If the “*Not applicable*” option is checked for a standard after its scoring has begun, the option buttons remain selected, but the scores that are set will not be taken into account by the tool in calculating the results. If needed, the “*Not applicable*” option can be deselected at any time and scoring continued where it was previously stopped.

5. Scoring system

The Assessment tool uses a grading scale with four levels, which in general terms can be described as follows:

Scoring option 1	Scoring option 2	Scoring option 3	Scoring option 4
Nothing (or very little) has been implemented	Some has been implemented (but less than half)	Much has been implemented (more than half, but not all)	Most (all or next to all) has been implemented

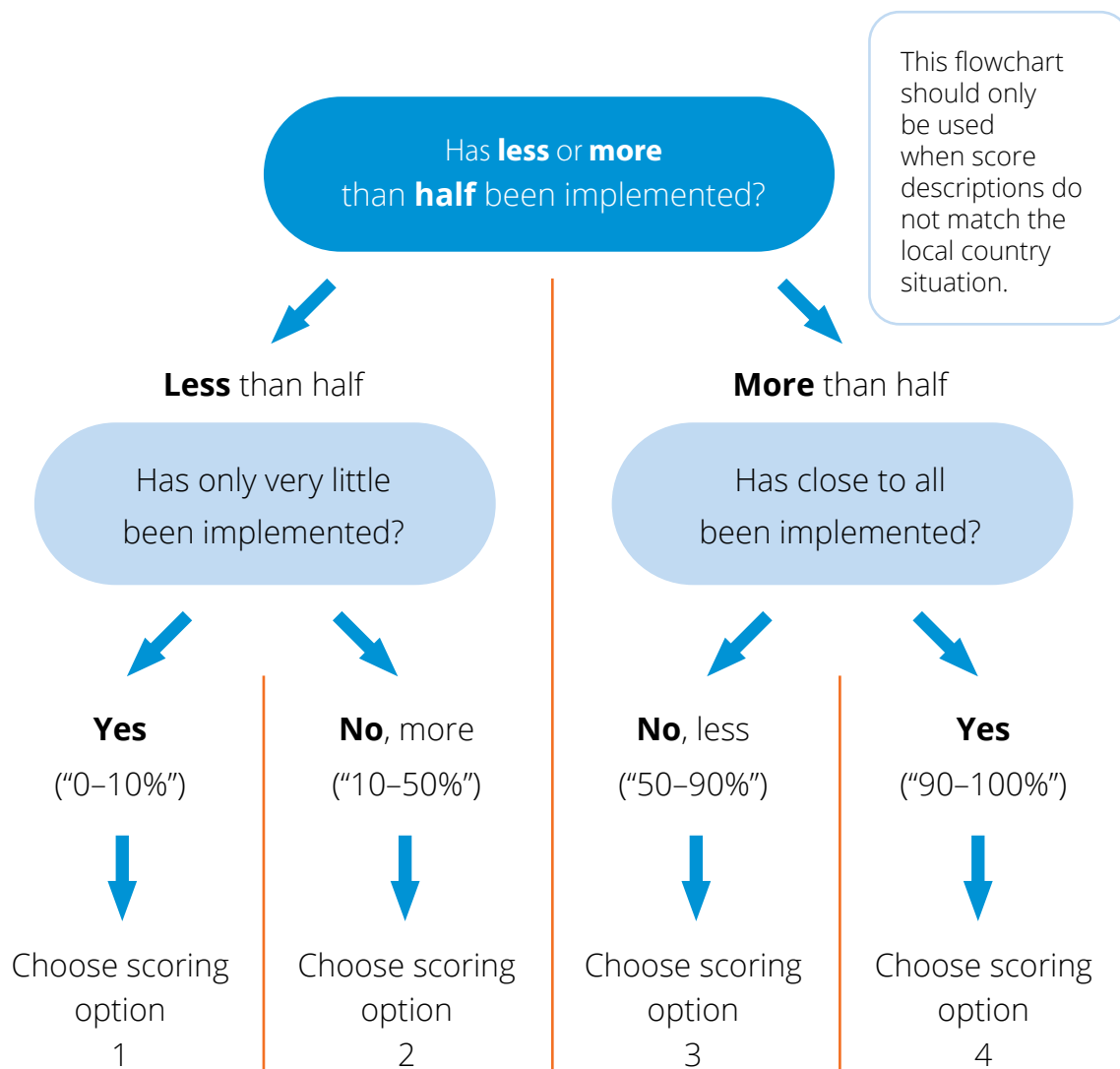
Since this description is rather broad (and not all aspects fully fit within this framework), the four options of each aspect are also presented with a text, which describes the requirements associated with each scoring option in more detail.

The texts of the four scoring options are usually framed in similar ways, with only one or two key words changing from one level to the next, for example:

<u>No</u> service units...	<u>Some</u> service units...	<u>Many</u> service units...	<u>Most</u> service units...
Option 1 No service units have assessed the cost of prosthetics and orthotics products and services	Option 2 Some service units have assessed the cost of prosthetics and services (or can use the results of assessments made by other units)	Option 3 Many service units have assessed the cost of prosthetics and services (or can use the results of assessments made by other units)	Option 4 Most service units have assessed the cost of prosthetics and services (or can use the results of assessments made by other units)

To facilitate for the user, these differentiating key words have been underlined.

You should assign scores by choosing the option that best describes the situation in your country. Depending on the context, the given score descriptions may not always fully match the local country situation. In those cases, the flowchart below may assist you to assign a score.



Note: In the further processing of the scores set by users, the tool assigns 0%, 33%, 67% and 100% for the four respective scoring options.

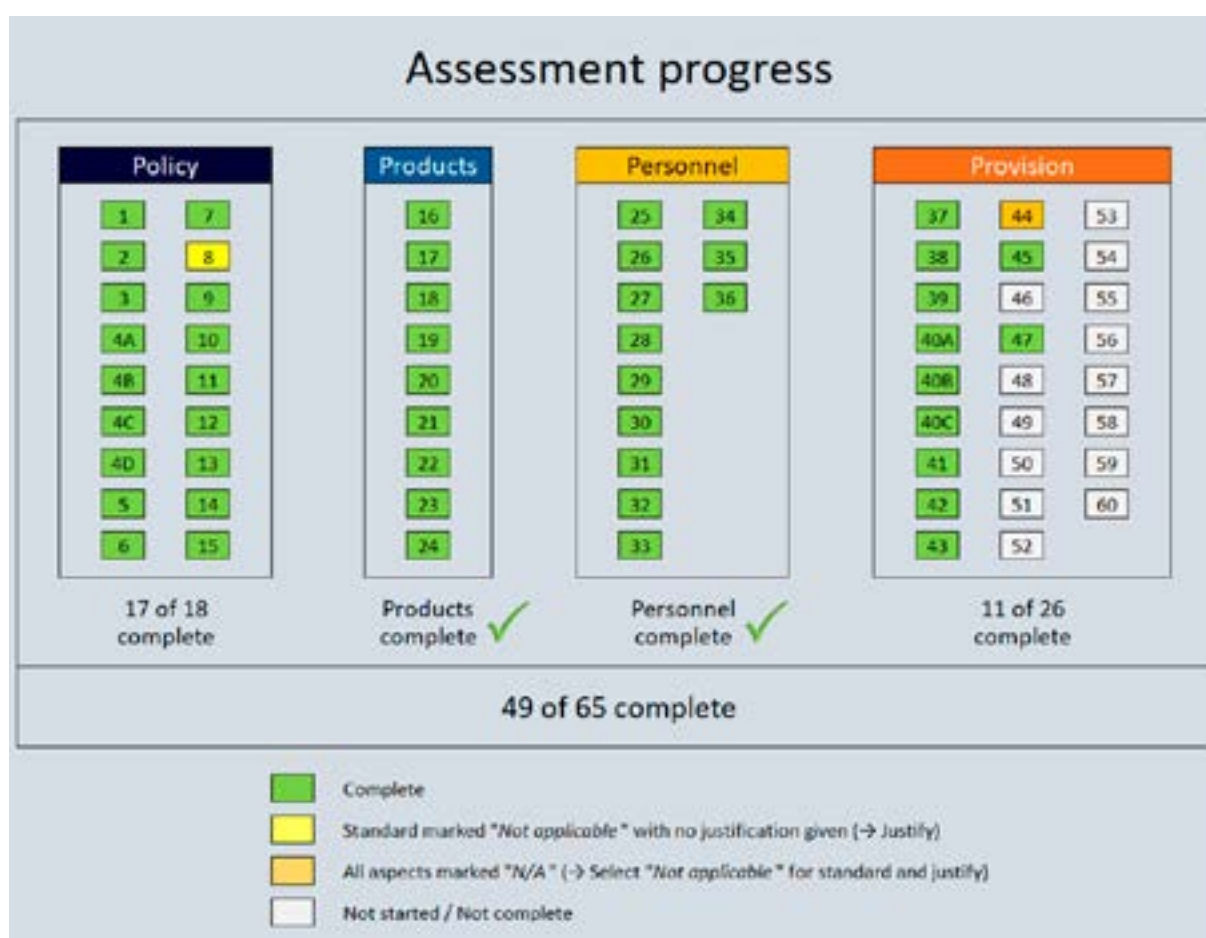
6. Progress sheet

Progress

This sheet presents the progress of the standards assessment. It shows which standards have and have not been assessed on the four scoring sheets.

Overview

The sheet shows all 65 standards components of the four areas and their current assessment status:

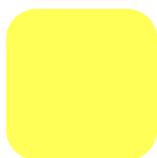


Colour codes



Green

The standard is complete; all aspects have been scored, or where the standard has been marked "*Not applicable*" a justification for this has been given.



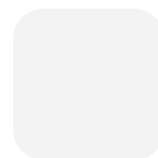
Yellow

The standard has been marked "*Not applicable*" but this has not been justified. The standard will be shown as complete once a justification is given on the scoring sheet.



Orange

All aspects of the standard, but not the standard itself, have been marked as non-applicable. The standard will be marked as complete when the "*Not applicable*" check box of the standard is selected and a justification for this is given.



Grey

Scoring of the standard has not started or is not complete.

Once all standards have been assessed, green checkmarks are shown for all standard areas:



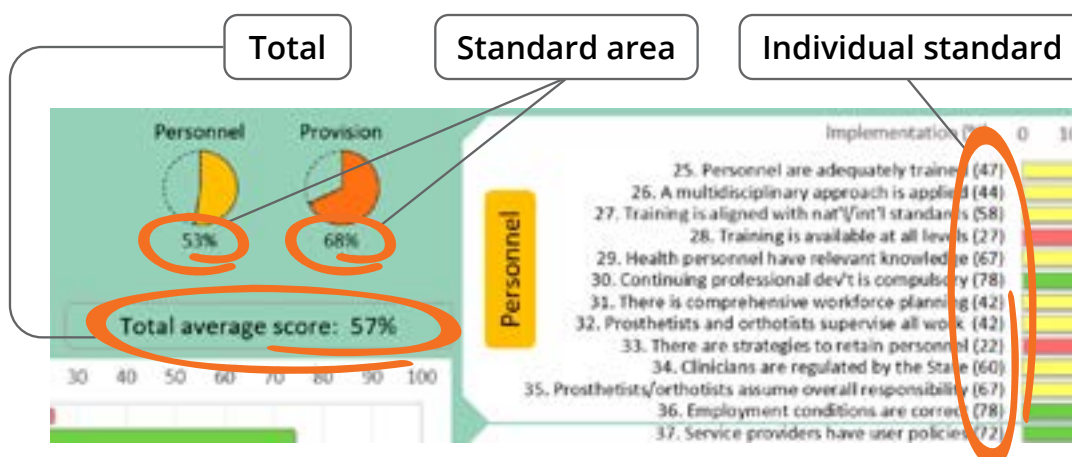
As the standards are assessed on the four scoring sheets, the implementation rate is automatically calculated and displayed on the “Results” sheet.

Overview

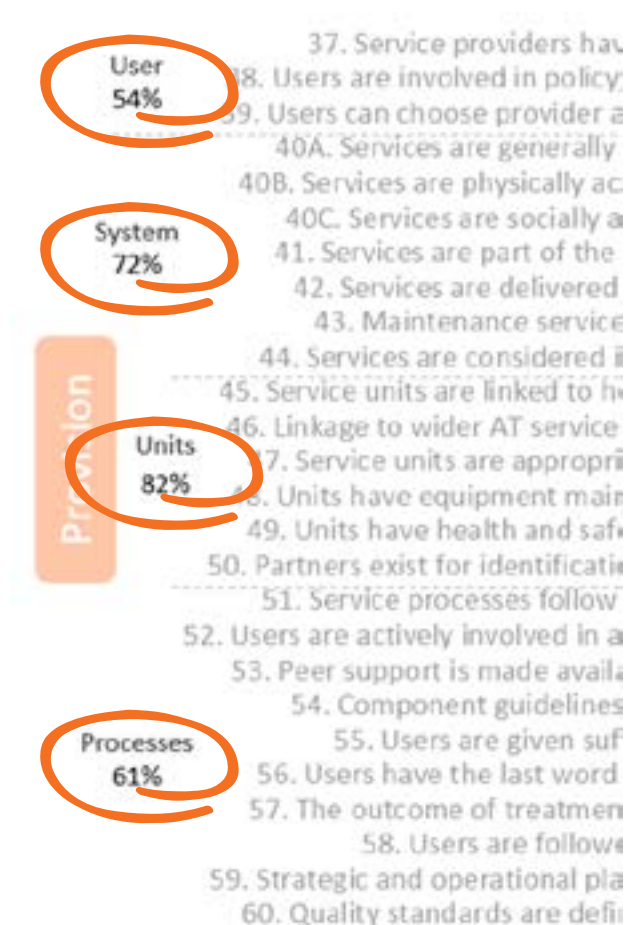
The implementation rate (measured as a percentage) is presented in two ways on this sheet. First, the rate is shown graphically in pie diagrams (for the four standard areas) and a bar diagram (for the individual standards). In the bar diagram, the length and colour of the bar indicates how extensive the implementation has been: A long, green bar indicates that most or all of the standard has been implemented; a medium length, yellow bar means that some important steps have been taken towards the implementation; and a short, red bar means that only limited implementation has been done. A red “0” indicates that there has been very little or no implementation.



Second, implementation rates are also presented as numerical values for each individual standard and standard area, and the average for all standards combined:



In the Provision area, the sheet also provides average implementation rates for four standards sub-groups, namely those pertaining to: 1) service users; 2) the national service provision system; 3) service units; and 4) service processes.



Note: Due to the limited space on the “Results” sheet, the standard statements have been shortened and are expressed as positive statements instead of normative ones.

Features and functions

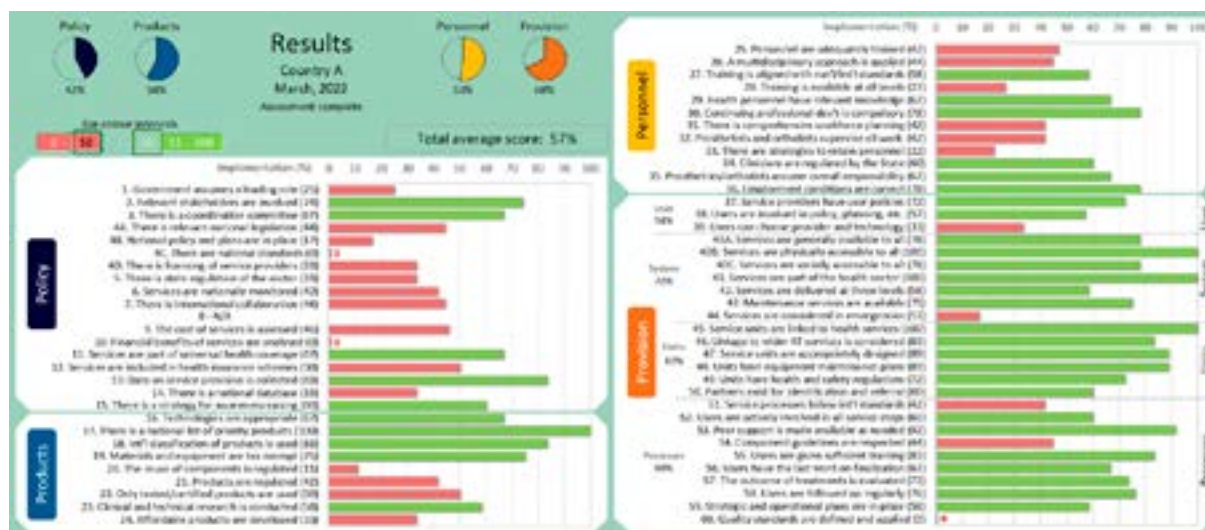
➔ Bar colour meter

The bar colour intervals displayed on the “Results” sheet are pre-set to appear *red* for implementation values between 0% and 33%, *yellow* from 34% to 67%, and *green* from 68% to 100%. These intervals can be changed by selecting new upper limits for the red and yellow intervals. This allows the user to set division points according to locally decided criteria.



Note:

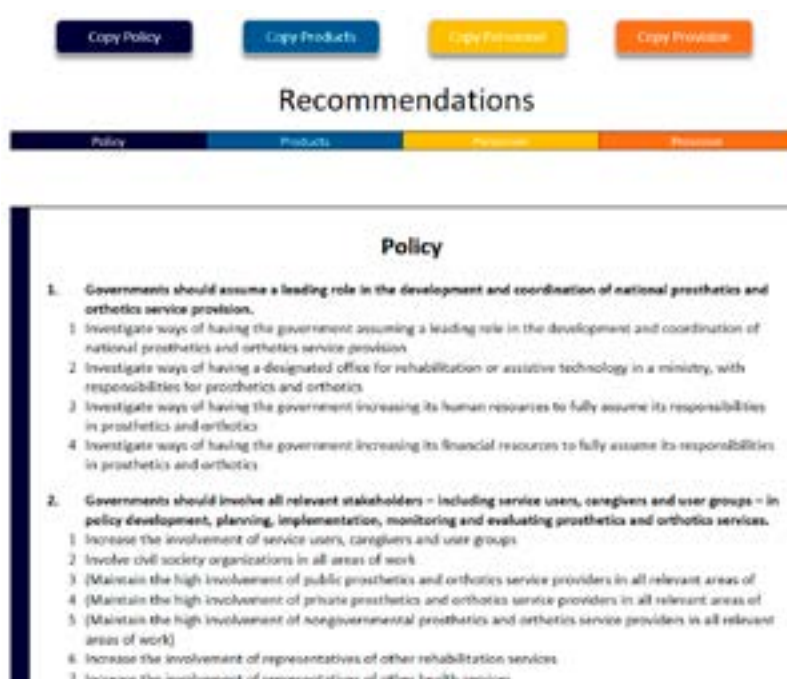
- 1) Valid limit entries are whole numbers between 0 and 100. The red value cannot be higher than the yellow value. Invalid entries will result in all bars displaying in white.
- 2) If the same value is set for the red and yellow upper limits, bars will be shown in two colours only; red and green. In the diagram below, which shows the same implementation results as those on page 19, the division point has been set at 50%.



Based on the scores that are set for different aspects on the scoring sheets, the tool automatically generates recommendations on steps that can be taken to further develop and strengthen prosthetics and orthotics services in the country.

Overview

The “Recommendations” (“Rec’s”) sheet provides a list of recommendations for all aspects that have been given a score.



Note:

- 1.) When generating recommendations, the tool takes into account the progress made within each aspect (according to the scores set by users) and suggests actions that can contribute to more fully implement that work. In most cases, the steps that are suggested aim to reach the full implementation described in the highest scoring option.
- 2.) The tool only considers individual aspects and does not make more complex, relational analyses for complete standards or standard areas.
- 3.) When the highest scoring option has been chosen for an aspect, the corresponding recommendation typically includes ensuring that the work in that aspect is maintained at the same level. Such recommendations are put within brackets.
- 4.) Standards that have been marked “Not applicable” are greyed out.
- 5.) In general, but not always, the numbering of recommendations corresponds to the numbers of the aspects on the scoring sheets.

Features and functions

➡ Copy buttons

Copy Policy

Copy Products

Copy Personnel

Copy Provision

Clicking one of these buttons will copy the recommendations of that standard area to the Planning document (see below).

Note: Before copying can be done, the Planning document must be open (see instructions for copying on the next page). To make sure that no data is lost, it is recommended that a back-up file is created of the Assessment tool before copying is done.

Planning document

The Planning document is a separate Excel file provided as part of the Assessment package. It is intended to be used in the planning session, which should follow the assessment session as a separate activity (see details in the Assessment guide).

The Planning document has four main sheets (i.e. one for each standard area), to which the recommendations that are generated in the tool can be transferred for easy use in planning activities. When pasted in the Planning document, the recommendations will be presented in a new format (see below), with columns added for the indication of priorities, actions, responsible bodies and related timeframes. This document is not protected, which means that the format can be changed (e.g. columns can be added/ deleted, headings edited, etc.) to suite local needs and the normal practices used in the country for planning work.

Prosthetics and orthotics planning		Area 1: Policy					
Country A, Mar/2020		Ref.	Priority	What	When	Who	When
1.	Governments should assume a leading role in the development and coordination of national prosthetics and orthotics service provision.						
1	Investigate ways of having the government assuming a leading role in the development and coordination of national prosthetics and orthotics service provision	04					
2	Investigate ways of having a designated office for rehabilitation or assistive technology in a ministry, with responsibilities for prosthetics and orthotics	04					
3	Investigate ways of having the government increasing its human resources to fully assume its responsibilities in prosthetics and orthotics	04					
4	Investigate ways of having the government increasing its financial resources to fully assume its responsibilities in prosthetics and orthotics	04					
2.	Governments should involve all relevant stakeholders - including service users, caregivers and user groups - in policy development, planning, implementation, monitoring and evaluating prosthetics						



How to copy recommendations to the Planning document

Follow these easy steps to transfer the recommendations from the tool to the Planning document:

1. Open the Planning document. (Click the “*Enable Editing*” and “*Enable Content*” buttons, should they appear.)
2. On the “Recommendations” sheet in the Assessment tool, click the button that corresponds to the standard area you want to copy (i.e. “Copy Policy”, “Copy Products”, “Copy Personnel” or “Copy Provision”). The recommendations will be automatically copied to the corresponding sheet in the Planning document.
3. Repeat Step 2 for all relevant standard areas.
4. Once all copying has been done, it is recommended to save the Planning document using a new file name, indicating where and when the planning is done. (After the filename has been changed, further copying will not be possible.)

Note: Copying cannot be done unless 1) the Planning document is also open; 2) its filename is unchanged and indicates the same month/year as the filename of the Assessment tool; and 3) the names of its four main worksheets are unchanged.

Caution: If recommendations of a given standard area are copied more than once, the texts that were previously copied **as well as any data that has been added to that sheet by the user** will be **erased and overwritten** by the second set of data copied!

Using the Planning document in workgroups

Once recommendations in relevant standard areas have been copied from the tool to the Planning document, the latter can be used in the planning exercise. If planning is carried out in small workgroups, each of which is analysing a distinct standard area, you may want to make four copies of the Planning document, one for each group. At the end of the planning session, the four sheets that have been completed can be re-compiled into a single file with the following procedure (which uses the normal copying functions of Excel):

1. Make sure all four planning files are on the same computer.
2. Create a new Excel file (into which you want to copy the four planning sheets from the workgroups) and keep it open.
3. In the Planning document of the first workgroup, right click on the tab of the relevant (i.e. completed) worksheet.
4. Select **Move or Copy**.
5. Under “To book:”, select the newly created Excel file.
6. Under “Before sheet:”, select the position that you want the sheet to have in the new file (this can be changed later as needed).
7. At the bottom, select the **Create a copy** checkbox.
8. Click **OK**.
9. Repeat steps 3–8 for the planning sheets of each of the remaining workgroups.



On the scoring sheets, there is a possibility to make short notes for each standard, such as reminders for the planning session, explanatory notes to WHO, clarifications of the scores that have been given, the reason for excluding an aspect, or any other issue. These notes are automatically summarized on the “Notes” sheet.

Overview

The “Notes” sheet provides a summary of all notes that have been made (if any):



Features and functions

→ Copy button

Copy Notes

If the notes include ideas on actions to improve prosthetics and orthotics service provision, these can be useful in the planning session. The copying function allows transferring the notes to a new Word document so that they can be more easily accessed and be used in planning work.

By clicking the “Copy Notes” button, the file will automatically open a new Word document and copy the notes to this.

Note: There is no need to open a new Word document before clicking the “Copy Notes” button, or even to have the Word application open. The only requirement is that MS Word is installed on the computer.

10. Non-Applicables sheet

Non-Appl's

When standards are marked as “*Not applicable*” on a scoring sheet, the user will be prompted to provide a justification. Non-applicable standards are automatically listed on the “Non-Appl’s” sheet together with the justifications given.

Overview

The “Non-Appl’s” sheet presents all non-applicable standards (if any):

Non-applicable standards			
Policy	Products	Personnel	Provision
8. International support, when provided, should contribute to the establishment and implementation of national prosthetics and orthotics policies and strategic plans and be aligned with the provision system of the national health and welfare service. International support is not provided to the prosthetics and orthotics sector.			





Definitions of terms used in the Assessment tool

For the purpose of the Assessment tool, the following definitions of selected key terms are used on the four scoring sheets. These terms are marked with an asterisk (*) the first time they appear on an aspect row (and also when used in definitions of other terms below).

Auditing

Auditing is a process in which it is verified that a licensed* service provider* adheres to the standards, rules and regulations* set for the provision of prosthetics and orthotics services. Auditing is done by the government or an appointed authority/entity.

Certification/certified

Certification is a process in which it is verified that an individual has adequate knowledge and skills to practice the prosthetics and orthotics profession. Professionals who are endorsed in this process are certified, and expected to uphold certain standards and codes of conduct. Certification is done by the government or an appointed authority/entity.

Licensing/licensed/license

Licensing is a process in which a service provider* is assessed and given the formal permission to provide prosthetics and orthotics services. Service providers that have obtained such permit – a licence – are licensed. Licensing is done by the government or an appointed authority/entity.

Monitor/monitoring

Monitoring is the process of observing and checking the development of prosthetics and orthotics service provision, or controlling particular aspects such as quality and safety issues, or the compliance by service providers* with relevant standards, rules and regulations*. Monitoring involves collecting data and visualizing progress so that corrective measures can be taken as needed.

Prosthetics and orthotics clinicians

This is a collective term for prosthetists and orthotists and associate prosthetists and orthotists.

(The three main categories of prosthetics and orthotics personnel – i.e. prosthetists and orthotists, associate prosthetists and orthotists and prosthetics and orthotics



technicians – are further explained in section 3A of the *Implementation manual*. Note that the term ‘associate prosthetist and orthotist’ has been used by the International Society for Prosthetics and Orthotics (ISPO) and WHO since 2017, when it replaced the term ‘orthopaedic technologist’.)

✓ **Prosthetics and orthotics nonclinicians/nonclinical personnel**

These are collective terms for prosthetics and orthotics technicians and other technical support personnel involved in the fabrication of prostheses and orthoses.

✓ **Regulation**

Regulation is the establishment of national rules and standards for the provision of prosthetics and orthotics services, use of products, training of personnel etc., aimed at ensuring the safety of service users and service personnel. Regulation includes monitoring* the sector, enforcing the rules, and taking corrective measures to prevent reoccurrence of harmful incidents.

Regulation can be done by the government or an appointed authority/entity, or as self-regulation, meaning that service providers* monitor their own adherence to national standards.

(In Standard 49, *regulation* refers to the health and safety rules established at the service level.)

✓ **Service provider**

A service provider is an establishment, company or organization offering prosthetics and orthotics services to the public. A service provider may offer services from one or several service *units*.

Note on the interpretation of country-associated terms in assessments at a sub-national level

When assessments are made at a sub-national level,³ certain terms in the Assessment tool that normally would refer to the central level of the country, such as ‘national’, ‘nationally’, ‘country’ and ‘government’, will need to be seen in the context of the ‘region’ (or ‘state’, ‘province’, ‘canton’, or similar term, as applicable in the particular country). For example, Standard 1 deals with the government’s role in the development and coordination of national prosthetics and orthotics service provision. In a sub-national assessment context, this would mean looking at the local government’s role in the development and coordination of service provision in that region (i.e. state, province or other sub-unit).

³ See the section on *Assessment at national or sub-national level* in the Assessment guide.



Explanatory notes on selected standards and aspects

The following notes are intended to clarify the framing and structure of some aspects and to give more details on the scoring options, including references to selected sections of the *WHO standards for prosthetics and orthotics*, notably in the *Implementation manual* (2017). The same notes are available in the Assessment tool itself, in the left margin of the scoring sheets, next to the corresponding aspect. It is recommended that the user consults these notes as the assessment progresses.

Standard	Aspect	Note
All	All	For assessments at national level: If your country has a federal system of government and different approaches are used in different regions (i.e. states, provinces, cantons, territories or other sub-units), you may choose the scoring option for each aspect that best reflects the average situation at the sub-national level. If not known, select N/A.
All	All	Terms that are marked with an asterisk (*) are defined on page 28.
1	1	While the government should have a leading role, it does not necessarily have to be directly involved as a service provider*.
1	3	If the government has no human resources for prosthetics and orthotics, and it is deemed that <i>no such resources are needed</i> , select option 4.
1	4	If the government has no financial resources for prosthetics and orthotics, and it is deemed that <i>no such resources are needed</i> , select option 4.
2	6	Rehabilitation services may be represented by, for example, physicians specialized in physical and rehabilitation medicine, physiotherapists and occupational therapist. They should work closely with, and be knowledgeable about, prosthetics and orthotics services.
2	7	Health services would normally be represented by health and medical workers (usually physicians) or health sector managers. They should be knowledgeable about prosthetics and orthotics services.
2	10	If international organizations are not present, select N/A.



Standard	Aspect	Note
4		<p>To give full clarity to the different issues assessed in Standard 4, this has been divided into four distinct parts, each dealing with a different feature of the national guiding framework: 4A) National legislation; 4B) National policy and planning for prosthetics and orthotics services; 4C) National standards for prosthetics and orthotics; and 4D) Licencing* of prosthetics and orthotics service providers.</p> <p>Regulation*, which should also be part of the national guiding framework, is dealt with in Standards 5 (regulation of service provision), 20–21 (regulation of products, components and materials) and 34 (regulation of professionals).</p>
4A	1	See the <i>Convention on the Rights of Persons with Disabilities</i> . ⁴
4A	2	See the <i>Convention on the Rights of Persons with Disabilities</i> . ⁴
4A	3	<p>While prosthetics and orthotics services should be accessible for persons with disabilities (see Article 26 of the <i>Convention on the Rights of Persons with Disabilities</i>),⁴ it is important to note that other people may also need such services, such as those who have temporary injuries and impairments.</p> <p>Access to prosthetics and orthotics services may be ensured in legislation that covers the broader areas of health and rehabilitation services. If that is the case, prosthetics and orthotics services should be specifically mentioned.</p>
6		Monitoring* can be done, for example, by a national prosthetics and orthotics committee or similar entity, on behalf of the government.
7	1	International collaboration can take place in such areas as education, research, technology development and evidence-based practice. It can involve bilateral contacts or be coordinated by international bodies, such as WHO and ISPO, or higher education establishments.
8		This refers to support projects that are sometimes implemented in countries by international organizations and agencies. Mark the standard as “ <i>Not applicable</i> ” if your country does not receive such support.
8	2	If national policies and strategic plans do not exist, select N/A.
9	1	Not all service providers* need to make cost calculations (e.g. if they have access to the results of cost assessments made by other service providers working under similar conditions).
9	4	For a more detailed breakdown of the expenses that need to be considered, see pages 10 and 11 of the <i>Implementation manual</i> .
9	5	Expenses that are typically incurred by service users are listed on pages 11 and 12 of the <i>Implementation manual</i> .
9	6	This should be coordinated from national level. It is not for all service providers* to make this assessment, though some need to be involved.

⁴ Convention on the Rights of Persons with Disabilities. New York: United Nations; 2006 (<https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>, accessed 9 January 2023).

Standard	Aspect	Note
10		This is mainly a national level responsibility. It can, for example, be carried out by a research team lead by a health economist and have the involvement of relevant prosthetics and orthotics stakeholders.
11	1	Prosthetics and orthotics services include prosthetics and orthotics treatments, products, maintenance, repairs and related interventions. To what degree are these services included in universal health coverage?
11	2	Here, 'accessibility' mainly refers to the distance to travel to the services, and practical obstacles to access these (such as excessive paperwork and eligibility issues). (Note: Financial accessibility is assessed in Aspect 3.)
12	1	Prosthetics and orthotics services include prosthetics and orthotics treatments, products, maintenance, repairs and related interventions. To what degree are these services covered by the national health and social insurance system?
12	2	Measures that can be taken include evaluating the socioeconomic status of service users and providing targeted financial support according to their need (see also section 1M of the Implementation manual).
13	2	Examples of data that can be collected are presented in Table 1 on page 25 of the Implementation manual.
14	1	The prosthetics and orthotics database can also be an integrated part of a broader database on assistive technology, rehabilitation or health services.
14	7	Scoring option 2: According to WHO, 0.5% of a population need a prosthesis or orthosis (see page 23 of the Implementation manual).
16	1	This aspect refers to the appropriateness of the products that are typically used in the country (i.e. whether the choice of technology is well adapted to individual user needs and financial realities or not). It does not refer to the availability of this range to the whole population. The latter is dealt with in Standard 40.
16	2	Examples of criteria that can be used to evaluate the appropriateness of prosthetics and orthotics products are presented in Box 8 on page 34 of the Implementation manual.
17		A Priority prosthetic and orthotic products list may be a separate document or part of a Priority assistive products list.
20	3	If components are never reused, select N/A.
22		Testing can be done within the country or abroad.
24		This is mainly a global responsibility. Not all countries can be expected to develop new products.
25	4	Note that this aspect deals with the training level of prosthetics and orthotics technicians, not nonclinicians (which was the group looked at in the previous aspect). (Nonclinicians include technical support personnel, who may not be expected to have – or need – formal training.)

Standard	Aspect	Note
25	5	This refers to the professional training of these personnel (not their training in prosthetics and orthotics, which is dealt with in Standard 29).
27	1	This aspect should only be scored if training in prosthetics and orthotics is provided in your country. If not, select N/A.
27	2	This aspect should only be scored if training in prosthetics and orthotics is provided in your country. If not, select N/A.
27	3	This aspect refers to training abroad, if that is where some or all qualifications are gained. If no professionals have been trained abroad, select N/A.
27	4	This aspect refers to training abroad, if that is where some or all qualifications are gained. If no professionals have been trained abroad, select N/A.
28		Note that training can be available in the country or abroad.
28	3	If the category of associate prosthetist and orthotist (formerly also known as orthopaedic technologist) does not exist in your country, select N/A.
28	5	This question deals with the number of professionals that would be needed to assist all potential service users (a goal which may not yet have been achieved in the country). According to WHO, an average country could need 5–10 prosthetics and orthotics clinicians* and 10–20 nonclinicians* per million population (see Box 12 on page 57 of the Implementation manual).
29		Health care and rehabilitation professionals include, for example, nurses, physicians, physiotherapists and occupational therapists.
32	1	Note: In options 1–3 the question is if there is a clinician (i.e. a prosthetist and orthotist or an associate prosthetist and orthotist) to supervise the work. In option 4, the question is if there is a prosthetist and orthotist assuming this responsibility.
32	2	This aspect must not be marked as N/A. Should there be no prosthetists and orthotists in the country, select option 1.
33	2	See examples of measures to retain personnel in section 3I of the Implementation manual.
33	3	See examples of measures to retain personnel in remote and rural areas in section 3I of the Implementation manual.
34	3	(Note that, in section 1B of the Implementation manual, 'certification'* is mistakenly referred to as 'accreditation'.)
34	5	(Note that, in section 1B of the Implementation manual, 'certification'* is mistakenly referred to as 'accreditation'.)

Standard	Aspect	Note
35	1	Note: In options 1–3, the question is if there is a clinician (i.e. a prosthetist and orthotist or an associate prosthetist and orthotist) assuming responsibility for services provided by nonclinical personnel (i.e. prosthetics and orthotics technicians and other technical support personnel). In option 4, the question is if there is a prosthetist and orthotist assuming responsibility for services provided by associate and nonclinical personnel.
36	3	<p>According to ISPO and WHO, there are three main categories of prosthetics and orthotics personnel: prosthetists and orthotists, associate prosthetists and orthotists and prosthetics and orthotics technicians. (In countries that do not have professionals corresponding to the associate prosthetist and orthotist category, only the first and third category would be used.)</p> <p>In countries where single-discipline training/certification* applies, sub-categories may also be used, such as prosthetists, orthotists, associate prosthetists, associate orthotists, prosthetics technicians and orthotics technicians.</p>
37		A user policy describes how users and caregivers should be treated throughout their contact with the service and how their rights will be upheld. Examples of contents are given in Box 13 on page 63 of the Implementation manual.
38	5	This refers to the involvement of service user representatives in decisions about the establishment and development of prosthetics and orthotics services, at all levels (from service unit level to system level). (It does not refer to the involvement of users in decisions about their individual treatments. This is dealt with in Standard 52.)
40		To give full clarity to the different aspects of accessibility included in Standard 40, this has been divided into three distinct parts: 40A) General accessibility of prosthetics and orthotics services; 40B) Physical accessibility of prosthetics and orthotics services; and 40C) Social accessibility of prosthetics and orthotics services.
40A	3	See also Box 15 on page 69 of the Implementation manual.
40C	3	That services are linguistically accessible means that service users are able to communicate with the service provider* in their own language or dialect; all information materials are available in the user's language and in an accessible format.
44		The term 'disaster' is used here to include natural disasters (such as earthquakes) and manmade disasters (such as civil conflicts).
47		Barrier-free environments are not included here as they are dealt with in Standard 40B.
47	1	The term 'adequate space' needs to be defined by the Standards Assessment Group.
47	2	The term 'layout' needs to be defined by the Standards Assessment Group.

Standard	Aspect	Note
47	3	The term 'appropriately equipped' needs to be defined by the Standards Assessment Group.
47	4	The term 'user-friendliness' needs to be defined by the Standards Assessment Group.
47	5	The term 'safe clinical environment' needs to be defined by the Standards Assessment Group.
47	6	The term 'safe workshop environment' needs to be defined by the Standards Assessment Group.
50		Partners can include any service or organization that regularly comes into contact with persons in need of prostheses and orthoses, for example health and social services (at central and decentralized levels), user groups, community workers and certain civil society organizations.
51	4	If national standards for prosthetics and orthotics have not been defined, select N/A.
52	5	This may include providing information about suggested interventions, expected outcomes, long-term benefits, expected timelines, waiting times, possible risks, disadvantages, potential problems, alternative treatments and cost implications.
55	4	If prosthetics and orthotics services are not provided at decentralized levels, select N/A.
60	2	Technical quality standards may deal with such aspects as technical performance, function, durability, safety, comfort and aesthetics of prosthetic and orthotic products.
60	3	Service-related quality standards may deal with such aspects as user-centeredness, service user-involvement, accessibility, punctuality, privacy, confidentiality and information sharing.



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