 

**"Towards Rehabilitation at Your Door-Step" – the Third Webinar**

**in “Poverty, Hunger and Disability: the Missing Link” series**

**Sept. 20, 2022**

*“It is utmost urgent that community based rehabilitation is not forgotten, and people with disabilities living in poverty are not forgotten”.*

Poverty and hunger have been missing and made invisible in the disability discourse in recent times. An online gathering was held on Sept 20, 2022 to right this injustice[[1]](#footnote-1). Researchers and those working at the front lines to provide health and rehabilitation services for persons with disabilities from around the world gathered to share evidence; and demonstrate practical work that is being implemented on the ground, to bring much needed services to persons with disabilities in their homes and communities – “rehab at your doorstep”. The gathering was hosted by IFRA and IDF.

**The Evidence**. The first two speakers provided overviews of research studies they have completed recently. The studies provide evidence of where there is danger, and where there is hope.

**Rehab 2030 and UNCRPD.** Christy Abraham,Board member, PRAXIS – Institute for Participatory Practices, India and advisor to Caritas India conducted a review of “Rehab 2030 Call to Action” and other WHO documents related to persons with disabilities and rehabilitation. She found evidence of numerous setbacks in the “Rehab 2030 Call to Action”. She found there is **No Buy in from Countries**, that rehabilitation in health systems is not a political priority of national Governments, and that the report **circumvents Alma Ata**, as it does not look at health as a human right or acknowledge the fact that health is not just about functioning, but complete physical, social and mental well-being. The most glaring gap is that UNCRPD, the foundation upon which Rehab 2030 needs to be built is left out, and the **UNCRPD and CBR are made invisible**. She also found a **lack of poverty discourse** in the document and an **absence of earlier commitments of WHA** such as The WHO Declaration of Alma-Ata (1978), the Declaration of Astana (2018), WHA Resolution 58.23 (2005), CBR 67.7 (2014), Global Disability Action Plan 2014–2021: the WHO Framework on integrated people-centered health services (2016). These are dangerous omissions for moving forward. She concluded, *“Rehab 2030, should be in full alignment to UNCRPD, and should uphold the principles of Alma Ata and Astana, with persons with disabilities at the center. If you look at it, exclusion from governance process includes the exclusion from their right to take decision on their bodies and on their own health care, all this omissions will lead to inequitable outcomes.”*

**Importance of Community-Based Approaches to Habitation and Rehabilitation Services during COVID-19.** Radhika Alkazi **–** Founder & Managing Trustee, ASTHA, in collaboration with IFRA, provided hope based on research conducted over a year-and-a-half with 5 different organizations in India, working with persons with disability during the COVID-19 pandemic. The study found, that despite huge losses, resilience that had been built in communities, enabled people to respond to the crisis and continue care. This resilience was achieved through **Support Groups and networks** already in place (eg. Organizations of Persons with Disabilities, Groups of people living with long term illness, Mothers Groups) that were activated to provide food, money, shelter, psycho-social support, and connected with relief work. People also reached out to each other and leaders emerged to **build and strengthen the community** and **increase knowledge about self-care, and promotion of self-reliance.** Involvement of families **and inclusion in society** was strengthened during the pandemic response. Finally, resilience was enhanced by **Linkages already made with official institutions** such as health services, education, government programs promoting pandemic preparedness and response, **ensuring basic needs** such as food, shelter, medicines, psychosocial support and **continuation of ongoing services** (Therapy, Counselling, Medical interventions). The study recommends, *“the need for comprehensive rehabilitation to come closer to where people stay, because it is a process and not a one-time intervention. Persons with disabilities and people with long term illnesses cannot come constantly to the services, so it becomes important for the service to reach out to them. The importance of institutionalizing a cadre of community based workers, who are really first responders, and strengthening the support structures, networks, organizations of people with disabilities, caregiver groups, groups of people living with different illness, is critical now, so that they can become active during times of disaster.”*

**Hope was also provided by four speakers** who shared success stories from widely different contexts: free urban neighborhood clinics In New Delhi, revitalizing traditional healers for leprosy patients in the Democratic Republic of Congo, non-specialist mental health workers in India and a global perspective on what is needed to increase the impact of assistive technologies.

**Landscape Change In Primary Health AAM AADMI Mohalla Clinic Delhi.** Dr. Nimmi Rastogi, CEO and Chief Obgyn & Infertility Specialist, Sarthak Medical Centre, provided the first success story of 519 newly opened Mohalla Clinics in New Delhi. This internationally acclaimed project has set up neighbourhood clinics that are cost effective and improve health impact. The clinics of roughly 700 sq ft, staffed by one doctor and a few other health staff, are free for all. They run six days a week, serving as many as 200 patients a day, and provide minor treatments, free medicines, a number of free diagnostic tests, and numerous awareness programs. In an area where tertiary institutions had been overrun, ineffective and overflowing as the only point of contact to the health care system, there has now been a dramatic turnaround including peoples’ level of satisfaction. Dr Rastogi concludes: *“You don't have to look for some very high end solution for some very basic problems. Some of the biggest problems can be solved by the simplest of solutions.”*

**Revitalizing Traditional Healers.** Dr. Lauis Paluku Sabuni, Country Leader the Leprosy Mission, The Democratic Republic Of Congo (DRC), concluded from his research, *“The outcomes are amazing. The patients in this study had their chronic wounds healed in less than a month. Traditional healers were taught a simple technique, on how to heal the wounds, and those who were not healed were sent to hospital. What had been missing was trust. Trust is what the traditional healers had with the community, and a simple thing (using water, soap, salt and local cloth) changed the lives of many people.”* Dr. Sabuni was reporting on a successful project to revitalize traditional healers to treat wounds of leprosy patients in 6 provinces of DRC serving 18,000 people. A key component was identifying that traditional healers are trusted by people in local communities, use local and available resources, speak local languages and are imbedded in local culture. When they were taught simple wound care, they could prevent significant disability and stigma with leprosy patients. However, these same traditional healers are often not trusted by health professionals, so workshops were held to mutually build trust among health professionals, traditional healers and the local communities. This included all stakeholders working towards 4 principles of care: 1) Being Reliable; 2) Being Honest; 3) Being Open; 4) Showing Your Integrity. With all these stakeholders working together, there was a major improvement in health outcomes for the most vulnerable in rural communities in DRC.

**Role of Lay/Non-Specialist Mental Health Workers.** Dr. Shital Muke, Project Lead & Research Co-Ordinator at Sangath, India, provided evidence to show there is a large treatment gap in mental health services, and then argued, *“Non-specialist health workers are a very important part of the healthcare system who are working in the community, with and for community people, and they can be trained and supported through supervision. Mental health services can be provided to the community people through the community”.* Dr. Muke presented task-sharing approach for psychological counselling, appropriate in local contexts delivered by lay workers. The research, developed over a number of years and was published in such prestigious journals as Lancet and Social Science and Medicine. It demonstrates strong evidence, both for the effectiveness of task-sharing as a means of delivering care, and for the effectiveness of non-specialist providers and health workers delivering elements of culturally-adapted psychosocial and psychological interventions for common and severe mental disorders. Her example was another inspiring success story that provides hope – if others learn from her experience and the examples presented.

**Access to Assistive Technology in rural communities.** Prof Dr Luc De Witte, President of Global Alliance of Assistive Technology Organisations (GAATO), Professor of Technology for Healthcare, The Hague University of Applied Sciences, presented the experience with the idea of a ‘health navigator’ – this is someone who lives in community, is trusted by the community, has good links with an assistive technology center and other healthcare organizations, and is actually in the community to create awareness, to give advice/information and to identify people who might need to go to formal service providers. Dr. De Witte in sharing his research showed that, although assistive devices are underutilized in many parts of the world and can significantly increase independence, many issues need to be taken care of so that assistive technologies can be used effectively. He named such things as legislative frameworks, availability of products, information systems, professional services, advice and support, service delivery models and procedures, quality standards and guidelines, eligibility and funding mechanisms, infrastructure for production, adaptation, maintenance and repair, a supporting research and innovation programme, and a Health information system, that are all necessary. Only a collaborative multi-sectoral effort is going to work. He stated, *“There is a possibility to do something without being dependent on high level trained people, when you make real connections with communities. If we do that, and we combine assistive technology with the other healthcare issues that are so important, including the mental health issues, you get a model that really operationalizes this concept of universal health coverage”.*

**We Must Advocate.** The inspiring presenters provided a wealth of evidence about the value of community based rehabilitation, involvement of community members and persons with disability and the important role of Trained Lay Community Based Health Workers trusted by the community – these are all elements of the CBR model and are in line with the UNCRPD, which have both been left out of the Rehab 2030 document. These omissions demand action be taken by The World Health Assembly (WHA) and World Health Organization (WHO)! As Balakrishna Venktesh (Venky), Hon. Convener IDF and IFRA stated, “*It is with utmost urgency that we need to advocate with the Ministers of Health in each of our countries, to influence them to ensure that CBR is in the center of The Proposed WHA Resolution in 2023 on “Strengthening Rehabilitation in Health Systems” and in “Rehab 2030: Call to Action”. All of us know how to advocate. You need to write letters to the Ministers of Health, and of Foreign Affairs and copy to the Permanent Mission of your country. Support one another to ensure that CBR is not forgotten, and that people with disabilities living in poverty are not forgotten”.*

1. Rehab at your Doorstep Poverty, Hunger and Disability: the Missing Link: webinar conducted on Sept 20 2022, Organized by IFRA & IDF. Full video viewing of all presentations - <https://youtu.be/cdGbRdhAUv4>; and to view segments: <https://www.emeets.lnwr.in/index.php/2973-towards-rehab-at-your-door-step-poverty-hunger-and-disability-the-missing-link> [↑](#footnote-ref-1)