Link between Community-Based Rehabilitation and Healthy Communities in Malawi

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Introduction

- Healthy Communities is a project that Special Olympics International (SOI) developed in partnership with the Tom Golisano Foundation to expand health services for people with Intellectual Disabilities (ID) in 2012.
- The main aim was to reduce the disparities that exist in accessing health services and improving the health status of persons with ID.
- In turn, Special Olympics International partnered with the University of Cape Town to evaluate the Healthy Communities programme and establish its impact on persons with ID.

Background

- Special Olympics Malawi introduced the Healthy Communities programme in 2013.
- The purpose was to meet the Health Promotion (HP) needs of young people and adults with ID.
- This is a population that is often left out of mainstream health care services may be
- Because of inability to self-advocate for their own needs among other factors.

Aim

- The main aim of the evaluation process was to determine the extent to which the Healthy Communities Programme has improved the health of young people and adults with ID, their families and communities in the three participating districts in Malawi.

Methods

- This qualitative study took place in Mchinji, Salima and Nkhatabay districts.
- Individual interviews were conducted among 15 young people with ID – those who were able to express themselves.
- Nine focus group discussions of 5 to 8 participants each, including parents, health workers and community leaders were conducted in selected communities.
- Interviews were tape-recorded and data transcribed verbatim.
- A thematic content analysis was used to make sense of the data.

Results

- On the whole, participants were happy with the introduction of the healthy communities programme in their communities.
- Young people and adults with ID benefitted from assessment and treatment of minor health ailments.
- The majority received individual physical examination for the first time ever, focusing on the condition of their eyes, ears, teeth, skin and general well being.
- Following the health screening, participants now feel empowered to go back to the hospital when unwell.

Results

- However, the participating population was not entirely satisfied because the programme was a once-off exercise of health screening
- There were limited, if any follow up visits.
- Participants bemoaned unfulfilled promises of farming inputs
- They expected help to improve production of food, thereby improve the nutritional status of family members with ID.
- They also anticipated improved harvests that would help families start income generating activities to improve financial and health status.
- These findings became the basis for the following reflections:

Reflections

- The limitations of the HC programme can easily be fulfilled by multi-sectoral collaboration at all levels, but
- Why is that not happening and
- Specifically, why is CBR not collaborating with HC to offset some of the challenges listed above?
- It may very well be that the subject of 'disability and health' is often mixed up with the medical model of understanding disability.
- Similarly, many disability organisations erroneously believe that a focus on HEALTH and REHABILITATION is promoting the medical model of disability.
- The bottom line is that all persons with and without disabilities are at risk of diseases of life style or non-communicable diseases.

Reflections

- Therefore, all need to adopt healthy lifestyles regardless of disability status.
- Besides, the challenges that people with ID experience in accessing health care are similar to those of other persons with disabilities and society at large.
- Both CBR & HC support early identification, prevention, treatment and rehabilitation, perhaps with different foci.
- The broad nature of CBR could easily encompass HC as well as learn about comprehensive health screening for persons with all types of disabilities.
- Similarly, HC could also use CBR structures in the 14 districts in Malawi to raise awareness about the plight and health needs of people with ID.

Reflections cont…

- In addition, the two programmes can demonstrate INCLUSIVITY within the disability sector first, and spread the approach to mainstream society.
- Because society is and continues to struggle with implementation of inclusive programmes.
- Successful transitioning from CBR to CBID needs us to implement more practical than theoretical inclusive programmes and
- I am not convinced that we have made the necessary attitudinal, environmental, academic and financial preparations to support inclusivity.
- Otherwise we risk leaving PWD behind.

Conlcusion

- CBR has many years of experience, infrastructure and resources from which HC can tap.
- CBR should not only learn the comprehensive nature of health screening from HC, but also ensure joint implementation of activities.
- The two programmes can present a strong case for government buy-in and inclusion in the Malawi Growth and Development Strategy (MGDS 4).
- HC programmes are critical for athletes with ID, their families and communities and they need support from well established CBR programmes.

Recommendations

- There is a need to introduce HP programmes in all CBR/CBID projects
- ensure inclusivity and positive discrimination of minority groups within the disability sector and society
- Guarantee affirmative actions, in the human rights and the development framework while strengthening HP activities between CBR and HC.
- DPOs should champion inclusivity through collaboration with relevant stakeholders.
- Ongoing monitoring and evaluation would help to streamline the link.

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