

CASE STUDY

The Role of Resource Information Centres in the Community Based Rehabilitation Framework

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ABSTRACT

Community Based Rehabilitation (CBR) programmes aim to utilise the existing resources in the community for persons with disabilities. This paper describes the role of the Resource Information Centres (RICs) set up in the aftermath of the earthquake in Pakistan, as part of the CBR framework. The authors perused relevant literature and added inputs from their experience regarding the role of RICs. The majority of persons with disabilities are not aware of the facilities available in their local areas. The RICs could play a vital role in guiding them to access the existing facilities comprehensively. RICs also carry out a variety of activities that facilitate social integration of persons with disabilities.

Keywords: Resource Information Centre, Community Based Rehabilitation, social integration

INTRODUCTION

Persons with disabilities are regarded as the world's largest minority. It has been estimated that 650 million people live with a disability, making this group 10% of the world's total population (Parnes et al, 2009). Majority of the people with disabilities live in developing countries, making them more vulnerable in terms of lack of access to basic needs (Samant et al, 2013). They are often isolated and stigmatised by their communities, and often are left out of the Census reports (Roux, 2012). Community Based Rehabilitation (CBR) programmes have been introduced by the World Health Organisation since the early 1980s, in an attempt

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to utilise the existing resources in the community for social integration of persons with disabilities (Sharma et al, 2001). However, in Pakistan, the programme was only introduced after the devastating earthquake of October 2005 (Mallick et al, 2010; Awais et al, 2012).

RESOURCE INFORMATION CENTRES

In 2007 the Government of Pakistan, in collaboration with some national and international organisations, introduced CBR programmes in the earthquake-affected districts of Muzaffarabad, Bagh, Besham and Mansehra. These four districts were severely affected by the October 2005 earthquake (Rathore et al, 2007, 2008; Mustafa et al, 2012). RICs were established in each district to guide persons with disabilities in those areas. This paper reports on the role of the RIC established in Muzaffarabad, and gives a general overview of the rehabilitation activities it carried out between the years 2007 and 2009.

Situation analysis

The RIC's activities commenced with the collation of data on the resources available in the district. The RIC team visited the relevant government departments such as the social welfare and district health offices which provided updated details of available resources in the district, as most of the facilities had been destroyed or damaged during the earthquake (Brennan et al, 2006). Many of the organisations had started building temporary rehabilitation centres in the affected areas (Mustafa et al, 2012) and an updated report was essential. Based on secondary data gathered from reliable sources, in the first three months the RIC team drafted a situation analysis report and added fresh information as and when it was obtained or when field visits were made. The initial situation analysis was helpful in identifying gaps, and in finding the available resources to overcome or minimise the adverse effects of these gaps on persons with disabilities.

Mapping the available facilities in the district

The RIC was designed as a hub of different activities for persons with disabilities. Mapping the existing facilities in the affected district was considered to be one of its core roles, in order to refer persons with disabilities effectively. During field visits, the RIC team had observed that the majority of persons with disabilities were not aware of the facilities available in their local areas. Lack of awareness

could be attributed to inadequate dissemination of information or, possibly, to the nonexistence of valid information centres in the affected areas. Other factors which could have contributed to this, and could also have limited social integration of persons with disabilities, were the inaccessibility of most of the public buildings and sometimes even their own houses. The RIC team raised a group of volunteers at each Union Council, and these volunteers used community centres such as mosques and vocational training centres to disseminate information to persons with disabilities.

Forming links between organisations

Another important role for the RIC team was the formation of links between organisations working on any component of CBR. After mapping the available resources, all the RIC members, particularly the field officers, actively participated in the process. Invitations were sent to all organisations in the district. Members from more than 20 organisations attended the first meeting and expressed willingness to facilitate persons with disabilities in the affected areas. Referral forms designed by the RIC team and other relevant information regarding the organisations were disseminated to all those who attended the meeting. To create linkages with other organisations further meetings were held and the RIC team was eventually divided into 3 main groups. For example, meetings relevant to social integration were attended mainly by field officers, meetings relevant to health were attended mainly by the technical officer, and meetings with government officials and international organisations were attended by the centre manager. These meetings helped to spread the available information to other organisations and to update the mapping services.

Conducting training

In the CBR framework emphasis is given to transferring skills to persons with disabilities, their families and the community where they live (Mitchell, 1999). The RIC team accomplished this by conducting regular training courses for persons with disabilities, their families and volunteers. To enable them to train the community effectively, all the RIC members were themselves trained by the head office. Training programmes for the community were conducted under different themes such as accessibility, disability, social integration and community based rehabilitation. An important training programme that deserves mention was the

accessibility training for the engineers who were responsible for designing all the public buildings in the affected area.

Observation of the International Day of Persons with Disabilities

The International Day of Persons with Disabilities (IDPWD) is observed on the 3rd of December each year in order to raise public awareness about disability (Delisa, 2012). In 2007, the RIC team invited all stakeholders to observe the IDPWD for the first time in the district. Most of the organisations working with disability welcomed the idea, and committees were formed to manage the event. More than 300 persons, both with and without disabilities, attended the programme. Wheelchair races and other activities for children with disabilities were conducted. The acting President of the state, state Secretary, Director of Social Welfare, personnel from district management group and several representatives of other organisations attended the event, at which disability-related issues were highlighted and brought to the notice of government officials.

Individual meetings with persons with disabilities

The RIC staff conducted regular field visits with the objective of covering remote areas of the district, as most of the organisations working on rehabilitation were focussed on the centre of the city. Before commencing the visits, activists and volunteers were identified and contacted by the field officer. The volunteers were given information regarding the project, and persons with disabilities were then invited to the field meetings. Mosques, vocational centres and school buildings (especially during vacation time) were used for the meetings. The experiment was productive and resulted in getting first-hand information about their problems from persons with disabilities. Moreover, referrals to the available resources were provided on the spot. Organisations working in relevant sectors were updated about the condition of persons with disabilities, and thereafter facilitated to make field visits to identified areas.

Arranging medical camps

On the basis of field visits and situation analysis, it appeared that health facilities in Muzaffarabad district were scarce, especially after most of the infrastructure was destroyed by the earthquake in 2005. Moreover, the available human resources were not sufficient to respond to the magnitude of the disaster (Rathore et al, 2008). Hence, the RIC team organised medical camps for persons with disabilities.

The field medical team consisted of general practitioners, physiotherapists, occupational therapists, psychologists, prosthetists and orthotists. The human resources were provided by different organisations such as Medical Rehabilitation of Disabled in Earthquake Area, Helping Hand for Relief and Development, and Handicap International. The medical camps followed the same pattern as the field meetings. Hundreds of persons with disabilities benefitted, both directly and indirectly, in the form of treatment provided at the camps and referrals to the appropriate medical facilities respectively.

Provision of referral services

Referral of persons with disabilities to the available resources was another important role played by the RIC team. Having mapped the available resources and kept the records updated on a regular basis, the RIC team maintained referral forms and referral registers. Referrals were done following comprehensive assessments of individuals by RIC's field officer and technical officer. The assessments were made either during field visits or when an individual visited the Resource Information Centre. More than 300 referrals were done from the RIC office to different organisations in order to facilitate persons with disabilities. These referrals pertained not only to the medical needs of persons with disabilities but also to issues related to education, social integration, and vocational training.

Facilitation of Disabled Persons' Organisations

Disabled Persons' Organisations (DPOs) are organisations that are run by persons with disabilities. These organisations aim to help persons with disabilities to voice their problems themselves. A couple of non-functional DPOs were identified by the RIC team. Capacity building was offered in the form of providing the DPOs' members with training in proposal writing and finance management. These organisations were also guided towards financial resources offered by other organisations. This resulted in both the DPOs participating in organisation meetings associated with disability or social integration of persons with disabilities in the mainstream population.

Sports activities

During the CBR project, the RIC team arranged 2 cricket matches for persons with disabilities. The first match was played between two teams of persons with disabilities, while the second match had a mix of players from among persons

with and without disabilities. Organisations working on any components of CBR (health, education, social integration, livelihood and empowerment) and officials from the government were invited to watch these matches. Ultimately, the audience was sensitised to persons with disabilities and their problems. Persons with disabilities found their inclusion in the same team as persons without disabilities an interesting experience.

Funding small community-based projects

The RIC also funded a variety of community-based projects, with the aim of facilitating integration of persons with disabilities. Organisations that worked directly on disability issues were given priority. At the same time, projects which were thought to have an indirect impact on the lives of persons with disabilities were also considered for funding. Invitations were initially sent to all local organisations and proposals to apply for funding were advertised. Newspapers, contacts during field visits and emails were used to advertise these projects. More than 100 proposals were received in response to the advertisements. Initially, a 4-member committee scrutinised the proposals, shortlisted them and sent the relevant ones to the head office for final approval. The finance team from the head office visited the shortlisted organisations and sent the RIC a list of those found eligible. The RIC team then arranged proposal writing and finance management training for the eligible organisations. Thereafter the drafts of the final proposals for funding were thoroughly vetted by a team in the head office and final approval was given.

DISCUSSION

Pakistan is one of the developing countries where the number of persons with disabilities has been reported as significantly lower than the WHO estimate. This might be due to the inconsistency observed in the definition of disability within international standards. Programmes such as CBR could be effectively introduced in order to facilitate persons with disabilities in earthquake-affected areas.

Networking and the formation of links between governmental and non-governmental organisations play a vital role in the facilitation of access to services by persons with disabilities. However in earthquake-affected areas, especially in Muzaffarabad district, the RIC team reported the lack of a proper mechanism to network among the organisations. This might have resulted in duplication of some services designed for persons with disabilities in those areas.

Moreover, a uniform and detailed situation analysis report on disability, which could be accessed to identify gaps in the services, was not available with any of the organisations.

Inclusion of persons with disabilities in the mainstream population is one of the most important goals in the CBR framework. However, physical inaccessibility is considered a major hurdle in the way of integration of persons with disabilities. Moreover, poor access to information about the existing local facilities is another factor that might have made persons with disabilities more vulnerable in the earthquake-affected areas. Programmes such as CBR could be helpful in raising awareness about available facilities for persons with disabilities. This would ultimately enhance their social integration in the mainstream population.

Limitation

The project was funded for a period of 3 years only, so only the short-term outcomes of the programme could be reported. Since the programme was implemented soon after the earthquake, valid data with regard to persons with disabilities in the district were unavailable; hence generic goals rather than specific goals were targeted.

The exact outcomes of such programmes and their mechanism would need to be reported in detail, as the study covered only a pilot project in the aftermath of an earthquake. Moreover, the unavailability of the exact numbers, condition and location of persons with disabilities in the district made it difficult to target a specific group of beneficiaries and to report specific outcomes in greater detail.

CONCLUSION

Resource Information Centres could play a vital role in disseminating information to persons with disabilities about the available services that might ultimately help to improve the quality of their lives and enable optimal participation in their communities. RICs could also be a good source of information for organisations working on any component of CBR, by identifying gaps between the needs of people with disabilities and the existing resources.

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