



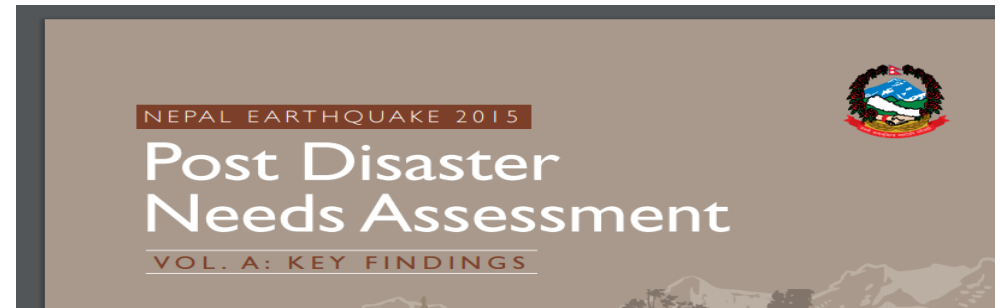
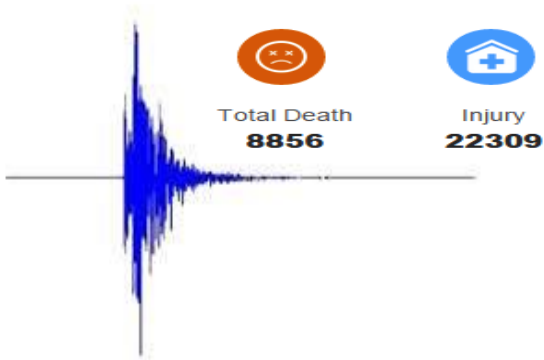
DRFU/LCD
Ministry of Health

HEALTH TRANSITION & RECOVERY PROGRAMME FINAL DISSEMINATION EVENT

Presentation

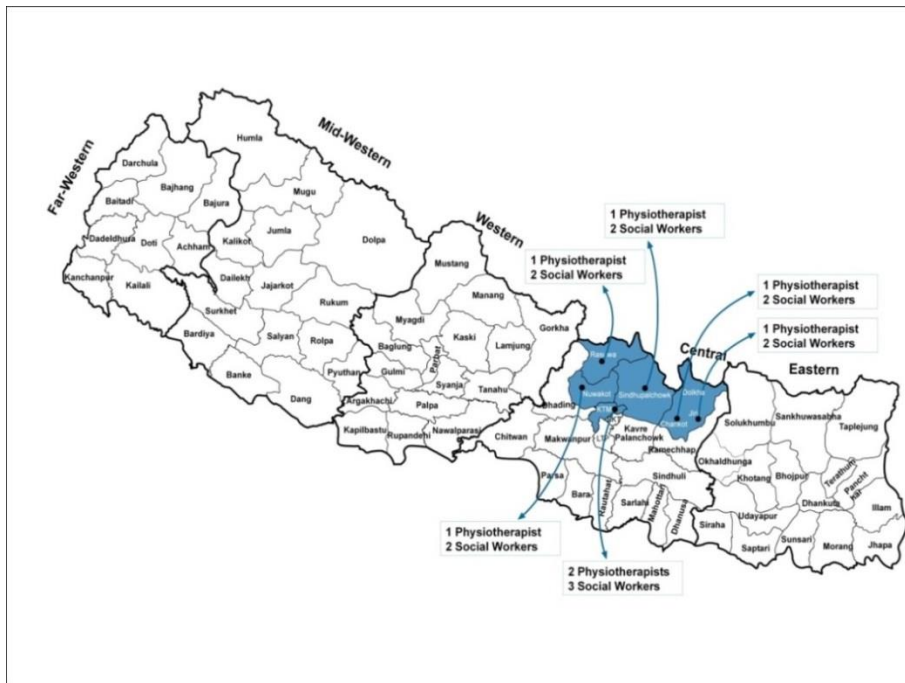
Mahendra Bikram Shah
Project Coordinator, HI Nepal
30th March, 2017
Kathmandu, Nepal

Demand of Rehabilitation Services after Earthquake



Health Related Rehabilitation Identified as the Need

Physiotherapy/Rehabilitation Service in District Hospitals



Rehabilitation support services in earthquake affected districts

Funded by: DFID - OPTION
Duration: August 2015 to July 2016 (1 year)

Rasuwa, Nuwakot, Dhading, Sindupalchok, Kathmandu & Dolakha- Charikot & Jiri

Total Beneficiaries Served

- **6032 beneficiaries: 1219 Earthquake injured (n= 1219) and Earthquake affected (n= 4813)**
- **High unmet need of rehabilitation services**
- **Cash support for 326 ultra-poor patients for supported referral and discharge**



Beneficiaries served in health facility



4,087 clients received rehabilitation services in hospital of which 394 were earthquake injured



536 beneficiaries (EQI-81, EQA-455) were delivered assistive devices and therapeutic aids from District Hospital

Beneficiaries served in outreach



1,945 clients received rehabilitation services in community of which 825 were earthquake injured



218 Clients (EQI-94, EQA-124) received assistive devices from community out reach

Orientation to clients and family members

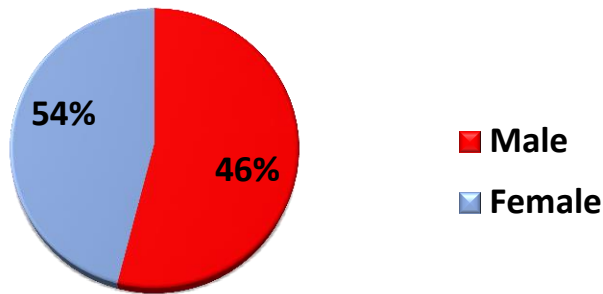


5,889 beneficiaries and 1,755 caregivers were oriented on patient care and rehabilitation

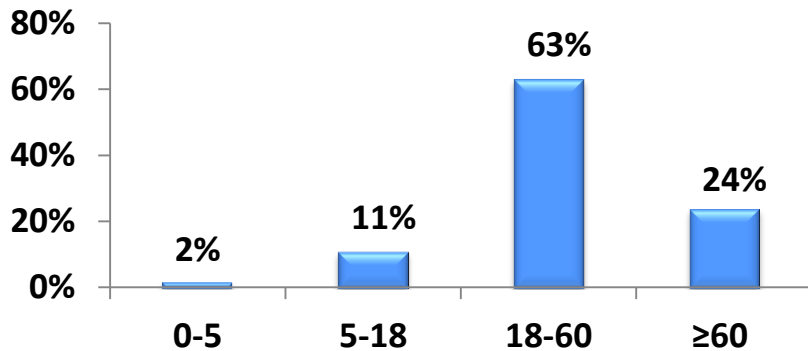
Summary of service utilisation

n = 6032

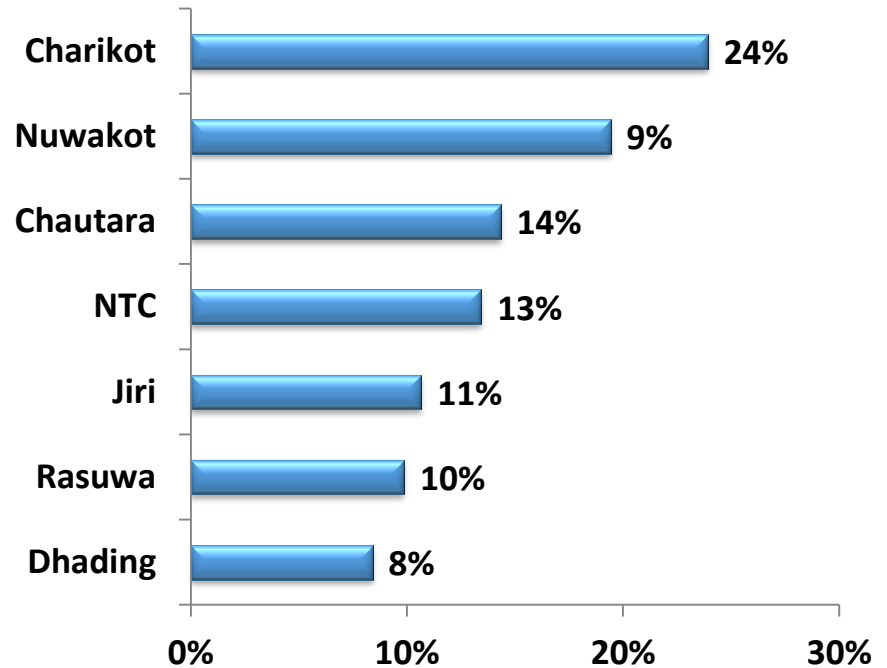
Gender distribution of beneficiaries



Distribution of beneficiaries according to age group

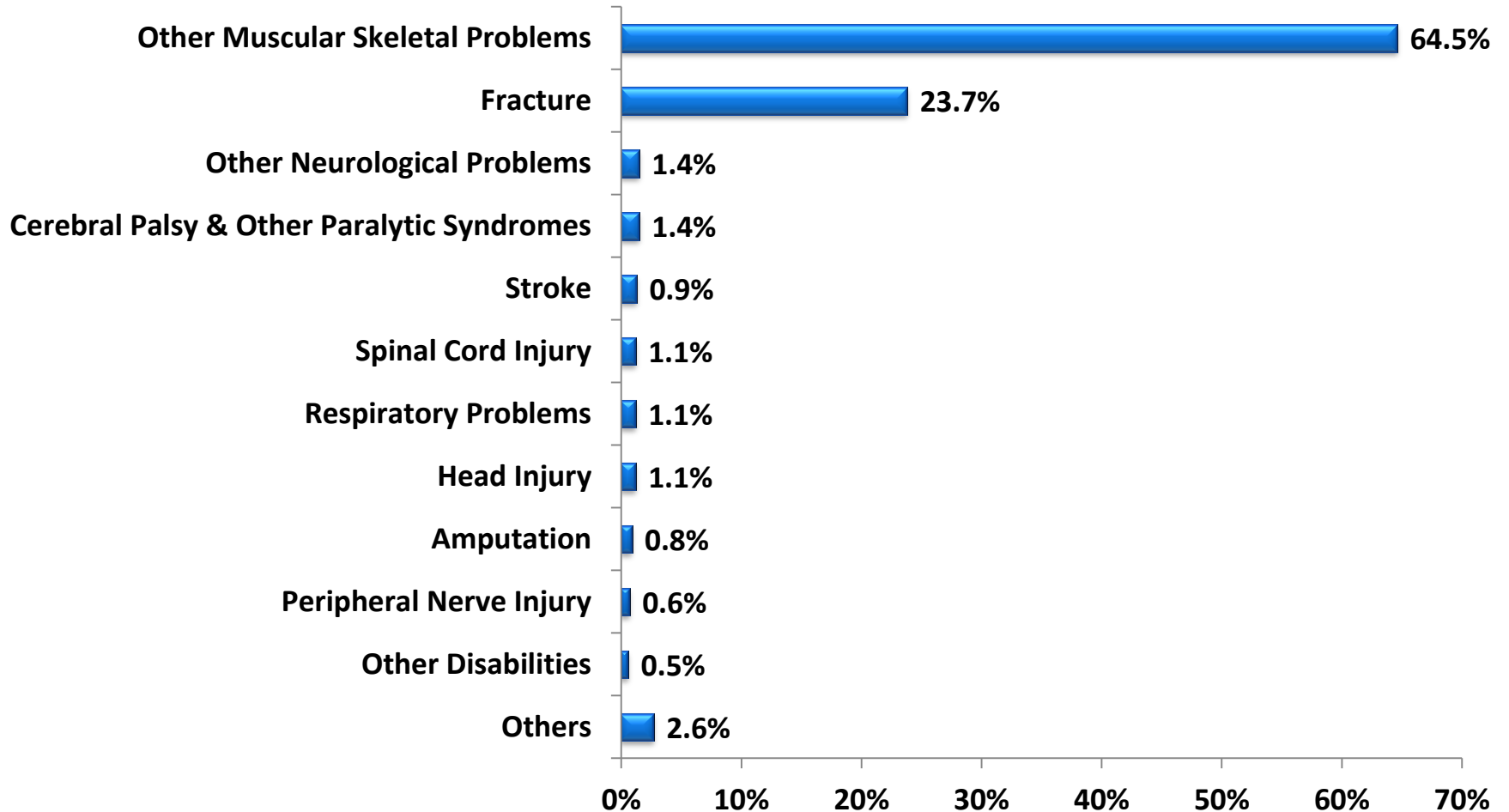


Distribution of beneficiaries according to PT unit



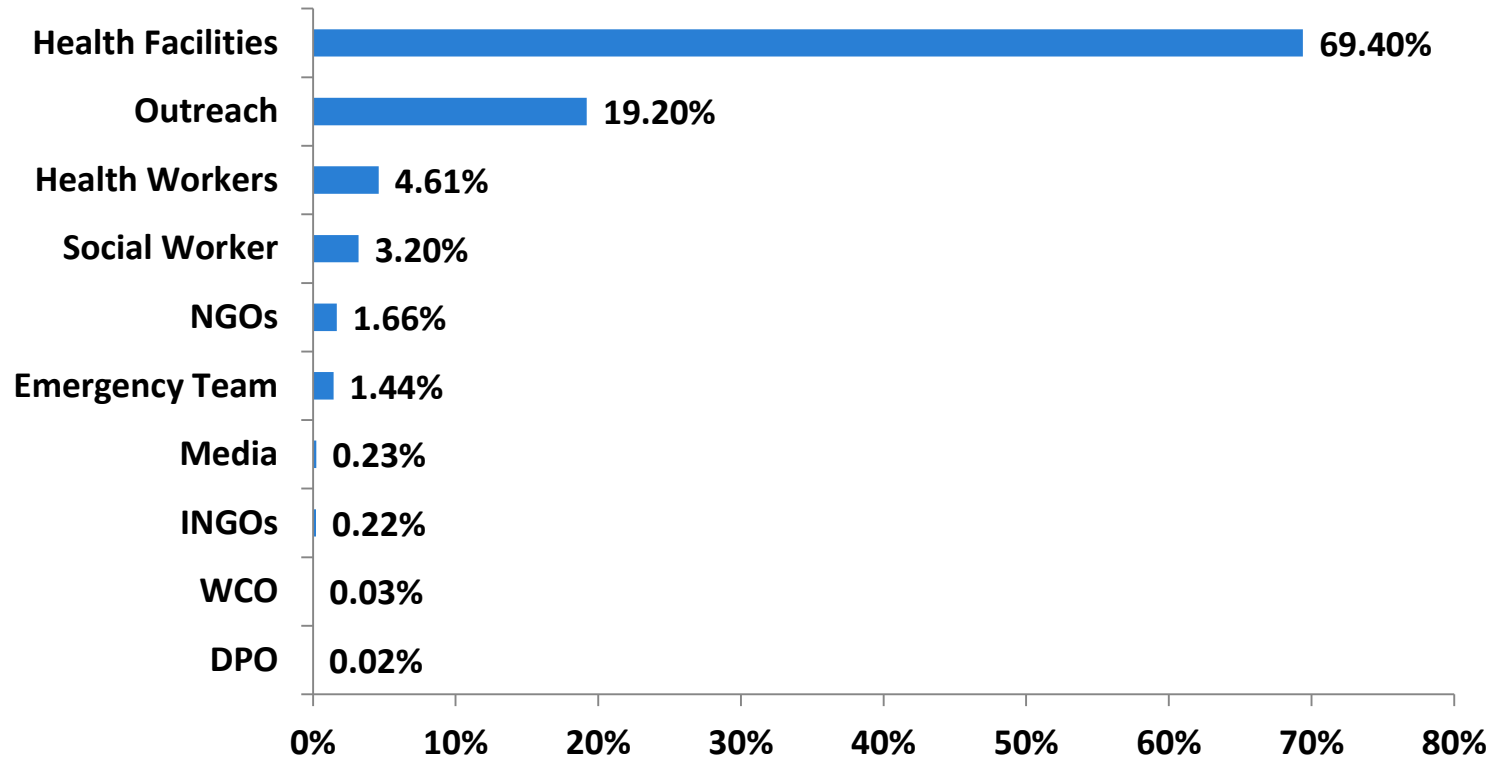
Summary of service utilisation....continue

Type of Diagnosis/Impairment of Beneficiaries

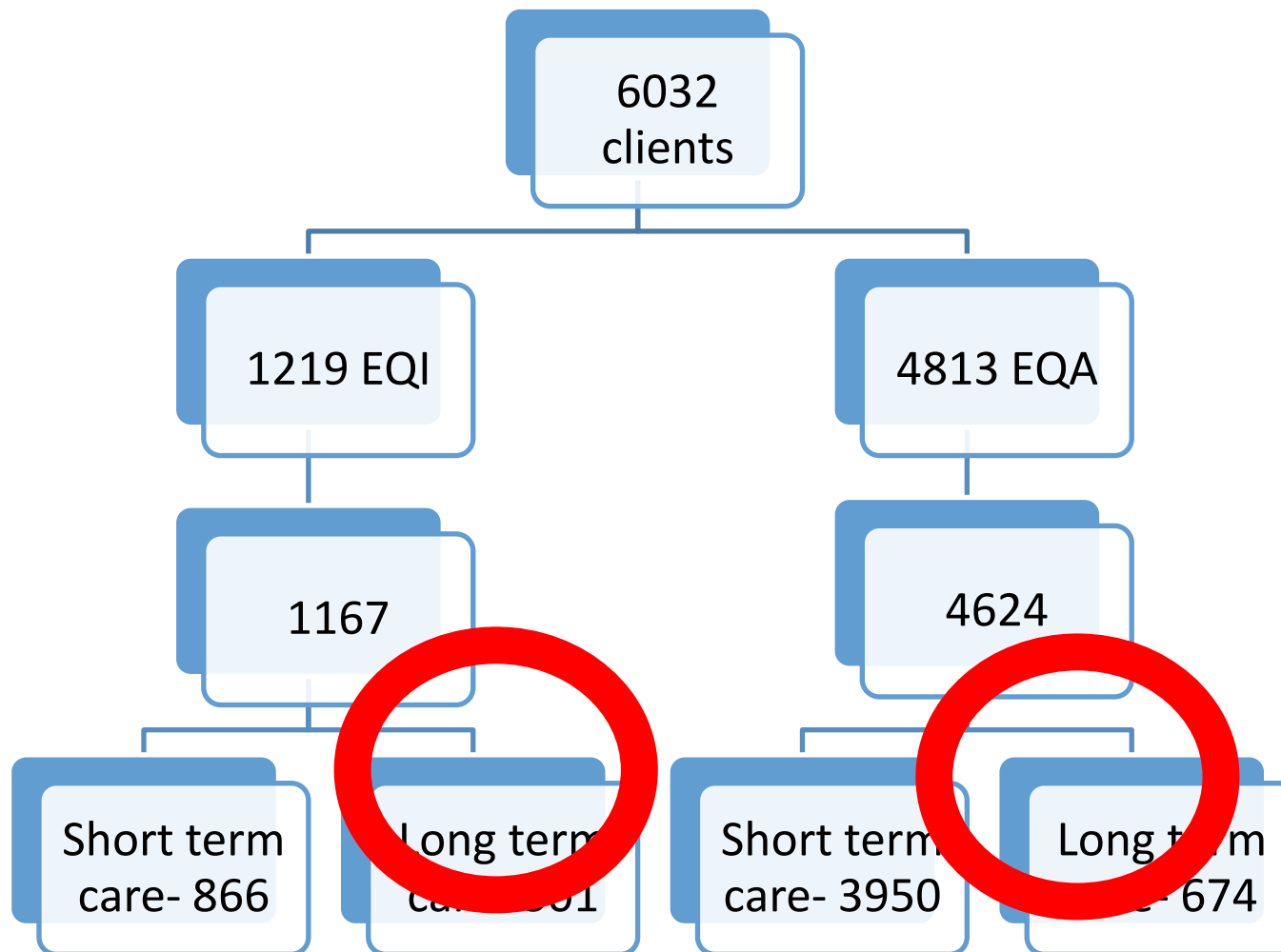


Summary of service utilisation...continue

Beneficiaries Referred from

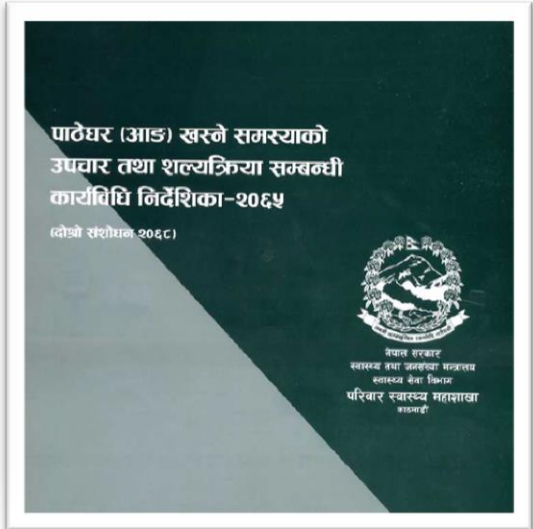
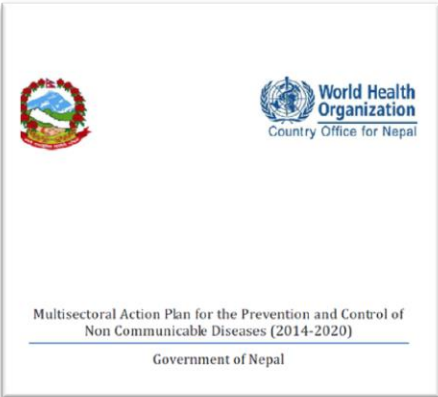
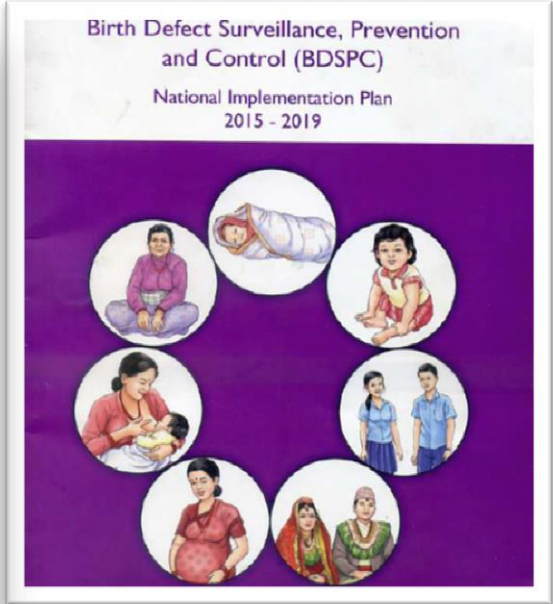
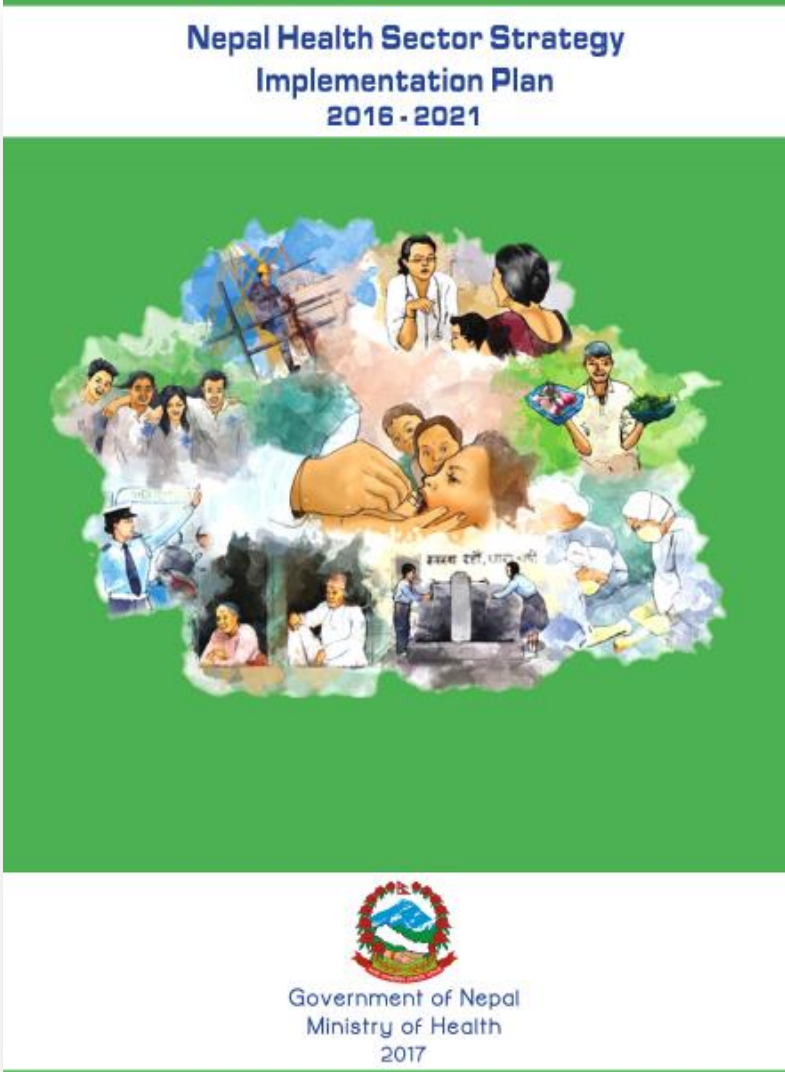
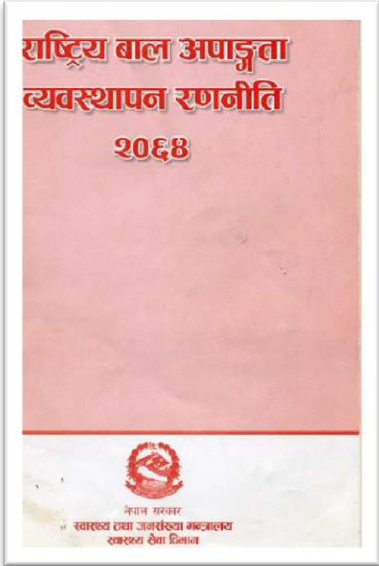


Long term rehabilitation need derived



According WHO DAS, 975 patients (301 EQI and 674 EQA) need long term rehabilitation care

Guiding Documents



Pertaining highlights of NHSS IP

- Establish/strengthen rehabilitation department in different level hospitals- EQ affected districts, zonal, regional and central hospitals;
- Upgrade, repair and maintain rehabilitation equipment and physical infrastructure;
- Recruit rehabilitation workforce-PTs (basic and specialised) in different level hospitals;
- Build capacity for availability of mobility aids/therapeutics equipment in EQ affected districts and different level hospitals.

Key lessons learnt

- Physiotherapy/Rehabilitation unit ensured the continuum of rehabilitation care;
- Outreach activities serves important strategy to reach the unreached;
- Rehabilitation outreach merged in integrated district health camp care are cost effective;
- Ultra-poor clients need to be supported through cash for supported referral and discharge;

Key lesson learnt.....continue

- Rehabilitation professionals can support for prevention/rehabilitation of people with injury, functional limitation and disabilities associated with MCI, NCD, safe motherhood and other factors;
- Functional referral mechanism to specialized hospital/rehabilitation centre is a must to address the need of complex types of injuries;
- Psychosocial support and social protection support is very essential to address the burden;
- Orientation to doctors, nurses, paramedics and rehab professionals increases the referral to health facilities.

Integration of Rehabilitation services in the Health System



HPs, PHCCs

Prevention and detection

- Birth defect
- Disability due to NCD,s and due to Elderly
- Childhood disability and Motherhood disability

Long term follow up in collaboration with second level

Referral mechanism

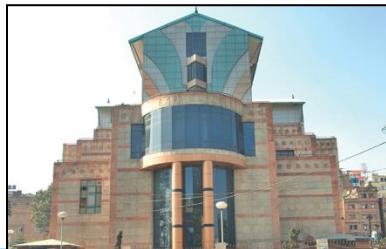


District hospital

Assessment and Care

Long term follow up in collaboration with first level and the third level

Referral mechanism



Specialised care

Tertiary hospital &
Rehabilitation centres



Way forward

- **Allocate government funding in health for rehabilitation – trauma management; MCH and NCDs;**
- **Utilise available human resources for rehabilitation in health care system (2000 trained PTs are in Nepal HR markets);**
- **Define public private partnerships with CBOs operated rehabilitation centre;**
- **The commitments of NHSS-IP are to be incorporated in Annual Work Plan (AWP) of MoH;**
- **Enhance coordination among ministries, departments; funding agencies for integrated care of impairments and disability;**
- **Engage disable people organizations and their network at all levels for advocacy on issues related to comprehensive rehabilitation and social protection.**



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Ministry of Health

Thank you