

MINISTRY OF HEALTH

**DIVISION OF DISABILITY AND
REHABILITATION SERVICES**

STRATEGIC PLAN 2004-2008

REPUBLIC OF GUYANA

December 2004.

FOREWORD

The major premise on which the National Health Plan is designed is equity. We will not achieve equity in the health sector until we have an effective program to deal with rehabilitation and disability. The National Health Plan 2004-2007 sought to include rehabilitation and disability as an important part of our development agenda.

It is important that Rehabilitation be viewed as a worthwhile investment in health and not merely as a cost. It is within this perspective that, the Division of Rehabilitation Services in the Ministry of Health has developed a strategic plan, with participation from key stakeholders. The plan seeks to develop strategies for the provision of preventative, therapeutic and rehabilitative services in a caring and equitable manner to the population of Guyana.

The Strategic Plan focuses on some key areas. A major priority is to establish rehabilitation database and the development of an effective and reliable information system for planning and management. In this context; information technology will be of paramount value in storing, accessing and analyzing data for improved decision making capabilities and consequently for Organisational efficiency and effectiveness. But importantly the database will permit the Ministry and its partner to monitor the social welfare of this very vulnerable population.

The plan also recognized the existing fragmentation of rehabilitation services in Guyana and includes strategies to remedy the situation through mechanisms for a coordinated and collaborative approach.

To this end, linkages with other public and private institutions both locally and internationally providing similar services will be pursued based on mutual and reciprocal interests. Underlying this relationship will be the sharing of ideas and literature, joint projects and seminars, staff exchanges and data distribution.

A higher profile will be accorded the Division in the planned period through sustained promotional and intensive marketing strategies. This is necessary now more than ever, mainly because of the increasing call for marketing of health and wellness services to patients and clients. It will certainly also

increase the credibility of the Division in terms of its cherished value relating to equity of access to rehabilitative services.

Another strategic direction of the Plan is the development of a Human Resource Development Plan (HRDP) in which the implementation of professional undergraduate training in rehabilitation at the University of Guyana will be pursued aggressively. Succession planning and career development in specialized therapeutic skills will also feature prominently in the HRDP. Other training areas to be addressed include Management competency training focusing on communication, decision-making and problem solving skills.

Complementing this plan will be the introduction of state-of-the art facilities using relevant technologies and infrastructure to upgrade the quality of programmes for rehabilitation. In essence, the plan introduces technology in the management and delivery of rehab services.

It can be said that as the health care environment continues to evolve and the role of rehabilitation services is redefined; the Ministry of Health is committed to implementing creative and innovative strategies to address the many issues and challenges that are as a result of the expansion in the services. This will certainly position the Division to be in the forefront in the provision of rehabilitative services. Indeed it offers a rewarding and result oriented work place, vis-à-vis the range of services provided by the Division.

Finally, this plan provides for a comprehensive system of support, which would presence the dignity and self-esteem of disabled persons and their families. It also provided a vehicle for rehabilitation to be a societal responsibility.

Dr. Leslie Ramsammy
Minister of Health
May 4, 2005

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This includes the participants from government and non-governmental agencies, disability organisations and other interest groups who contributed to the numerous consultations.

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Glossary

Impairment: In the context of health experience is a loss or abnormality of physical bodily structure or function, of logic-psychic origin, or physiological or anatomical origin. Impairment refers to organs of the body (e.g. hearing impairment, organs impairment, bone impairment, intellectual impairment, generalised impairments).

Disability: The international classification of functioning (ICF) defines disability in the context of health experience as the outcome of the interaction between a person with impairment and the environment and attitudinal barriers he/she may face. There is restriction or lack of ability (development) to perform an activity in the manner or with in the range considered normal for a human being. Disability refers to a person.

Handicap: In the context of health, handicap is the disadvantaged condition deriving from impairment or disability limiting a person performing a role considered normal in respect of their age sex and social or cultural factors.

Rehabilitation: According to the World Health Organization, rehabilitation is a comprehensive and coordinated effort requiring application of medical, educational, societal, and vocational resources with the aim of allowing persons affected by impaired functioning to lead a life at its highest possible level. In that context, medical rehabilitation is a process, which enables people to regain partial or full independence after illness, or injury, giving them back as much control as possible over their lives. It is about restoring the person's physical and mental capacities.

Health Reform Initiatives in Guyana includes Organisational Development of the Ministry of Health, Management Information System, Job Evaluation and Compensation Management Study, Health System Planning and Functional Planning Georgetown Public Hospital Corporation.

Rehabilitation Team comprising of doctors, nurses, Physiotherapists, Occupational Therapists, Speech Therapists, Audiologist, Audiology Practitioners, Rehabilitation Assistants (RA) and other health or social care workers all play a part in rehabilitation process. Family members or carers are also members of the team.

List of Acronyms and Abbreviations

AIFO	Associazione Italiana Amici Di Follereau
GPHC	Georgetown Public Hospital Corporation
ITEC	Indian Economic Technical Cooperation
NCD	National Commission on Disability
NDS	National Development Strategy
NHP	National Health Plan
NGO	Non-Governmental Organisation
MoH	Ministry of Health
OT	Occupational Therapist
PRRC	Ptolemy Reid Rehabilitation Centre
PWD	Persons with Disabilities
PRSP	Poverty Reduction Strategy Paper
RA	Rehabilitation Assistant
RHA	Regional Health Authority
RHP	Regional Health Plan
RHS	Regional Health Services
SWOT	Analysis of Strengths, Weaknesses, Opportunities and Threats
VSO	Voluntary Services Overseas

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Executive Summary

This Strategic Plan results from the collaborative effort of a number of individuals from the rehabilitation field as well as individuals from related sectors of the society. To this end, all categories of rehabilitation personnel from the Division of Rehabilitation Services (DoRS) and Health Sciences Education and Training in the Ministry of Health were involved in the development of the plan. Also included among these personnel were expatriate rehabilitation professionals recruited through agencies such as the Cuban Joint Commission, Indian Technical Economic Cooperation (ITEC), Peace Corps and Voluntary Services Overseas (VSO). Other participating persons included expatriate Guyanese rehabilitation experts, rehabilitation professionals in the private sector, members of agencies and organizations that provide direct or indirect services to the disabled and the prime stakeholders; patients.

In the context of the National Health Plan (NHP), the National Development Strategy (NDS) and the Millennium Development Goals (MDG), the overall goals/objectives of the Rehabilitation Services Plan are to:

- Improve the preventative, therapeutic and rehabilitative interventions of the Rehabilitation Services as indicated by the reduction of disabling conditions.
- Improve access to quality rehabilitative care particularly for the poor and vulnerable groups, with the emphasis on prevention, promotion and rehabilitation through a strengthened and integrated primary care service.
- Improve the overall efficiency and effectiveness of the Rehabilitation Services through strategies of human resources development rationalisation and strengthening of the management and operational capacity of the programme/services.
- Ensure optimal collaboration with the other non-governmental organisations - private sector, international stakeholders and partners in the health and social sectors in the area of rehabilitation services.

Accomplishing the Objectives:

A strategic assessment of the Rehabilitation Services and an analysis of the strengths and weakness were done. The findings of the study provided insights into the challenges and managerial issues that would confront the Rehabilitation Services over the next five years in its quest to realise the objectives and so fulfil the mandate of ensuring the provision of quality rehabilitative services. In order to make the most effective use of the resources available and achieve value for the funds to be expended, the Rehabilitation Services Plan aims to ensure that:

- There is an enhanced coordination and collaborative strategy/approach to the provision of services involving stakeholders in the non-governmental sector and the international technical assistance agencies.
- There is a comprehensive and systematic approach to data collection and analysis, which will be the basis for programming planning at the central and regional levels, management of the services and the allocation of resources.
- There are optimal standards, which are maintained in the provision and delivery of rehabilitation services in the public and private health sectors.
- There is a systematic approach to human resources development for the services that involve basic and continuing education, registration and licensing of rehabilitation personnel.
- There should be in place as part of the ministerial system, an efficient arrangement for the procurement of material and supplies and a system for preventive maintenance and repairs to equipment.
- There are adequate physical accommodation facilities for rehabilitation services in the Regions and at the centre.

The central or overall aim of the Rehabilitation Services Plan is to create the over-arching policy framework, advocate and facilitate changes in a

number of areas, such as legislation, human resources development etcetera so as to produce the following outcomes during the plan period:

- The Rehabilitation Services have a more effective management and operational system and an increased capacity to monitor and evaluate the rehabilitation services of the Health Management Committees and other stakeholders in the non-governmental sector.
- The Rehabilitation Services are expanded and are adequately staffed under the aegis of the Health Management Committees and the Human Resources Development Plan as indicated in the National Health Plan.
- An improved and expanded physical and technical infrastructure leading to improved standard of service, quality of care and increased accessibility of services.
- Strong partnerships are established with other international and local stakeholders in rehabilitation in the private and public health sectors.

Part 1

Introduction

The National Health Plan 2003 - 2007 which focuses on the strategic health priorities of the Government provides the overall framework and the overarching frame of reference for the strategic plan of the Disability and Rehabilitation Service - 2004 - 2008. Contextually, this plan, which is a derivative of the National Health Plan, is inextricably linked to it in relation to its macro-health development outlook, focus and direction. It derives its broad mandate to develop rehabilitation services over the next five years from the NHP.

The central purpose or main objective of this Plan is to provide a chartered course or road map for an improvement in the provision and delivery of the services and ensure equitable access to quality based on the adequacy and availability of human skilled human resources and other resources (financial and material).

In conjunction with the National Health Plan, this strategic plan aims to involve all partners and other stakeholders in the process of improving and maintaining people's health and well-being. Like the National Health Plan this Disability and Rehabilitation Services Plan will be used principally for the allocation of new /existing human, financial and material resources and for the management of technical assistance from local and external sources, in a more equitable, cost effective and efficient way.

Two of the purposes of the NHP are to relate health sector reform to health development in Guyana and guide the participation of all stakeholders in macro-health development. In this regard the NHP is supportive of the technical programme of the Disability and Rehabilitation Services - Programme 7 in the current organizational and programmatic structure of the Ministry. This support is in relation to the implementation of the overall priority health programmes, actions and activities identified in the NHP and to improve the networking and integration of the various services within the Disability and Rehabilitation programme for the achievement of its goals and objectives.

Under the over-arching rubric or umbrella of the National Health Plan, this Strategy Plan will facilitate the achievement of the policies and aims of the Poverty Reduction Strategy and the Millennium Development Goals (health related) with respect to increasing accessibility of the health - disability and rehabilitation services to persons with disabilities in the country.

This Strategic Plan for the period year 2004-2008 was prepared at a critical juncture in the evolution of the health sector in Guyana. It is now vital, in light of the structural, organizational and administrative reform of the health sector and the wider public service that a critical analysis be made of the existing rehabilitative services and a well-defined approach be used in the planning, coordination, implementation and evaluation of rehabilitation programmes and services. This is what this Plan purports to do.

The changing management environment as it relates to health reforms will have implications for and will impact on the planning, organisation and provision of rehabilitation services. Hence, there is need for a Strategic Rehabilitation Plan that fits into the overall framework of the National Health Plan. Contextually however, the development and implementation of the Rehabilitation plan is not only influenced by the current Health Reform Initiatives and other initiatives but also takes into account other key issues related to the availability, and adequacy of human, financial and other resources and other issues of accessibility that are required for the successful and sustainable implementation of the Plan. .

It is imperative that the rehabilitation services be strategically poised to provide a comprehensive but integrated disability prevention and rehabilitation programme. This Strategic Plan takes into account the changing macro-economic, management and social environment as well as other critical internal issues within the Disability and Rehabilitation Services which are challenges to successful and sustainable plan implementation.

Rehabilitation Services: Historical Background and Current Perspective.

Rehabilitation services have been provided through the Ministry of Health in Guyana for over five decades, from 1949, with physiotherapy being the main service provided for over thirty years. The decades of the 1970s and 1980s, saw major strides in the development of the physiotherapy services with the growth from one small department in the compound of the Georgetown Hospital to the establishment of other units in Georgetown at the Palms, Red Cross Convalescent Home for Children and Homestretch Avenue Sports Clinic as well as the expansion of physiotherapy services to the regions.

The physiotherapy services in the regions were distributed as follows: Suddie Hospital - Region 2, West Demerara Regional Hospital, Leonora District Hospitals, Leguan Cottage Hospital - Region 3, Agricola, Herstelling, Craig and Melanie Health Centres - Region 4, National Insurance Scheme (NIS) Building and New Amsterdam Hospital - Region 6 and at the Linden Hospital in Region 10.

During the decades of the 60's and 70's, specialised services for children with physical disabilities were introduced through the establishment in Georgetown, of a Children's Rehabilitation Centre called the Polio Rehabilitation Centre, later renamed Ptolemy Reid Rehabilitation Centre and a special home in Mahaica, called the Cheshire Home, for children with disabilities requiring long term care. The provision of orthopaedic appliances and other assistive devices also began at the Children's Rehabilitation Centre during the decade of the 60's.

Over the years, increasing attention has been paid to the expansion of the rehabilitation mosaic, with the inclusion of a widening range of services. Consequently, the DoRS, programme area in the MoH, currently offers a more comprehensive service with programmes in Audiology, Occupational Therapy, Physiotherapy, Speech Therapy, Orthotic and Prosthetic Services.

Further, a yearly budgeted subvention is provided for the Ptolemy Reid Rehabilitation Centre and the National Orthotics and Prosthetics Workshop in Georgetown. The Workshop manufactures and maintains prosthetic and orthotic devices including hearing aids and spectacles as part of the

supportive services available to persons with disabilities in Guyana, while the Ptolemy Reid Rehabilitation Centre, which has become a residential facility provides comprehensive rehabilitation programmes for children with physical and other developmental disabilities. Similarly, the DoRS supports the provision of long-term residential care for profoundly disabled young adults at the Cheshire Home in Mahaica through a subvention and direct funding from the MoH.

Additionally, the Open Doors Centre, a vocational training facility for persons with disabilities, is another component of the DoRS, which was developed under a project, funded initially by an Italian NGO, Associazione Italiana Amici Di Follereau (AIFO), and is now fully funded by the MoH.

Until the mid 1990s, the DoRS was a department under the Standard and Technical Services Programme in the MoH. In 1997, DoRS was made an independent Programme, making rehabilitation services a vertical programme for the first time. This allowed for specific budgeting, accountability and the mobilisation and consolidation of efforts towards the development of appropriate policies and programmes in rehabilitation.

There was also an urgent need for the strengthening and expansion of the quality, range and accessibility of the rehabilitation services to meet the challenges of providing rehabilitation services and at the same time improve the quality of life of persons with disabilities in the society. That necessitated the implementation of innovative but appropriate strategies to address the challenges.

Epidemiological trends in Guyana showed a growing number of chronic diseases, and injuries from domestic and motor vehicular accidents. These trends signalled a pattern of marked increases in the number of disabilities and related problems impacting on the lives of families, communities and the country.

It was recognized that the non-provision of rehabilitation services to that growing and sizeable number of persons in the population would result in an enormous social and economic burden on families and the society. That would have significant implications on the future development of the country.

With regard to its status in the Ministry of Health, the Division has determined that disability and rehabilitation have traditionally been given low priority in health planning, resulting in deficits in the range and scope of rehabilitation services. Access to services is also limited and the World Health Organisation estimates that only about 2% of persons with disabilities in developing countries, which would include countries such as Guyana, are able to access rehabilitation services.

Disability has far-reaching social and economic consequences for individuals and creates as well as exacerbates poverty in the society. Therefore, lack of investment in disability and rehabilitation services is more costly to the state than the actual provision of services, as the non-availability of services deprives the society of the potential contributions of persons with disabilities. It is therefore necessary that increasing attention is given to the development of disability and rehabilitation services and as such the DoRS must maintain vigilance to ensure that its needs and interests are included in the health sector policy and programme planning initiatives.

Situation/System Analysis: Strategic/Health Assessment of Rehabilitation Services.

Rehabilitation Services Profile.

Structurally, the Rehabilitation Services Programme is comprised of the following components or sub-programmes:

- Administration
- Regional Physiotherapy
- Occupational Therapy
- Speech Therapy
- Audiology
- Cheshire Home
- National Vocational Training Centre.

Through the annual budget, subventions are provided to the following three stakeholder agencies within the programme:

- Ptolemy Reid Rehabilitations Centre
- National Commission on Disability.
- Cheshire Home

Ptolemy Reid Rehabilitation Centre (PRRC) is subsumed under the Administration component - sub-programme of the Rehabilitation Programme in the Ministry. The PRRC receives funding from the Ministry of Health in the form of an annual subvention and direct payment of salaries of the majority of staff. In the fiscal year 2003, PRRC received a total of sixteen million, five hundred thousand dollars (G\$16,500,000) to cover operational expenses. In addition, the total employment cost of eighteen million two hundred and ninety five thousand, one hundred and nineteen dollars (G\$18,295,119) for staff of the Centre is also paid from Rehabilitation Services annual budget.

The National Commission on Disability (NCD) is also subsumed under the Administration component of the Rehabilitation Programme. In the fiscal year 2003, the NCD was given a subvention of two million one hundred thousand dollars (G\$2,100,000) to meet operational expenses.

The Cheshire Home received funding in the form of a subvention for the fiscal year 2003 in the sum of four million dollars (G\$4,000,000) to pay the salaries of the Ancillary/ support staff. In addition, the Home receives six million seven hundred and forty six hundred thousand dollars (\$6,746,000) for total employment cost for fifteen Nurse Aids and to cover operational expenses, five million one hundred and twelve hundred thousand dollars (\$5,112,000) as total other charges

Staffing Profile

Staffing in the rehabilitation services reached a high by 1985 when 16 physiotherapists and 25 assistants formed the complement of rehabilitation staff. However, by the end of the 1980s, there was a marked decline in the level of rehabilitation services delivery. This was due in the main to the high rate of attrition of both physiotherapists and assistants. By the early 1990's, the situation reached a low point as there were less than five local physiotherapists and no more than 15 assistants employed in the rehabilitation services of the health sector. Their services were complemented by expatriate professionals, who numbered no more than four (4) at any one time.

The current profile of Rehabilitation Services in Guyana indicates that the services are mainly centrally based and the greatest proportion of the staff are mid-level workers referred to as Rehabilitation Assistants and Audiology practitioners, while there are a few local professional staff mainly Physiotherapists, the majority of whom are expatriates. The authorised establishment for positions in Rehabilitation Services for the year 2004 is 137 positions as compared to 132 positions in the year 2003. This however does not include the authorized positions for Rehabilitation Services in the Administrative Regions. There are forty-one (41) vacant positions of which fifty-two percent is for technical personnel.

Please see Table below for a breakdown of the various categories.

COA	Description	Authorised		Filled	
		2003	2004	2003	2004
101	Administrative	02	02	01	01
102	Senior Technical	24	27	07	11
103	Other Technical and Craft skilled	40	42	27	22
104	Clerical and Office Support	06	07	05	06
105	Semi-Skilled Operatives and Unskilled	60	59	59	53
106	Contracted Employees			03	03
107	Temporary Employees	-	-	-	-
Total		132	137	102	96

In the Administrative Regions many of the authorized positions are mainly for staff at an assistant level, This include Regions 2, 3, 5, 6, 7 and 10 with a total number of seventeen (17) authorized positions for Rehabilitation Assistants. There are only two (2) Audiology practitioners based in Regions 6 and 10. The four (4) authorised positions for professional level staff are in Region 3, 6 and 10 which reflects the disparity in the levels of staffing and hence the need for this issue to be urgently addressed in this plan period.

Training

Much of the expansion of the services was facilitated by the introduction of a cadre of assistant level rehabilitation personnel who were trained locally

for 18 months. These workers were called physiotherapy assistants who worked under the supervision of professional therapists. Training of that new category of rehabilitation personnel was introduced in 1980 and by 1990 approximately 30 physiotherapy assistants had been trained.

The training of a new type of assistant level rehabilitation workers was introduced in late 90's and later seen as one strategy of increasing the number of workers who could provide a wider range of basic rehabilitation services. The training programme comes under the Division of health Sciences education; Programme 5, however it works closely the DoRS.

The training of rehabilitation assistants instead of physiotherapy assistants was seen as a feasible alternative. The rehabilitation assistants would be trained in basic skills in physiotherapy, occupational therapy and physiotherapy and would function in different settings within the rehabilitation services. The utilisation of this cadre of rehabilitation personnel provided an important means of strengthening the system of referrals and increasing coordination between the primary, secondary and tertiary levels of the health care system.

To date, 32 rehabilitation assistants have been trained and the old physiotherapy assistants were re-classified after undergoing some additional training in speech and occupational therapy. As a result of the rehabilitation assistants being available to the health system, rehabilitation services have further expanded and now include Regions 5 at Fort Wellington and Mahaicony Hospitals and in Region 7 at Bartica Hospital and riverain communities in the region.

Training of professional level staff has mainly been in the area of Physiotherapy. Over the years training was accessed through the University Hospital School of Physiotherapy, Mona Rehabilitation Centre in Kingston, Jamaica. Currently, seven persons are in Cuba pursuing studies in physiotherapy under the Government of Guyana/Cuba Scholarship Programme. Additionally, discussions have commenced for the introduction of rehabilitation professional training programme at the University of Guyana.

Figure 3:11(a) - Manning Level Chart for Rehabilitation Services

HIERARCHICAL JOB/POSITION TITLES	STRENGTH			
	Authorised		Actual	
	Mgt.	Non-Mgt.	Mgt.	Non-Mgt.
Permanent Secretary				
Chief Medical Officer				
Director, Rehabilitation Services	1		1	
Secretary		1		0
Office Assistant		1		1
Typist Clerk I		1		1
Driver		1		1
Occupational Therapist	2		1	
Rehabilitation Assistant		3		3
Speech Therapist	2		2	
Rehabilitation Assistant		2		2
Audiological Physician	1		1	
Senior Audiological Practitioner (Reg #4)	1		0	
AP Trainee		1		0
Audiological Practitioner I/II		3		3
Senior Audiological Practitioner (Regs #6 & 10)	1		0	
AP Trainee		2		0
Audiological Practitioner I/II		4		2
Principal Physiotherapist	1		1	
Senior Physiotherapist	1		0	
Senior Physiotherapist	1		0	
Physiotherapy Trainee		1		0
Physiotherapist	1		1	
Rehabilitation Assistant		6		6
Senior Physiotherapist	1		0	
Physiotherapy Trainee		1		0
Physiotherapist	1		1	
Rehabilitation Assistant		6		5
Superintendent of Physiotherapy	1		0	
Manager, Open Door Centre	1		1	
Administrative Officer	1		1	
Cleaner		1		1
Attendant		1		1
Typist Clerk I		1		1
Driver/Office Assistant		1		1
Instructor, Remedial Education	1		0	
Instructor, Information Technology	1		0	
Instructor, Carpentry & Joinery	1		1	
Instructor, Masonry	1		0	
Instructor, Electrical Installation	1		1	
Instructor, Garment Construction	1		0	
Social Worker	1		1	
SUB-TOTALS :	24	37	13	28

Figure 3:11(b) - Manning Level Chart for Rehabilitation Services

HIERARCHICAL JOB/POSITION TITLES	STRENGTH			
	Authorised		Actual	
	Mgt.	Non-Mgt.	Mgt.	Non-Mgt.
Chief Medical Officer				
Director, Rehabilitation Services				
Administrator, Cheshire Home	1		1	
Handyman		1		1
Cleaner		3		3
Watchman		2		2
Cook		2		2
Laundress		1		1
Nurse Aide		15		15
Storekeeper		1		1
Rehabilitation Officer (Ptolemy Reid Rehab Centre)	1		1	
Administrative Officer	1		1	
Porter		2		2
Office Assistant		1		0
Typist Clerk II		1		1
Storekeeper II		1		1
Ward Sister	1		1	
Cook		5		5
Maid		7		7
Laundress		2		2
Nurse Aide		20		20
Social Worker	1		1	
Occupational Therapist (PT/OT/Speech)	1		1	
Rehabilitation Assistant		1		1
Manager (Orthotic & Prosthetic Workshop)				
Electronic Technician		2		2
Ear Mould Technician		2		2
Senior Orthotic & Prosthetic Technician	1		1	
Handyman		1		1
Workshop Assistant		2		2
Orthotic & Prosthetic Technician		6		6
SUB-TOTALS :	7	78	7	77
TOTALS (DIVISION):	31	115	20	105
GRAND TOTALS (DIVISION):	146		125	

N.B. Mgt.: Management Non-Mgt.: Non-Management

Patient Data

Another major challenge for the planning and management in the programme is the reliability of data collected from Georgetown and the various Regions. The absence of standardised information systems and established procedures has stymied efforts of the programme managers to get a true reflection of the nature, scope and effectiveness of the services. The data presented in the various Tables below give some indication of the volume of workload for the period 2001 to 2003 in the various services.

PHYSIOTHERAPY & OCCUPATIONAL THERAPY OUT PATIENTS SERVICES

DEPARTMENT	2001	2002	2003
GPHC	7,351	6,996	5,134
PALMS	1,775	2,464	2,678
WDRH	2,346	3,008	2,745
NEW AMSTERDAM	258	3,228	3,296
SUDDIE	539	796	889
BARTICA	No service existed	224	364

PHYSIOTHERAPY & OCCUPATIONAL THERAPY INPATIENTS SERVICES

DEPARTMENTS	2001	2002	2003
GPHC	3,379	4,351	3,779

PALMS	1,410	1,868	1,692
WDRH	313	506	281
NEW AMSTERDAM		29	159
SUDDIE	337	248	281
BARTICA	No service existed	10	33

**GEORGETOWN PUBLIC HOSPITAL
PHYSIOTHERAPY & OCCUPATIONAL THERAPY**

NUMBER OF CHILDREN SEEN

YEAR	IN-PATIENTS	OUT PATIENTS
2001	343	99
2002	453	59
2003	251	55

Table above gives the data on patient (children) attendances for the period 2001 to 2003. As indicated in the challenges, the system for collection of statistics within the services needs strengthening. Therefore, the figures presented are a mere reflection of in and out patient's attendances for physiotherapy and occupational therapy services.

Data from the various service areas indicate that the conditions most frequently treated are as follows: Fractures and other injuries due to road traffic accidents, stroke, arthritis and sports related injuries. The majority of patients with injuries from road traffic accident were within the age range of twenty (20) to fifty (50) years while the patients with a

diagnosis of stroke were within the age range of fifty (50) to seventy-nine (79) years old. It has also been observed that there is an increase in the number of clients with physical dysfunction such as Carpal Tunnel Syndrome, Lateral Epicondylitis and Cervical Strains which are related to jobs requiring prolonged sitting at the computer.

AUDIOLOGY SERVICES

	2001	2002	2003
No. of patients (old & new)	800	1394	1094
Hearing Test done	119	309	324
Adults	115	213	200
Children			
Hearing Aid fitted	}113	108	50
Adults		50	40
Children			
Most common condition seen - Sensorineural Hearing Loss	98	158	200

In the above table in 2001 the number of patients seen at the Audiology Clinic was low as compared with the other years because of the training programme for Trainee Audiological Practitioners, which was implemented while providing clinical services. Also, in that same year the data for children and adults were all collected together.

From the year 2002 a greater effort was made to standardise the collection of patient data in the department and to separate data collected for paediatrics from adults clients. From the numbers shown, a large number of

children are being tested but a much smaller number have been issued with hearing aids. A small percentage of children tested have cognitive difficulties as well as other disabilities and therefore would not always benefit from hearing aids.

The most common condition seen at most of the clinics is sensory neural hearing loss, which is damage to inner ear or brain resulting in some sounds being heard incorrectly e.g. "I hear but I can't understand"

A challenge for the services remains the need for more trained staff to do testing at the regional level as well as in Georgetown. Most of the materials and supplies used in Audiology can only be obtained from abroad and shortage of these influences the number of impressions and Earmoulds provided and the number of hearing aids fitted.

SPEECH THERAPY SERVICES

GPHC	2001	2002	2003
No. of new patients	114	113	105
No. of completed sessions	1101	1465	1441
No. of scheduled sessions	1529	2016	1949

A major issue with regards to the Speech Therapy data collection process is the absence of regular professional staff based at the GPHC site. Additionally, there is need for a system of collecting information from Regional Services and for this to be included to accurately reflect the level of speech therapy services provided nationally.

Nature of Rehabilitation Services: Governmental

The primary services of the Department of Rehabilitation Services are Audiology, Occupational Therapy, Orthotics and Prosthetics, Physiotherapy, Speech Therapy and Vocational Rehabilitation.

Audiology

The service provides professional assistance to persons with hearing impairments and patients with balance problems. Audiology involves the identification, treatment and rehabilitation of persons with hearing and balance disorders.

It was first offered in the year 1998; the service is currently available in Regions 2, 4, 6 and 10. The central diagnostic clinic is located in the Georgetown Public Hospital Corporation and ear-mould manufacturing and hearing aid repair laboratories can be found at the Ptolemy Reid Rehabilitation Centre. The clinics in Regions 2, 6 and 10 are considered as satellite clinics.

Goal /Objective

To provide a national Audiological service, which will facilitate early identification, treatment and rehabilitation of persons with hearing impairments.

Occupational Therapy

Occupational Therapy (OT) is a method of rehabilitation interventions to help people with physical, mental and social problems. The aim of this therapy is to enable those who are permanently or temporarily disabled to be as independent as possible in their everyday lives while recovering from illness or adapting to disability.

Occupational Therapy services are available in Georgetown at the GPHC and the Palms. Children with special needs are treated at the Ptolemy Reid Rehabilitation Centre and a limited outpatient service for children and adults is offered at the Regional Hospitals in Regions 2, 3, 6, 7 and 10.

Goal/Objective

To restore, reinforce and enhance the quality of functional independent living in the areas of self-care and leisure/play.

Orthotics and Prosthetics

Orthotics and Prosthetics involves the use of various materials such as plaster, plastic, metal and leather to manufacture all types of orthotic and prosthetic appliances. The process involves measuring, designing, fabricating, assembling and fitting of the orthotic and prosthetic appliances. They are designed to support areas of dysfunction and to create artificial limbs and braces. Services are based in Georgetown but outreach clinics are held in Berbice, Region 6 and Linden, Region 10.

Goal/Objective

To provide orthotic and prosthetic appliances to all persons in Guyana both children and adults with disabilities so as to aid in their rehabilitation.

Physiotherapy

Physiotherapy is recognized as a healthcare profession, which involves the assessment and management of persons with physical impairment through physical interventions aimed at improving or maintaining function.

In Guyana, physiotherapy services (in and out patient) are made available through the regional hospitals in Regions 2, 3, 4, 5, 6, 7, and 10 and selected health centres in Regions 3 and 4. In Georgetown, in addition to the main department, which is located at GPHC, services are provided for patients with neurological problems at the Palms and for children with special needs at the Ptolemy Reid Rehabilitation Centre.

Goal/Objective

To assist in the timely return of patients to optimal levels of health, following illness or injury, through the provision of quality physiotherapy.

Speech Therapy

Speech therapy is a profession that involves assessing, preventing and treating persons who have communication problems as they relate to speech, language, hearing and voice.

Speech therapy services were established in the year 1995 and have become a well-known service offered to the public. Although the main department is housed at the Georgetown Public Hospital Corporation, services are also provided at the Palms, the Ptolemy Reid Rehabilitation Centre, the Regional Hospitals in West Demerara, Suddie, Bartica, Linden and New Amsterdam and at the Diamond and David Rose Schools for children with disabilities.

Goal/Objective

To provide quality rehabilitation services to people with speech and language disorders.

Vocational Rehabilitation

The Open Doors Centre provides training in technical, vocational and scientific skills with the aim of providing persons with disabilities opportunities for integrating or reintegrating into the world of work.

The programme is of one year's duration and offers training in five (5) subject areas - Information Technology, Electrical Installation/Electronics, Remedial Education, Garment Construction and Joinery/Carpentry.

Goal/Objective

To offer education and vocational training to persons with disabilities in scientific, education and commercial field with a view of providing employment and income opportunities so as to integrate or reintegrate them in society

National Commission on Disability

The National Commission on Disability (NCD), a Presidential Commission, has a mandate to promote the rights of people with disability, develop and implement programs to ensure the equalisation of opportunities, advise government on issues on disabilities, monitor the implementation of policy and review and evaluate programs to ensure their continued relevance. The Commission comprises of fifteen persons representing the Disability Organisations, persons with disabilities, Ministry of Education, Health, Labour, Legal and Foreign Affairs, Guyana Trade Union Congress, Guyana Human Rights Association and Private Sector Commission.

Goal/Objective

To ensure that people with disabilities lead full and productive lives.

Nature of Rehabilitation Services - Public Sector agencies and Non-governmental Organizations

A diversity of public sector agencies and non-governmental organizations (NGOs) offer rehabilitation services to persons with disabilities (PWDs). The primary areas of focus are advocacy, service delivery, counselling, education and training. Some of these public sector agencies and NGOs collaborate with the Ministry of Health in providing services.

The Mission and Vision Statements of these organisations appear below

Table 1: Agencies Providing Programmes & Services for Persons with Disabilities		
Agency	Vision/Mission	Services
Public Sector Agencies and Institutions		
David Rose School for the Handicapped	We promise to provide a curriculum suitable to the needs of every individual student as far as possible	
St Rose's High School for the Visually Impaired	To expose this special group of students to quality education, social, cultural and sporting activities, which will equip them with the skills, knowledge and attitude necessary for them to contribute meaningfully to national development.	

Table 1: Agencies Providing Programmes & Services for Persons with Disabilities		
Agency	Vision/Mission	Services
Linden Centre for Handicapped Children	No Mission Statement	Hearing and intellectually impaired
Lions Special Needs School, New Amsterdam	The school strives to provide learning opportunities where each child can develop social skills and according to his abilities academic skills. The school also provides opportunities for pupils to develop good work habits. We are also committed to working with families of children with special needs and the community in order for them to live fulfilled lives.	Hearing and intellectually impaired
Special Needs School, East Bank Demerara		Hearing and intellectually impaired
Non-governmental Organizations		
Georgetown Association for the Hearing Impaired		
Georgetown Association for the Mentally Handicapped	To actively promote effective measures for the prevention of Mental Retardation To rehabilitate & ensure full participation of persons with mental disabilities in our society.	
Guyana Coalition of Citizens with Disabilities	To make disabled people feel wanted by John Public, giving them a more meaningful life	
Guyana Community Based Rehabilitation Programme	Envisions a society in which Persons with Disabilities are recognized and respected as valuable citizens, integrated into the social life of the country and contributing their talents and skills as well as support by each other and the society at large. They live an independent lifestyle having equal opportunities and access to social, economic and cultural benefits. In particular, children with disabilities have nurturing and caring homes supported by their communities and social institutions. (V)	Rehabilitation services/coping skills; parental support groups receiving training, education & guidance, including a champion fathers network; vocational skills training and career guidance; micro-credit; functional literacy; social, cultural and recreational activities
Guyana Society for the Blind	To deliver Rehabilitation Services to blind and visually impaired in their communities to create an awareness of blind issues and where possible restore sight in such cases	

Table 1: Agencies Providing Programmes & Services for Persons with Disabilities		
Agency	Vision/Mission	Services
	as cataract. To advocate for the education of blind children in mainstream school.	

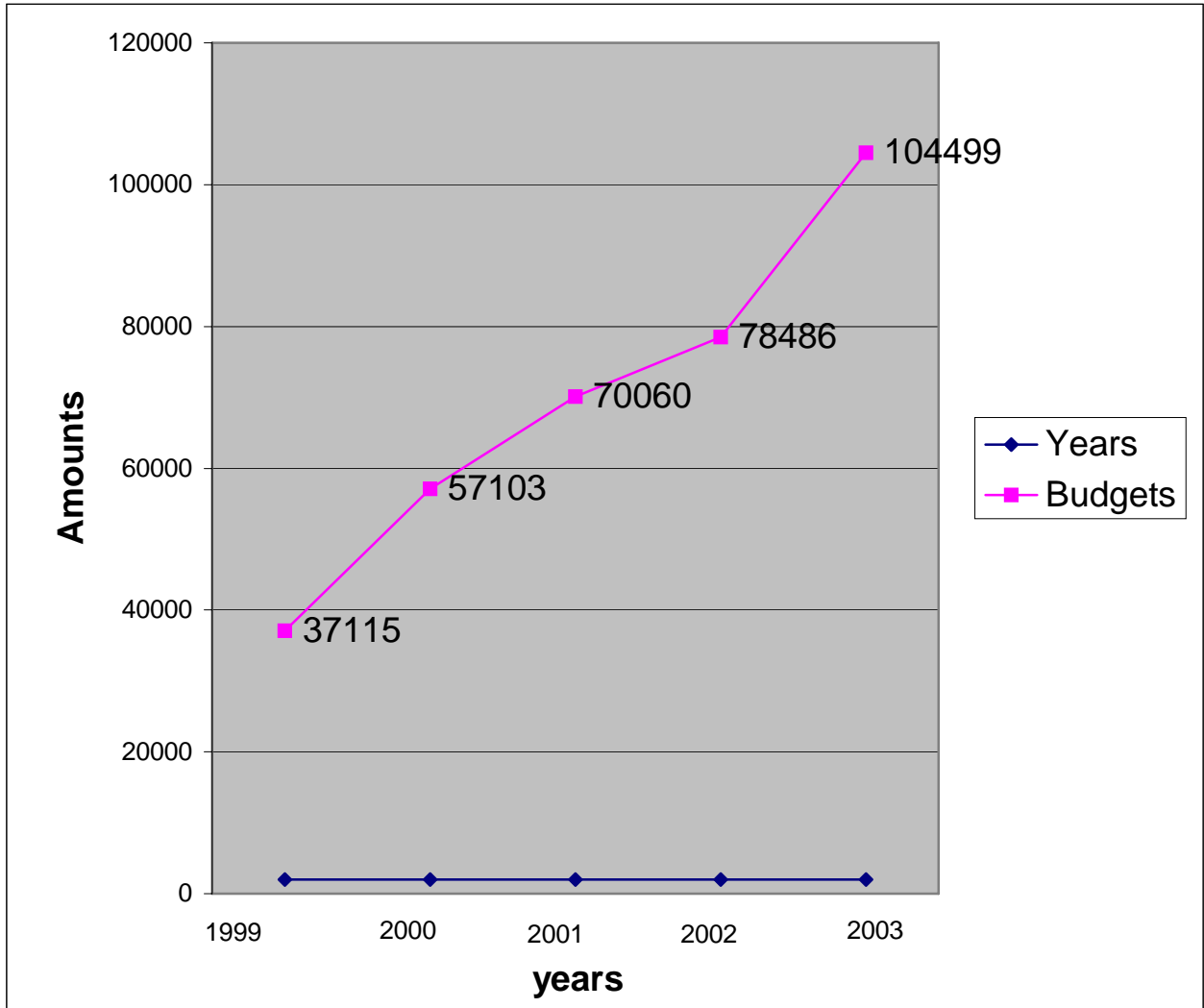
Expenditure/Financial Analysis of the Rehabilitation Services Programme.

In the fiscal year 1999, the total Expenditure for Rehabilitation Services was thirty seven million one hundred and fifteen thousand dollars (G\$37,115,000). By the year 2001 the expenditure had increased to seventy million and sixty thousand dollars (G\$70,060,000).

In 2003, the budgeted figure for Rehabilitation Services was one hundred and four million four hundred and ninety nine thousand dollars (G\$104,499,000).

From 1999-2003, the budget for Rehabilitation services increased by sixty seven million three hundred and eighty four thousand dollars (G\$67,384,000), this can be seen pictorially in the line graph and bar graph, which follows.

The Schedule and Line Graph below depict the Budget for Rehabilitation Services for the years 1999 - 2003.



Source :Estimates of the Public Sector Current and Capital Revenue and Expenditure.

Years	1999	2000	2001	2002	2003
Budgets	37115	57103	70060	78486	104499

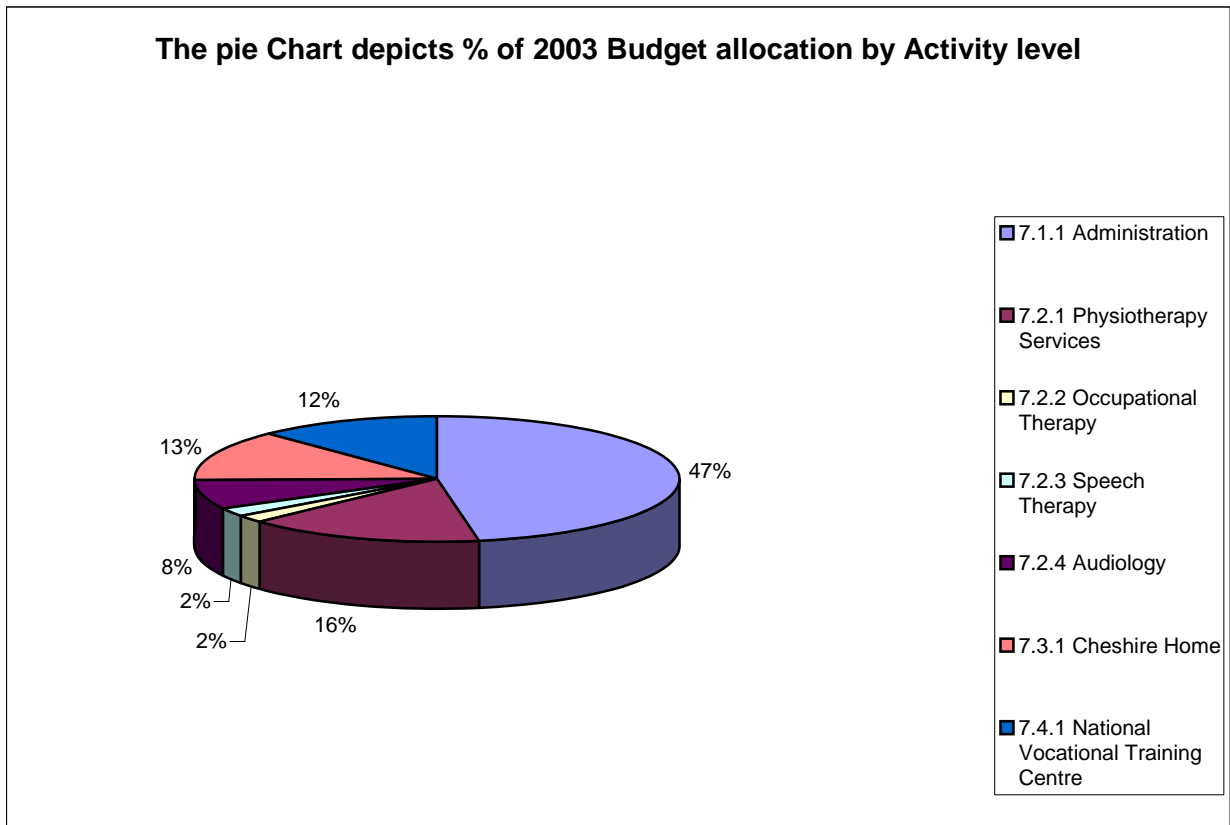
The table above depicts the total Expenditure for The Rehabilitation Centre for the years 1999-2003.

The Schedule below shows the Rehabilitation Services Expenditure for the year 2003 by Activity Level.

Activity	Amount of Expenditure	% of 2003 Programme Budget
Administration	49,292	47.2
Physiotherapy	16,655	15.9
Occupational Therapy	2,068	1.9
Speech Therapy	2,221	2.1
Audiology	7,975	7.6
Cheshire Home	13,611	13
National Vocational Training Centre	12,677	12.1

Source: Estimates of Public Sector Current and Capital Revenue and Expenditures broken down to activity level

The Pie chart that follow shows a pictorial representation of the Budget for 2003 by activity level and the other Pie Charts shows the Percentage distribution of the 2003 Budget by activity level.



SWOT Analysis of the Rehabilitation Services/Programme.

Strengths	Weaknesses	Opportunities	Threats
Good support amongst staff	High turnover of professional staff leading to a lack of continuity and consistency	Provisions made for renovation and extension works at central and regional locations.	Corporatisation of the Georgetown Hospital and the proposed establishment of Regional Health Authorities.
Up-to-date equipment in Physiotherapy, Occupational Therapy, Audiology and Orthotics and Prosthetics	Dependence on expatriate professional staff	The establishment of the National Commission on Disability provides opportunities for collaboration of the regular sector agencies.	Disability and Rehabilitation have a low profile in national development plans.
Information technology support in Physiotherapy, Audiology and Occupational Therapy.	Procedures for accessing all services not well known.	Staff development, e.g. identifying professional needs of staff and conduct regular in-service training to improve staff knowledge and skills.	

Friendly and courteous staff	Inadequate numbers of pieces of equipment	Creation of more space by removing broken equipment/items	Severe shortage of rehabilitation professionals due to migration.
Versatile professional staff	Lack of adequate space and cubicles	Medical Council to facilitate the Paramedical Act as regulatory mechanism	
Easy physical access to all Rehabilitation Departments.	Lack of specialisation among rehabilitation professionals.	Assistance available through Ministry of Human Services for some types of assistive devices.	Non-existence of post-graduate training for staff. No financial provision made for overseas conferences and seminars.
Cadre of mid-level rehabilitative personnel e.g. Rehabilitation Assistants and Audiological Practitioners are trained.	Waiting list for outpatient treatment	Poverty Reduction Strategy provides opportunity for addressing needs of the disadvantaged groups through rehabilitation.	Quality of care compromised because of inadequate professional supervision.
Rehabilitation Services	Non-utilisation of rehabilitation	Funding from international	Inadequate access to

available in seven Regions.	data for informed programme planning	agencies could offer opportunities for the development of specific programmes.	resources - material and financial.
Relationship with the public	Absence of preventive maintenance programme for equipment.	Relationship with overseas based rehabilitation professionals.	
Establishment of links with other agencies	Inadequate information system in the service	Links with CBR could facilitate the expansion of services in the communities	Re-imbusement for the cost of assistive devices only available to NIS contributors.
Standardised protocols for patient assessment available	Lack of recognition of the contribution of staff leading to low morale.	Established policies facilitate the access to rehabilitation services in the communities.	Lack of regulatory mechanisms facilitates the unsupervised practice of mid-level rehabilitation workers and the unqualified practitioners.
	Inadequate remuneration for		In some locations the presence a

	rehabilitation personnel.		sole person with specialised with specialised skills.
Hearing test and fitting of hearing aids for children are now available in Guyana.	Shortage of staff which compromises patient care		Assistive devices costly.

Part 11

The Components of the Rehabilitation Services Plan 2004 - 2008

Vision, Mission Statement, Values, Principles

Vision

- The vision of the Government of Guyana is that there will be a high standard of disability and rehabilitation services provided in a timely and effective manner, utilising a wide range of technologies, resources and approaches best suited to respond to different needs of Guyanese.

In pursuit of this vision, the mission of the Rehabilitation Services is as follows:

Mission Statement

- The Ministry of Health will, in partnership with other stakeholders, provide a comprehensive and integrated range of disability and rehabilitation services, which include preventative, therapeutic and rehabilitative interventions, aimed at enabling individuals and groups to achieve an optimum level of functional independence.

The principal strategies adopted for achieving the mission are:

- Ensuring that Rehabilitation Services are provided in all the Administrative Regions - Regional Health Authorities.
- Establishing standards, guidelines and policies for the provision of disability and rehabilitation services
- Monitoring and evaluating disability and rehabilitation services at the national level

- Developing rehabilitation services for person affected by chronic and non- communicable diseases.

Values that will determine the standards for the delivery of services:

- Excellence
- Professionalism
- Empathy
- Integrity
- Diligence
- Responsibility
- Equity
- Respect
- Efficiency

Guiding Principles for the achievement of the vision and the mission are:

- Provide optimal quality of service that reflects the highest level of professionalism and effectiveness.
- Demonstrating care, concern and interest in the well being of all clients from all backgrounds, regardless of ethnicity, race, culture, social status, religion etcetera.
- Showing fairness and honesty in relationships with clients, professional colleagues and the general public and willingness to collaborate with all stakeholders
- Being careful and thorough in our approach to work
- Being committed, responsive and innovative in the provision of Rehabilitation Services.
- Ensuring the development of services in an equitable manner, reflecting the inclusive nature of the services
- Facilitating intersectoral collaboration and community participation.

Strategic Goals and the Rehabilitation Plan Objectives.

In the context of the National Development Strategy, the Poverty Reduction Strategy Paper (PRSP), the National Health Plan 2003 - 2007 and consistent with the international Millennium Development Goals, the over-arching strategic goals and directions of the Rehabilitation Services/Programme for the plan period are:

- Improving access to quality rehabilitative care particularly for the poor and vulnerable, with the emphasis on prevention, promotion, therapeutic and rehabilitation through a strengthened and integrated primary care service.
- Strengthen the provision of rehabilitation services through a revised and effective data collection system; ensuring proper monitoring and evaluation of the programmes and services
- Improving the efficiency of the Rehabilitation Services through strategies of human resources development; rationalisation and strengthening of the institutional, managerial, technical and operational capacity of the services/programme.
- Enhancing and concretising the collaboration and partnerships with local and international stakeholders in improving the technical and operational capacity of the Rehabilitation Programme at the national level.

Overall Strategic Directions

Coordination, Collaboration and Networking

Generally, the provision of rehabilitation services is fragmented. Limited coordination occurs between the different programmes in health sector and within the private and non-governmental sectors.

Traditionally, collaboration with international organisations was mainly for support relative to personnel, training, equipment and supplies. However, no established protocols for networking with regional and international organisations exist for mobilizing resources to support other aspects of the services. Additionally, collaboration with other sectors such as education, human services, social services and local agencies and organisations that offer different types of rehabilitation services is limited.

The challenge is to ensure a more coordinated and collaborative approach to the provision of disability and rehabilitation services, as current efforts for their development and expansion are limited, ultimately leading to duplication of effort and deficits in the services.

There is a need to develop effective partnerships with related organisations at the national, regional and international levels that have a direct or indirect impact on rehabilitation so that the provision of rehabilitation services may be enhanced through a more holistic approach involving the public and private sectors as well as civil society.

Disability and Rehabilitation Information Systems

Within the services, approach to data collection and record keeping is not integrated. Although data are collected in the different services, no systematic or standardised approach is used in the process. Further, the

data collected by the different programmes are not included in the national health information system.

This issue has negative implications for planning, implementing, monitoring, feedback and analyzing the delivery and development of the services.

The challenge is to develop a systematic approach to data collection that would form the basis for programme planning and lead to equity in the allocation of resources for the delivery of disability and rehabilitation services.

There is need for information to be collected from public, private and non-governmental sectors and for the NCD to be the clearinghouse for the dissemination of the data. Further, the establishment of a structured computerised information system would inform the strategic planning for disability and rehabilitation programmes and also ensures equity in the allocation of resources and the delivery of the services.

Promotion and Marketing

In spite of rehabilitation services being available in seven regions of Guyana, awareness of the role and scope of rehabilitation services by other sections of the health sector and among members of the general public is extremely low. Little priority is given to disability and rehabilitation in health planning as well as in national development planning.

The challenge is to create a greater level of awareness of the importance of rehabilitation services in economic and social development.

There is need to develop a strategic approach for promoting and marketing rehabilitation services to raise the profile of disability in the society.

Service Delivery

The delivery of rehabilitation services is currently influenced by issues which include access to the services by the public; equity as it relates to range and quality of services available centrally and regionally; quality of service, taking into account standards and protocols; the actual cost for services; and collaboration with other agencies providing similar services.

The challenge is to put in place measures to ensure that optimal standards are maintained in the delivery of services in the public and private sector and in rural/remote locations; referral systems along the continuum are strengthened; resources are mobilised; cost recovery strategies are developed; issues in rehabilitation such as technologies used, client compliance/satisfaction are researched.

There is need to develop and implement policies on service delivery with emphasis on quality and standards, referral protocols and systems. Attention will also be given to the development of guidelines related to cost recovery, mobilisation of resources and research.

Resource Management

The changing trends in the healthcare landscape will have an impact on the availability of resources and this will have implications for the management of systems, personnel, facility, material, and financial resources.

Systems Management

With the training of new cadres of rehabilitation workers, the services have expanded into a number of new geographic locations. However, the cadre of professional staff remains relatively small. This situation will create serious challenges for the management of the different sites and programmes, the internal coordination and the structure of the services.

Human Resources Management/Personnel Development

The absence of clear policies on training of professionals and other cadres of personnel in Rehabilitation have led to an ad hoc approach to the human resource development. Hopefully the training of professionals through the current Government of Cuba and Government of Guyana Scholarship Agreement and the proposed introduction of training programmes at the University of Guyana will assist in addressing this issue.

Public Service personnel policies and rules determine the recruitment, retention and staff succession in the Rehabilitation Services. There is limited scope for career advancement of all categories of staff.

The conditions of service for rehabilitation personnel do not provide for registration to practise because of the absence of a Paramedical Act. This has led to the inability to monitor, control and regularise the practice of rehabilitation in Guyana.

The challenge is to develop a systematic approach to human resource development; basic and continuing education for rehabilitation personnel; registration and licensing of rehabilitation workers in Guyana; remuneration and benefits for rehabilitation personnel; job evaluation and performance appraisal.

There is the identified need for a Workforce Development Strategy and the complementary human resources management system for the Rehabilitation Services. This is needed in the context of the expansion of the services in terms of the range and quality of services offered. It is proposed in the National Health Plan 2003 - 2007 that workforce-planning capacity will be developed in the re-organised Ministry of Health with a view to continually refining workforce development targets and strategies. In addition, modern and responsive human resources management structures and systems will be

established. Training programmes and recruitment processes will be modernised so as to increase the production of the appropriately qualified and skilled staff for the various services and programmes. Contextually, these proposed macro-modernisation of the human resources management structures and systems will subsume and positively impact on the Rehabilitation Services.

Materials Management

No established system for the procurement and maintenance of rehabilitation equipment and supplies has been developed. As a consequence, equipment and supplies are purchased from several manufacturers. Not only has this proven costly but it also poses serious difficulties in the acquisition of spares parts. Additionally, the absence of rehabilitation professionals in some Regions has resulted in the procurement of inappropriate equipment and the absence of projected plans for supplies.

With the expansion of the service into different regions and the lack of established procurement systems, the distribution of supplies often occurs in an ad hoc manner.

The challenge is to develop a system for procurement of supplies and scheduled preventative maintenance and repairs of rehabilitation equipment.

Facility Management

Currently, all the facilities providing rehabilitation services are accommodated in buildings where the services originally started and where space was allocated at the will of the host. Even though the range of services has expanded, there is often not enough physical space to accommodate the introduction of new programmes. At present efforts are being made to upgrade the physical facilities of some rehabilitation programmes to meet minimally acceptable standards.

Similarly, the Rehabilitation Assistant Training Programme, currently housed in the Dr. Cheddi Jagan Dental Centre also requires additional space to provide a resource centre and a skills laboratory for the training of rehabilitation personnel.

The challenge is to ensure that adequate physical accommodation is provided for rehabilitation facilities and training.

Finance Management

Rehabilitation is a vertical programme in the MoH, with its own budget. From this budget, subventions are allocated to three agencies and, at the same time, provisions are made for specific aspects of regional programmes. These factors would have implications for the DoRS' ability to respond to rehabilitation needs in a timely way.

The challenge is secure adequate budgeting for rehabilitation service both centrally and at the regional level.

The need is to develop and implement policies to address human resource development and management, while attention is paid to ways of improving benefits and incentives. There is also need to ensure that mechanisms are in place for the regulation of the practice of rehabilitation personnel. The development of protocols for procurement and maintenance is also a critical element for the management of the services. Appropriate plans must be formulated to determine physical space and/or location for rehabilitation departments and training programmes. Additionally, appropriate guidelines must be developed to ensure that adequate budgetary provisions are made for the development of rehabilitation services in the regions.

Risk Management

In order for the goals of the Strategic Plan to be realized, due measures must be put in place to manage four elements, that could affect the implementation of the Plan. These elements are consensus, accessibility, leadership and national policy framework;

Assumption/Risk	Management
<p>Consensus: The majority of stakeholders understand and are committed to the vision and goal of the Rehabilitation Services</p>	<p>Greater emphasis has been placed on developing meaningful partnerships and raising awareness for consensus building.</p>
<p>Accessibility: Expansion of services is contingent upon ready access to information from all stakeholders and Regions.</p>	<p>Mechanisms will be developed to ensure that information needed to inform programme planning and implementation would be available</p>
<p>Leadership: Programmes can be sustained and adequate numbers of professionals available in leadership positions.</p>	<p>Training has been built into the strategic plan to develop leadership and management skills at all levels.</p>
<p>National Policy Framework: The national policy framework will facilitate the implementation of the strategic plan in an environment that disability rights, equalisation of opportunity and the citizenship of persons with disabilities.</p>	<p>Links established with the National Commission on Disability, which has responsibility for facilitating the implementation and monitoring of policies and disability groups who identify the areas for policy development and monitoring.</p>

Monitoring and Evaluation

The monitoring and evaluation of the Rehabilitation Strategic Plan is crucial as such, a monitoring and evaluation framework plan will be developed that will include key benchmarks and indicators that will help to determine whether the objectives are being met.

Supervision and monitoring of this strategic plan will be done by the Director of Rehabilitation and Heads of Programmes/Departments in conjunction with the Planning Unit of the Ministry of Health.

Data will be collected through the respective departments on a monthly, quarterly and annual basis through service statistics and Departmental reports. Data will be collected and analysed and information will be used to make adjustments in programs and improve quality. It would also provide information on trends and issues and contribute to the implementation and initiation of new programmes.

Conclusion

A participatory approach involving a wide cross-section of stakeholders was used for the development of this strategic plan. It is therefore anticipated that this would lead to a greater commitment among the many stakeholders in its implementation. As we enter this exciting phase of the development of the disability and rehabilitation services, we look forward to enhanced service delivery and increased opportunities for the demonstration of excellence in the provision of services.

It is expected that the next five years will produce the following outcomes:

- Disability and Rehabilitation Services will have a more effective and efficient operational system within the Ministry of Health in collaboration with other stakeholders
- Expansion of disability and rehabilitation services with concomitant improvement in the quality and scope of the services
- Increased numbers of persons will be able to access the services within the Regions
- Enhanced profile of Disability and Rehabilitation and the division seen as a key contributor in the Health System towards the achievement of the vision and mission of the Ministry.
- Strong fiscal base which is diverse and sustainable
- Stable, professional, dedicated and enthusiastic staff
- Strong partnerships established with other international and local stakeholders in the disability and rehabilitation field.