

Rehabilitation

The World Health Organisation says that 1 out of 10 people in any community are disabled. In South Africa informal studies in poor communities in rural and peri-urban areas suggest a rate closer to 4 out of 10 people being disabled. The large number of disabilities is caused mainly by poverty and inadequate provision of health services, especially preventive ones.

The situation analyses identified a lack of rehabilitation services and awareness on disability issues generally, especially, in rural areas. Rehabilitation is given a very low priority. At present, all state rehabilitative services are hospital based with almost no community based provision. There is a regulation which states that hospital therapists are not allowed to do home visits, and at the same time, making no community posts available.

Disability impacts strongly on women as they are often the care-givers for children with disabilities and adults and are often unable to have paid employment because of this. This document reflects policy suggestions which require further consultation with people with disabilities and the disability rights movement.

We call on government to implement the following:

a) To be implemented immediately:

- All future planning and implementation of services for people with disabilities should be done in consultation with people with disabilities and their organisations;
- Research is urgently needed to determine how many people with disabilities there are, the nature of their disability, as well as the attitudes towards disability in various communities;
- Community posts for rehabilitation therapists to be created immediately at community health centres;
- Community Based Rehabilitation Workers should immediately be recognised as an integral part of the primary health care team and be covered by the policy for CHWs;
- *An immediate stop to freezing of posts for rehabilitation personnel;*
- All rehabilitation personnel should be trained in the principles of primary health care and with a strong emphasis in their training on community based rehabilitation;
- Create a service for the upkeep of equipment, for example, wheelchairs, hearing aids, crutches, etc., to be available at the local and district levels;
- To provide or subsidise transport for people with disabilities to health services, either through the health services or in consultation with taxi organisations;
- Immediately establish parity in grants regardless of race or sex. Furthermore within the next year, a review should be made of who is eligible for a grant and the amounts paid, to ensure that those in need are assisted. The review process for continued payment of grants should be critically assessed; and
- Any new public buildings should be made accessible to all people with disabilities no matter what their disability;

- Legislation should be passed concerning employment of a specific quota of people with disabilities at all places of employment.

Initiate urgently and complete within the next five years:

- Create efficient and accessible facilities for children with disabilities and adults starting where the need is greatest, for example, rural and peri-urban areas.
- Create facilities in the community for psychiatric clients and people with speech and hearing problems.

