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ReLAB-HS Policy & Practice Implication Note (PIN):

Integrating rehabilitation and assistive technologies into community programs

Lessons from Kayin State, Burma

Summary

- Learning, Acting, and Building for Rehabilitation in Health Systems (ReLAB-HS) identified case studies that demonstrate how community programs contribute to rehabilitation and assistive technology (AT) services in disrupted health systems.
- Integrating relevant rehabilitation and AT practice into a range of existing community services has improved service access for populations in vulnerable situations and is reinforced by the trust of the local community.
- Where rehabilitation or AT services are not available, or where health services are disrupted, integrating rehabilitation and AT into existing services can:
 - Mitigate political issues and security concerns for international organizations.
 - Allow for effective interventions based on existing trust and credibility.
 - Help with timely identification of needs and the provision of services (including related social services to support access), especially for individuals with long-term disabilities or functional limitations.

Background: Why is it important to understand how rehabilitation and AT are linked to community programs and services?

Integrating rehabilitation and AT into local health systems is urgent and essential. For many people across the globe, especially where health services are disrupted, inaccessible, or unavailable, community services are a more common entry point to relevant services than primary health care. Burma is one such country where many community organizations play important roles in rehabilitation and AT provision. This is the case in Kayin State, where ReLAB-HS explored opportunities to support local civil society actors and identified successful approaches.

Learning from local experiences

Funded by the United States Agency for International Development (USAID), ReLAB-HS is a five-year global activity that supports the strengthening of health systems that are responsive to the growing needs for rehabilitation within populations. As part of this, ReLAB-HS works to identify effective, scalable approaches for integrating rehabilitation and AT into health systems. In Burma, ReLAB-HS facilitated interviews and reflections using a good practice case study approach adapted from the Most Significant Change¹ and the Framework Method² to explore activities or initiatives working to improve the access of persons in need of rehabilitation and AT to inclusive health services.

This brief highlights good practices that were identified by screening work from 17 international and local nongovernmental organizations and civil society organizations operating within Kayin State.

Four case studies were selected to highlight success factors and implications arising from these interventions. This brief describes implications from practices that have the potential to be sustainable, replicable, locally and culturally appropriate, and focused on practices that emerged from local organizations.

¹Better Evaluation. "Most Significant Change Technique." Better Evaluation. Updated November 2021. <https://www.betterevaluation.org/methods-approaches/approaches/most-significant-change>

²Gale et al. "Using the framework method for the analysis of qualitative data in multi-disciplinary health research." BMC Medical Research Methodology 13, no. 117. <https://bmcmmedresmethodol.biomedcentral.com/articles/10.1186/1471-2288-13-117>

Findings: Experience and successes from case studies support integrating rehabilitation and AT into community programs

CASE 1

Rehabilitation and AT in women empowerment and leadership activities

A local organization working on a range of social protection issues including gender-based violence (GBV) actively engages and includes persons with disabilities and youth to understand issues and build awareness among at-risk groups. GBV trainings include information about risk among persons with disabilities, especially women.

This organization has actively sought to improve how it collaborates with rehabilitation and AT providers. Recognizing the importance of AT while understanding local supply is very limited, it has collaborated with other service providers to provide assistive products in multiple townships since 2022.

Good practices

- Tailoring programs to the local population increases community interest, participation, and credibility. Community engagement cultivates trust and reinforces community links and relationships.
- Developing local trust and access enables international partner organizations to reach remote and difficult-to-access regions, which might otherwise pose political issues and security concerns, and supports effective intervention.
- Actively working to identify and engage persons with disabilities strengthens inclusion in related services and creates opportunities to collaborate on rehabilitation and AT efforts, building on existing relationships and trust.

Successes

- The organization successfully identifies individuals with rehabilitation and AT needs and makes appropriate referrals.
- Facilitating the provision of wheelchairs, walking frames, and walking sticks has contributed to streamlining the rehabilitation referral process in Kayin State.
- Staff and service users report better attitudes towards persons with disabilities and better awareness of functioning and inclusion.

“After attending Won-Kayin’s training on sex and gender, I am passionate about supporting inclusion, especially for people with disabilities. Now, I am helping provide assistive products in my village and nearby areas. I’ve noticed they enhance mobility and motivation among recipients. Won-Kayin’s training also helps our community understand disability inclusion and reduces exclusion.”

Community leader, 52 years old

CASE 2**Integrating rehabilitation into health promotion activities**

A local organization working on mental health has incorporated rehabilitation considerations and disability awareness into its programming. Simple but important rehabilitation and AT functions are integrated into its health promotion activities in the local area.

Among its work, by employing mobile teams, this organization actively identifies individuals who might need rehabilitation, improving timely access to a wide range of essential assistive products for the local community.

Volunteers who are trained to guide both users and families in product use build community awareness of modern assistive product benefits over handmade alternatives. For product maintenance, users are connected with a community volunteer who has undergone training from a tertiary rehabilitation center. This volunteer facilitates referrals for rehabilitation and AT needs in the local area.

Good practices

- Supporting outreach-based services mitigates time, costs, and mobility difficulties, which are major barriers to AT provision.
- Strategically appointing community members as outreach workers effectively addresses language barriers.³

Successes

- The organization provided appropriate wheelchairs and walking sticks to survivors of landmines and unexploded ordnances in the local area.
- During the COVID-19 pandemic, when home visits were not feasible to provide assistive products, the organization made them available at a suitable location convenient for users.

“I’m really enthusiastic to take part in a three-month makeup training provided by an NGO, especially now that I have received a wheelchair. I have difficulties with using my underdeveloped shortened legs. In the past, I relied heavily on my older sister to carry me everywhere, and this made me feel quite dependent on her.”

Community member, 16 years old

³World Health Organization. 2022. Global Report on Assistive Technology. Geneva: World Health Organization. Available from <https://www.who.int/publications/i/item/9789240049451>.

CASE 3**Integrating rehabilitation and AT in emergency responses (I)**

A local organization has been established to provide emergency ambulance care. Ambulance providers and rescuers receive training through other organizations.

Beyond addressing immediate health emergencies, this organization extends its support to individuals who need rehabilitation. Given the ongoing political conflict, accessing medical care at the township-level hospitals has been challenging for everyone, but especially for individuals with mobility and access difficulties. This ambulance service is able to move more freely around the local and surrounding areas.

Good practices

- User choice: Users select health facilities based on their preferences and financial means.
- Primary health care engagement: When patients are referred from the village tract health clinic to health care facilities at the township or district level, the doctor or relevant medical personnel assists in facilitating the process.
- Gender sensitivity: The local organization employs women (or engages women caregivers) and ensures they accompany women passengers.
- Equity: The service is available to all, includes language assistance for minority groups, and is free if users are unable to contribute any payment.
- Community awareness: The local organization shares information about rehabilitation and AT with service users, which directs them to available services.
- Mobility: The service includes supporting individuals with functional limitations with transport when seeking general medical treatment, assisting with identity checks, and other requirements necessary for movement in high-security situations.

Successes

- Individuals who need long-term care are more likely to be aware of available options, along with where and how to access relevant services.
- Transport and mobility challenges (due to functioning and local security and political conditions) have been addressed through dedicated transport services.
- Individuals who need emergency care can access additional, long-term care when provided with relevant information and transport.
- Local community members sustain these services by contributing financially to them and serving as members.

CASE 4**Integrating rehabilitation and AT in emergency responses (II)**

Previously, nearby villagers relied on expensive local car rental services to access hospitals and other health services, but local security and political issues have made access to more distant referral hospitals very complex. In response, a local rescue team has emerged as a vital support mechanism, enabling villagers to request transportation to hospitals and providing comprehensive ambulance care.

For individuals who need rehabilitation services, the team shares information on referral and follow-up options and can provide safe transport.

Good practices

- Developing staff skills through formal training and technical support led to the establishment of the ambulance team and the definition of clear roles and processes.
- Increasing awareness among staff of long-term care, including rehabilitation and AT, allows them to connect users with services.
- Through its long-term presence in the community, the team cultivated trust and developed a strong network.

Successes

- Individuals with relevant skills and knowledge have supported other community members in identifying specialist health needs and following up on rehabilitation and AT provision.
- Trust of specialist medical personnel at the referral hospital through long-term relationships has provided options for informal but effective and reliable referrals to and from specialized services.
- The service is trusted among the community and has led to a high demand to access health care, including rehabilitation and AT services in tertiary hospitals.
- Funding for the service includes contributions from the local village, fostering sustainability and demonstrating community value and trust.

Discussion

Integrating rehabilitation and AT systems is urgent, and normative guidance and political will are stronger than ever. Current guidance emphasizes the roles and functions of health systems actors, but a gap remains in guiding how rehabilitation and AT can be (and are) integrated through community services and non-state actors, especially in politically unstable, conflict-affected settings. As a preliminary step, the good practices reported here identified strategic entry points to support the integration of rehabilitation and AT alongside contributions from a mix of non-state, multisectoral actors.

Findings affirm that local civil society actors make positive contributions to a rehabilitation and AT “ecosystem,” providing valuable services in contexts where services provided through the formal health sector are inaccessible or unavailable. These findings are consistent with those for other health services, where the role of local service providers is crucial.⁴

By raising awareness, forming trusted relationships, and taking practical steps, including referral, transport, and facilitating in-home service delivery, community-led services play important, complementary roles alongside a primary health approach to rehabilitation and AT.

These findings are important at a time when there is strong political will to strengthen the supply of and services for assistive products, and to integrate rehabilitation into health systems. This political will is increasingly matched with high-level normative guidance to assess system performance, workforce readiness, and needs for assistive products. Making culturally appropriate changes that fit within and alongside local systems relies on recognizing and adapting to existing service arrangements and ensuring the community (including both service providers and the population in general) understands, trusts, and relates to rehabilitation services.

While the organizations reviewed in Kayin State are providing valuable services and making an important difference in how people access rehabilitation and AT, there are many challenges. Community services are highly varied but often function without reliable financing and adequate staffing with the necessary skills and resources. Ensuring rehabilitation and AT are part of health systems recovery is, therefore, essential. Referrals and long-term care after acute health episodes depend on reliable, accessible tertiary-level services, which remain limited in number, capacity, and accessibility.

Implications of adopting the good practices described in this brief are summarized on the following page.

⁴Singh et al. 2021. “Delivering Health Interventions to Women, Children, and Adolescents in Conflict Settings: What Have We Learned from Ten Country Case Studies?” *The Lancet* 397 (10273): 533-542. doi: 10.1016/S0140-6736(21)00132-X. Epub 2021 Jan 24. PMID: 33503459. Available from <https://pubmed.ncbi.nlm.nih.gov/33503459/>

Implications

Implications for service provision

- A range of community organizations outside of health services are likely to be important contributors to identifying and referring people with unmet rehabilitation and AT needs and providing follow-up care.
- Working with local organizations to support assistive product provision at users' homes improves access and minimizes user costs.
- Mobile teams already working in other sectors can identify people with needs for rehabilitation, AT, and related services.
- Community volunteers in other sectors can be credible providers of information about appropriate rehabilitation and AT.

Overall implications

- Decision-makers, service providers, donors, and other collaborators should:
- Recognize and promote the value of rehabilitation and AT in meeting the health needs of changing populations and of fostering equity and rights among people with functional limitations.
- Understand how related local organizations contribute to integrating rehabilitation and AT into health systems.
- Support local organizations that identify individuals who need rehabilitation and AT to make referrals or share appropriate information.

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