

## **Community Based Rehabilitation as a vehicle of empowerment for people with disabilities in accessing equitable Health Care by Mncedisi Christian Lodwyk Mdunyelwa**

### **The Executive Summary:**

The point of departure of this document is two fold:

Firstly, it explains why CBR can be used as tool to facilitate equitable and quality health care for PWDs and

Secondly, it proposes the development of CBR policies.

CBR increases participation of PWDs and their families in the development and provision of health care services. It encourages a process of self development of PWDs.

CBR as a tool for service delivery require substantial changes in conventional rehabilitation systems. These include:

- \* technology;
- \*service delivery systems;
- \*decentralization of decision-making;
- \*community involvement with emphasis to DPOs;
- \* inter-intrasectoral collaboration.

The PWDs can meaningfully contribute to the transformation and implementation of service through capacity-building. This include:

- \* planning, implementation and monitoring skills;
- \* peer support and counseling skills;
- \* communication skills.

The CBR views disabled people and their families as the best resource to handle the daily training and care for the disabled people. Its programme seeks to integrate the interventions of all relevant stakeholders. It further promotes the full representation and empowerment of PWDs.

On this basis, policies and implementation strategies need to be developed in the province of KwaZulu-Natal.

## **Actual Article**

### **The role of Community Based Rehabilitation (CBR) in facilitating equitable health care for persons with disabilities (PWDs)**

The South African Constitution (Act no. 108 of 1996) guarantees the right to quality health care for all. Further, government legislation and policies such as: the Promotion of Equality and Prevention of Unfair Discrimination Act, (2000); the white paper on an Integrated National Disability Strategy, (1997); the Rehabilitation Policy guidelines, (2000) emphasize the need to include issues of disability in health service development and provision. However, the lack of strategies to facilitate access to quality health care for PWDs results in their exclusion. This document explores why CBR can be a facilitating tool in accessing quality health care by PWDs .It also proposes that CBR policies are developed.

Promoting CBR increases participation of PWDs and their families in provision of health care services. The Involvement of PWDs in health care service delivery is a necessary component as it would encourage a process of their self-development. This would include local micro management through disabled people structures resulting in political decision-making and decentralization of control of resources.

Using CBR as a tool for service delivery will require a number of substantial changes in conventional rehabilitation systems. This among other things includes:

- \* technology, so that it would be better suited to the sociocultural, educational and health realities of the province of KwaZulu-Natal ;
- \* service delivery systems so that eventually all PWDs could at least access essential services and opportunities ;
- \* decentralization of decision-making ;
- \* community involvement with emphasis to disabled people's organizations ;
- \* inter - intrasectoral strategies and protocols developed.

The outreach approach by rehabilitation professionals only benefits those people who are able to access the Health institutions. The KwaZulu-Natal Blind and Deaf Society indicate that: less than 10% of blind and Deaf people are receiving rehabilitation in the Province. Whereas there is an estimated number of 120,000 blind people in the province according to Statistics South Africa, only 60 Deaf-blind persons have been identified in the period of two years since this organization started CBR.

Transforming health care implies moving away from the established professional focused systems to people oriented ones.

CBR implementation cannot be possible without the radical change in the training of personnel. It also requires the mobilization of untapped resources most importantly PWDs and their families. This would also require that CBR structures are developed and properly resourced.

CBR as a tool of service implementation ensures equitable access to quality health care. The government departments need:

- \* to improve communication strategies with the consumers of service;
- \* to use Disabled People's Organizations (DPOs) and community rehabilitation workers ; \* to effect quality service ;
- \* to strengthen the capacity of service providers on diversity management.

Access to equitable health services and quality care can be realized through collaborative efforts. When disabled people, their families and the health professionals collaborate they are able to provide needed services in a non-institutional setting. Currently, the collaboration between the KZN Department of Health and Disabled People South Africa (DPSA); Magaye Visually Impaired People's Association; KZN Blind and Deaf Society clearly demonstrates the impact of intersectoral collaboration. In the 2004 – 5 financial year there was an increase of disabled people accessing other government basic services as a result of such CBR collaborative efforts.

Ensuring meaningful contribution and service delivery transformation by PWDs in CBR service implementation requires capacity-building. The following areas are critical in building the capacity of PWDs :

- \* organizational management skills;
- \* peer support mechanisms;
- \* effective CBR advocacy and implementation skills;
- \* disability information dissemination strategies;
- \* planning, implementation and monitoring skills.

This collaborative impact is revealed through the changes which occurred before the new dispensation where services for PWDs were very limited.

After 1996, the government realized the value of PWDs in quality service delivery. It started supporting them in various forms (including providing them with financial and skills support). The majority of PWDs identified never accessed services before. In fact after the year 2000, the budgets for appropriate assistive devices increased.

The participation of PWDs in health and rehabilitation service delivery has shown strength of effectiveness and value in integrated intervention.

Since the government has started to collaborate with DPOs, the number of people accessing services increased. Between 2004 and 2006, 60 blind people received basic orientation and mobility and independence training from the government for the first time in history.

In conclusion, I believe CBR should be supported at all levels of society and policies be developed for the enhancement of better service delivery in the province of KwaZulu-Natal. As reflected above CBR approach views PWDs and their family members as the best resource to handle both the daily training and care for the disabled people. It seeks the integration of interventions of all relevant sectors. It aims at the full representation and empowerment of PWDs. It also promotes interventions in the general systems of society and facilitates the inclusion and the self actualizations of disabled people.