PD-AAW-993

268-0305
Lebanon

EMERGENCY REHABILITATION PROJECT FOR LEBANON

REPORT ON DEVELOPMENTS

DURING THE PERIOD JUNE 30-DECEMBER 31, 1987

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400 East 34th Street
New York, New York

This project supported in part
by the U.S. Agency for
International Development under
Grant No. NEB-0342-G-SS-4071-00

Several significant developments took place during the last six months of 1987 that further enhance the capacity of Lebanon's voluntary rehabilitation agencies, universities, professional organizations, consumer organizations and governmental agencies to improve and expand the national rehabilitation effort, looking to the provision of quality rehabilitation services to the thousands of Lebanon's disabled people, especially those who have not been included in the service programs.

The most significant of the activities in the last half of 1987 was the holding of a seminar in Cyprus, October 20-29, on Establishing a Community Based Rehabilitation Services System in Lebanon.

It was felt that such a system, augmenting and closely linked to the rehabilitation institutions, would make it possible to reach and rehabilitate many thousand more of Lebanon's children, youth and adults disabled by the decade of armed conflicts, disease and accidents. They have endured their disabilities without the services that could restore them to active, productive normal living.

The second major development was the planning for a Technical Assistance Seminar also to be held in Cyprus December 11-13. The purpose of this T.A. seminar was to aid the Lebanese in developing indigenous long term and short term training programs in all the rehabilitation disciplines and activities so as to carry out this essential training in Lebanon at less cost, at far greater frequency, and reaching many more people than would be possible through continuance of the training seminars in Cyprus. Unfortunately, conditions and circumstances did not make it possible to hold the seminar in December. It was, therefore, rescheduled for the earliest time possible in January -- which is the middle of the month.

The third major development was the provision of critical rehabilitation equipment, supplies, text books and other essential patient and student teaching materials to over twenty-five rehabilitation centers, hospitals, universities and agencies in Lebanon. In keeping with WRF and AID policy, the organizations receiving the equipment and supplies represent and/or serve all confessional groups and are located in all geographical parts of Lebanon.

Close to a million dollars has been spent or committed to the provision of equipment and supplies. In some cases, the equipment is replacement equipment for that which is obsolete or that which was destroyed in the armed conflicts. In other cases, the equipment will aid the facilities to serve more disabled people.

The fourth significant development was the holding of rehabilitation conferences in Lebanon which not only brought

together hundreds of Lebanese professionals and lay people, but also attracted these people from all confessional groups and geographical parts of Lebanon.

Finally, another major development was the conducting of several innovative programs and activities by Lebanese rehabilitation agencies and organizations, including the March for Peace, by the Tripoli Association of Disabled People. Disabled people in this organization, who came from all confessional groups and who were disabled by the armed conflicts, marched in wheelchairs and on crutches from one end of Lebanon (Tripoli) to the southernmost end and across all lines in an effort to bring peace to Lebanon.

Further description of these developments and activities follows.

I. The Community Based Rehabilitation Services Seminar

This seminar on Community Based Rehabilitation Services (CBRS) held on October 20-29, 1987 in Nicosia, Cyprus, was the seventeenth seminar conducted by the World Rehabilitation Fund for the Lebanese professional and administrative people working with Lebanon's disabled children and adults.

Whereas most of the preceding seminars were specifically designed to improve rehabilitation practice within one discipline -- i.e., medicine, physical therapy, social work, education, etc. -- this seminar was designed to explore the need and feasibility of establishing a system for providing rehabilitation services within the homes and in the communities in which Lebanon's disabled people live.

The faculty, specifically selected to meet the special requirements for the subject of CBRS Seminar, consisted of: Dr. Lourdes Publico, College of Medicine, University of Philippines; Mr. David Werner, Hesperian Foundation, California and Mexico; Dr. Dennis Poole, Virginia Commonwealth University, Richmond, Virginia; Dr. Martin Gittleman, New York Medical College, New York City; Mr. Joseph LaRocca, Dr. Martin McCavitt and Dr. Nadim Karam (AUB), World Rehabilitation Fund.

Several of the participants played a leadership role in the Seminar and presented statements and reports on current Lebanese rehabilitation activities as well as on social, economic, health and rehabilitation problems confronting their respective organizations and communities. These included Dr. Antoine Farjallah, Mrs. Amal Monsour, and Mrs. Leila Georgiades, of the Ministry of Health and Social Affairs; Bishop Gregore Haddad, the Movement Sociale; Dr. Ramez Aouad, newly appointed Dean of the Medical School of the Lebanese University; Dr. Hicham Baroudi, Medical Director of the Ouzai Rehabilitation Center; Nadim Shwayri, President of Al-Kafaat

Center; and Ms. Badria El-Osta of the Lebanese Sitting Handicapped Association.

The seminar program was organized with different instructional approaches, including: formal lectures, panel presentations and discussions and open forum discussions. (See Attachment A, Seminar Program)

To assure a timely and accurate description of the Community Based Rehabilitation Services Program, a comprehensive statement on principles and practices of CBRS was presented at the opening session of the seminar by Mr. LaRocca. This paper became the official document or guideline for the seminar, and set the tone or approach for the two-week discussion. (See Attachment B, Community Based Rehabilitation Services - Principles and Practices)

Throughout the Seminar, reference was made to the basic concept paper, especially the concepts that: (1) each handicapped person has within himself or herself the potential for his or her own self improvement; (2) the rehabilitation process, whenever feasible, takes place within the disabled person's home and home community; (3) the disabled person (and the family when a factor) formulates the disabled individual's rehabilitation programs with the assistance of the local rehabilitation worker; (4) rehabilitation services can be effectively delivered to disabled people in their homes and their communities by properly trained local people; (5) psycho-social problems often arise from, or accompany a physical impairment and, as these exist, they must be faced head on; and (6) preventive rehabilitation is recognized as an essential function of the CBRS system.

It was indicated by all staff members that there was no single CBRS system that could be transplanted from one country to another and that the CBRS systems, as described in the seminar, and in place in the Philippines, Mexico, India and Nepal, could not be transferred directly to Lebanon or any other country or location. Many factors and contingencies must be taken into consideration before a plan or CBRS program is developed to meet the specific needs of a community. The availability of personnel, medical, social and rehabilitation resources is among the factors to consider.

Two different CBRS programs were presented in detail with slides, pictures and other visual aids. Dr. Publico described the program in the Philippines that started in the villages with one physiatrist from the University of Philippines. She described the training program, recruitment, supervision, and the common problem of communication. The overall CBRS in the Philippines followed, to a degree, the WHO model, using some of the same terminology as that used in the CBRS publication by that organization.

The second example of an active and dynamic CBRS program was presented by David Werner. His program -- Project Projimo -- is located in a rural, mountainous area of Western Mexico.

Mr. Werner discussed the cultural and social setting in which he worked in Mexico. He referred often to his own publications of his program that included pictures, drawings and other visual aids that one could follow easily, while considering the concept of CBRS in Mexico and several areas where this approach is underway. The Projimo Project was described as more of a grass roots movement with the disabled people themselves, along with the local health workers, taking leading roles in the program and in treatment of the disabled person.

The seminar included didactic sessions and position papers on a number of problems of concern to disabled people--social, psychological, educational and vocational. Also, in addition to Dr. Publico's and Mr. Werner's presentations, papers were presented by Dr. Poole, Dr. Gittleman, Mr. LaRocca and Dr. McCavitt covering such areas as: Community Organization for CBRS Programs; Training of the CBRS Workers; Role of Self-Help Groups and Organizations of the Disabled in the CBRS Programs; Psychosocial Rehabilitation in Relation to Physical Disabilities; Role of the Disabled Persons and Family Members in CBRS Programs; Peer Counseling; Prevention of Disability; Role of Rehabilitation Facilities and Volunteer Health and Social Services Organizations; Education of the Handicapped Student in the Least Restrictive Environment; and Employment of Adult Handicapped People.

Following the initial didactic sessions and panel discussions in which the overall concept of CBRS was presented, four different work groups were organized representing the different geographical regions within Lebanon, including: North Lebanon, South Lebanon, East Beirut and West Beirut. This geographical organization of work groups brought together representatives from the differing confessional groups to explore the CBRS concept within their respective geographical areas without regard to confessional considerations.

It was stressed initially, by all staff and by the leadership of the Lebanese participants, that CBRS cannot stand alone and to be effective it must be a part of the overall system with linkage to rehabilitation centers, hospitals, clinics, social service agencies, civic organizations, schools and other educational organizations. As a result of this preparatory thinking and conceptualization, six different groups presented draft outlines of possible CBRS project proposals. These brief drafts would serve as a beginning for additional work that would include the overall community proposal for a Communicty Based Rehabilitation Services System

that, hopefully, would be acceptable to the greater community within Lebanon and be acceptable to WRF for funding.

Several proposals presented at the end of the Seminar indicated that some deep, comprehensive and impartial thinking had taken place in the group deliberations; that a spirit of community unity had prevailed, bringing together representatives of public and private agencies cutting across confessional groups; and recognizing the role of disabled persons and volunteers in the CBRS effort.

Thirty-five Lebanese and six Cypriots attended the Seminar. The Lebanese, as has been true in all of the WRF seminars, were from all geographic areas of Lebanon and from all confessional groups. Fifteen were located in East Beirut, nine in West Beirut; five were located in North Lebanon, three in the South Lebanon; one in the Shouf; and two in the Bekaa.

Because of the multi-disciplinary approach necessary to, and implicit in, Community Based Rehabilitation Services, most health and rehabilitation professions were represented: physicians, social workers, nurses, physiatrists, occupational therapists, psychologists, and administrators. Since the concepts of CBRS need to be extended to the workers in all of these professions, the participants were persons in instructional or supervisory positions. A listing of the participants is shown in Attachment C.

At the end of the seminar, the participants were asked to complete an unsigned written evaluation of the seminar. The overall evaluations were: 13 excellent, 19 good, and 3 average. There were no poor ratings.

There was almost unanimous agreement that the Seminar was extremely well organized and that there was sufficient time for personal discussion and participation. There was a diversified reaction as to whether the general sessions or the small work groups were more helpful. Almost all of the participants expressed a feeling that the Seminar would help in the organization and initiation of a CBRS Program in Lebanon, that this Seminar helped in bringing the participating Lebanese Agencies and Institutions into closer cooperative working relationships, and that the holding of a seminar on CBRS in Lebanon would facilitate the development of a CBRS system in Lebanon.

Many participants made additional comments at the end of the evaluation form, such as:

> "This seminar took place at a moment when the Lebanese are very confused regarding his/her political-military situation, and, especially, we still refuse to believe in the financial situation we are experiencing today. That is why I think that the

Mexican and Philippine models can be adapted to my country. I hope that my illusions will survive. I have already learned a lot and have most of all understood that the ingenuity of the human species can achieve miracles."

"Taking into account the fact that I'm in charge of the nurses' training, this seminar has helped a lot about the proposed ideas and experiences of others. The CBRS Programme is very useful and important for Lebanon mainly today where we have overcrowded neighbourhoods because of the displacements. As a trainer of nurses this is going to help us in order to sensitize nurses to work outside hospitals. Already my students get a training course on dispensaries, home visits, home care. And if we include that officially in the curricula of the schools of nursing, they will be obliged to follow it. Thus, the nurses will help the community better and each one of them in her region or neighborhood could be a local worker. I hope that in a year the Programme will be established in Lebanon and gradually the whole country will be covered. Thank you."

"The participants are all representing institutions and that's why they have wanted to base the project on an institutional structure. On the other hand, I believe the CBRS concept needs time to mature in the minds of the participants."

"Thanks to WRF and faculty for their extraordinary spirit, for the opportunity they've given us to meet among us Lebanese coming from different regions and confessions, and a big thanks for the interest and thoughtfulness for each participant.

Following the Seminar, Dr. Nadim Karam, the WRF Representative in Beirut, met with officials of the Ministry of Health and Social Affairs in relation to participation of that Ministry and its two directorates -- health and social development -- in the development of a CBRS program for Lebanon.

The directorate of Social Development, which is in charge of the community dispensaries that provide primary health care scope of services is very supportive of the CBRS concept and is anxious to take a leadership role in the development of the CBRS program. The Director General of Health, however, wishes direct operation of the CBRS program through his office in the Ministry of Health, rather than as a cooperative venture with the voluntary rehabilitation centers and agencies. There needs to be definition of the appropriate role of MOHASA in the CBRS scheme. Meanwhile, planning with the local voluntary centers

that are the direct providers of rehabilitation services and with whom the local CBRS workers would be associated is going forward.

II. The Technical Assistance Seminar

This seminar, planned for December, 1987, and now to be held January 15-18, 1988, is the key to the development of indigenous long term and short term rehabilitation training programs in rehabilitation medicine, rehabilitation nursing, speech and hearing therapy, rehabilitation social work, physical therapy, cardiac rehabilitation, pediatric rehabilitation, vocational counseling and placement and rehabilitation counseling especially on interpersonal relationships.

In all of the above disciplines, critical to rehabilitation, there is now only one long term university based training program in Lebanon. That program, at the Lebanese University, is in physical therapy and came about through the provision of technical assistance by the WRF.

There are many advantages to university based professional training programs within the country. First and foremost there is assurance of an adequate supply of the professional people needed to provide the required rehabilitation services. There are severe shortages in Lebanon today of speech and hearing therapists, occupational therapists, physiatrists, rehabilitation nurses, social workers, counselors and others because there are no university based training programs in these disciplines. Second, professional training is within reach of people of moderate or low income, whereas out-of-country training is available only to the wealthy, hence there is also a democratization result. Finally, training is geared to local conditions, predominant or unique disabilities, culture and other factors.

Short term training in rehabilitation is also critical to expansion and improvement of the rehabilitation effort in Lebanon. Such training efforts, it is hoped, will be stimulated by the Technical Assistance Seminar.

III. Provision of Equipment

With authority to purchase equipment locally, WRF has expended most of the funds allocated in the current grant for this purpose. Because of the severe devaluation of the Lebanese pound in relation to all other currencies, the receipt of equipment from WRF was the only means for the recipient agencies to replace obsolete equipment or that destroyed during the height of the armed conflicts. Through competitive bidding, superior equipment had been secured at very low cost.

Additional equipment is required by some agencies, especially the newly emerging rehabilitation agencies. They will be supplied from the anticipated supplemental 1988 grant. As University training programs are established for long term professional training in the rehabilitation disciplines, the Universities will also be supplied the necessary rehabilitation teaching equipment, books and supplies from the supplemental grant.

IV. Conferences and Other Training Programs Within Lebanon

The part of the WRF project that promotes the development of training programs within Lebanon has captured the imagination of the Lebanese rehabilitation community. Professional associations, Universities, government and voluntary agencies are banding together to conduct indigenous training programs. For example, in July 1987, the Lebanese Orthopedic Association in cooperation with the Ministry of Health sponsored its second conference on rehabilitation, the first being held in September, 1986. This seminar attracted 130 orthopedic surgeons, nurses and other health professionals to learn about the latest restoration and rehabilitation techniques for people disabled by hip pathologies.

Planning for another national seminar involving the Lebanese Orthopedic Association, the Lebanese University, the Ministry of Health and Social Affairs and other health organizations is underway. This seminar will have as its theme rehabilitation of individuals disabled by the armed conflicts and is expected to attract 500 professionals from all disciplines, all parts of Lebanon and all confessional groups.

The Lebanese Sitting Handicapped Association held a Seminar under the patronage of H.E. Salim El-Hoss, Prime Minister, on "The Physically Disabled and Marriage" on November 30, 1987. Part of the support for this Seminar, as with all other local seminars, came from the WRF-AID grant. Faculty included physicians, lawyers, educators, disabled people, and religious leaders from all confessional groups.

The next large conference on rehabilitation that will be held in Lebanon in the near future is a national conference of Social Workers. Planning for this training conference, depicting the role of the social worker in the rehabilitation of handicapped people, is underway between the Social Affairs division of the Ministry of Health and Social Affairs, several University Schools of Social Work and the Lebanese Association of Social Work. It will be the first national meeting of social workers in many, many years.

V. Innovative and Special Programs

An innovative program, suggested and partially supported by WRF, is the training of architectural students at the AUB in the design of barrier-free buildings and communities. As part of their practicum, architectural students are surveying existing rehabilitation institutions and schools and drafting plans to accommodate handicapped patients and students. This is a most significant movement for when peace come to Lebanon and extensive rebuilding begins, Lebanon could set an example for the Middle East in the design and construction of a barrier-free society.

WRF made a $12,000 grant from its own funds to the Bietna Physiotherapy Center, to provide special rehabilitation services in the Zahle-Bekaa region of Lebanon to children disabled by scoliosis, spina bifida and congenital dislocation of the hips. Forty disabled young people from all confessional groups from the 22 villages in the Bekaa will receive the surgical and other services they need to be rehabilitated to lead normal lives.

The Bietna Center consists of a seven room, old school with two courtyards converted to provide a host of rehabilitation services, including physical therapy made possible by the provision of physical therapy equipment from WRF-AID grant funds. Surgical and health services will be provided at the St. Charles Hospital, Bahannes Hospital and other major hospitals.

The Lebanese Sitting Handicapped Association, a self-help organization of disabled people from all walks of life, all regions and all confessional and social groups, had no permanent quarters in which to carry out its self-help activities on behalf of Lebanon's disabled people.

The WRF and the Hesperian Foundation, Palo Alto, California, granted $3,500 each to the Lebanese Sitting Handicapped Association for permanent quarters.

WRF, responding to Lebanon's urgent need, donated from its funds and those of the Merck, Sharp and Dohme Corporation pharmaceuticals and syringes of value near $100,000. Distribution of the pharmaceuticals was made through the Ministry of Health and the Lebanese Red Cross Society.

Finally, the staff of our Beirut office, Nadim Karam and his two assistants, has devoted many, many hours of dedicated service in making possible the above described project activities.

THE WORLD REHABILITATION FUND, INC.
SEMINAR ON ESTABLISHING A COMMUNITY BASED REHABILITATION SERVICES SYSTEM IN LEBANON
Nicosia, Cyprus
October 20-29, 1987

Time	10/20 (Tuesday)	10/21 (Wednesday)	10/22 (Thursday)	10/23 (Friday)
8:30 AM to 10:30 AM	Welcome Introductions Orientation to the Seminar - LaRocca/McCavitt Rehabilitation Developments in Lebanon - Mansour/Karam	CBRS in Project Projimo and Similar Efforts - Werner	Role and Training of CBRS Workers - Poole/Publico Group Discussion	The Disabled Child - Werner/Publico Group Discussion
10:30 AM-10:45 AM	COFFEE BREAK			
10:45 AM to 12:15 PM	Principles and Practices in the Community Based Rehabilitation Services Programs - LaRocca and Panel Group Discussion	CBRS in Project Projimo and Similar Efforts (continued) - Werner Group Discussion	Role and Training of CBRS Workers (continued) - Poole/Publico Group Discussion	Role of Self Help Groups and Organizations of the Disabled in CBRS Programs - Werner and Panel Group Discussion
12:30 PM-2:00 PM-	LUNCH			
2:00 PM to 3:30 PM	The CBRS Program in the Philippines - Publico	Community Organization for the CBRS Program - Poole and Panel Group Discussion	FREE	Psychosocial Rehabilitation in Physical Disabilities - Gittleman/McCavitt
3:30 PM-3:45 PM	COFFEE BREAK			
3:45 PM to 5:30 PM	The CBRS Program in the Philippines (continued) - Publico Group Discussion	Application of Simpler Technologies for Improved Functional Capacity - Werner Group Discussion	FREE	Psychosocial Rehabilitation in Physical Disabilities (continued) - Gittleman/McCavitt Group Discussion

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SEMINAR ON ESTABLISHING A COMMUNITY BASED REHABILITATION SERVICES SYSTEM IN LEBANON

Nicosia, Cyprus

October 20-29, 1987

Time	10/26 (Monday)	10/27 (Tuesday)	10/28 (Wednesday)	10/29 (Thursday)
:30 AM to :30 AM	CBRS in Psychosocial Rehabilitation - Gittleman	Role of the Disabled Person and Family Members in the CBRS Programs - Gittleman/Publico/McCavitt Group Discussion	Role of Rehabilitation Facilities and Voluntary Health and Social Services Organizations in the CBRS Programs - Publico & Panel Group Discussion	REPORTS FROM WORK GROUPS
:30 AM-:45 AM	COFFEE BREAK			
:45 AM to :15 PM	CBRS in Psychosocial Rehabilitation (continued) Gittleman Group Discussion	Peer Counseling - Gittleman/LaRocca Group Discussion Prevention of Disability - LaRocca/Publico/Gittleman Group Discussion	Education of the Handicapped Student in the Least Restrictive Environment - McCavitt and Panel Employment of Adult Handicapped People - McCavitt Group Discussion	DEVELOPMENT OF A CBRS PLAN FOR LEBANON
:30 PM-:00 PM	LUNCH			
:00 PM to :30 PM	Organization of Small Work Groups DEVELOPMENT OF CBRS PILOT PROJECTS BY SMALL WORK GROUPS			IMPLICATIONS OF PLAN FOR LEBANON
:30 PM-:45 PM	COFFEE BREAK			
:45 PM to :00 PM				Discussion by Seminar Participants Closing of Seminar

ORIENTATION TO THE SEMINAR

BY WAY OF ORIENTATION OR INTRODUCTION TO THIS SEMINAR, I WOULD LIKE TO REVIEW WITH YOU THE DEVELOPMENTS THAT HAVE LED TO OUR MEETING HERE THIS MORNING AND FOR THE NEXT TEN DAYS.

THREE YEARS AGO, THE AGENCY FOR INTERNATIONAL DEVELOPMEN GRANTED FUNDS TO THE WORLD REHABILITATION FUND TO HELP LEBANON IMPROVE AND EXPAND ITS REHABILITATION SERVICES TO THE THOUSANDS OF DISABLED PEOPLE IN LEBANON___DISABLED FROM DISEASE, ACCIDENTS, AND THE MANY ARMED CONFLICTS OVER THE PAST DECADE.

THESE FUNDS WERE TO BE USED FOR:

SEMINARS, SUCH AS THIS,

PURCHASING BASIC REHABILITATION EQUIPMENT, BOTH FOR THE ESTABLISHED AGENCIES AND ESPECIALLY FOR THE EMERGING ORGANIZATIONS,

TECHNICAL ASSISTANCE, AND

OTHER RELATED SERVICES.

THE FIRST OF THE PRECEDING 16 SEMINARS WAS HELD IN MID-OCTOBER, 1984---ALMOST THREE YEARS AGO THIS VERY DAY--HERE IN THIS SAME HOTEL

THAT SEMINAR BROUGHT TOGET.. THE HEADS OF VOLUNTARY AGENCIES AND ORGANIZATIONS CONCERNED WITH THE WELL-BEING OF LEBANON'S HANDICAPPED PEOPLE, AND CERTAIN GOVERNMENT OFFICERS ALSO CONCERNED WITH THE HEALTH, WELFARE, EDUCATION, AND REHABILITATI(OF LEBANON'S DISABLED CHILDREN, YOUTHS AND ADULTS.

THESE PARTICIPANTS REPRESENTED THE VARIOUS CONFESSIONAL GROUPS IN LEBANON, AND CAME FROM ALL GEOGRAPHIC AREAS OF YOUR COUNTRY. IN THIS TRULY PARTICIPATORY SEMINAR, THEY HELPED WRF MAP OUT THE PROGRAM TO BE FOLLOWED IN EXPANDING AND STRENGTHENING LEBANON'S REHABILITATION EFFORT.

TRAINING SEMINARS WERE IDENTIFIED AS A PRIMARY NEED--- ESPECIALLY TRAINING SEMINARS SPECIFIC TO EACH OF THE DISCIPLINES, PROFESSIONS AND PROGRAMS IN THE REHABILITATION FIELD. HENCE, THERE HAVE BEEN SEMINARS FOR NURSES, SOCIAL WORKERS, PHYSICIANS, PHYSICAL THERAPISTS, EDUCATORS, PROSTHETISTS/ORTHOTISTS, EMPLOYERS, LABOR UNION REPRESENTATIVES, COUNSELORS, PSYCHOLOGISTS, AND OTHERS HAVING SIGNIFICANT ROLES IN THE REHABILITATION OF DISABLED PEOPLE. THESE SEMINARS... ~~THESE SEMINARS~~ INTRODUCED RECENT REHABILITATION ADVANCES IN THE RESPECTIVE DISCIPLINES OF THE PARTICIPANTS AND UPGRADED THEIR REHABILITATION PRACTICES AND SKILLS.

IT WAS ORIGINALLY PLANNED THAT ALL SEMINARS WOULD BE HELD IN LEBANON, BUT SECURITY PROBLEMS PRECLUDED THIS. FORTUNATELY, AS SPIN OFFS FROM THE CYPRUS SEMINARS, THREE REHABILITATION CONFERENCE COMPLETELY CONCEIVED, STAFFED AND CONDUCTED BY YOU OR YOUR COLLEAGUES, HAVE BEEN HELD IN LEBANON IN THE PAST YEAR.

THESE CONFERENCES, WHICH MRS. MONSOUR AND DR. KARAM WILL DISCUSS IN THEIR PRESENTATIONS, HAVE EXCEEDED ALL EXPECTATIONS IN THE EXCHANGE AND DISSEMINATION OF REHABILITATION KNOWLEDGE.

WRF STRONGLY ENCOURAGES THE HOLDING OF SIMILAR SYMPOSIA AND CONFERENCES IN LEBANON IN THE MANY REHABILITATION AND REHABILITATION RELATED AREAS.

INDEED, PLANNING FOR SUCH ALL-LEBANON CONFERENCES IS UNDERWAY. FOR EXAMPLE, THERE WILL BE A NATIONAL CONFERENCE FOR LEBANON'S ARCHITECTS AND ENGINEERS ON BARRIER-FREE DESIGN OF PUBLIC

AND PRIVATE BUILDINGS, SCHOOLS, STORES, PLAYGROUNDS, WORK SITES, AND APARTMENTS -- SO THAT SEVERELY HANDICAPPED CHILDREN AND ADULTS HAVE READY ACCESS TO,, AND USE OF, SUCH FACILITIES JUST LIKE THEIR NON-HANDICAPPED PEERS.

ALSO, WRF IS ENCOURAGING CONFERENCES IN VARIOUS MEDICAL SPECIALTY AREAS--SUCH AS PEDIATRICS AND CARDIOLOGY-- SO THAT THERE IS THE EARLIEST POSSIBLE RECOGNITION OF DISABILITIES AMONG CHILDREN AND APPROPRIATE SERVICES PROVIDED. ALSO, FOR THE CARDIOLOGISTS, THE NATIONAL CONFERENCE WOULD FOCUS ON REHABILITATION PRESCRIPTIONS AND PROGRAMS FOR MEN AND WOMEN WHO HAVE HAD HEART ATTACKS, and OR strokes SO THAT THEY COULD RETURN TO WORK, RESUME HOMEMAKING, AND OTHERWISE LEAD ACTIVE PRODUCTIVE LIVES.

SINCE THE PHYSICAL THERAPISTS IN LEBANON HAVE RECENTLY BEEN CHARTERED TO ORGANIZE A PROFESSIONAL ORGANIZATION, NOW OR EARLY NEXT YEAR WOULD SEEM PROPITIOUS TO HOLD A NATIONAL PHYSICAL THERAPY CONFERENCE IN LEBANON, AT WHICH, AMONG OTHER THINGS, THE STANDARDS AND REQUIREMENTS FOR CERTIFICATION COULD BE DRAFTED, DISCUSSED, AND ADOPTED----LOOKING TO THE PROVISION OF THE MOST ADVANCED PHYSICAL THERAPY SERVICES TO LEBANON'S DISABLED PEOPLE IN WHATEVER PARTS OF LEBANON THEY MAY BE LOCATED.

IT HAS BEEN A LONG, LONG TIME SINCE LEBANON'S SOCIAL WORKERS HAVE ASSEMBLED IN A NATIONAL SYMPOSIUM. NOT ONLY COULD SUCH A NATIONAL CONFERENCE UPDATE LEBANON'S SOCIAL WORKERS ON GENERAL TRENDS AND DEVELOPMENTS IN SOCIAL WORK, BUT ALSO COULD SERVE TO SHOW THE ROLE OF THE SOCIAL WORKER IN THE REHABILITA 16 OF THE DISABLED WHICH WAS THE FOCUS OF THE WRF SEMINAR FOR SOCIAL WORKERS HELD IN CYPRUS TWO YEARS AGO.

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HOPEFULLY, THERE WILL BE A REPEAT CONFERENCE FOR NURSES SO THAT ALL NURSES IN LEBANON UNDERSTAND THE PRINCIPLES AND PRACTICES OF REHABILITATION NURSING.

AND HOPEFULLY, THERE WILL BE ANOTHER NATIONAL CONFERENCE ON REHABILITATION, LIKE THE TRIPOLI CONFERENCE, THAT WILL BRING TOGETHER PEOPLE FROM ALL WALKS OF LIFE, FROM ALL PROFESSIONS, FROM ALL PARTS OF LEBANON, AND FROM ALL CONFESSIONAL GROUPS WHOSE OVERRIDING CONCERNS AND INTERESTS ARE THE BETTERMENT OF THE LIVES OF THE DISABLED PEOPLE OF LEBANON.

IN ADDITION TO PROVIDING A FORUM FOR THE EXCHANGE OF IDEAS AND EXPERIENCES AMONG THE PARTICIPANTS, SUCH A NATIONAL CONFERENCE, WITH APPROPRIATE MEDIA COVERAGE, IS THE MOST EFFECTIVE WAY OF RAISING PUBLIC AWARENESS OF THE NEEDS AND CAPACITIES OF LEBANESE HANDICAPPED PEOPLE AND SHOWING THE MANY WAYS IN WHICH EVERYONE IN THE LEBANESE SOCIETY, --SCHOOL CHILDREN, YOUTHS AND ADULTS--CAN CONTRIBUTE TOWARD MAKING THEIR HANDICAPPED PEERS FULL PARTICIPATING MEMBERS OF THAT SOCIETY.

ANOTHER PRIMARY NEED, IDENTIFIED AT THE FIRST REHABILITATION SEMINAR, WAS THAT THE DISABLED PERSON RECEIVE REHABILITATION SERVICES AS NEAR TO HIS OR HER FAMILY AND COMMUNITY AS IS POSSIBLE. THIS SYSTEM OF COMMUNITY BASED REHABILITATION SERVICES IS OFTEN REFERRED TO AS CBRS.

THEN IT WAS SUGGESTED THAT PROTOTYPES OF CBRS DELIVERY SYSTEM BE DEVELOPED FOR DEMONSTRATION PURPOSES. THESE PROTOTYPES, IT WAS HOPED , WOULD COMPLEMENT AND SUPPLEMENT ONGOING COMMUNITY HEALTH SERVICES PROVIDED BY PUBLIC AND PRIVATE AGENCIES.

CBRS IS THE PURPOSE OF THIS SEMINAR. IT DIFFERS FROM THE OTHER SEMINARS IN THAT IT IS NOT FOR ONE DISCIPLINE--TO IMPROVE REHABILITATION PRACTICES WITHIN THAT DISCIPLINE. RATHER, IT IS A SEMINAR IN WHICH WE WILL EXPLORE, FIRST, WHETHER A CBRS SYSTEM IS NEEDED AND IS FEASIBLE IN LEBANON. AND, SECOND, IF NEEDED AND FEASIBLE, WHAT ITS FORM AND STRUCTURE SHOULD BE.

TO ASSIST US IN MAKING THESE EXPLORATIONS, WRF HAS ASSEMBLED A DISTINGUISHED GROUP OF PEOPLE WHO HAVE HAD EXTENSIVE EXPERIENCE IN DEVELOPING AND OPERATING CBRS PROGRAMS IN VARIOUS PARTS OF THE WORLD.

AS THE AGENDA SHOWS, DR. PUBLICO WILL BE DISCUSSING CBRS FROM HER PERSPECTIVE WITH EMPHASIS ON THE PHILIPPINES, AND MR. WERNER FROM HIS PERSPECTIVE ESPECIALLY IN RELATION TO MEXICO AND LATIN AMERICA. OTHER FACULTY MEMBERS WILL BE DISCUSSING WITH YOU THE VARIOUS SUBJECT MATTER AREAS THAT HAVE PARTICULAR APPLICATION IN THE PROVISION OF REHABILITATION SERVICES IN THE HOME AND IN THE COMMUNITY.

I remind you that this is a seminar with opportunity for questions and open discussion. Please take advantage of this.

As we listen to our experts in the provision of Community Based Rehabilitation Services we should be asking ourselves a number of questions. Among these are;

IS THERE NEED AND PLACE FOR A COMMUNITY BASED REHABILITATION SERVICES SYSTEM IN LEBANON AS A MEANS OF IMPROVING AND EXPANDING REHABILITATION SERVICES TO MORE OF LEBANON'S DISABLED PEOPLE ?

IF SO, WHAT KIND OF SYSTEM OR SYSTEMS ARE BEST SUITED TO CONDITIONS IN LEBANON AND FIT IN BEST WITH LEBANON'S CULTURES?

SHOULD EXPERIMENTAL PROTOTYPE CBRS SYSTEMS BE ESTABLISH WHERE ? HOW MANY ? UNDER WHOSE AUSPICES ?

WHAT SHOULD BE THE SCOPE OF THE SERVICES PROVIDED BEYOND :

(A) CASE FINDING

(B) REFERRAL TO APPROPRIATE REHABILITATION FACILITIES AND SERVICES, AND OVERSEEING REHABILITATION PROGRAMS THAT CAN BE CARRIED OUT IN THE HOME,

(C) PRESCRIBING MEASURES TO ASSIST IN THE INTEGRATION OR REINTEGRATION OF THE DISABLED PERSON INTO HIS/HER COMMUNITY,

(D) FOLLOW UP OF DISABLED PERSONS DISCHARGED FROM REHABILITAT FACILITIES, HOSPITALS, AND PROGRAMS ?

HOW SHOULD REHABILITATION FACILITIES, REHABILITATION SERVICES PROGRAMS,UNIVERSITIES, AND TECHNICAL SCHOOLS TRAINING PHYSICIANS, PHYSICAL THERAPISTS, NURSES, SOCIAL WORKERS AND OTHERS RELATE TO SUCH PROGRAMS ?

WHAT KIND OF PEOPLE SHOULD SERVE AS CBRS WORKERS ? SHOULD THIS INCLUDE TRAINEES IN NURSING, PHYSICAL THERAPY, SOCIAL WORK ? TO WHOM SHOULD THEY REPORT ? HOW SUPERVISED ? WHAT KIND OF TRAINING WILL THEY REQUIRE ? WHO SHOULD PROVIDE THE TRAINING ?

BEGINNING THE AFTERNOON OF THE FIFTH DAY OF THE SEMINAR, WE WILL BREAK INTO SMALL WORK GROUPS TO DEVELOP CBRS PROTOTYPE PROJECTS APPROPRIATE FOR LEBANON.

THESE SESSIONS WILL CHALLENGE THE IMAGINATIVE POWERS OF ALL OF US. IT MEANS DRAWING FROM THE FORMAL PRESENTATIONS AND ENSUING DISCUSSIONS THE CONCEPTS AND PRACTICES THAT HAVE APPLICATION IN LEBANON AND INCORPORATING THEM INTO A PROPOSED CBRS SYSTEM OR SYSTEMS FOR LEBANON. IT DOES NOT MEAN SUPERIMPOSING UPON LEBANON A SYSTEM THAT WORKS IN SOME OTHER COUNTRY.

DISABILITY KNOWS NO NATIONAL BOUNDARIES. REHABILITATION EXCELLENCE AND THE MOST EFFECTIVE WAY OF PROVIDING REHABILITATION SERVICE IS NOT THE EXCLUSIVE POSSESSION OF ANY ONE NATION OR SOCIETY. THUS, REHABILITATION EXCELLENCE AND ITS SYSTEMS OR APPLICATION EXIST WORLD-WIDE.

ALL OF US SHOULD TAKE FROM THE WORLD-WIDE BODY OF KNOWLEDGE, THOSE PRACTICES AND SYSTEMS THAT CAN BE EMPLOYED IN OUR PARTICULAR SETTINGS FOR THE BENEFIT OF OUR OWN DISABLED PEOPLE.

THIS IS THE CHALLENGE TO ALL OF US FOR THE NEXT EIGHT DAYS.

ATTACHMENT B

COMMUNITY BASED REHABILITATION SERVICES

PRINCIPLES AND PRACTICES

Nicosia, Cyprus
October 20-29, 1987

The World Rehabilitation Fund, Inc.
Joseph M. LaRocca

The Community Based Rehabilitation Services concept is relatively new in the rehabilitation field. For years we have looked to our rehabilitation centers and institutions to provide, within the institutional setting, the services required by disabled people.

Through the research and services provided in these centers and institutions, new technologies and rehabilitation prescriptions emerged that have enabled severely disabled people to function at levels undreamed of thirty or forty years ago. But these institutionally provided services benefit a relatively small number of disabled people and at a high cost.

Hence, within the last decade questions were raised as to whether there might be more encompassing and less costly ways of delivering services to disabled people.

The World Health Organization (WHO) took a leadership role in exploring methods by which greater numbers of handicapped people might be served and at less cost. WHO came up with the community based rehabiltiation services concept -- a system by which rehabilitation services are provided to certain disabled people in their homes and/or the communities in which they live.

WHO developed a variety of manuals pertaining to the establishment and operation of a CBRS program. Some of you who may have attended an earlier WRF seminar which included CBRS are familiar with the WHO materials presented by Mrs. Mendes and her associates.

Simultaneous with the WHO effort, other sources developed and placed into operation CBRS programs embodying their own concepts, approaches and operational methods.

As a result, CBRS programs are now found in all parts of the world -- some operated nationwide and others in one or more communities within a nation.

As mentioned earlier, Mr. Werner and Dr. Publico will be sharing with you their extensive experience in the setting up and operating of such programs.

Originally, the CBRS system was thought to have application solely to developing countries and to remote rural areas in such countries. Experience has shown, however, that the CBRS system has a place in developed countries as well, and, indeed, has been established in urban areas -- sometimes in areas that include a rehabilitation facility. Among other things, through the CBRS process, effective case finding, prevention and follow-up can be provided -- activities that are not usually included within the purview of the traditional rehabilitation institution.

Not only are CBRS systems operating in conjunction with traditional rehabilitation institutes, but the CBRS model is being used in health programs other than rehabilitation. For example, the CBRS model is being used in certain parts of the United States for the delivery of maternal and child health care services in the home and community as an alternative to the delivery of these services in clinics, hospitals, health centers and other institutional settings. These programs have proven to be most effective among low-income people who may not have the means to travel to clinics and hospitals, and to those people who may be fearful of institutions.

While the CBRS programs may differ in their organizational settings, geographical locations and the scope of their services, they have the same basic underlying principles.

First and foremost among these principles is that each handicapped person has within himself or herself the potential for his or her own self-improvement.

To achieve maximum functional capacity and the role he or she wishes to have in the family and community, the disabled person, and the family when a factor, need in-depth knowledge about the disability, self-treatment modalities, and other appropriate incentive and circumstances through which self-help possibilities can be fully realized.

Another basic concept of the CBRS system is that the rehabilitation process take place within the disabled person's home and home community.

Uprooting the disabled person, especially a child, from home and community for extended treatment and/or education in an institutional setting can be a most traumatic experience. Normal family ties and roles within the family may be broken--sometimes never to be restored. Opportunities to associate educationally and socially with non-handicapped peers are diminished, as are the opportunities to replace with positive feelings towards disabled persons whatever negative attitudes may exist in the community. Obviously, when home rehabilitation is appropriate, costs are a fraction of those in an institutional setting.

Another underlying principle is: **The disabled person, and the family when a factor, formulate the disabled individual's rehabilitation program with the assistance of the local rehabilitation worker.**

The rehabilitation plan must be a plan acceptable to the disabled person -- one which he or she fully understands and one which he or she has had a key role in formulating. A rehabilitation plan developed without the involvement of the disabled person and his/her family will have little chance of succeeding. Moreover, to the extent feasible, the plan could

have defined goals with prescribed time limits. In some cases, this can be an enormous incentive toward the realization of the ultimate self-help goals(s) of the disabled person.

Still another principle is that rehabilitation services can be effectively delivered to disabled people in their homes and their communities by properly trained local lay people.

In some existing programs, these local lay people are volunteers; in others, they are compensated for their services.

There are many advantages to the use of local lay people in the delivery of rehabilitation services. Among other things, there is no paucity of lay workers as there is with professionals. They are generally from the same communities and cultures as the disabled people and their families whom the workers counsel and serve, and can more easily establish trust, confidence, and rapport. The lay workers are aware of the community resources -- including the resources within the family, especially the extended family -- that can be utilized for the rehabilitation and well being of the disabled person.

Of course, proper selection and training of the local lay workers is critical to the success of the program. As well as innate abilities, attitudes are most important. Among other things, one would wish to select, as the lay workers, persons who deal with the disabled individuals on their own terms and who do not view disability as a deviance.

Another principle observed in the CBRS program is that psycho-social problems often arise from or accompany a physical impairment and, as these exist, they must be faced head on.

These psycho-social side effects -- changes in self-concept, depression, fear, changes in interpersonal relationships, including sexuality issues, etc. -- can be emotionally devasting, not only to the disabled person alone, but to the entire family unit.

Resolutions or easing of emotional problems, anxieties, and tensions, when these problems interfere with the disabled person's rehabilitation progress, require exceptional skill, tact, empathy and understanding, not only by the CBRS worker, but also persons within or outside the community brought in by the CBRS worker for assistance.

Preventive rehabilitation is recognized as a primary responsibility and essential function of the CBRS system.

Preventing disabilities from occurring, or if they exist, from becoming more serious, through immunization, public education, referral, counseling and other intervention methods, is a necessary function of the CBRS worker.

It is recognized that most of Lebanon's children under age five have recently been immunized, through a UNICEF program, against measles, diptheria, whooping cough, tetanus and polio--a truly remarkable effort under prevailing conditions. While initial innoculations are critical, so are boosters. The CBRS worker makes sure that all members of the families with whom he/she is working receive required immunizations and boosters and takes a leadership role in community efforts to prevent disability from occurring.

Early case finding is a sine qua non of preventive rehabilitation. The earlier a disability condition is detected, the greater will be the degree of elimination or amelioration. This is especially true of children with hearing impairments. The later in life hearing loss is detected the more likely will there be severe speech problems.

This is also true with respect to children who show the beginning signs of behavioral and emotional problems. No one knows how many children there are in Lebanon with latent emotional problems as a result of the violence of the last decade. The local CBRS worker needs to be alert to this situation, set up a system for the early detection of children so afflicted, and establish timely and appropriate intervention strategies.

Marshalling and developing resources within the community to assist the disabled person in achieving the goals of his/her rehabilitation plan is also a basic element of the CBRS program.

This includes on the part of the CBRS worker:

- Organizing community groups for the removal of architectural and environmental barriers;
- Creating equal employment opportunities;
- Assisting in the organization of self-help groups;
- Identifying local artisans and resources for the construction of technological devices and aids; and
- Taking such other action that will allow the disabled child or adult to participate to the full extent of his/her capacity in community educational, employment, cultural, recreational and civic activities along with non-handicapped peers.

The CBRS cannot stand alone. To be effective it must be a part of an overall system with linkage to rehabilitation centers, hospitals, clinics, social service agencies, civic organizations, schools and other educational agencies. The CBRS worker cannot solely assist the disabled individual resolve the multitude of problems with which he/she is faced. A system of rehabilitation services, therefore, of which CBRS is an integral part needs to be established in order to provide such services to more of Lebanon's children, youth and adults.

These principles and others will be discussed in greater detail by Dr. Publico, Mr. Werner, Dr. Poole, Dr. Gittleman, Dr. McCavitt and me in the presentations that follow.

WORLD REHABILITATION FUND, INC
SEMINAR ON
COMMUNITY BASED REHABILITATION SERVICES
NICOSIA OCTOBER 20-29, 1987

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