

“Sichuan Earthquake Community-based Rehabilitation Resource Center” Project Summary

The Hong Kong Society for Rehabilitation International and China Division

The Sichuan Earthquake Community-based Rehabilitation Resource Center (“the Project”) was funded by the Trust Fund in Support of Reconstruction in the Sichuan Earthquake Stricken Areas of the Government of the Hong Kong Special Administrative Region for a period of 36 months. In co-operation with Sichuan’s West China Hospital, the Hong Kong Society for Rehabilitation has started to set up community-based rehabilitation network points and to implement community-based rehabilitation services in different earthquake stricken areas from February 2009.

The Project was divided into two phases. The first phase ran from February 2009 to May 2010 (15 months), with emphasis on strengthening the rehabilitation of physical function for those injured in the earthquake, and on researching community needs. The main service provided community-based rehabilitation training implemented by rehabilitation therapists, mostly in people’s residences, while preparing for the second phase which involved setting up a community-based rehabilitation network. The second phase ran from June 2010 to the end of January 2012 (21 months). Social workers organized the injured and patients with chronic diseases in selected communities, to establish self-management behavior among the injured and to promote self-help and mutual aid in the communities. Both the Project and the technologies can now be passed on to the local injured, and will be continuously supported by local community groups.

Project Framework

Official reports stated that more than 70,000 people died and 370 000 people were injured in the Wenchuan earthquake. This big population of people with disabilities brought huge demand on rehabilitation. The government and many non-government organizations built new

facilities for people with disability, including rehabilitation centers in major counties and cities, with the aim to provide suitable and timely services to the needed. After discharge from the hospitals and rehabilitation centers, the patients and injured had to return to their communities. But the rehabilitation support and services in the communities were very limited; the people with disability would encounter a lot of difficulties in their daily living. In addition, the affected areas were scattered to counties, villages as well as mountain areas. In order to reach as many people with disability as possible and provided them with suitable services, the Project adopted the framework of community-based rehabilitation(CBR) and with capacity building of local resources as the foundation, tried to link up local resources with people with disability through the strategies of inter-disciplinary intervention, self management, self-help and mutual aid and social integration. The utmost goal should be to ensure people with disability get the services they need in their community and meanwhile cultivate local resources on rehabilitation(Figure 1).

After three-years, we summarized our results as below:

Figure 1 Project Framework



Impact

• The project had brought to Sichuan, a better understanding of rehabilitation needs and services of people with disabilities and chronic disease living in their own homes and communities. It demonstrated a clear signal the importance of a linking mechanism between the health care sector, communities and individuals and that resources must be allocated to community rehabilitation as well as institutional services. The project established follow-up system for earthquake patients discharged from the hospitals, through visits providing practical help for environmental access issues, equipment and psychosocial support. Integral in this process was creating capacity-building opportunities at every point of contact: training local workers, families and volunteers in special skills required, as well as to initiate local problem-solving and create local support networks.

• The multi-sectoral approach taken by the project, working with different sectors, included Disabled Person's Federation, health and education sectors at different levels, and non-government organizations, was both challenging and exciting. It had facilitated the mobilization and integration of local resources, and recognition of mutual benefits through collaboration.

• The project introduced the role of social workers in community building and community partnerships for the benefit of people with disabilities, and chronic diseases; including mobilizing volunteers, and community resources, and interventions for psychosocial issues. It demonstrated the significance of social workers in the rehabilitation team to support hospital discharge and community re-integration.

Lessons Learned

• CBR emphasizes the integration of medical and social model. The focus not only confines to the physical and medical aspect of an individual, but also involves in the psychological issue, family and environment, available community resources as well as government policies which protect people with disabilities. In order to facilitate CBR, the project needs to actively promote the CBR concept to all levels, include the government, local work

units, non-government organizations, earthquake victims and their families as well as the public.

• There were lots of counties and townships being affected by the earthquake and portion of the residents were farmers. The government put much effort on reconstruction while some farmlands were converted to residential area. The living environment has been improved, but some farmers found it difficult to change to other jobs. To those being injured, it was even more challenging for them in farming, which may put them into poverty status. In addition, the vocational facilities and security system for people with disabilities have not been developed.

The project should spend more resources on providing vocational training and livelihood items. It believes livelihood is the key issue for people with disabilities as it closely relates to poverty and dignity.

• Post-disaster projects need to acknowledge that people with disabilities and chronic disease were residents of disaster areas and faced the same or greater challenges of all residents.

• In future disaster regions, if there already exist community-based rehabilitation networks, these will be very important resources for projects and activities may integrate with local rehabilitation services to the extent possible. Our belief in partnerships with local organizations and local capacity building has been strengthened by the experiences of this project.

Conclusion

A successful CBR project ensures that people with disability get the services they need, but as importantly it facilitates equal participation. Self-confidence and dignity are the ultimate goals.

This project was in an area where community rehabilitation support networks were not established prior to the disaster. Thus, it was designed as a resource centre approach. Over the past three years, the project has demonstrated the usefulness and importance of referrals and community rehabilitation, while helping the earthquake victims get their lives together. In order to sustain the CBR services, we believe empowering the local resources is a timely strategy.