

The Prosthesis Alone is not Enough: Community-Based Rehabilitation for People with Amputation in Guatemala



2025 Year-End Report



Denver | Guatemala City | Quito

www.rompglobal.org

Project Implemented By:

The Range of Motion Project, Guatemala and United States

Project Supported By:

The Pro Victimis Foundation, Switzerland

The Cotopaxi Foundation, United States

The Trone Family Foundation, United States

The Barr Amputee Assistance Fund, United States

AllPeopleBeHappy Foundation, United States

Tawingo Fund, United States

The IROH Foundation, United States

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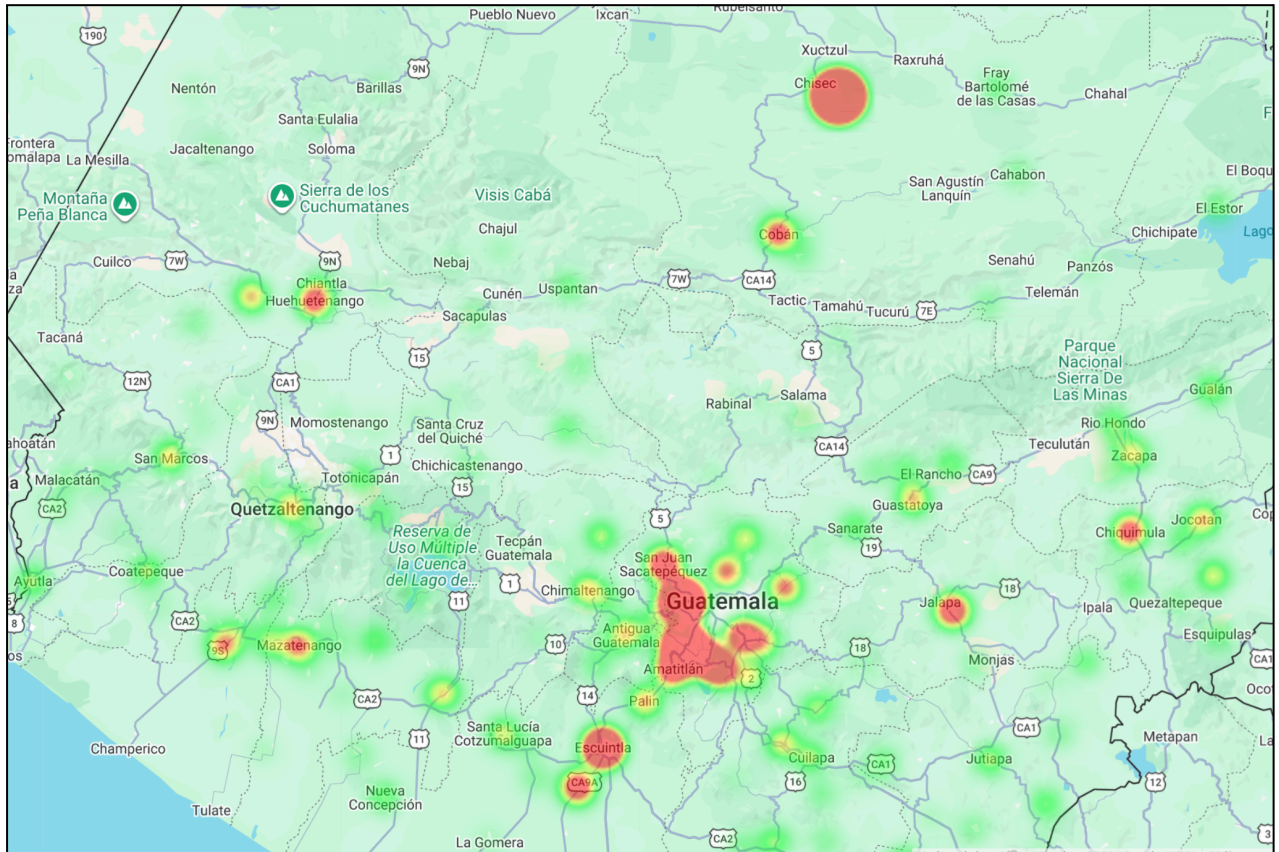
Global Progress



Gait training on the “Camino a la Movilidad,” an uneven-surface pathway designed for real-world walking.

ROMP Guatemala

Update by Davy Martínez, Country Director for Guatemala



Geographic distribution of patient referrals to ROMP in Guatemala during the 2025 year.

At a glance we:

- ★ ***Delivered 432 prosthetic devices and exceeded all quarterly production targets in 2025.***
- ★ ***Provided 4,250 clinical visits throughout 2025.***
- ★ ***Expanded our multidisciplinary team and launched an integrated mental health program within Community Based Rehabilitation.***
- ★ ***Scaled mobile and on the go clinics across multiple provinces and advanced Mobile Clinic outreach in Belize.***
- ★ ***Graduated 175 Community Based Rehabilitation patients and delivered extensive community and psychological follow up services.***
- ★ ***Strengthened long term sustainability through strategic partnerships, innovation pilots, fundraising, audits, and approval of the 2026 to 2028 strategic plan.***

→ In January, we hired a third prosthetist to strengthen the production area and developed a plan to pilot On-the-Go clinics, which will allow for prosthesis fabrication on-site in different locations around the country. We also welcomed five physical therapy students from URL and UMG as part of our ongoing commitment to developing the future clinical professionals of the region. We expanded our CBR team by hiring a fourth Mobilizer, Noemí Godínez, and a psychologist, Diana Hernández. We launched Cohort 14 by screening and selecting 87 patients, conducted initial in-person visits, and created intervention plans, all via Movili App. We welcomed six psychology students, organized their patient care schedules, and began group therapy workshops for both children and adults. In addition, we purchased patient kits to support ongoing treatment. We renewed our partnership with Hotel Vista Quince, and we began planning the construction of the Mobility Path in partnership with Telus Digital. We also received a donation of shoes from ROY, conducted a media tour with interviews on Guatevisión, Prensa Libre, Rhema TV and Radio, and Emisoras Unidas, and implemented new medical, dental, and life insurance benefits for ROMP Guatemala staff.

→ In February, we conducted an internal prosthetic fabrication brigade, giving ROMP's non-prosthetics staff an in-depth understanding of the prosthesis fabrication process. We organized a corporate volunteering activity with Hotel Vista Quince, combining prosthesis fabrication with occupational therapy sessions. We developed a plan for the upcoming mobile clinic in Belize, identifying the necessary tools and fabrication

equipment, contributing to a Rotary Global Grant, and signing an MOU between ROMP Guatemala and the Rotary Club of Corozal. We also developed a plan for a mobile clinic in partnership with Rompiendo Límites in the province of Chiquimula. In the CBR program, we delivered pre-prosthetic kits/materials to patients and provided the first 13 prostheses under the new program model. We also began developing the first edition of a mental health guide and hosted the first training workshop for community contacts. We launched the 2024 audit and conducted other corporate partnership development.

- In March, we completed our first quarter of operations, delivering a total of 94 prostheses, surpassing our original goal of 70. Our team also participated in clinical exchange with orthopedic surgeons at the organization Faith in Practice in Antigua Guatemala. We carried out our first On-the-Go pilot in the province of Escuintla and began planning another in the province of San Marcos. We began developing an occupational and industrial health manual, and launched a new partnership with Foundation for the Integral Development of Socioeconomic Programs (FUNDAP). We also started a secular spiritual counseling program for patients seeking spiritual support in their rehabilitation process. Other notable activities included signing a partnership agreement with Life Thru Sports and athlete Daniela Andrade to host sports events benefiting ROMP Guatemala, launching the construction of the “Path to Mobility” circuit through a corporate volunteering event with Telus Digital, joining AmCham’s CSR & Foundations Committee, holding a staff wellness day in collaboration with Devine Lumiere, and establishing a new partnership with Hospital Josmar to sponsor two patients.
- In April, we hosted a corporate volunteering day with Coca-Cola Femsa, where volunteers participated in the fabrication and delivery of prosthetic devices. We created a plan to receive students from UDB for future clinical rotations. Within the Community-Based Rehabilitation (CBR) program, we began outreach and recruitment for Cohort 15, and successfully provided prosthetic devices to 34 patients from Cohort 14. We completed the first review of our Mental Health Guide (First Edition) and hosted a specialized workshop titled “Latest Advances in Neuroscience and Mirror Neurons for Amputee Recovery.” Additional activities included launching a series of psychology workshops for ROMP staff and selecting Nurban Agustín to represent ROMP Guatemala in the upcoming Climbing for ROMP in Ecuador and his personalized training program has officially begun. We held a strategic planning session for the 2026–2028 period with Jonathan Naber, the incoming Executive Director of ROMP. Lastly, we acquired civil liability insurance for ROMP Guatemala and formalized the contracts of Kathe and Gerardo as foreign employees under Guatemala’s Ministry of Labor regulations.

- In May, we welcomed two prosthetics students from the Universidad Don Bosco as part of our clinical rotation program. We began developing a new physical therapy model aimed at decentralizing services through strategic partnerships, starting with Universidad Mariano Gálvez in the province of Huehuetenango. Our Mobile Clinic activities included an initial evaluation trip to the province of Chiquimula in collaboration with Rompiendo Límites, an On-the-Go visit in the province of San Marcos in partnership with OSSA, and a follow-up visit to Chiquimula for casting patients. Within the CBR program, we evaluated 46 patients for Cohort 15 and delivered prostheses to 51 patients from Cohort 14. We held our first virtual occupational therapy workshop for patients, launched a newsletter for patients (NotiROMP), and finalized the content of the new Psychology Guide. Other activities included participation in an event related to the overlap between spirituality and disability, and formalizing a partnership with Carlos Pérez to lead climbing training for the selected Climbing for ROMP patient from Guatemala.
- In June, we completed our second quarter of operations, delivering a total of 104 prosthetic devices, exceeding our original goal of 70. Our Mobile Clinic conducted a prosthesis delivery trip to the province of Chiquimula, started developing the On-the-Go program in the province of Huehuetenango, and provided rehabilitation content and follow-up plans for patients for the upcoming mobile clinic in Belize. In our CBR Program, we completed the graphic design of the Patient Psychology Guide. We graduated our CBR participants. We created a new partnership with Foundation for the Integral Development of Socioeconomic Programs (FUNDAP) to co-host an educational tour event in September. Other key activities included the implementation of a key performance indicator (KPI) tracking system for ROMP Guatemala staff via Rippling, securing national ID numbers for Kathe and Gerardo, and emergency preparedness training at the clinic. Staff also received an international certification in first aid, CPR, and AED. We established a new partnership with Juan Diego Blas, a prominent Paralympic athlete and president of the Americas Paralympic Committee, who is now an official ambassador for ROMP in Guatemala. Lastly, we began planning a fundraising event in Denver with LTS and Sportiva, which will take place at the Leadville 100 race. We also began production of a new institutional video for ROMP Guatemala.
- In July, operations at our Guatemala City Clinic continued to expand with the hiring of Betzabe Corado as our third prosthetist, strengthening the production team. We also conducted our first volunteer brigade of 2025, welcoming 15 international volunteers and 18 local volunteers from PayPal and Universidad de San Carlos, and successfully delivered 30 prosthetic devices to clinical patients. Through our Mobile

Clinic Program, we carried out an exploratory visit to launch the ROMP On-the-Go clinic in Huehuetenango, in partnership with Universidad Mariano Gálvez and the Chimusinique Health Center. Within our Community-Based Rehabilitation (CBR) Program, we officially closed the first cohort of the year (Cohort 14), graduating 88 patients, and launched the second cohort (Cohort 15) with 92 new participants. As part of this effort, we distributed patient kits, pre-prosthetic materials, and delivered 10 Ecofiltros. Additional key activities included forming a partnership with Cubitt and Life Thru Sports, resulting in a USD \$500 donation to support general operations and the donation of three smartwatches for ROMP patients, as well as the successful completion of the 2024 audit process.

- In August, activities at our Guatemala City Clinic included the delivery of 12 prosthetic devices in partnership with Hotel Vista Quince, scheduled for November, as well as conducting training and a pilot test of Amparo Prosthetics socket and technology solutions with two ROMP Guatemala patients. Through our Mobile Clinic Program, ROMP On-the-Go was implemented in Huehuetenango in alliance with Universidad Mariano Gálvez and the Chimusinique Health Center, where prostheses were fabricated on site for 10 patients. This visit also included Community-Based Rehabilitation program visits, the completion of socioeconomic assessments, and a visit to the Regional Hospital. Within the Community-Based Rehabilitation Program, we delivered a lecture to physical therapy students at Universidad Mariano Gálvez in Huehuetenango on physiotherapy, rehabilitation, and prosthetic components, launched a pilot of the first edition of the mental health guide with CBR patients, and hosted visits from AllPeopleBeHappy Foundation, as well as from our partner Tesoro Project, facilitating a knowledge exchange for physiotherapists. Additional activities included a trip to Denver by the Country Director and Administrative Assistant to visit ROMP's central warehouse, ROMP Guatemala's participation in the Leadville 100 race with a Guatemalan athlete and a fundraising opportunity in partnership with Daniela Andrade from Life Thru Sports and La Sportiva.
- In September, our Guatemala City Clinic completed the third quarter of operations with the delivery of 109 prosthetic devices, surpassing the original target of 70. During this period, the clinic provided 417 pre prosthetic and physiotherapy appointments, 215 post prosthetic and physiotherapy appointments, and conducted 134 first time evaluations. Through our Mobile Clinic Program, we submitted the final version of the Rotary Grant supporting the ROMP clinic in Belize. Within the Community Based Rehabilitation Program, we co hosted an event where we exchanged knowledge with FUNDAP that strengthened the RBC program and trained 45 community contacts from the Guatemalan highlands. We also launched a new partnership with Pro Mujer to support entrepreneurship among RBC patients

through the Ideo mi Negocio and Comienzo mi Negocio programs, delivered an Occupational Therapy workshop led by Carolina de Quintanilla, an expert in dried flower activity from El Salvador, and provided 240 psychology appointments. Additional activities included the initiation of the 2026 to 2028 'implementation planning process and the formalization of a partnership with the Guatemalan Paralympic Committee to refer amputee patients interested in participating in various sports disciplines.

- In October, activities at our Guatemala City Clinic included a pilot test of Circleg components and technology with two patients from ROMP Guatemala's Community Based Rehabilitation program, the implementation of the second volunteer brigade of 2025 with the participation of 14 international volunteers and 20 local volunteers, and the delivery of 30 prosthetic devices to patients. We also hosted a visit from FAKS and facilitated patient referrals. Mobile Clinic activities included the implementation of ROMP on the go in Escuintla, where castings, prosthetic deliveries, Community Based Rehabilitation visits, and psychology appointments were carried out. Other activities included ROMP Guatemala's successful participation in the Climbing for ROMP event in Ecuador, where Cotopaxi was climbed with representation from Nurban Agustin, a ROMP Guatemala patient since 2022 with a below-knee amputation, as well as the launch of a dedicated donation link for ROMP Guatemala through the Guatemala Donations platform. Additionally, ROMP was featured on national television through Guatevisión highlighting participation in the Climbing for ROMP event, and the social media campaign La Inmovilidad es Historia was launched.
- In November, activities at our Guatemala City Clinic included participation in the Amparo Prosthetics LATAM event in São Paulo, Brazil, which featured the launch of pediatric sockets, Majicast technology, and a tour and institutional visit to Dilepe, a regional leader in the manufacturing of high quality prosthetic components. We also hosted an event for the delivery of 12 prosthetic devices to pediatric patients and adults of productive age in partnership with Hotel Vista Quince, honoring their monthly donations throughout the year. Mobile Clinic activities included the implementation of ROMP On-the-Go in Cobán, where prostheses were fabricated on site and delivered, along with in person Community Based Rehabilitation follow up visits. We also received authorization of the Rotary International grant to support the Corozal, Belize clinic in 2026 and conducted a second exploratory visit to Corozal, Belize, focused on patient evaluations and planning for the setup of a ROMP style prosthetic workshop. Community Based Rehabilitation activities included participation in the closing event of Pro Mujer's project Crédito, Salud Preventiva y Capacidades Digitales para Empoderar a las Mujeres Microempendedoras, a ROMP Community

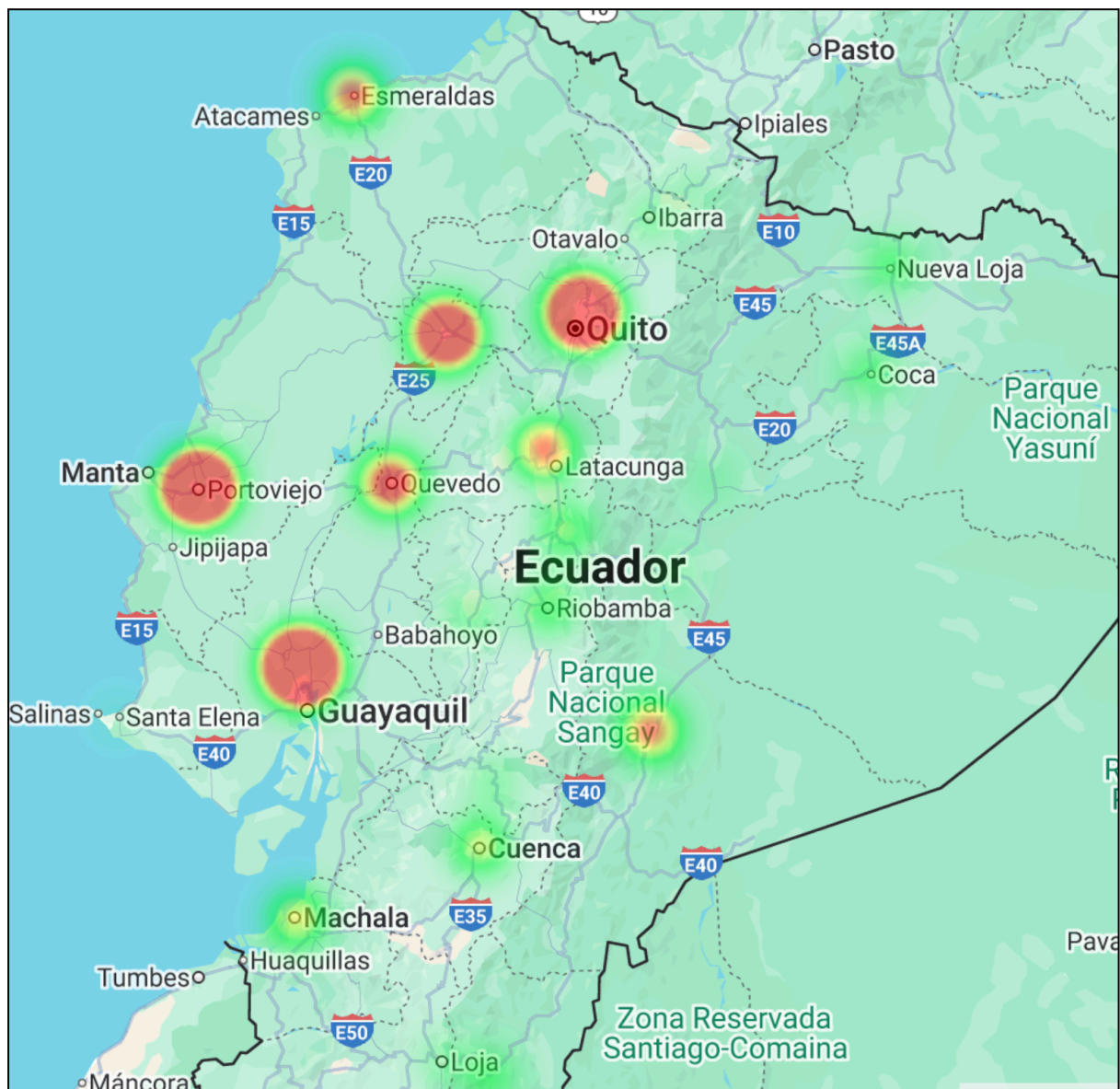
Based Rehabilitation and IPETH knowledge exchange event with physiotherapy students, national recognition through the Galardón Esperanza award for the impact of the CBR program on the rehabilitation of hundreds of Guatemalans with amputations, and the completion of the Inicio mi Negocio and Ideo mi Negocio courses delivered by Pro Mujer with ROMP Guatemala patients. Other activities included national newspaper coverage in Nuestro Diario highlighting the volunteer brigade, a ROMP Guatemala team climbing event with the ascent of the Pacaya Volcano, participation in a planning session with the AmCham Corporate Social Responsibility and Foundations Committee, and the drafting of an article for AmCham's Business in Action digital magazine.

- In December, activities at our Guatemala City Clinic closed the fourth quarter with the delivery of 129 prosthetic devices, surpassing the target of 70 and bringing the total to 432 prostheses delivered in 2025. During the quarter, the clinic also provided 250 pre prosthetic appointments and 100 post prosthetic appointments, contributing to a total of 4,250 appointments delivered throughout 2025. We also confirmed the hiring of one junior prosthetist scheduled to begin in January 2026 and implemented adjustments to patient co payments for 2026 in response to inflation. Community Based Rehabilitation activities included the delivery of 12 Ecofiltros, the graduation of 88 patients from the CBR program, achieving a total of 175 patient graduations in 2025, and the completion of 1,802 home visits and 871 psychology appointments during the year. We also hosted the Día de la Movilidad event at Erick Barrondo Stadium, which featured an entrepreneurship fair, a Zumba class led by a wheelchair user instructor, and a motivational talk by Juan Diego Blas, Paralympic athlete and ROMP Guatemala ally. Additionally, we confirmed the hiring of two Mobilizer-Physical Therapists to begin in January 2026. Other activities included the launch of a new partnership with BAC Credomatic through the registration of ROMP as a bank provider to facilitate prosthetic payments for referred patients, the approval of the 2026 strategic plan and budget for Guatemala, the final review and launch of the new website.

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ROMP Ecuador

Update by Lili Romero, Country Director for Ecuador



Geographic distribution of patient referrals to ROMP in Ecuador during the 2025 year.

At a glance we:

- ★ ***Delivered 352 prosthetic devices in 2025, reaching patients across the Amazon, coast, highlands, and the Galápagos Islands.***
 - ★ ***Provided hundreds of clinical services throughout the year, including evaluations, castings, follow ups, rehabilitation, and psychological care.***
 - ★ ***Launched and integrated psychological care and the Community Based Rehabilitation program, expanding holistic, community centered support.***
 - ★ ***Implemented multiple volunteer brigades, including a specialized running prosthesis program.***
 - ★ ***Strengthened institutional capacity through team growth, promotions, production planning, system updates, and clinic expansion planning.***
 - ★ ***Deepened strategic partnerships with local governments, universities, insurers, and corporate allies, increasing national visibility and long term sustainability.***
- In January, we carried out evaluations, casting, and deliveries for patients from the Zamora Chinchipe Municipal Association as part of a partnership formalized in December 2024 with the Gobierno Autónomo Descentralizado de Centinela del Cóndor. This collaboration allowed ROMP to reach one of the most geographically isolated provinces in the country. Patients traveled over 15 hours through difficult terrain to receive their prosthetic devices—an achievement made possible thanks to the logistical and financial support of the local government, which organized transportation and accommodations. Additionally, we had the opportunity to serve our first-ever patient from the Galápagos Islands, Ecuador's remote insular region. With no public prosthetic services available on the islands, the patient traveled more than 1,000 kilometers to reach the clinic in Quito. This milestone reflects our ongoing commitment to reducing geographic barriers and delivering high-quality prosthetic care to underserved populations throughout the country.

- In February, the Quito clinic launched its psychological care program in collaboration with clinical psychologists from NQ Center. All patients seen during the month were evaluated to determine mental healthcare needs. Those requiring immediate support received individualized treatment plans consisting of five therapy sessions. This psychological care model has continued throughout the year as a core part of our integrated service offering. We also carried out the largest clinical volunteer program in ROMP Ecuador's history in terms of both volunteer participation and prosthetic deliveries with a total of 36 devices delivered in partnership with 22 international volunteers and 8 local volunteers. As part of this program, ROMP patients were invited to participate in a small entrepreneurship fair, where they showcased and sold their handmade products, further promoting inclusion and economic empowerment. During this program, we also hosted documentary filmmaker Robbie Schindler who is helping to highlight ROMP's impact in Ecuador for the rest of the world. We presented ROMP's work to the Mechanical Engineering Department at the Escuela Politécnica Nacional. We also welcomed three new community service volunteers from Universidad Politécnica Salesiana, who joined our team on-site.
- In March, we conducted our first visit of the year to our satellite clinic in Macas, Morona-Santiago, where we provided 73 total appointments, including 21 first-time evaluations, 18 castings, and 9 prosthetic deliveries. As part of this effort, the team also traveled to the nearby town of Logroño, located 40 kilometers from Macas, to ensure access for patients in even more remote areas. Later in the month, we carried out our first mobile care brigade in Manta, Manabí. During this event, we completed 60 initial evaluations, with over 50% of the patients qualifying to receive prosthetic devices through ROMP. These efforts mark a significant step in expanding our presence and services along the Ecuadorian coast and in the Amazon region.
- In April, we traveled to Cotopaxi province to provide initial evaluations for patients in the region, where we attended to 15 patients with varying levels of amputation in partnership with the municipal government. Later in the month, we returned to Cotopaxi to cast more patients. Luis Rojas was hired as our new administrative assistant. Additionally, we participated in the Impact Brands Fair at Seguros Equinoccial, where we promoted the ROMP-Vitality partnership and received a generous donation from the insurer's employees.
- In May, we traveled to Santo Domingo de los Tsáchilas to conduct initial patient evaluations. The psychology team came along and completed psychological assessments and began gathering information to qualify patients for ROMP services. The psychologists introduced music therapy, providing ongoing support to those with the greatest needs. We also visited an adapted sports track in Santo Domingo used

by the Cangüros Club to support ROMP's sports team and share the news of patient Aaron Morales's participation in this year's Climb for ROMP in Ecuador. We conducted two volunteer programs, one in partnership with 18 volunteers from George Mason University that delivered 25 prostheses, and the other in partnership with 14 volunteers from Colorado State University that delivered 24 prostheses. Sara Caizaluisa was promoted to the role of Project Coordinator.

- In June, we completed the first half of the year delivering a total of 173 prostheses, reaching 53% of the total target for 2025. This milestone reflects the clinic's steady growth and increasing capacity to serve more patients each semester. The Vitality sponsorship program has also gained momentum, successfully supporting 10 prostheses for 9 patients so far in 2025. Efforts are ongoing to strengthen this partnership through coordinated media campaigns and active participation in running events and corporate presentations with companies affiliated with SaludSa, helping raise awareness and generate further support. We prepared for the launch of our Community-Based Rehabilitation (RBC) program in July, including participant recruitment, MoviliApp adaptation, Mobilizer hiring, and many other activities. This program aims to expand patient support beyond the clinic setting, integrating rehabilitation services into local communities. We also welcomed Sofía Escobar as our third Prosthetist Orthotist. ROMP Ecuador's Instagram community surpassed 6,000 followers, demonstrating growing engagement and visibility for our work in the region.
- In July, activities at the Quito Clinic included the launch of the Community Based Rehabilitation program in Ecuador with an initial cohort of seven patients distributed across three geographic zones within the country's main regions. This month included the implementation of the second Volunteer brigade of the year at the Macas satellite clinic, where first time evaluations, castings, outcome measurements, and prosthetic deliveries were carried out. Other activities included ROMP's participation in insurance-sector fairs in the city of Guayaquil, in alignment with planning efforts with Vitality, supporting the continued expansion of the organization's mission and awareness of the Medals for Mobility donation model. These efforts were complemented by the launch of the second phase of patient care in partnership with the GAD of Cotopaxi.
- In August, activities at the Quito Clinic focused on the initiation of care for patients referred by the GAD of Huamboyá, who traveled to Quito to receive first time evaluations and clinical assessments as part of the prosthetic care pathway. This marked an important step in strengthening collaboration with local governments and expanding access to services for patients from remote areas. Brigade activities

included the implementation of the fourth volunteer brigade of the year, which was specifically focused on the delivery of running prostheses. During this brigade, 12 prosthetic devices were delivered to 10 patients, including 10 running specific prostheses. Patients, volunteers, and clinical professionals participated in on site activation sessions at athletic tracks across the city of Quito, allowing patients to immediately test, adjust, and begin using their new prosthetic devices in a supportive and functional environment that promoted mobility, confidence, and athletic participation.

- In September, activities at the Quito Clinic included the start of a new phase of care for patients from the province of Zamora Chinchipe, specifically from the municipality of Centinela del Cóndor, further expanding ROMP Ecuador's geographic reach and access to services for patients from southern regions of the country. The month also marked the initiation of implementation planning activities. Other activities during the month focused on maintaining continuity of care despite national social unrest, with clinic operations adapting through increased flexibility in scheduling and patient attendance to ensure continued access to essential prosthetic and rehabilitation services while prioritizing patient and staff safety.
- In October, activities at the Quito Clinic included the implementation of a one week mass production planning initiative, during which prosthetists analyzed current prosthetic demand and established clear fabrication and delivery timelines to ensure timely service for patients already under coverage. This process strengthened internal coordination and improved efficiency in meeting patient needs. Other activities included Steven Carrión beginning the final semester of his academic program, as well as a team wide visit to a psychological care center where the ROMP staff participated in group therapy sessions focused on workplace wellbeing, reinforcing the organization's commitment to mental health and team care. Lastly, but very important, the social media campaign La Inmovilidad es Historia was launched.
- In November, activities at the Quito Clinic achieved 100 percent completion of prosthetic deliveries for both ROMP patients and those referred by partner centers, while also beginning year-end administrative updates to support continuity of operations. Volunteer Program activities included the implementation of the final brigade of the year in Macas, where socket changes, follow up visits, prosthetic adjustments, and outcome measurements were completed. Other activities included the ROMP team's participation in the Vitality and Proyecto Aventura sports fair in the city of Cuenca, where the organization's mission was shared, further strengthening the partnership with the insurance provider. We also carried out the second edition of Verano en Movimiento through a climbing activity at Rucu Pichincha, successfully

raising USD 300 while promoting inclusive physical activity and community engagement.

- In December, activities at the Quito Clinic focused on the initiation of planning for the restructuring and remodeling of clinic areas to expand workspace for the team and improve patient care capacity. During the month, ROMP's Board of Directors approved the implementation plan and budget, providing formal authorization to move forward with planned activities. Other activities included the organization of the second holiday gathering for ROMP patients, carried out in collaboration with several active ROMP donors, creating a space of solidarity, inclusion, and human connection for patients and families. During the month, Mireya Moreno attended a master-level prosthetics lecture at Universidad Politécnica Salesiana, reaffirming ROMP's commitment to academic engagement and existing institutional partnerships. Additionally, Lili, Country Director for Ecuador, was invited to participate in a TECNISEGUROS podcast, where she emphasized that ROMP's work represents more than mobility, highlighting resilience and the broader human impact of rehabilitation.

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ROMP Global

Update by Jaime Vargas, Chief Program Officer



Categorizing prosthetic knees as the 2025 Denver Limb Disassembly Day.

At a glance we:

- ★ ***Hosted five Limb Disassembly Days (LDDs) across the U.S., strengthening component collection for global reuse while expanding partner and community outreach to support ROMP's programs.***
- ★ ***Launched the first AMPARO socket pilot, delivering prostheses to two patients using the AMPARO system and***

advancing our strategic objective to meet the growing demand for care in Ecuador and Guatemala.

★ Secured approval for Empower the Empowerers (2026–2028), enabling ROMP to scale Moviliapp to new countries and extend our community-based rehabilitation model globally.

- In January, we welcomed Ceasar Arias as our Warehouse and Inventory Associate. During this month, we also conducted retraining sessions with our local teams on Outcome Measures and the OpenMRS system to strengthen capacity. Additionally, our team continued supporting the adaptation and training for the use of Moviliapp for the Community-Based Rehabilitation (CBR) program in Guatemala.
- In February, we began creating the 2025 version of the Rehabilitation Services Guide (RSG), a resource to guide patients and other organizations to navigate the different rehabilitation services available in Guatemala. We also provided training to Ceasar on core warehouse processes, including preparing a large order to send to Ecuador. These activities supported both logistics and clinical team readiness for the upcoming months.
- In March, Jaime Vargas was hired as the new Chief Program Officer after an exhaustive search/interview process, strengthening the Global Programs team. We developed and submitted a proposal to the Dorothea Haus Ross Foundation (DHRF) to build our capacity for pediatric care and CBR services in Ecuador.
- In April, we focused heavily on onboarding Jaime in his new role, which took place across Guatemala City, Quito, and Denver, offering cross-site exposure to team structures and programmatic operations. We packed a major order for Ecuador and continued improving logistics coordination between our warehouse and field operations. The Guatemala Global Office was opened in Guatemala providing a formal base and locally based teams for the Global Programs, Development, and Executive leadership.
- In May, we hosted a major Limb Disassembly Day (LDD) at our Global Warehouse in Denver, which engaged local volunteers and the community in support of component reuse. We conducted training and material transfers to our team in Ecuador in preparation for the launch of the CBR Program, including tools for Moviliapp and physical materials adaptation. We also filmed a video testimonial to document the impact of our community-based rehabilitation work.

- In June, we onboarded Ken, our new Warehouse and Inventory Associate, following César's departure for personal reasons in April. We hosted a Limb Disassembly Day in Boston in partnership with Wayfair/Generus. We filled a major order for Guatemala. We successfully renewed the ethics approval of our ongoing randomized-controlled trial in Guatemala for another 12 months. We conducted our first-ever adaptation and transfer of Moviliapp to an external organization, with an in-person training visit to FAKS Huehuetenango. We relaunched our Ambassadors Program, now led by the Global Programs Assistant, to expand our outreach and engagement efforts.
- In July, we coordinated a Volunteer Program in Guatemala focused on microprocessor knees, supporting the end-to-end logistics for components and 15 volunteers from Mary Free Bed, Hanger, and Kennesaw State University. During this month, we also welcomed Ken Morthland as our new Warehouse and Inventory Associate, strengthening warehouse operations and support for our growing clinical programs.
- In August, we coordinated logistics for the Ecuador Running Feet Volunteer Program, supporting 19 volunteers and managing component shipping to enable 14 patients to receive running legs with the support of ON Running. We also hosted a site visit from AllPeopleBeHappy Foundation in Guatemala, during which we visited patients and the clinic to deepen partnership engagement and share our model firsthand. Additionally, we launched our first AMPARO pilot, a new socket technology that has the potential to reduce production time and dramatically expand how many patients we can serve. Two patients received prostheses using the AMPARO socket system, advancing our strategic objective to meet growing demand in Ecuador and Guatemala.
- In September we launched the second edition of our Rehabilitation Services Guide, which will be shared with other organizations to support coordination across the sector. The guide now includes over 40 organizations, strengthening its value as a national resource for patients and partners. September also marked the start of our 2026 implementation planning process. We supported Guatemala with logistics and coordination for running a pilot using Circleg components with 2 patients, an innovative prosthetic component manufacturer focused on delivering high-quality, low-cost components for vulnerable populations.
- In October, we supported a Guatemala Volunteer Program focused on upper extremity care by coordinating global logistics and component shipping, for 14 volunteers from Mary Free Bed and Hanger. During this month, we also held a Limb

Disassembly Day in Philadelphia in partnership with Ability-OttoBock and St. Joseph's University, engaging community volunteers to support component recovery and reuse. We also received approval for Empower the Empowerers (2026–2028), positioning ROMP to take Moviliapp and our community-based rehabilitation model to new countries and expand global access to high-quality prosthetic rehabilitation. In October, we launched our Immobility Is History campaign to raise awareness and mobilize support for ROMP and greater access to prosthetic care in Guatemala and Ecuador.

- During November we hosted a Limb Disassembly Day in Chicago with Hanger Foundation, continuing to grow our volunteer and recycling community across the United States.
- In December, we closed the year with a Limb Disassembly Day in partnership with the Hanger Foundation in Austin, Texas, strengthening our component recovery efforts and reinforcing the support pipeline that makes our prosthetic care programs possible. We also reached key organizational milestones, with the Board approving our implementation plan and budget and the team laying down the plan for finalizing our ongoing randomized controlled trial.

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Operational Scorecard

Our most comparable output across our countries of operations is the number of prostheses delivered. We are achieving growth in this output in both Guatemala and Ecuador. The following table shows the number of prostheses delivered during 2024 and 2025, by country.

	Prostheses Delivered		
	2024	2025	% Change
Guatemala	379	432	+14%
Ecuador	311	352	+13%

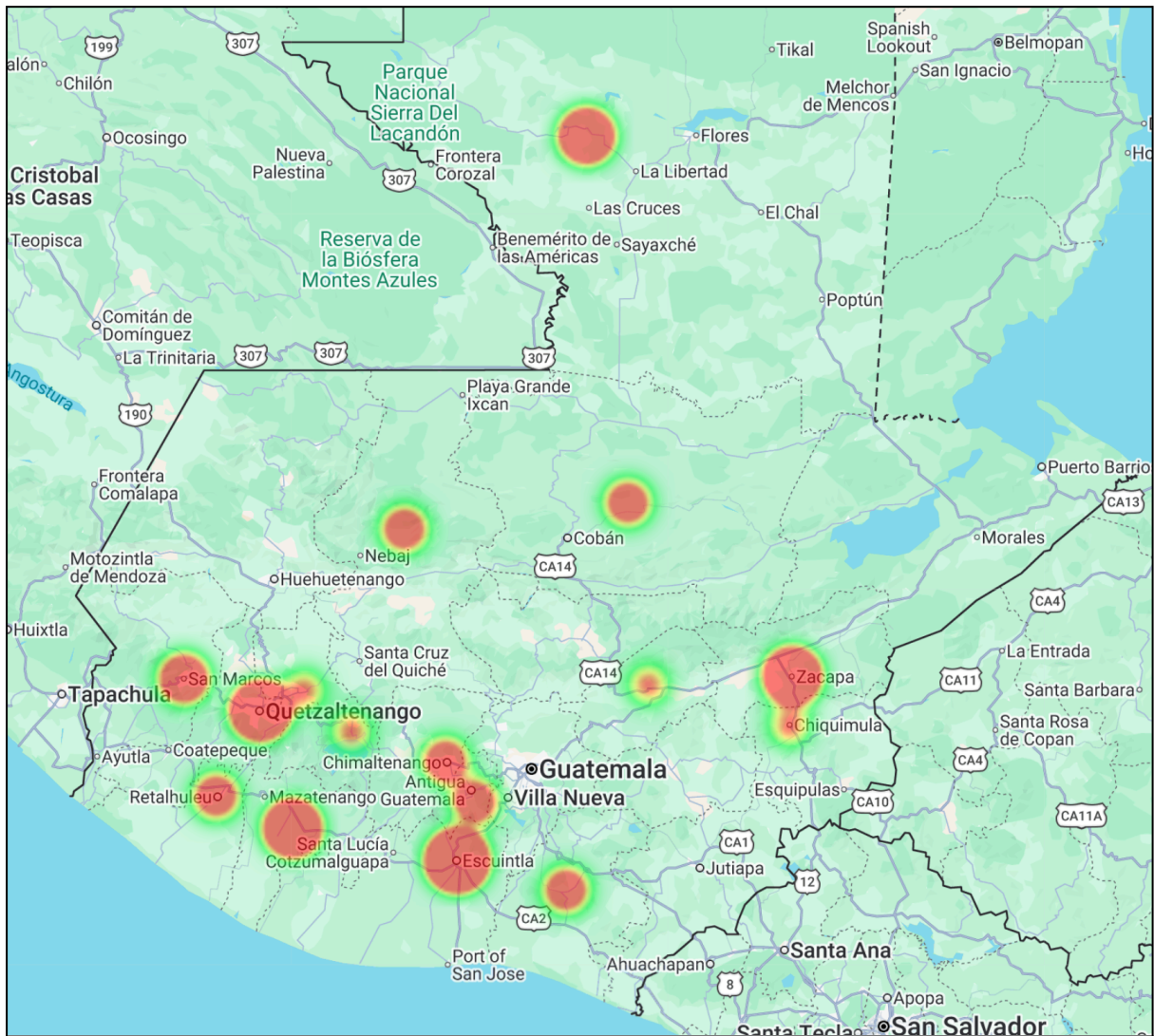
In Q2 2023, ROMP began tracking individual services provided in each patient visit to the clinic in our countries of operation. The following table shows the number of individual services provided during 2025, by country.

	Individual Services Provided	
	2025	2025
	Guatemala	Ecuador
Service Provided	-	-
First prosthetic evaluation	371	438
Prosthetic re-evaluation	512	64
Casting	432	354
Socket test	92	80
Prosthesis delivery	343	287
Pre-prosthetic physical therapy	1527	147
Post-prosthetic physical therapy	755	478
Prosthesis adjustment	268	596
Prosthesis repair	18	17
Socket change	89	65
Component change	103	285
Appointment with psychologist	592	227

Appointment with physician	0	0
Guidance on alternative services	0	0

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CBR Project Progress



Geographic distribution of participants of Cohort 15 of the CBR Program.

CBR Project Progress – Cohort 15

At a glance we:

- ★ ***Successfully completed Cohort 15, serving 92 participants across 20 departments in Guatemala through a hybrid in-person and virtual CBR model.***
- ★ ***Continued to strengthen the multidisciplinary CBR team, integrating psychology, physical therapy, occupational therapy, and peer mentorship into individualized care plans.***
- ★ ***Advanced systems, partnerships, and pipelines to support Cohort 16 and long-term scale, including workforce recruitment, data consolidation, and new institutional alliances.***

Program Implementation and Coverage

Cohort 15 of the Community-Based Rehabilitation (CBR) Program served a total of 92 participants, distributed across 20 departments, reinforcing ROMP's ability to deliver decentralized, community-based care at national scale. Participants were supported by a team of mobilizers, ensuring continuity of care, geographic coverage, and consistent follow-up throughout the cohort.

The cohort progressed steadily from recruitment through home-based rehabilitation, pre-prosthetic preparation, and coordination of prosthetic services. By the final phase, the majority of participants had completed visits and advanced toward graduation, with only a small number pending prosthetic delivery due to component availability or clinical reassessment—an expected and managed part of operating at scale.

Integrated, Multidisciplinary Care Model

Cohort 15 continued to operationalize ROMP's holistic CBR model, integrating physical rehabilitation, psychological support, occupational therapy, and social reintegration services around individualized intervention plans.

Physical Therapy was delivered primarily through virtual sessions, complemented by in-person visits where clinically indicated. Therapy frequency and intensity were adapted to each participant's functional goals and stage of rehabilitation.

Psychological Services were embedded as a core component of care, offering individual and group sessions, crisis response when needed, and structured workshops. Mental health support remained demand-driven and participant-centered.

Occupational Therapy programming expanded during the cohort, including group workshops focused on functional use of prostheses, daily activities, and preparation for economic reintegration.

Peer Mentorship remained universal across the cohort, pairing all participants with trained CBR graduates who provided guidance, motivation, and lived-experience support.

Together, these services ensured that rehabilitation addressed not only physical recovery, but also emotional well-being, functional independence, and community inclusion.

Digital Systems and Quality Oversight

Throughout Cohort 15, MoviliApp continued to serve as the backbone of program delivery. Mobilizers used the platform to guide home visits, document interventions, track progress against individualized goals, and submit data in real time for supervisory review.

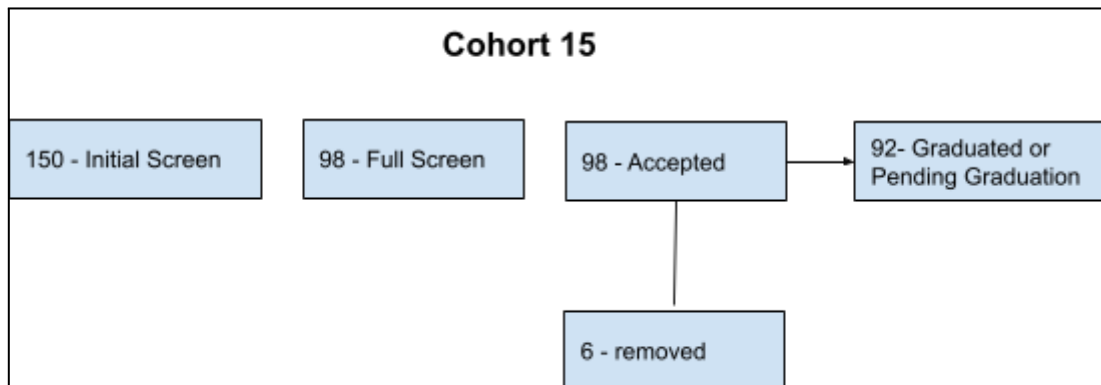
In parallel, the team strengthened internal data consolidation processes, developing structured spreadsheets to integrate psychology, physical therapy, and mobilizer data. These improvements enhanced visibility across disciplines and laid the groundwork for more efficient reporting and decision-making in future cohorts.

ROMP also continued its randomized-controlled study measuring the impact of CBR services on patient outcomes, ensuring that program expansion remains evidence-driven. The study assesses key functional, psychosocial, and quality-of-life outcomes among participants receiving CBR services compared to a control group. We expect to complete data collection for the study in February 2026, after which findings will be analyzed to inform program refinement, scalability, and future funding efforts.

Descriptive characteristics of the Cohort 15 participants are provided below.

Cohort 15 - Total 92 Participants				
<u>Gender</u>	<u>Years</u>	<u>Province</u>	<u>Amputation Level</u>	<u>Amputation Cause</u>
Male =12 Female =80	Younger= 1 Older=65 Age Range= 20-30	Alta Verapaz = 2 Baja Verapaz = 0 Chimaltenango = 2 Chiquimula = 1 El Progreso = 1 Escuintla = 10 Guatemala = 29 Huehuetenango = 2 Izabal = 2 Jutiapa = 6 Quetzaltenango = 7 Quiché = 2 Retalhuleu = 2 Sacatepéquez = 2 San Marcos = 3 Santa Rosa = 2 Sololá = 1 Suchitepéquez = 6 Zacapa = 6 Petén 5 Totonicapán = 1	Hip disarticulation = 2 Transfemoral = 70 Transhumeral = 3 Transradial = 1 Transtibial = 16 Partial foot = 0	Cancer: 3 Congenital: 1 Diabetes: 33 Trauma: 51 Electrical discharge: 1 Circulatory Problems: 3

A flowchart outlining the recruitment process for Cohort 15 participants is provided below



Partnerships, Workforce Development, and Systems Strengthening

Cohort 15 placed strong emphasis on building the ecosystem required for sustainable growth:

- University partnerships continued to supply supervised practicum students in physical therapy and psychology, strengthening service capacity while investing in the local rehabilitation workforce.
- Institutional outreach expanded referral pathways through public hospitals, NGOs, and allied organizations, increasing access to CBR for high-vulnerability patients.
- Economic inclusion partnerships, including collaboration with Pro Mujer, supported vocational training and entrepreneurship pathways for participants seeking income generation.
- Recruitment processes advanced for future mobilizers and physiotherapy staff, ensuring readiness for Cohort 16 and planned geographic expansion.

MoviliApp Beyond ROMP

Building on its successful implementation within ROMP's Community-Based Rehabilitation program, MoviliApp is now positioned to scale beyond the organization. We have secured financing from Tawingo Fund and Fledgling Fund to support the deployment of MoviliApp with two new partner organizations in Latin America in 2026, marking the first step in transitioning the platform from an internal tool to a shared, field-tested solution for community-based rehabilitation to other organizations. This investment will enable structured onboarding, training, and adaptation of the platform to new operational contexts while preserving data quality.

During 2025 we successfully adapted Moviliapp to 2 new contexts, ROMP Ecuador, and FAKS in Huehuetenango. Looking ahead, ROMP will leverage these early deployments to support global expansion in subsequent years, with plans to extend MoviliApp to partner organizations in Asia and Africa, accelerating the adoption of evidence-based, digitally enabled rehabilitation models worldwide.

Outcome Measurements

In Guatemala, all patients fall into one of two categories: patients who receive Community-Based Rehabilitation (CBR) services and patients that simply receive prosthetic care. For CBR patients, outcome measurements are taken when they enter the CBR Program (Point 1), when their prosthesis is delivered (Point 2), and during follow-ups at 3, 6, and 12 months post-delivery (Points 3, 4, and 5, respectively). For non-CBR patients, outcome measurements are taken when their prosthesis is delivered (Point 2) and during follow-ups at 3, 6, and 12 months post-delivery (Points 3, 4, and 5, respectively). The specific set of measures administered to the patient depends on their age range (5-12 years, 13-17 years, or 18+ years) and clinical status (pre-delivery, delivery, or follow-up).

The following table shows the instruments that are administered, the category(ies) they explore, the specific result(s) they include, and the version(s) of the battery in which they were included.

The data collected are shown below:

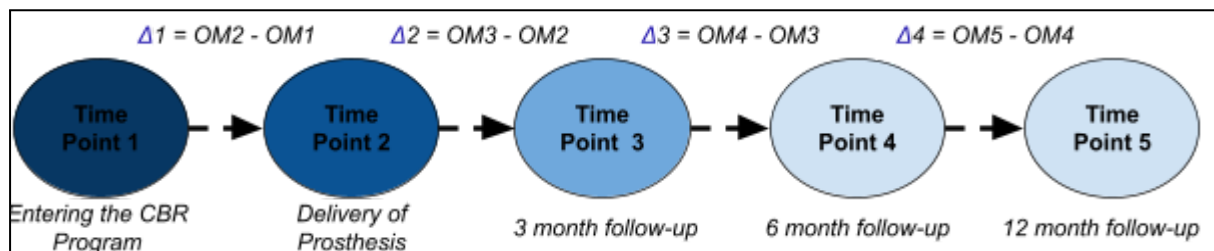
Instrument	Category	Specific Outcome	Version(s)
TAPES-R	Mental health Physical mobility Quality of life	Psychosocial adjustment Activity restriction Satisfaction with prosthesis Additional medical items	5-12, 13-17, 18+ (Delivery onwards)
2MWT	Physical mobility	Walking ability	5-12, 13-17, 18+ (All points)
TUG	Physical mobility	Basic mobility	5-12, 13-17, 18+ (All points)
AMP	Physical mobility	Functional level	5-12, 13-17, 18+ (All points)
Assistive device info	Physical mobility	Assistive devices used	5-12, 13-17, 18+ (All points)
SCS	Physical mobility	Socket comfort score	5-12, 13-17, 18+ (Delivery onwards)
Health info	Physical health	Health conditions	5-12, 13-17, 18+ (All points)

Clinical measurements	Physical health	Blood pressure Blood glucose Body mass index	5-12, 13-17, 18+ (All points)
PHQ-9	Mental health	Depression severity	5-12, 13-17, 18+ (All points)
GAD-7	Mental health	Anxiety severity	5-12, 13-17, 18+ (All points)
SF-36 (18+ only)	Physical mobility Physical health Mental health	Physical functioning Pain Role limitations due to health problems Role limitations due to emotional problems Emotional wellbeing Social functioning Energy/fatigue General health	18+ (All points)
WHOQoL-BREF (18+ only)	Quality of life	Physical quality of life Psychological quality of life Social quality of life Environmental quality of life	18+ (All points)
PedsQL (<18 only)	Quality of life	Physical quality of life Emotional quality of life Social quality of life Educational quality of life	5-12, 13-17 (All points)
LSMS (18+ only)	Livelihood	Having worked	18+ (All points)
Education (<18 only)	Education	Having studied	5-12, 13-17 (All points)

The data included in this analysis is from patients measured between 1 March 2024 and 30 June 2024. This start date was established because it is from this day that all measurements have been collected in OpenMRS. Measurements taken before this date were not included as the previous database had inconsistent timing designations for the measurements; thus, merging the previous database with the current one would not have been a very valid operation. The scientist accessed the data from OpenMRS and consolidated it into a results table. Our Monitoring & Evaluation Department then analyzed and interpreted the results.

The basic premise of this analysis is to examine the change, or delta (Δ), in outcome measures from one time point to the next. This tells us how a given outcome measure changes from delivery to the 3-month follow-up (Δ_2), and similarly from the 3-month follow-up to the 6-month follow-up (Δ_3), and finally from the 6-month follow-up to the 12-month follow-up (Δ_4). For patients in the CBR Program, an additional delta was measured from entry into the CBR Program to delivery (Δ_1). The same delta can be compared between the CBR and non-CBR patient groups to assess the potential impact of receiving CBR compared to just receiving prosthetic care.

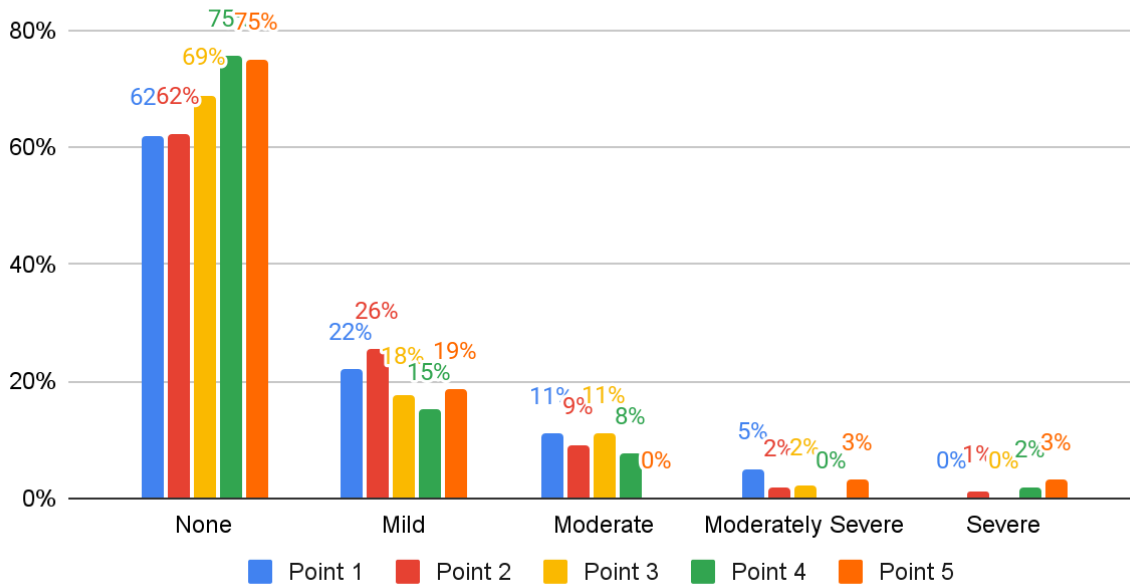
The following figure shows how the data were structured in the database and the concept of measuring deltas for CBR and non-CBR patients.



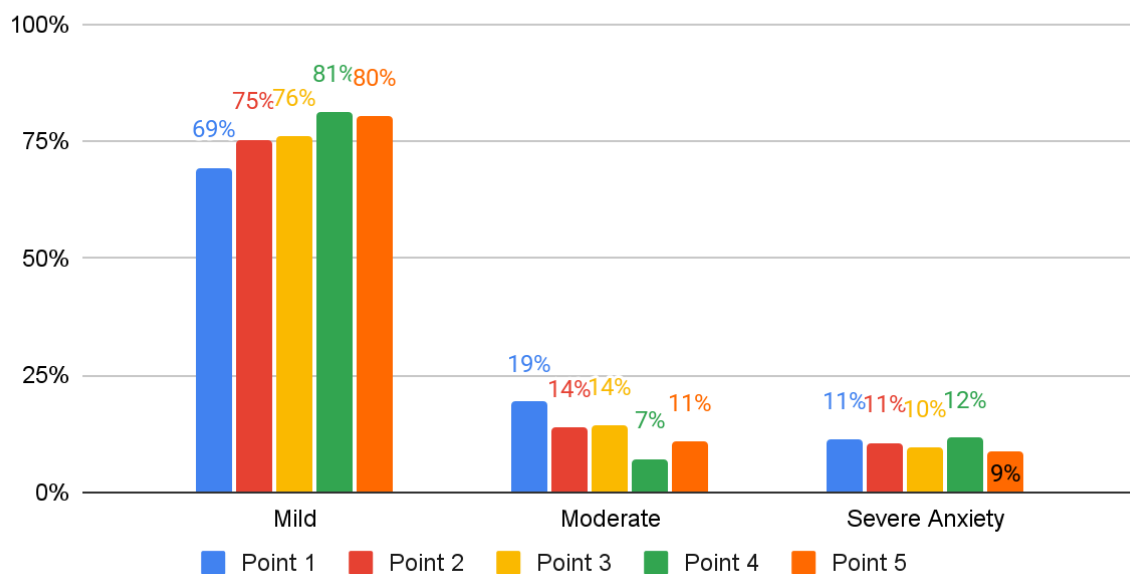
It is important to note that this analysis does not offer a perfect comparison between each time point since there is variation between the exact patients included in each time point. Therefore, these comparisons should be interpreted with caution. The ongoing randomized-controlled trial will provide a more valid and reliable analysis of the impact of the CBR Program on patient outcomes.

Results in Guatemala, CBR Participants at All Time Points, Cumulative from February 5, 2024, to December 15, 2025

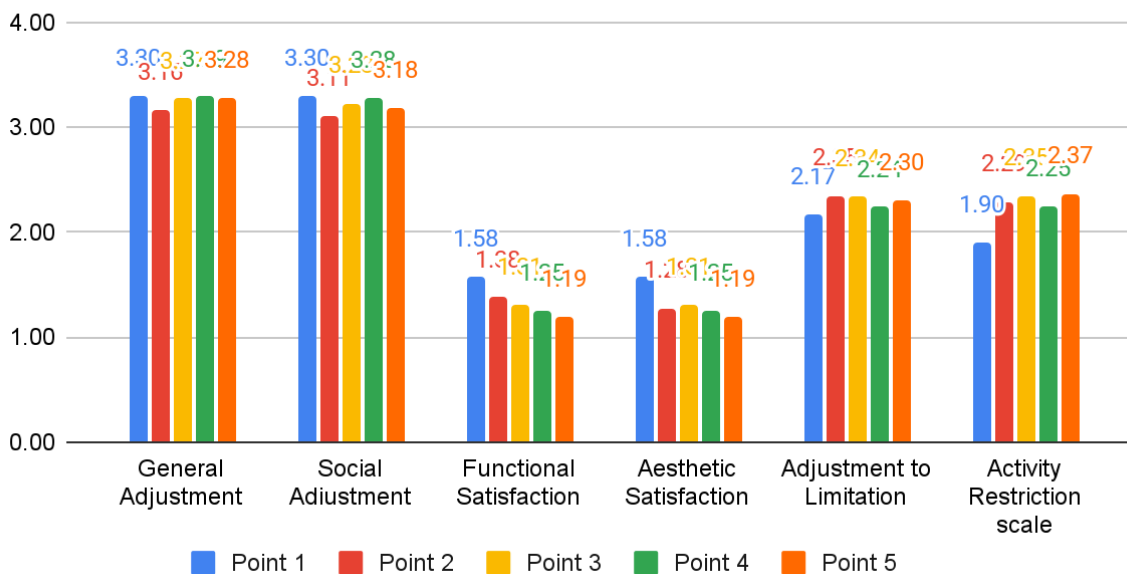
Depression severity in CBR pxs, comparing first evaluation, delivery, 3, 6, and 12-months post delivery



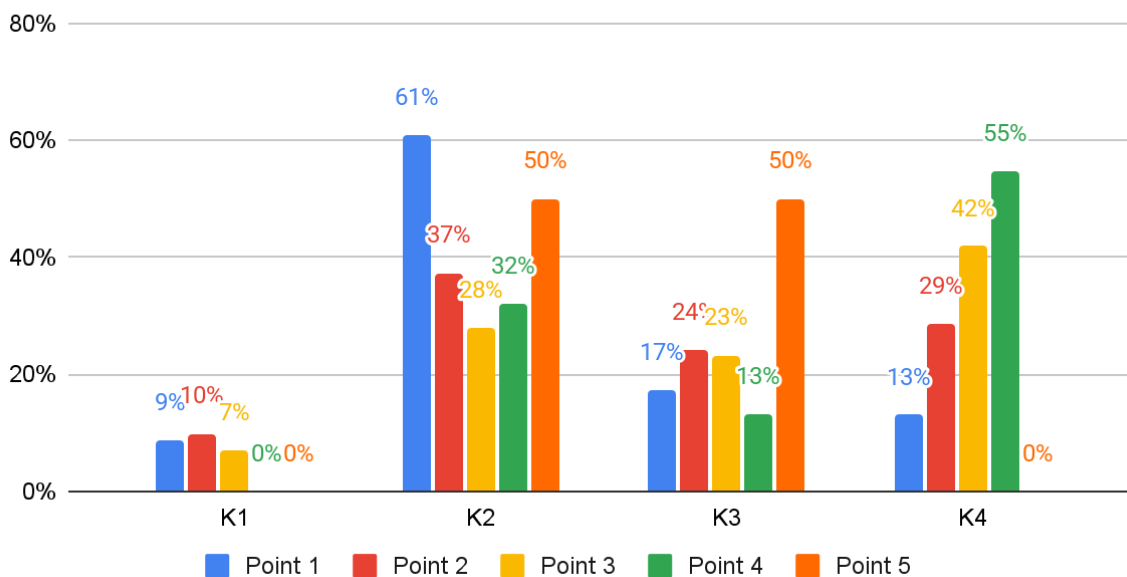
Anxiety severity in CBR pxs, comparing first evaluation, delivery, 3, 6, and 12-months post delivery



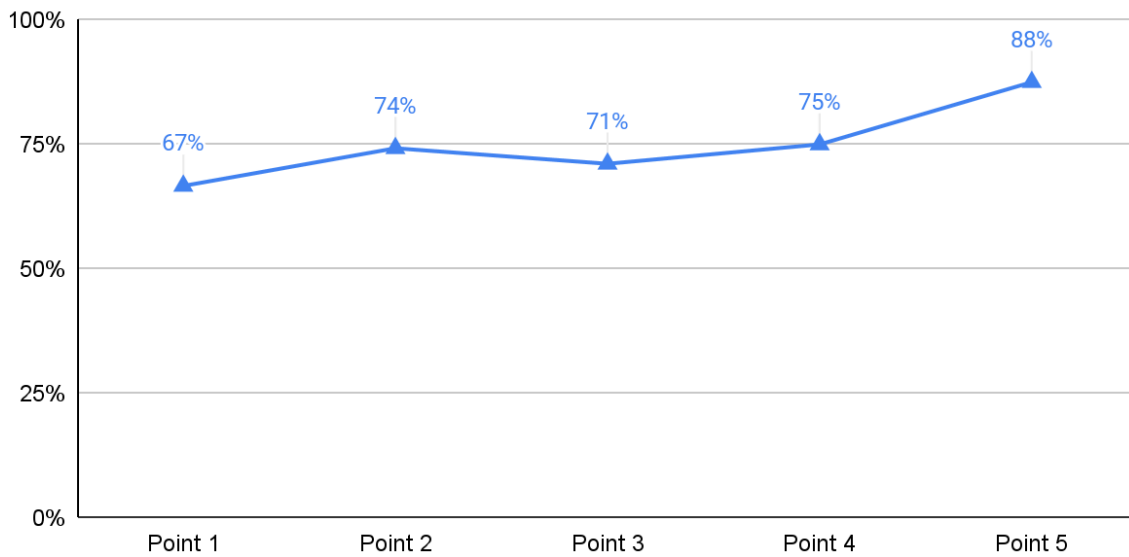
TAPES-R scores in CBR pxs, comparing first evaluation, delivery, 3, 6, and 12-months post delivery



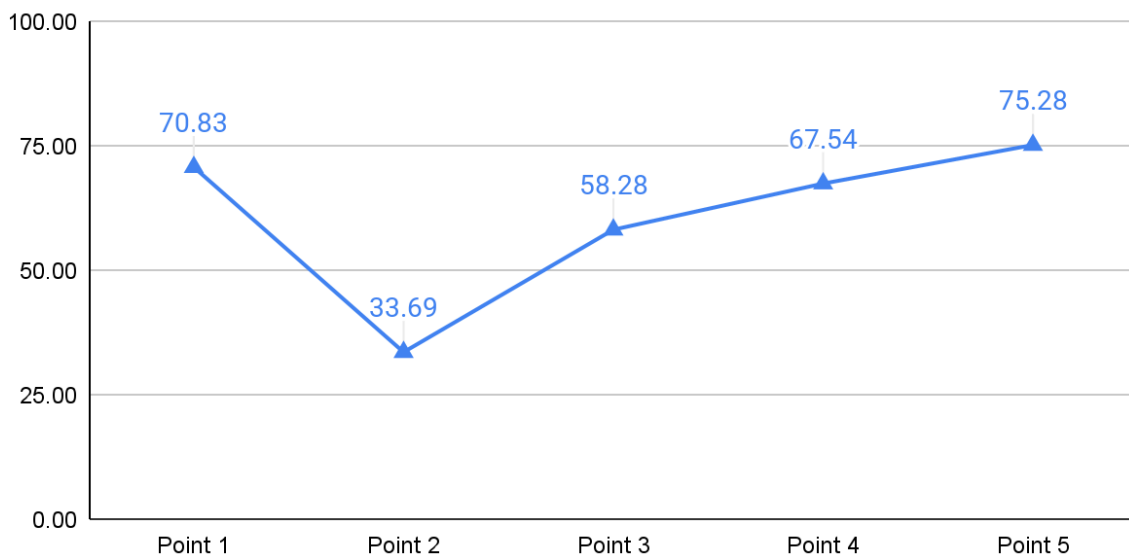
Functional level in CBR pxs, comparing first evaluation, delivery, 3, 6, and 12-months post delivery



Percentage of CBR pxs having worked, comparing first evaluation, delivery, 3, 6, and 12-months post-delivery



Average distance walked (meters) in CBR pxs, comparing first evaluation, delivery, 3, 6, and 12-months post-delivery



When comparing time points in CBR patients:

- A trend is observed towards less depression and anxiety severity in CBR patients as they progress from Point 1 to Point 5. *This suggests that patients who receive CBR services experience decreased depression and anxiety severity as time progresses.*
- A difference is observed in the average distance walked in CBR patients as they progress from Point 2 (33.69 m) to Point 5 (75.28 m). *This suggests that patients who receive CBR services experience increased walking ability as time progresses.*
- A trend is observed towards higher functional levels in CBR patients as they progress from Point 1 to Point 5. *This suggests that patients who receive CBR services experience improved functional level as time progresses.*
- A higher percentage of CBR patients reported having worked at Point 5 (88%) compared to Point 1 (67%). *This suggests a higher probability of working in patients who receive CBR services as time progresses.*
- **Overall, our CBR patients are less depressed and anxious, more physically mobile, and more likely to be working as time progresses.**

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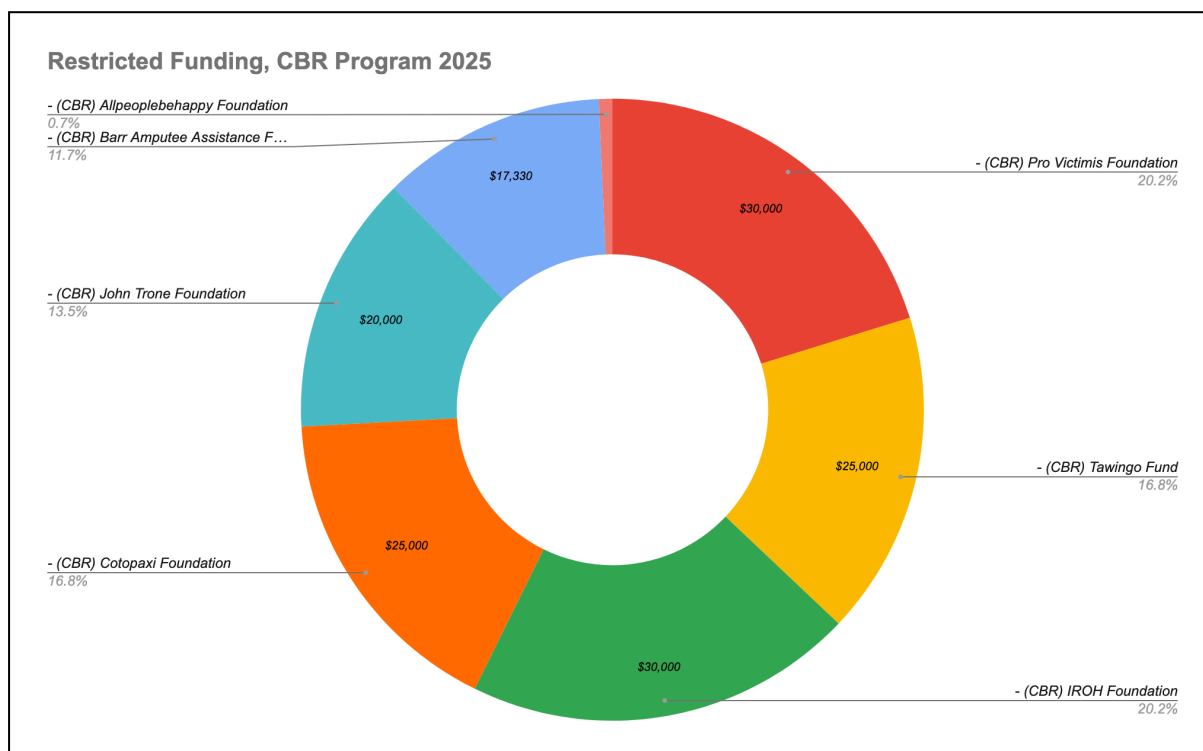
CBR Project Finances



CBR patient home visit conducted with our Community Mobilizer and Chief Program Officer, joined by representatives from one of our funding partners, AllPeopleBeHappy-Amizade.

Incomes

ROMP Global budgeted a total of \$192,500 for use by the CBR Program in 2025, which included \$185,000 for graduating 175 participants and \$7,500 for MoviliApp development. This funding came exclusively from grant sources, as shown in the following chart:



Expenses

The ROMP CBR Program projected a total expense of \$192,566 in 2025. As of 31 December 2025, the program had spent \$181,457 (94% of the budget for the year). The following table shows the projected versus actual incomes and expenses for this time period:

	JAN-DIC 2025		
	PROJECTED	ACTUAL	% EXECUTED
INCOMES			
- CBR Program			
- ROMP Global Financing	\$192,566	\$181,457	94%
TOTAL	\$192,566	\$181,457	94%
CBR team salaries	\$73,076	\$73,591	101%
CBR team insurance	\$2,160	\$1,068	49%
CBR team technology	\$1,440	\$1,593	111%
CBR team transportation	\$7,740	\$785	10%
CBR team kits	\$1,500	\$3,207	214%
CBR participant pre-prosthetic kits	\$2,387	\$1,271	53%
CBR participant mobility aids	\$1,258	\$1,173	93%
CBR participant medical services	\$3,000	\$8,348	278%
CBR participant vocational training	\$1,100	\$559	51%
CBR participant water filters	\$2,000	\$433	22%
CBR participant transportation	\$1,400	\$1,583	113%
CBR printed materials	\$4,399	\$2,746	62%
CBR participant prosthetic care	\$83,606	\$82,538	99%
CBR MoviliApp development	\$7,500	\$2,562	34%
TOTAL	\$192,566	\$181,457	94%

As we enter 2026, ROMP is positioned to deepen its impact through expanded CBR implementation, digital innovation via MoviliApp, and strengthened international research partnerships. We remain committed to making immobility a thing of the past.

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