

S63: Rehabilitation case study:

Fantasia Country is a small country with a population of 13 million. Sources of income are trade, agriculture and a large chemical industry. It is situated on the coast. Infrastructure is reasonable. There are two major ethnic groups and 10 smaller ones. Government and security forces are dominated by one ethnic group, while trade is dominated by the other. Literacy rate is 90% for men and 85% for women. Child mortality is at 60/1000.

Although there are various organisations engaged in rehabilitation, the government has no stated policy how this should be organised and what services should be able to offer. No comprehensive rehabilitation services are offered by government, nonetheless it is the responsibility of a minor department in the Ministry of Social Welfare, which is understaffed and has little budget. The department head is a young woman, herself an amputee and the wife of the rector of the Faculty of Justice. Five years ago she successfully finalised a MSc on health promotion and community participation. She is active in various committees of the catholic church after she became aware that the emergence of various evangelical groups resulted in church members leaving from her parish.

General health services are developed reasonably well, although there are some budget constraints and a high turn-over of staff. Salaries can actually support their families, but notwithstanding many health workers have private clinics on the side. The private health sector is as big as the public health sector.

Priorities in the public system are set by district health councils, which are a mixture of appointed members (by the government) and chosen members (as a reflection of local elections).

Supervision at district level is not well integrated and concentrates mostly on the priorities set by the health councils. Each priority programme employs its own M&E structure. Leprosy services are present due to the involvement of one particular foreign donor that works under an agreement with the MOH and which has traditional links to the catholic hospitals in the country. But parameters are not so good, still 20% of new cases present with visible disabilities, and the abilities to prevent further disabilities seem poor. Supervisors monitor the programme, most of them elderly leprosy workers, who have done little outside the scope of leprosy. Training in leprosy mainly concentrates on the supervisors and to some extent general health workers.

There is a network of 40 catholic hospitals who apart from clinical work and outreach also engage in rehabilitation. They concentrate on split-lip repairs and orthotic appliances for amputees and polio victims. Historically, two of these hospitals have specialised in leprosy. Some of the other hospitals, however, have created income generation projects for persons affected by leprosy and other people with disabilities. About 10 hospitals have small settlements of persons affected by leprosy who depend on charity from foreign donors.

In general, as the expected contribution from clients is relatively high in order to cover the costs, the utilisation of the facilities is only 50-60%. The hospitals are managed independently, but there is a network coordinated by the bishop's office, which also advises on wider policy issues affecting these hospitals.

A loose network of about 15 protestant and evangelical NGO's exists. Most of these NGO's are not officially registered. All these NGOs are run by volunteers. Activities are concentrated on street children, alcoholics, wheelchair production, HIV counselling, vocational training and adult education.

Fantasia Country also has a sizeable Muslim population, which comprises about 40% of the population. The Ulama organises many children's homes, health clinics for the poor and also engages in rehabilitation. Medical doctors and nurses are employed to run busy clinics and centres, where social support, food, medical care and religious education is offered, mostly free of charge. Their facilities are over-burdened and can hardly cope with the demand. Financially they are dependent on donation from Saudi-Arabia and gifts in cash and kind from local businessmen. They provide orthotics, wheelchairs, reconstructive surgery and have a good network of social workers. The Islamic Development Bank offers a limited number of interest-free micro-credits to anybody who comes with a reasonable proposal.

Further, a string of civic societies are active on specific issues and specific categories of disabled people, such as an HIV patients network, a polio victims association, People with severe burns, a widows association, organisations for street children; there is an extensive microcredit scheme run by some of the major chemical industries, and in provincial towns there are many neighbourhood improvement committees and school parents committees. There is no patient association associated with leprosy.

Notwithstanding, stigma concerning leprosy and some other very disfiguring disabilities, is very high in Fantasia Country. Persons affected by leprosy are more often than not thrown out of the family, marriages end up in divorce, and their children are treated badly by the parents of other kids if not outright removed from schools. Few are getting a permanent job.....