The ISWP Advocacy Working Group met via Adobe Connect on Monday, September 12, 2016 from 12:00 p.m. to 1:00 p.m. U.S. Eastern Time. This provides a recap.

**Link to Meeting Recording:** [https://iswp.adobeconnect.com/p24md4gdx8j/](https://iswp.adobeconnect.com/p24md4gdx8j/)

**Next Meeting:** Monday, December 12, 2016 at 12:00 p.m. – 1:00 p.m. U.S. Eastern Time

**Discussion**

1. **Policy Adoption Subcommittee Updates**
   a. Padmaja Kankipati provided updates on the development of the Advocacy Toolkit. The subcommittee had suggested the following countries for the case studies: Kenya, South Africa, Afghanistan, Indonesia, Thailand, Sri Lanka, Ukraine, Romania. Padmaja was able to connect with only two organizations - Sri Lanka Foundation for the Rehabilitation of the Disabled and Motivation Romania. She invited subcommittee members to share additional contacts in the countries that are being considered for the case studies. The group will review the list of contacts Padmaja had reached out to and provide additional potential contacts.
   b. Padmaja requested that the group finalize the selection of countries and organizations for the case studies by the end of September.
   c. Padmaja shared the variables that would guide in-country data collection. The variables that are currently being considered cover two areas: 1) what wheelchair service provision model is used in a country and 2) which policies inform the process of wheelchair service provision within a country and how well those policies align with the WHO guidelines.
   d. The Evidence-based Practice Working Group has been collecting wheelchair service provision data on Romania and Kenya. Specifically, they have looked for data to assess the effect an inappropriate wheelchair has on the end-user’s employment, health, community participation, etc. The subcommittee looks for reports and documents that would be helpful in evaluating the economic impact and healthcare expenditures associated with the wheelchair service provision process within a country.
   e. The variables identified for the end-user assessment include changes in health, functioning, quality of life, community participation, family involvement. A document outlining all the case study variables will be shared with the group following the meeting.
   f. To clarify project needs to the partners, Padmaja has provided her contacts in Romania and Kenya with specific examples from the WHO Stakeholder/Manager Training Package.
   g. Padmaja is currently working with Nathan Bray to develop a costing methodology to include in the case studies. The factors to be considered include: the cost of a
wheelchair, the cost of accessories, the cost of customization, delivery charges, staff training, follow-up and maintenance, the cost of replacement parts, overhead costs.

h. Christine Cornick emphasized the importance of including all stakeholders in the data collection process. She suggested that cost per year of use should be considered in the process of developing the costing methodology. Christine also recommended to include gender and age in assessing end-user outcomes.

i. Michael Allen requested that Padmaja’s presentation slides be shared with the group for feedback.

j. Padmaja mentioned that obtaining information on tenders in-country has been challenging and asked the group for referrals. Christine Cornick will connect Padmaja with her contacts in South Africa and Bhutan. Michael Allen recommended connecting with Physicians for Peace and encouraged Padmaja to collect as many tenders as possible.

2. Awareness Subcommittee Updates

   a. Maria Milleville reported on the collateral launch that occurred during an ISWP-hosted webinar on August 2nd, 2016. The goal of the launch was to inform communities of interest that ISWP’s awareness materials have become available and to provide guidelines for how to use them. Of the 86 people registered to attend the online launch event, 29 attended, and all but one expressed an interest in supporting the Campaign by co-branding campaign materials with ISWP. One person requested additional information about the campaign.

   b. The ISWP communications team had developed guidelines to make the co-branding process more transparent and easy to navigate. The guidelines are posted on the ISWP’s Branding and Marketing page at <LINK>

   c. The ISWP communication team is working with the following organizations to create co-branded campaign materials: RICD Wheelchair Project (Chiang Mai, Thailand), Centro de Rehabilitación Infantil Teletón (Mexico, multiple locations), Asociación en Defensa del Infante Neurológico (Buenos Aires, Argentina), Paraplegic Centre in Peshawar (Peshawar, Pakistan), University Malaya Medical Center (Kuala Lumpur, Malaysia), Université de Montréal (Montreal, Canada)

   d. Since the campaign launch, ISWP has run five week-long Facebook campaigns (5 ads total) and two product catalog ads. As a result, ISWP social media followership has increased dramatically, exceeding the targets for social media followership and community engagement by over 250%.

   e. Maria reported that the most recent issue of the Hub (ISWP newsletter) was circulated in mid-August to ~1,000 subscribers. The newsletter performed well, reaching the open rate of 31%, exceeding the industry average by 5-11%.

   f. Following the Awareness Campaign Launch, there has been an increase in website traffic on the ISWP website (www.wheelchairnet.org). Maria will be using the ISWP website traffic as one of the metrics to assess the effect of Awareness Campaign initiatives on stakeholder engagement.

   g. Maria discussed the development of the ISWP videos (to be produced by the end of October 2016). Initially, the ISWP team considered creating two versions of the video - a 30-second version and a 2-minute version – which would include short vignettes as case studies. The ISWP communications team has determined that a video shoot on
location, priced at $6K-15K for a three-day video shoot, was too costly and considered producing kinetic style videos instead (estimated at $3K-$6K).

h. Maria requested feedback from the group on the two versions of the storyboard she shared during the meeting.

i. Michael Allen agreed that kinetic videos like the Girl Effect and the Charity Water videos were powerful communication tools. He pointed out that the two example videos are powerful not because they rely on data, but because they talk about what occurs in the absence of a given intervention. The script draft lacked the dramatic effect they could have if they addressed the impact that having or not having a wheelchair has on a person’s life. Michael recommended that ISWP follow the same storyline, discuss our intervention (wheelchair service provision) very briefly, and focus primarily on the new path a person would follow if they had access to a wheelchair as well as other positive peripheral effects of the intervention. Michael encouraged other WG members to provide feedback on the script so that the video can be used by all partners.

j. The group agreed that a 2-3 minute video would be more powerful.

k. The ISWP team considers making changes to the ISWP brochure. The current version of the brochure does not have sufficient white space to include additional logos. Maria invited the group to provide their feedback. Michael Allen suggested using bigger font and revising the text on the reverse side of the brochure to make it more impactful.

**Action Items:**

Padmaja Kankipati to provide: a) a list of contacts in countries considered for the case study; b) share her presentation slides with the group.

Policy Adoption Subcommittee members to recommend additional contacts to Padmaja.

Policy Adoption Subcommittee members to review provide feedback on the variables that will be used in the case studies. Please send feedback to Padmaja Kankipati

**Next meeting:** December 12, 2016 at 12:00 pm Eastern Time.

**Participants:**

Michael Allen, UCP Wheels, Chair, U.S.
Christine Cornick, Consultant, South Africa

Antony Duttine, Handicap International, U.S.
Ken Johns, Brunner, U.S.

Padmaja Kankipati, Specialized Mobility Operations & Innovations, India

Chris Lewis, American Wheelchair Mission, U.S.
Hisaichi Ohnabe, Niigata University, Japan
Mario Sacasa Futuro de Nicaragua
Don Schoendorfer, Free Wheelchair Mission, U.S.
C.J. Stanfill, Consultant

✓ Eric Wunderlich, LDS, U.S.

Miriam Zisook, Perkins School for the Blind, U.S.
Marc Zlot, ICRC, Switzerland

✓ Nancy Augustine, University of Pittsburgh

✓ Mary Goldberg, University of Pittsburgh

✓ Maria Milleville, Up Next LLC

Alex Miles, University of Pittsburgh

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