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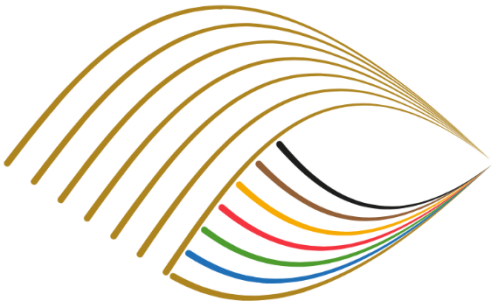

2024 World Congress on Rehabilitation
23 - 25 September

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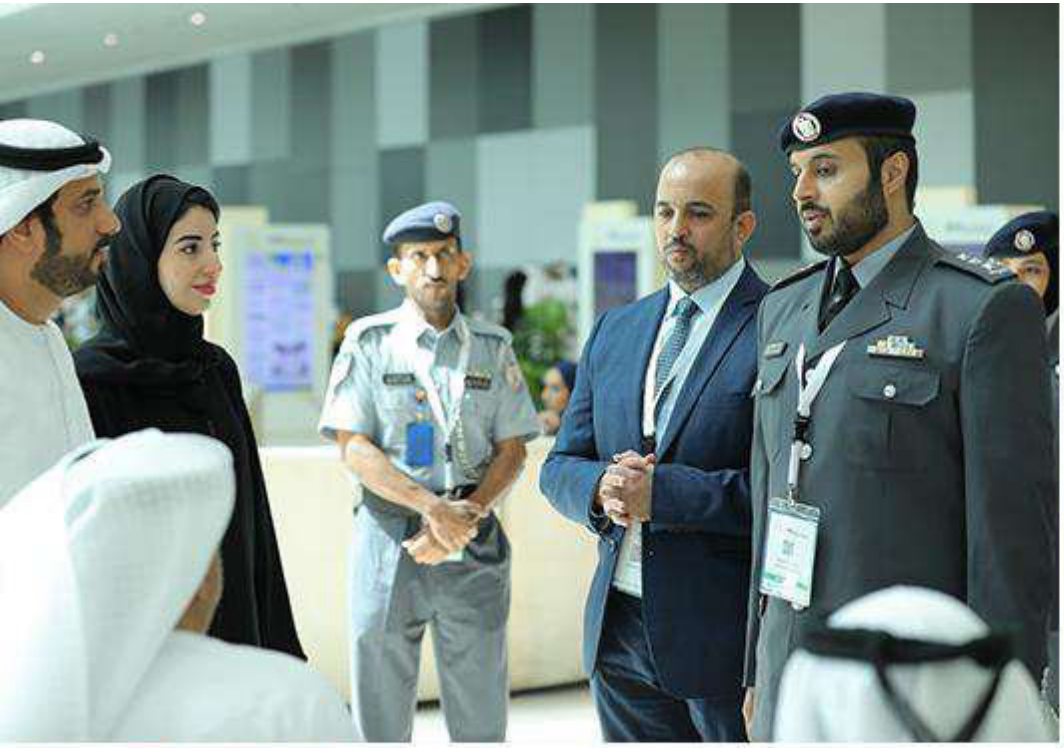

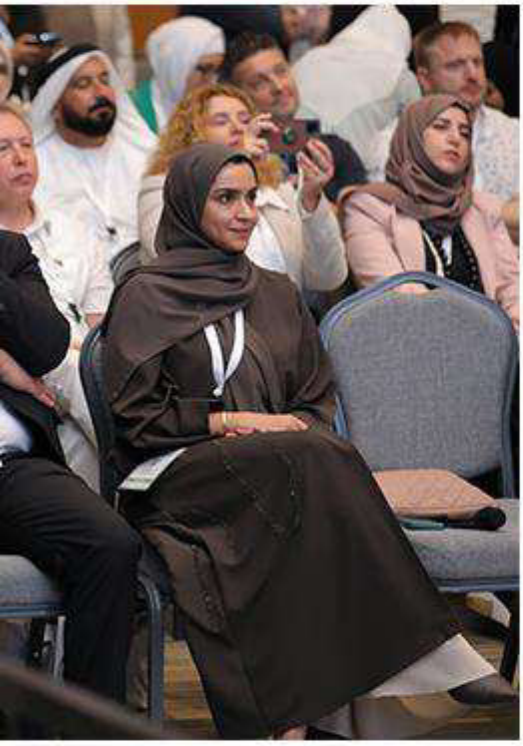


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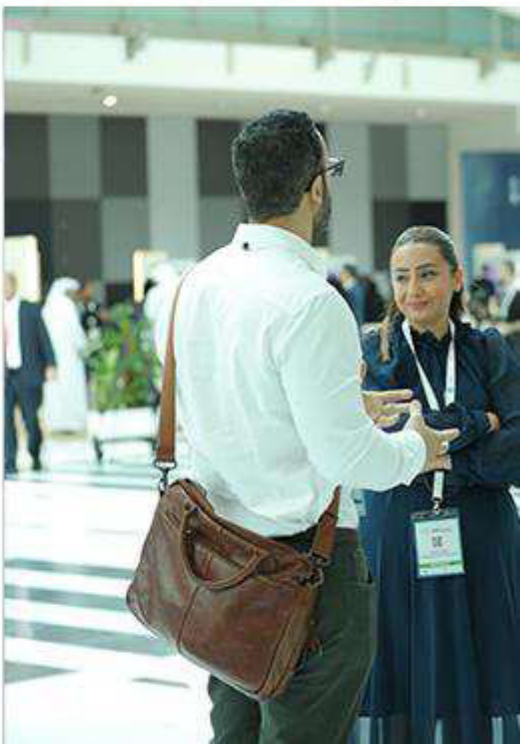

PAPER ABSTRACT'S

Proceedings of *1st World Congress on Rehabilitation 2024 Work and Employment,* 23 - 25 September 2024.
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Access to Inclusive and Innovative Technologies for Disability Management: The Role of Health Insurance and Reimbursement Policies

Andrea Popa
a.popa@hotmail.com
Researcher, Digitalization in Healthcare

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KEYWORDS

Telemedicine, Welfare Technology, Disability Management, Reimbursement Policies, Innovative Rehabilitation

HOW TO CITE

Access to Inclusive and Innovative Technologies for Disability Management: The Role of Health Insurance and Reimbursement Policies. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

Background and Objective From telemedicine to welfare technology, the rise in digitally driven innovations is transforming traditional roles in the health industry and enabling new approaches to wicked problems in healthcare specifically and in society on a broader level. For disability management, these new technologies are providing new avenues for inclusion and empowerment for people with disabilities from easing participation in the workforce to providing complementary or innovative forms of rehabilitation and/or coping strategies. At the same time, many of technologies are developed by initiatives addressing specific needs identified in local areas or action - broader access to technologies or innovative approaches may be hampered by varying reimbursement schemes and formal market boundaries, such as medical technology regulations. We examine the role health insurance and reimbursement policies play across markets in transferability and accessibility to inclusive and innovative technologies for disability management. Methodology An evaluation of the status quo of reimbursement schemes for disability management is conducted for selected European member nations and Canada and Australia. A systematic literature review of regulations and policies is conducted, as well as a market analysis of inclusive innovations for disability management. Results and Conclusions Consolidating the results of the market analysis and policy overview, an understanding is developed of how market specifications and regulations, in conjunction with health insurance and reimbursement policies, impact access to innovations in disability management. Furthermore, these findings are used to derive recommendations and possibilities to approach and ultimately overcome barriers to cross-system innovations and improve their dissemination to continue strengthening disability management.

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Strengthening Rehabilitation Systems for Sustainable Outcomes: A Policy Framework for Action

Andrea Popa [1], Christian Gutenbrunner[2]
a.popa@hotmail.com[1], christoph.gutenbrunner@gmail.com[2]
Researcher, Digitalization in Healthcare[1]
Department of Rehabilitation and Sports Medicine Hannover Medical School[2]

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Strengthening Rehabilitation Systems for Sustainable Outcomes: A Policy Framework for Action. (2024). World Congress on Rehabilitation 2024, 1(1).

ABSTRACT

Background and Objective In times of conflict, the international community often immediately and generously provides medical and humanitarian support. This assistance provides relief from short-term overburdening of established systems and structures and helps mitigate suffering in urgent cases. At the same time, as soon as funds and supplies cease to flow, care-gaps and treatment disruptions emerge for many of those previously assisted. For example, the Ukraine boasts an established healthcare and insurance system and was in the process of implementing a rehabilitation system according to international standards guided by WHO framework, including building its professional rehabilitation and service capacities. After February 2022, rehabilitation needs of the Ukrainian population skyrocketed due to the effects of armed conflict, both in terms of quantity and quality of services. This immediately strained established resources and structures. The international outpour of financial and material support continues to provide immediate structural relief. However, the Ukrainian government recognizes the growing treatment gap that can only be addressed by continuously building the rehabilitation system towards resilience to successfully cope with the unprecedented number of patients who will rely on the system for years to come, e.g., as is the case for amputees. Methodology and Results We evaluate the status quo based on information collected from interviews with Ukrainian experts from health care and government sectors, analyze documents and policy briefs, and consider general principles regarding strengthening health systems and disaster management. A tiered policy framework for action is developed as a guideline for third-party nations seeking to provide sustainable and capacity-building support towards Ukraine's goal of continuously developing a robust, holistic rehabilitation system. Conclusions In addition to the policy framework for action in the specific context of the Ukraine today, we derive transferable recommendations for governments seeking to assist regions wrought by conflict in an empowering, supportive manner.

Proceedings of *1st World Congress on Rehabilitation 2024 Work and Employment,* 23 - 25 September 2024.
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A Systems Approach to Placement (SAP): A Culturally Sensitive Model for People with Disabilities

Madan Kundu[1], Chrisann Schiro-Geist[2]
kundusubr@aol.com[1], cschrgst@memphis.edu2
Vice Chair of the RI Work & Emp, Rehabilitation International (RI)[1]
University of Memphis Institute on Disability (UMID)[2]

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A Systems Approach to Placement (SAP): A Culturally Sensitive Model for People with Disabilities. (2024). *World Congress on Rehabilitation 2024*, *1*(1)

ABSTRACT

The challenges of seeking, obtaining, and maintaining meaningful, gainful employment are significant for all persons with disabilities (PWD), especially those from economically disadvantaged and marginalized communities. PWDs have the same aspirations as those without disabilities. However, they are at 1.5 to 2 times higher risk of being unemployed as they strive to enter and/or reenter the labor market with little education, few or no job skills, limited social skills, and often non-existent support networks. To enhance the job placement of people with disabilities (PWD), the search for new theories, models, and techniques continues. The SAP model builds on the human-environmental-organizational-cultural dynamism of job placement for PWD. The model incorporates 8 sub-systems to describe the placement process: Client, Health, Education, Family, Social, Employer, Placement Personnel, and Funding. The model will describe a systems theory as applied to the placement of PWD and give credence to two diagnostic and therapeutic instruments: A. SAP: Self-Assessment for Students and Counselors (SAP: SASC) B. SAP: Intake Assessment and Outcome Evaluation (SAP: IAOE) The internal consistency (Cronbach's Alpha) of SAP: SASC varied from 0.897 to 0.958 (N=275 Rehabilitation Counselors in the USA). Exploratory factor analyses were computed to identify the underlying dimensions of 80 items SAP-SASC. Further replications in Japan (N=479) and Taiwan (N=116) revealed a six-factor solution with 70 items. The SAP: SASC allows rehabilitation students, job coaches, rehabilitation counselors, return-to-work professionals, placement specialists, and other practicing professionals to assess their skills, knowledge, and competencies and offers guidance for further education and training. Due to time constraints, SAP-IAOE will not be discussed or presented. The participants will be able to: 1. learn a novel holistic approach to placement designed to address the challenges encountered by consumers with disabilities and personnel in placement. 2. distinguish the relative efficacy of A Systems Approach to Placement (SAP) over the traditional placement models: Client-Centered Approach, Selective Approach, Supported Employment, Project with Industries, Self-Employment, and Supply vs. Demand-Side Placement. 3. assess knowledge, skills, and competencies required of a student, job coach, rehabilitation counselor, return-to-work professional, and placement specialist by utilizing SAP: Self-Assessment for Students and Counselors (SAP: SASC). 4. understand the complexity of human, organizational, environmental, and cultural interaction impacting the placement process. This presentation addresses Article 27: Work and Employment of the UN-CRPD, International Labor Organization Convention No. 159: Vocational Rehabilitation and Employment, and World Health Organization International Classification of Functioning (ICF), Disability and Health.

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Articles 24 and 27 of the UN-CRPD, Education and Work & Employment: An International Perspective

Madan Kundu
kundusubr@aol.com
Vice Chair of the RI Work & Emp, Rehabilitation International (RI)

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Articles 24 and 27 of the UN-CRPD, Education and Work & Employment: An International Perspective. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

According to the World Report on Disability, there are 8.3 billion people in the world, of which 1.3 billion (16%) are people with disabilities (PWD). Article 24 of the United Nations Convention on the Rehabilitation of Persons with Disabilities (UN-CRPD) is a pivotal document that champions the rights of people with disabilities to lifelong education at all levels and unequivocally eradicates any form of discrimination. This inclusive education system, backed by appropriate technology and assistive devices, paves the way for primary, secondary, and tertiary education, transitional services, and vocational training. It equips individuals with the necessary skills and knowledge to thrive in the world of work. Article 27 underscores the rights of people with disabilities to work equally in an accessible and inclusive environment. Beyond being a means of earning a wage, employment is a powerful tool for physiological survival, psychological well-being, and social integration. It plays a pivotal role in the battle against poverty and social exclusion, offering individuals a pathway to self-fulfillment, respect, and dignity in their communities. As a result, the civic society faces two significant challenges: (1) to prepare the PWD for the world of work by improving skills and competencies of Employability and Placeability Skills and (2) to improve the skills and competencies of the professionals who serve them. Recommendations are made to utilize the provisions of the UN-CRPD, WHO, ILO, ICF, Federal, State, and Local laws to enhance employment outcomes and quality of life for PWD. Theory, research, and practice continue to enhance employability and rehabilitation outcomes.

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Experiences and observations from a health and mental health literacy point for displaced Ukrainian families in Sweden - group participatory co-creation methodology in reducing barriers to work.

Solvig Ekblad[1], Oksana Gramatik[1], Yuliia Suprun[1]
Solvig.Ekblad@ki.se
Head of research group Cultural Medicine LIME, Dept. of Learning, Informatics, Management and Ethics | Karolinska Institutet [1]

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Refugee Health Literacy, Trauma-Related Stress, Participatory Methodology, Mental Health Intervention, Integration Barriers

HOW TO CITE

Experiences and observations from a health and mental health literacy point for displaced Ukrainian families in Sweden – group participatory co-creation methodology in reducing barriers to work. (2024). World Congress on Rehabilitation 2024, 1(1).

ABSTRACT

Background/Aims About 40 000 refugees from Ukraine affected by the ongoing war have come to Sweden. There is a high risk of trauma-related stress due to low local health and mental literacy care. Perceived good health is a human right, a requisite for work. Group intervention for refugees can reduce and prevent post-migration stress and anxiety (Ekblad, 2020). With the funding provided by the Social Fund during two projects in Västernorrland (1 October 2022 - 31 March 2024), we were able to implement an evidenced-based short intervention based on the participants' needs. Methods A mixed methods design with participatory methodology and evaluation was used. Data was obtained with a short questionnaire in Ukrainian. It included a visual analogue health-rating scale, observation, oral evaluation in groups and a short breathing exercise. For practical and ethical reasons there was no control group. Each group met five times in two hours, a total of 10 hours excluding pre- and post-assessment. Results Little more than 250 participants, mostly women, participated from seven municipalities. In the first-year project, the participants showed significantly better perceived health as assessed on a visual analogue scale and less stress and anxiety. It was supported by the participants' questions which were qualitative evaluated using thematic content analysis. Five general themes stemmed from questions raised in dialogue with the participants plus observation with the respective local expert. Their questions received answers, and their perceived negative attitudes to authorities changed to more positive ones (Ekblad, Gramatik, and Suprun,2024). Preliminary data from the second-year project showed increased participant engagement despite shorter project duration. Our initiative served as a vital link between Swedish institutions and Ukrainian refugees, reducing stress and providing clarity on their immediate future. However, we recognize growing needs and challenges, including preliminary qualitative findings: - Gender disparity in employment access: Men find jobs faster than women. - Rising divorce rates. - Teenagers returning to Ukraine due to integration difficulties. - Burnout hindering refugees' language learning, education, and employment. - Decrease in support from Swedish families and other parties due to fatigue. Conclusion Due to barriers, there is a great risk that there will be a cost not only for the individuals and their families but also society. Most of the participants want to stay here besides barriers to job and health services. The longer refugees reside in Sweden, the more acute their need for ongoing support becomes (Ekblad, Gramatik and Suprun, under review).

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Unify actors around the concepts of “functioning” and “habilitation” to ensure full participation and Inclusion for all.

Alessandro Giustini
alessandro.giustini@ntc.it
San Raffaele Telematic University Rome

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Functioning, Habilitation, Disability Inclusion, Rehabilitation Services, Global Health Agenda

HOW TO CITE

Unify actors around the concepts of “functioning” and “habilitation” to ensure full participation and Inclusion for all. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

Developing scientific and political context: Health Services are changing all over the world , regarding epidemiological, economical, socio-political aspects correlated and stimulated by scientific and technological advances and tools . For our point of view cornerstones are : - Disability is part of the human experience. - WHO recognizes that a world where all people attain the highest possible standard of health and well-being is only possible if health systems are inclusive of people with disability. - Countries need to shift towards a service delivery system rooted in the communities, reaching out and empowering people with disability As embedded in WHO framework, Rehabilitation is one of the core health services, along with promotion, prevention, treatment, and palliative care. By optimizing functioning, rehabilitation significantly contributes to the realization SDG3 on health and well-being. An individual who can enjoy good standard of health is more able and confident to fully participate economically, culturally, politically on equal basis with others, thus contributing to the realization of several other SDGs and of the overarching “leave no one behind” principle. Therefore, increasing access to quality rehabilitation services can significantly improve population’s health outcomes and foster inclusive, sustainable development. Number of people in need of rehabilitation had increased by 63% from 1990 to 2019. This is a clear indication of current health trends: we live longer, but with more limitations in functioning. Rehabilitation is crucial to respond to the health challenges of the 21st century, but its political relevance is not fully established yet. The global health agenda needs to further integrate the concept of functioning, alongside mortality and morbidity. This is why we need a consensual political narrative that places functioning at the core, across the spectrum of health interventions delivered at the community-level and through health services. And we need a strongest cooperation with Disabled people Associations all over the World. Habilitation as a focus for all: While the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) marks a shift from a medical to a rights-based approach to disability, this legally-binding instrument gives space to rehabilitation as a key element that enables persons with disabilities to attain and maintain maximum independence and full inclusion and participation in all aspects of life. In particular, article 26 of the UNCRPD requires Member States to organize, strengthen and extend comprehensive Rehabilitation services and programmes up to habilitation . Habilitation , strongly supported from all disabled people associations and federations in the world, means quality of life freely chosen by the person with disability, as a result of rehabilitation activities, commitment and free choice of the subject, potential of the family, educational, work and socio-economic context, of the community's welfare and social security offers. It is therefore the context in which the objective of the Rehabilitation Project must be

framed. We all must have the ability to integrate specific clinical and prognostic assessments, interventions and times of the rehabilitation process into all this. And obviously not only in the acute and intensive phases but also in a vision of continuity to support possible variations (for medical problems but also social and personal variations). Skills that make the central and essential role of all rehabilitation professionals in personal qualification even more evident, together with other non-healthcare subjects, but which very often are not yet part of their educational training. However, they are necessary to be able to carry out these tasks in the evolution of health protection systems and in the interest of people with disabilities. Functioning (ICF) is the cornerstone for Habilitation: Then rehabilitation as an organic system of services and structures must take responsibility for proposing and promoting this enrichment of the health conditions of populations with its own scientific culture. And PRM specialists and all other professionals must understand the importance of this commitment and at the same time they must all acquire the ability to integrate Habilitation in the ICF methodology in every clinical context : working and offering solutions for the habilitation to the person in care, and also for example collecting data regarding efficacy and effectiveness. It is certainly not an easy objective to achieve but it is fundamental so that the indications of Rehabilitation 20-30 6 and the recent WHA Recommendation on Rehabilitation can find concrete application. There are evident needs for training enrichment around these topics by connecting the clinical skills of the rehabilitation doctors and professionals with the objectives . First tasks are on our hands and we could work all together.

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Exploring supported decision-making with people with disabilities to sustain employment

Lau Althea[1], Dr. Jenny Hui[2]
althea.lau@fuhong.org[1], hui.jenny20@gmail.com[2]
Project Coordinator, Fu Hong Society[1]
Social Work Educator/Practitioner Council Member, Fu Hong Society[2]

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Exploring Supported Decision Making With People With Disabilities To Sustain Employment. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

Hong Kong as one of the world's most dynamic economies, there were 1,377,733 registered companies as at 31 March 20211, of which, only 0.02% (294 companies) in 20202 recruited persons with disabilities (PWDs), implying that the acceptance of PWDs among employers was still low. Besides, vocational rehabilitation services and many of employers focus on the quantity of the number of job opportunities offered and the number of PWDs employed, giving little attention to the sustainability of employment. Many PWDs lack the skills and knowledge, even opportunities in decision-making. Supported decision-making can help PWDs build confidence to self determine and direct their own lives with support from the people they trust. To make decisions for themselves, PWDs can feel that they are in control of their lives and more satisfied with their lives, which may enhance their quality of life. This paper aims to first explore how supported decision-making was applied to facilitate persons with disabilities to not just obtain supported employment but were able to sustain the employment for at least 12 months. According to the "Supported Employment Training for Persons with Disabilities (SET)" Funding and Service Agreement, which is issued by the Social Welfare Department of Hong Kong SAR, all SET service operators are requested to provide support to participants (PWDs) with no less than 12 months post-placement service to help them settle in work environment and sustain employment. Secondly, the subjective views of quality-of-life outcomes of PWDs who had been involved in supported decision making were explored. Case study method was employed with in-depth interviews with PWDs and vocational workers. The thematic analysis reviewed the process and strategies of implementing supported decision-making. Tips and wisdom to carry out supported decision making will be shared. To sum up, this paper aims to give a comprehensive picture of how supported decision-making is carried out and whether there is any effect on the subjective views of their quality of life.

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Practice of Animal Assisted Therapy in Psycho-Social Rehabilitation for Victims of Violence and Abuse

Anita Sunil
Execdirector@ahsrehab.org.
Psychologist, Dubai Foundation for Women and Children

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Practice of Animal Assisted Therapy in Psycho-Social Rehabilitation for Victims of Violence and Abuse. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

Presentation aims at sharing the best practice method and effectiveness of Animal Assisted Therapy (AAT), as part of intervention in rehabilitation of victims facing violence/abuse, at Dubai Foundation for Women and Children, the first NGO providing support to victims of Domestic Violence, Human Trafficking and Child Abuse. An alternative treatment modality, AAT helps to improve mental, physical, social and cognitive functions. Human-animal bond/interaction research has been credited with reducing depression, anxiety, loneliness while increasing a sense of self-worth, purpose, empathy and general well-being. The psychological effects caused by violence lead to anxiety, depression, post-traumatic stress disorder, low self-esteem, inability to concentrate, flashbacks, questioning sense of self, suicidal thoughts and sleep disturbances. This innovative form of therapy was found to help victims cope with their trauma, stress levels, and anxiety by interacting with therapy partners mainly - dogs, cats, horses, birds, turtles, hedgehogs, hamsters and ducks. The simple act of petting animals has proved to result in an automatic relaxation response. Research has supported the fact that engaging with the animal promotes the release of serotonin, prolactin and oxytocin- hormones that help in elevating mood and providing comfort. The most advantageous benefit to AAT over other forms of therapeutic modalities is the reciprocity that client obtains in one to one or group sessions and the much-desired chance to give love and affection as well as receiving it, providing direction/pathway to recovery and healing. The presence of an animal was found to create spontaneous communication, provide comfort, and reduce loneliness, especially for those clients who reside in the shelter. The animal was often found to be acting as a catalyst in the therapy process by reducing initial resistance that might accompany, increasing mental stimulation, improving attention and interaction skills, lowering stress-induced behavioral responses. Willingness to be involved in a group activity, interaction with peers and staff members, also helped to identify and develop leisure skills in some clients. In conclusion, practicing AAT showed effective and positive responses in supporting therapy, as it diminishes the victim's PTSD, anxiety and depression, in turn increasing self-esteem and improving self-awareness, in their road to recovery.

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Assistive Technology within Community Based Inclusive Development (CBID) Concept: AHS Solutions & Challenges

Anni Manawel Mazagobian
Execdirector@ahsrehab.org
Executive Director AL HUSSEIN SOCIETY Jordan Center for Training and Inclusion

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HOW TO CITE

Assistive Technology within Community Based Inclusive Development (CBID) Concept: AHS Solutions & Challenges. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

The Al-Hussein Society (AHS) is a non-governmental organization working in the field of disabilities by providing inclusive rehab services and training for persons with disabilities, their caregivers, university students and field workers applying internationally accredited standards. AHS focuses on community-based inclusive development and assistive technology can accelerate the promotion of the inclusion of PWDs in society, the main role of AHS in CBID is to promote, support, train and implement modifications and facilitations using assistive technology tools including (mobility aid modifications, environmental modification) allow for greater inclusion in the community with portable units designed to meet the accessibility needs of the person. Examples of these devices include wheelchairs, walkers, van lifts, and adaptive beds. Assistive technologies include any item, piece of equipment or product used to increase, maintain or improve the functional capabilities of people with disabilities.1 Assistive technologies include low-vision devices, hearing aids, augmentative and alternative communication systems, walking frames, wheelchairs and prostheses such as artificial legs. Assistive technology is an umbrella term for any device or system that helps people with disabilities to perform everyday tasks. Low tech assistive technology is a type of assistive technology that does not require complex mechanisms or electronics. It is typically affordable and easy to use, making it accessible to a wide range of users. Low tech assistive technology is often less expensive, more durable, and easier to maintain than high tech devices." These advantages make low tech assistive technology ideal for those who may not be able to afford more expensive high-tech alternatives. Additionally, low tech assistive technology is often more comfortable and intuitive to use, making it a great solution for those who are new to using assistive technology. Through this paper, number LOW assistive Technology Solutions that can fill in the gap of the market and meet the needs of persons with disabilities in an affordable manner. These solutions are local produced at the Mobility Aids and Adaptation Unit of AHS run by a person with disabilities. A - Augmentative &Alternative Communication (AAC) 1- Phonolip Training Package 2- Sowari Training Package 3- PECS (Picture Exchange Communication System) training package B- Mobility & Physical Access 1. Head Pointer 2. Desk monitor arm 3. Supported Chair and stand frame 4. Manual standing wheelchair 5. Wheelchair provision & modification 6. Classroom modification 7. Bus Modification

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The Impact of community Based Rehabilitation in low-income countries, the project initiative by Vision Community Based Rehabilitation

Azmeraw Derese
azmerwd@gmail.com
Program Director, Vision Community Based Rehabilitation Association

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The Impact Of Community Based Rehabilitation In Low-Income Countries, The Project Initiative By Vision Community Based Rehabilitation. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

The session focuses on the impact and challenges of community-based rehabilitation (CBR) in low-income countries such as Ethiopia, highlighting specific initiatives and their outcomes. It also discusses the holistic approach taken to address the social, educational, and economic needs of people with disabilities, along with advocacy strategies. Case studies and success stories will be featured to demonstrate the practical applications of community-based rehabilitation in various settings, showcasing the potential for sustainable change and inclusion. Participants will have the chance to engage in interactive discussions and share best practices for overcoming barriers and building partnerships to improve the quality of life for individuals with disabilities. Additionally, the session will address the provision of assistive devices as a key tool to tackle disability-related issues. It will explore innovative approaches to empower communities and promote equity and social justice for all. The discussion will touch upon the significance of accessible infrastructure and the role of technology in enhancing the lives of individuals with disabilities. Moreover, the session will delve into the ethical considerations and cultural sensitivities involved in implementing CBR initiatives. By exchanging knowledge and experiences, participants will cultivate a shared understanding of the principles and practices that underpin effective community-based rehabilitation.

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A 30-year journey of public education and community mobilization in making an inclusive and rights-based society: the experiences of The Hong Kong Joint Council for People with Disabilities

Benny Cheung
bennychg852@gmail.com
Chairman of The Hong Kong Joint Council for People with Disabilities

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HOW TO CITE

A 30-Year Journey Of Public Education And Community Mobilization In Making An Inclusive And Rights-Based Society. (2024). *World Congress on Rehabilitation 2024*, *1*(1)

ABSTRACT

The Hong Kong Joint Council for People with Disabilities (the Joint Council) was established in 1964 and is the umbrella body of non-governmental organizations for and of persons with disabilities. The aims of the Joint Council are to promote the coordination and improvement of services and facilities for persons with disabilities, participate in policy review and formulation, conduct public education and develop new rehabilitation programmes. The organization has been organizing various programmes to promote rights of people with disabilities, inclusive environment, equal opportunity for people with disabilities etc. International Day of Disabled Persons In 1992, the United Nations declared 3 December as the International Day of Disabled Persons (IDDP) to celebrate the achievements and contributions of people with disabilities and to promote their integration into the community. Since 1993, the Joint Council has been organizing various society-wide celebrations of the IDDP. The main theme of the IDDP would change to promote different aims including inclusive education, employment opportunity for PWD, barrier-design and accessibility, arts and sports development for PWD etc. Main events are co-organized by local authorities, private companies and media. Programmes would include public acknowledgement of disability friendly employers, transport companies, government departments, etc. To promote public mobilization, transport companies and sports and arts facilities offer 1-day free travel for people with disabilities and their accompanying carers to enhance full participation of PWD in the community and to help promote social integration. The Ocean Part offered 8,000 free admission tickets for people with their carers to enjoy the amusement facilities in the park; and Hong Kong Disneyland offer similar free 5000 admission tickets. Inclusive Environment Recognition Scheme To recognize disability friendly and fully accessible buildings in the community, the Joint Council organizes the Inclusive Environment Recognition Scheme. It aims to encourage property developers, architecture industry, property management companies and property owners to build up an inclusive environment. The project has been supported by the Architectural Services Department, Buildings Department, RI ICTA Commission, Hong Kong Institute of Architects, Hong Kong Institution of Engineers, Hong Kong Institute of Surveyors, and Hong Kong Housing Authority. Buildings nominated for the Scheme Award would undergo an on-site inspection conducted by a team of qualified people with disabilities. The Awards presentations are held in prestigious platforms with wide media coverage. The Joint Council has been promoting disability inclusive and rights-based society through all sectors involvement and sustainable participation. The annual events have becoming a key part of community wide and local culture.

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Enhancing Rehabilitation Awareness and Understanding Among Health Professionals in Lao PDR

Bernard Franck[1], Sathaphon Phoumarinno[2], Donna Koolmees[3]
bernard_franck@la.worlded.org
Chief of Party, USAID Okard[1]
Social Behaviour Change and Communication (SBCC) manager, USAID Okard[2]
Senior Technical Advisor, USAID Okard[3]

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Enhancing Rehabilitation Awareness and Understanding Among Health Professionals In Lao PDR. (2024). *World Congress on Rehabilitation 2024*, *1*(1)

ABSTRACT

Summary In this paper, research conducted in 2022 on understanding the knowledge, attitude, and practices of 247 health professionals on rehabilitation within the healthcare system of Lao PDR is explored, and how educational materials and advocacy tools have been developed to enhance awareness and knowledge on rehabilitation. This aims to support clinicians and managers to increase the integration of rehabilitation in healthcare planning, expand rehabilitation services, and support persons who experience illness, injury, or impairment to optimize functioning and maintain health and wellbeing. Background and Aim Lao PDR, with a population exceeding 6.7 million, faces the challenges of non-communicable diseases, road traffic accidents, an aging population, and the persistent threat of Unexploded Ordnances (UxO) from past conflicts. In a resource-constrained setting, addressing the growing demand for quality rehabilitation services is challenging, especially where healthcare providers and managers lack an understanding of rehabilitation and its importance within the healthcare system. The Ministry of Health's National Rehabilitation Strategy (2018-2025) aims to increase awareness among the health workforce about the essential role of rehabilitation in meeting public healthcare needs. Methods In 2022, the Ministry of Health conducted its first digital survey on rehabilitation knowledge, attitudes, and practices among 482 health professionals, including clinicians and managers from various levels of the healthcare system in 4 provinces. The survey explored professionals' understanding of rehabilitation definitions, its benefits to population health, delivery platforms, interventions, including assistive products, and the roles of rehabilitation professionals in multidisciplinary teams. Results The survey showed that the majority of health professionals acknowledged rehabilitation as vital for reducing disability and improving functioning, especially with the provision of assistive products. However, managers and clinicians viewed rehabilitation as a specific service for persons with disabilities, neglecting its broader healthcare significance to support people with short-term injuries and illnesses leading to limited prioritization of rehabilitation services and its absence in healthcare planning, financing, health and health workforce development. Conclusion The survey findings guided the development of educational materials on rehabilitation, which have been shared with healthcare facilities to shift professionals' perspectives in line with the WHO Rehabilitation 2023 Initiative. Communication tools were created to help managers support and advocate for enhanced integration of rehabilitation services into healthcare systems. These initiatives are essential in closing knowledge gaps and promoting rehabilitation as a fundamental component of comprehensive healthcare delivery in Lao PDR.

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Bridging access to healthcare and empowerment: Analyzing a Community-Based Rehabilitation Program for people with disabilities in Zimbabwe

Cathrine Tadyanemhandu[1], Beatrice Shava[2], Samson Chengetanai[3], Khumbula Mkandla[4]
cathrine.t@actvet.gov.ae
Fatima College of Health Sciences, Physiotherapy Department, Al Mafraq, Abu Dhabi, United Arab Emirates[1]
University of Zimbabwe, Department of primary Health Care Sciences, Rehabilitation Sciences Unit, Avondale, Harare, Zimbabwe[2,4]
Khalifa University, Biological Sciences Department, College of Medicine and Health Sciences, Abu Dhabi, United Arab Emirates[3]

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Community-Based Rehabilitation (CBR), People with Disabilities (PWDs), Healthcare Access, Rural Communities, Economic Empowerment

HOW TO CITE

Bridging access to healthcare and empowerment: Analyzing a Community-Based Rehabilitation Program for people with disabilities in Zimbabwe. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

Background: People with disabilities (PWDs) are considered socially vulnerable due to under representation, discrimination and stigma which they face, particularly in the rural communities. Some disabilities necessitate frequent visits to health centers for treatment and support from healthcare providers. In developing countries where health care centers are fewer and far apart, PWDs face the added inconvenience of traveling long distances in disability unfriendly roads, sometimes using inappropriate methods of transportation. Countries, such as Zimbabwe, have adopted the community rehabilitation program approach to improve access to healthcare. Aim: To describe the community-based rehabilitation programs (CBR) established for people with disabilities residing in the rural areas, as a method of addressing heath needs for PWD, community involvement, and sustainable reintegration. Methods: Rehabilitation students from the University of Zimbabwe participate in a 7-week rural attachment program each year at the end of which they produce an assessment of the community-based programs within that area. They focus on the five key components of the CBR Rehabilitation matrix which are health, education, livelihood, social and empowerment. Results: All surveyed districts had functional community-based rehabilitation programs characterized by funding organizations, healthcare and rehabilitation professionals at the health institution and village health workers within the communities. Home modifications which were done for PWD included toilet and bathroom adaptations, using locally available resources. The organized structure of CBR quickens the identification of health needs, facilitates the distribution of assistive devices and is frequently able to fund vocational training for beneficiaries. Vocational training is most offered for agricultural cooperatives, tailoring and artisanal workshops Conclusion: The success of CBR programs in Zimbabwe lies in the emphasis on enhanced healthcare needs identification and reporting, inclusive decision-making, and a significant degree of self-determination by patients in their communities. Rather than adopting a top-down approach, the CBR program initiatives prioritize active involvement and economic empowerment for sustainable development and inclusive healthcare delivery in the region.

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A new look at Systems Approach to Placement for persons with intellectual disabilities

Dr. Chrisann Schiro-Geist[1], Madan Mohan Kundu[2]
cschrgst@memphis.edu
Professor and Director, University of Memphis Institute on Disability (UMID)[1]
Vice Chair of the RI Work & Emp, Rehabilitation International (RI)[2]

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HOW TO CITE

A new look at Systems Approach to Placement for persons with intellectual disabilities. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

The Systems Approach to Placement (SAP) model, a cornerstone of our proposal, was not only created but also meticulously refined in the 1980s and 1990s. This period saw significant strides in the instrument's reliability, system condensing, and protocol translation into six other languages (Arabic, Chinese, French, Japanese, Portuguese, and Russian), expanding its reach beyond the USA (2013 and 2015). The work on this model has persisted, shaping our research landscape. n 2008, the USA Higher Education Act ushered in what we now know as Inclusive Higher Education (IHE). This transformative movement invited young adults with intellectual and developmental disabilities, including autism, to university campuses. The aim was to enhance their socialization skills and equip them to seek competitive employment. Today, this movement is not confined to the United States. Still, it has spread its wings, finding acceptance at over 300 universities and colleges in the United States, numerous European countries, and other parts of the world. The investigators spearheading this proposal are not mere observers but active participants in evolving SAP's theoretical and philosophical focus. Their expertise is also instrumental in adapting the protocol currently used in these IHE programs and standardizing the instrument for use with the IHE population. This hands-on approach ensures that the SAP model is tailored to the specific needs of the IHE population. The initial data collection will be conducted at the IHE program, TigerLIFE, at the University of Memphis and then shared with other programs for refinement and reliability assessment, underlining our commitment to thoroughness and excellence. The IHE program at the University of Memphis Institute on Disability (UMID) has based its conceptual programming on the Systems Approach to Placement (SAP) since its inception in 2013. During that period, it provided services to 336 young adults with intellectual and developmental disabilities. The success of this program is evident in its competitive integrated employment rate, which stands at an impressive 70-76%, significantly higher than the US Department of Labor's estimate of 15-20% for this population over the last decade. This and future studies will further enhance the effectiveness of the SAP model for special populations.

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Evidence Based of Robotic-Assisted Treadmill Training in Adults with Cerebral Palsy

Dragana Djuric
dragana.djuric11@gmail.com
Fatima College of Health Sciences, Abu Dhabi, UAE

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HOW TO CITE

Evidence Based of Robotic-Assisted Treadmill Training in Adults with Cerebral Palsy. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

Adults with cerebral palsy (CP) have motor impairments that differently affect their functioning. As they age, there are a few common physical challenges such as increased spasticity, loss of strength and flexibility, declining mobility, fatigue, overuse injuries, and falls. Physical activities and gait training in adults with CP is recommended for boosting strength, endurance, cardiorespiratory fitness, and muscle flexibility in addition to preventing osteoporosis and chronic musculoskeletal pain. Robotic-assisted treadmill training (RATT) has been applied in the last two decades, enabling an individualized approach, physiological gait pattern, and intensive training through repetitions positively influencing function. Aims: The goal of this presentation is to share reflection and synthesized evidence on the efficacy of RATT on motor functions, gait speed, endurance, intensity of the sessions, and sustainability of effects in adults with CP. Additionally, to identify the barriers and challenges in accessing RATT. Methods: The evidence is drawn from the randomized control trials (RCT) and systematic reviews of the last five years available through PubMed, Cochrane Library, and Google Scholar and reflected upon based on the current clinical practice. Results: Only one RCT included adults with cerebral palsy which showed that RATT significantly improves gross motor functions and carry-over effects were seen for 3-4 months after RATT. Two systematic reviews with meta-analysis reported that RAGTT is more effective than conventional therapy for improving gait velocity, gait endurance, gross motor functions, and postural control in children and adults with CP. On the contrary two other systematic reviews found weaker and inconsistent evidence on the use of RAGTT for gait and motor function on children, adolescents, and young adults with CP. RATT is expensive for both purchase and maintenance. Hence, limited availability, access, and high cost of sessions are the major barriers for patients. Conclusion: To improve well-being and health in adults with cerebral palsy, physical activities including gait training are crucial to maintain ambulatory function and prevent musculoskeletal consequences due to aging. Although RATT is beneficial, due to its limited access, there are no larger studies available. Future studies should involve a larger number of participants, higher methodological quality, and standardization of reporting robotic parameters.

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Supporting Occupational Health & Wellbeing (SOHWELL)

Ed Ashton
ed.ashton@gov.gg
Director of Operations, States of Guernsey

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Supporting Occupational Health & Wellbeing (SOHWELL). (2024). *World Congress on Rehabilitation 2024*, *1*(1)

ABSTRACT

SOHWELL is an early intervention programme based on the biopsychosocial model which has transformed the way the States of Guernsey approaches work rehabilitation. As a result, in 2023 Guernsey experienced a 6-year low in terms of the number of sickness claims that lasted longer than six months. Background Like many jurisdictions, Guernsey has experienced a rising trend in long-term sickness and as a result has taken steps to transform its approach to work rehabilitation by focussing on occupational health and early intervention to minimise the number of cases that last more than 6 months. Aims • To develop an approach to work rehabilitation based on the biopsychosocial model. • To work with private and public sector stakeholders to improve outcomes. • To develop a work and wellbeing assessment to complement the work capability assessment. • To develop an Occupational Health Strategy for the whole Island. Methods • A partnership approach between social security, primary care doctors, Public Health, Occupational Health, and Third Sector, with strategic input provided by Occupational Health consultant. • A case management team that contacts clients at the four-week stage of incapacity and liaises with treating practitioners and employers to agree return-to-work plans. • Case managers can access government initiatives which enable gradual return to work, re-training, voluntary work, work experience, paid work placements, recruitment grants for employers and back to work bonuses for clients. • Case managers can refer to various work rehabilitation schemes to prepare clients for work, and support clients into work, and to remain in work. A key organisation is the Guernsey Employment Trust which supports disabled and disadvantaged people into work. Results • In 2023, Guernsey experienced a 6-year low in terms of the number of sickness claims that lasted longer than six months. • Expenditure on short-term sickness benefit was approximately 9% below budget. Conclusions • The SOHWELL programme is proving to be an effective work rehabilitation tool. • Partnership working with key stakeholders, and the positive working relationship with treating practitioners are key to the SOHWELL programme's success. • The new approach to case management, including the access to the tools to facilitate access to work rehabilitation is proving effective and will be developed further. • Once finalised, the Occupational Health Strategy for the Island will reinforce the commitment to work rehabilitation from a strategic perspective and help to maximise the Island's active workforce.

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Challenges and barriers that persons with disabilities in Malawi face on the job market and how these challenges and barriers can be overcome

Ezekiel Kumwenda[1], David Mzura-Chima[2]
ezekielkumwenda@gmail.com[1]
Executive Director, Malawi Union of the Blind[1]
Master of Education - MEd at Central Christian University[2]

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Challenges and barriers that persons with disabilities in Malawi face on the job market and how these challenges and barriers can be overcome. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

Persons with disabilities in Malawi face numerous challenges and barriers when seeking employment, despite efforts to promote inclusivity and equal opportunities in the job market. This abstract explores the multifaceted challenges encountered by persons with disabilities in Malawi's job market and suggests strategies to overcome these barriers. The challenges and barriers faced by persons with disabilities in Malawi include societal attitudes and stereotypes, limited accessibility to workplaces, inadequate infrastructure, lack of skills training and education, discrimination, and legal frameworks that are not fully implemented or enforced. These factors contribute to high rates of unemployment and underemployment among persons with disabilities in the country. There are several strategies to overcome these challenges. Firstly, there is a need for increased awareness and education to challenge societal attitudes and stereotypes towards persons with disabilities. Creating a more inclusive and accessible work environment through modifications in physical infrastructure, provision of assistive technologies, and flexible work arrangements can also enhance employment opportunities. Skills training and education programs tailored to the needs of persons with disabilities are essential for enhancing their employability. Vocational training programs and initiatives to build specific job skills can bridge the gap between persons with disabilities and available job opportunities. Additionally, promoting entrepreneurship and self-employment can empower persons with disabilities to create their own job opportunities. Legislation plays a crucial role, and efforts should focus on the effective implementation and enforcement of laws that protect the rights of persons with disabilities in the workplace. Strengthening partnerships between government, non-governmental organizations, and the private sector can lead to the development of inclusive policies and initiatives. In conclusion, the challenges faced by persons with disabilities in Malawi's job market are complex and require a multi-faceted approach for resolution. By addressing societal attitudes, improving accessibility, providing skills training, promoting entrepreneurship, and enforcing legal protections, it is possible to create a more inclusive and equitable job market for persons with disabilities in Malawi.

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The role of the RI Global Guide on Accessibility in Enterprises

Dr. jur. Friedrich Mehrhoff
drmehrhoff@gmx.de
Former Director, Rehabilitation Strategies of German Social Accident Insurance Director of Deutsche Gesetzliche Unfallversicherung e.V. (DGUV)

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HOW TO CITE

The Role Of The RI Global Guide On Accessibility In Enterprises. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

Since 2022 this worldwide guidance based on an international study of the German Labour Ministry is available on the RI website. Lots of best practices found around the world are summarized in „golden rules"for being used in governments and enterprises around the globe, which are interested in increasing the employment rate of persons with disabilities. Important details will be presented in Abu Dhabi by a presenter, who led the research and initiated the RI guide as former chair of the RI work and Employment Commission. One of the most surprising results identified in the global investigation is the paradigm shift from individual support for persons with disabilities like investing in their professional qualifications towards more enterprise-centered approaches. Besides other examples one of the best practices found in the Netherlands will be explained in Abu Dhabi: Rehabilitation experts are helping enterprises in promoting an Inclusive Re-Design for finding an appropriate workplace for persons with disabilities The strategy for realizing this goal: The workplaces of the whole company organization have been analyzed by social consulting firms/experts.

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Visualization for Decision Making: a study on psychosocial functioning and mental health among children in low and middle-income countries.

Hasheem Mannan[1], Ariane Carla Barbosa da Silva[2], Cristiane Neri Nobre[3]
hasheem.mannan@ucd.ie[1]
Associate Professor, University College Dublin[1]

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Visualization for Decision Making: a study on psychosocial functioning and mental health among children in low and middle-income countries. (2024). *World Congress on Rehabilitation 2024*, *1*(1)

ABSTRACT

Data Visualization (DV) is the representation and presentation of data, such as graphs and maps, that tap into our visual perception abilities to increase understanding and favouring decision-making. The objective of this work was to use DV to shed light on psychosocial functioning and mental health, in low and middle-income countries where there is still a lack of research. The databases used in this study were obtained from UNICEF. The databases were drawn from a large global research project in low- and middle-income countries. The Multiple Indicator Cluster Surveys (MICS) program is a source of statistically sound and internationally comparable data on children and women worldwide. Questionnaire for Children Ages 5-17 from MICS (Round 6) from 58 countries were utilised for this DV. Results: Vietnam has the lowest rate of 2.9% of the population of children and adolescents has some disability. In comparison, in Afghanistan, 36.2% of the population of children and adolescents responding to the survey were affected by a disability in one or more domains surveyed. Among the 51 analysed countries, in only 8, the difficulty in the field of anxiety is not in the first place, and in 5 of the eight, it appears in second place. Risk of depression appear in second position in 43 countries, ranking first in Bangladesh and third in 6 other countries: Sao Tome and Principe, North Macedonia, Togo, Turkmenistan, Yemen, and Zimbabwe. Analysis illustrates that African and Asian countries have the highest rates of violent discipline among children and adolescents with disabilities aged 5 to 14 years old. Although the reality of child labour in countries with few resources is expected, the percentage of children with disabilities exceeds that of children without difficulties in almost all fields surveyed, which is quite alarming. This DV sheds light on the contribution of each of the 13 disability domains in the composition of groups of children, with the domains on anxiety and depression contributing enormously to estimates on childhood disabilities. Conclusion: Public policy decision makers can make the best possible decisions for resource allocation and public health planning if they do it by making informed decisions facilitated by DV. They can do so based on a thorough understanding of the factors influencing different populations and the efficacy of potential interventions in enabling promoting human rights of children with disabilities.

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Access to antenatal care, clean water, sanitation, and hygiene for women with disability in Uganda

Hasheem Mannan[1], Julie Abimanyi-Ochom[2], Tobi Morakinyo[3], Maryam Kazemi[4], Therese McDonnell[5]
hasheem.mannan@ucd.ie[1]
Associate Professor, University College Dublin[1]

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HOW TO CITE

Access to antenatal care, clean water, sanitation, and hygiene for women with disability in Uganda. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

Background: Using the Uganda Demographic Health Survey (DHS) 2016 this paper aims to assess how Water, Sanitation, and Hygiene (WASH), and Maternal and Child Health (MCH) outcomes vary between women with and without disabilities. Methods: Using Multivariate logistic regression controlling for differences in the characteristics of those with and without a disability the paper estimates access to WASH and MCH services to mothers with and without disabilities. Also using geospatial techniques this paper facilitated the linkage of DHS data to the country's geographic districts, where data points were aggregated for each district. Subsequently, the district-wise counts were normalized against the total collected data for direct comparison, and choropleth maps were generated to compare Water, Sanitation, Hygiene, and Maternal and Child Health outcomes and disability domains. Maps were generated to depict the relative distribution of individuals with disabilities and those without disabilities in Uganda organized by districts. Results: Of those women who are mothers, 34.8% of whom have a disability. Mothers with a disability are older (37.8; CI 37.7-37.9) than those without (33.6; CI: 33.5-33.7). Multivariate logistic regression controlling for differences in the characteristics of those with and without a disability, such as age, area of residence, and education, estimates that mothers with a disability have poorer access to clean water and improved toilet facilities. While 76.3% of mothers do not have access to improved water, those with a disability are less likely to have access to improved drinking water (AOR 0.82; CI: 0.7, 0.9). In terms of maternal and child health indicators, just 11.7% of children are fully immunized, and children of mothers with a disability are less likely to be fully immunized (AOR 0.90; CI: 0.8, 1.0). Just 26.5% of mothers had a skilled birth attendant at the delivery, and those with a disability are less likely to have this support (AOR 0.88; CI: 0.8, 1.0). Conclusion: In advancing access to healthcare and WASH among women with disabilities geographical access needs given due policy consideration. Water, Hygiene, and Sanitation as well as Maternal and Child Health Policies need to be reviewed to ascertain the extent to which it is inclusive of women with disabilities and how the challenges posed by physical geography are mitigated in these policies.

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Harnessing the potential of artificial intelligence for rehabilitation service in the age of digital

Jakob Kort
jakob.kort@bgbau.de
Co-Head of digital transformation & corporate development and Head of international Affairs BG BAU

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Harnessing the potential of artificial intelligence for rehabilitation service in the age of digital. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

Technological innovation is advancing, as is data proliferation and the pace at which new services based on the analysis of these data pools are being developed. This opens up service opportunities for integrated rehabilitation and prevention services in order to support the goals of Vision Zero. Thereby the presentation will focus on the potential of Artificial Intelligence for the common good. To contribute innovative, AI-based approaches of social security in Germany, BG BAU and BG Kliniken will highlight some digital best practices, emphasizing the advantages of joined services in the German accident insurance scheme and thereby an integrated customer journey from prevention, over medical treatment and rehabilitation to finally re-integration at work. In this context, an AI-platform implemented in 2023 by BG BAU will be demonstrated, which analyzes millions of data points to predict which companies and construction sides have a higher risk of accidents and occupational diseases then other, so that adequate prevention and rehabilitation activities can be initiated especially for these enterprises. This project was funded by the German Ministry of Labour and Social and was launched in December 2023 at the World Conference in Sidney. Based on the core ideas of this platform, best practices of AI-based rehabilitation services mostly in use at BG Kliniken will be presented to the audience as well as a joined pilot project between BG BAU und ukb which aims to guide patience as well as doctors, rehabilitation managers and health insurance organizations based on the recommendations of an AI-model, which analyses millions of data points from several data sources in order to improve the individual rehabilitation journey of each and every patient in order to bring him back to work. The presentation will end with a vision of a digital, AI-driven-platform with a strong focus of sustainable and high-impact rehabilitation services not only applicable for Germany, but also for the UAE and other countries in the world.

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Digital Skills and Lifelong Learning Opportunities for the Elderly with Disabilities

Natalia Amelina, PhD
n.amelina@unesco.org
Senior National Project Officer in Education, Chief of the Unit "Teacher Professional Development and Networking", UNESCO Institute for Information Technologies in Education (IITE)

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Digital Skills and Lifelong Learning Opportunities for the Elderly with Disabilities. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

In an era where society is rapidly embracing digitalization, the ability to engage and participate effectively in various aspects of life is closely tied to one's digital skills. These skills encompass the understanding and utilization of everyday Internet technologies that have become integral to our lives. Unfortunately, certain segments of the population, particularly the elderly with disabilities, face significant challenges in acquiring these essential digital competences, thus putting them at risk of being digitally excluded. To address this issue, the joint project of the UNESCO Institute for Information Technologies in Education and Shanghai Open University aims to support the development of new competencies tailored specifically to the needs of elderly individuals, enabling them to learn and actively participate in the digital world. The project recognizes that the elderly population faces unique obstacles in acquiring digital skills, such as unfamiliarity with technology, lack of confidence, and limited access to relevant resources. By focusing on empowering disabled elderly people with the necessary competences, the project seeks to bridge the digital divide and promote inclusivity in an increasingly digital society. Through targeted training programs, workshops, and educational initiatives, the project aims to equip the elderly with the knowledge and abilities needed to navigate digital platforms, access information, including medical and well-being resources, communicate with others, and utilize online services effectively. By fostering digital literacy and assistive technologies among the elderly with disabilities, the project envisions enhancing their overall quality of life, enabling them to stay connected, access vital services (including medical), and participate actively in the digital landscape. Collected advanced cases of digital inclusion of the elderly from various regions around the world are focused on specific application scenarios, covering corresponding areas for the digital needs of the elderly such as access to information and navigation in daily life and wellbeing to narrow the digital divide among senior citizens.

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Overview of Vocational Rehabilitation Services status with case series in Saudi Arabia: Special focus on spinal cord injury group

Wafa Awad Alkozi, BSc, MSc.[1] Dakheel Aljedaie, BSc, MSc[2]
wafa_awad@hotmail.com[1]
Rehabilitation Department, Sultan Bin Abdulaziz Humanitarian City, Riyadh, Saudi Arabia[1,2]

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HOW TO CITE

Overview of Vocational Rehabilitation Services status with case series in Saudi Arabia: Special focus on spinal cord injury group. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

Introduction: Vocational rehabilitation (VR) services help people with all types of disabilities to gain more advantages for improving income, job satisfaction, optimizing skills, and enhancing job mobility.1 Sultan Bin Abdulaziz Humanitarian City (SBAHC) is a considerable non-profit hospital that provides a range of rehabilitation programs, including VR services for SCI patients. This study aims to analyze the VR services offered to SCI individuals at SBAHC and compare them to other rehabilitation programs offered at the facility. Material and methods: The study analyzed records of adult patients aged 14 and above who were admitted to SBAHC between 2018-2023, focusing on spinal cord injured patients due to trauma or other causes. All results were presented as percentages. Verbal consent was obtained to share the process of VR service. Results: VR services offered to SCI individuals accounted for 50.8 ± 34.1% of all the rehabilitation programs between 2018-2023 (total n=339). These percentages were 98.0%, 72.7%, 96.4%, 13.6%, 14.5%, and 42.7% for the years 2018-2023 respectively. To assess the outcome of the VR program for SCI, clients were divided to four groups of either returned or commenced education/ work, and percentages fulfilled either one of the categories accounted for 77.9%. Male individuals accounted for 75.0% of all VR service users. Patient no.1 is a male mathematics teacher of 46 years old, with incomplete quadriparesis cervical 7 American Spinal Injury Association (ASIA) classification D, since 2022. After evaluation, writing training was done with increased difficulty, focusing on speed, quality, and font size. Work hardening and simulation sessions were time-controlled. Following 10 VR sessions, he successfully returned to work with appropriate accommodations and assistive technology support. Patient no.2 was 23years old male university student with paraplegia thoracic 3 ASIA A. He went through counseling to assess his readiness to return, the preparedness of the educational facilities and entering to the labor market. Afterward, a plan for his academic subjects, timetable and prevention of further injuries and safety measures was provided. After 10 VR sessions, he resumed his studies in a computer engineering program. Conclusion: VR services status in SBAHC showed a high number of SCI individuals benefits from VR services with positive outcomes. Patients and families of injured ones should receive more education about their rights and services available together with raising awareness about the needs of spinal cord injured patients to facilitate their entry to either education or labor market 2.

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Rehabilitation Experience in Botswana - A Case of a Road Traffic Accident Victim

Lydia Masilo-Nkhoma
lnkhoma@mvafund.bw
Acting General Manager, Motor Vehicle Accident Fund, Botswana,
Bachelor of Physiotherapy, UCD, Ireland
Master of Physiotherapy, University of Melbourne, Australia.

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Rehabilitation Services, Disability, Universal Health Coverage, Botswana, Motor Vehicle Accident Fund (MVA Fund)

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Rehabilitation Experience in Botswana – A Case of a Road Traffic Accident Victim. (2024). *World Congress on Rehabilitation 2024*, 1(1).

ABSTRACT

Rehabilitation in developing countries is a critical area of focus due to the significant unmet needs of individuals with disabilities. The World Health Organization's Rehabilitation 2030 initiative emphasizes making rehabilitation accessible, integrating it into all healthcare levels, and recognizing it as an essential health service. The initiative has outlined ten priority areas for action, such as establishing robust leadership, enhancing integration within the healthcare sector, incorporating rehabilitation into Universal Health Coverage, and expanding financing for rehabilitation. This article addresses this issue in the context of Botswana, a middle-income country in Southern Africa, where it is believed that a lot of people suffering from different traumas do not receive any formal rehabilitation services. There is currently a shortage of rehabilitation specialists and comprehensive rehabilitation centers in Botswana. The available rehabilitation clinics only offer outpatient care, which is not enough for severely injured trauma patients. One of the state-owned institutions that is responsible for rehabilitating individuals is the Motor Vehicle Accident Fund (MVA Fund). This Fund was established by the Act of Parliament and is responsible for compensating and supporting individuals who have been involved in road accidents in Botswana. Its mandate is to provide financial assistance for medical expenses or related expenses, compensation for loss of income and loss of support, as per the provisions of the MVA Fund Act. The overall aim is to return an injured claimant to their optimal level of functioning. For years, prioritizing rehabilitation in Botswana has remained a challenge, defeating the aims of the MVA Fund. A comprehensive policy framework that addresses the needs of trauma patients or any other person needing the services is needed. The Fund has been reporting over 80% of its claimants reaching positive rehabilitation outcomes for the past five years, and it is believed that this can be improved with the right framework. In conclusion, rehabilitation in developing countries is a complex issue that requires concerted efforts at various levels. It involves not only providing access to rehabilitation services but also integrating these services into the broader healthcare system and ensuring they are included in Universal Health Coverage. The experiences of these countries can provide valuable insights into the development of effective rehabilitation strategies and policies.

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Are primary healthcare systems ready to integrate rehabilitation services? A case study from Uganda

Manjula Marella[1], Fleur Smith[2], Chris Waterworth[3], Lynn Atuyambe[4], Gerald Okello[5], Peter Okello[6]
marella.m@unimelb.edu.au
Nossal Institute for Global Health, University of Melbourne, Victoria, Australia[1,2,3,6]
World Education Laos, Vientiane, Laos[4,5]

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HOW TO CITE

Are primary healthcare systems ready to integrate rehabilitation services? A case study from Uganda. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

The Learning, Acting and Building for Rehabilitation in Health Systems (ReLAB-HS) project is supporting this initiative in the Eastern and Northern regions of Uganda. To integrate rehabilitation services into PHC in Uganda, it is necessary to understand the current capacity of the local health systems, policy support, and resources such as personnel, infrastructure, and funding. This study aimed to investigate the current capacities, opportunities, and motivation of PHCs to integrate rehabilitation services. Additionally, we explored the perspectives of PHC workers on the lessons learned from their previous experiences of undertaking new roles and services. We undertook a mixed methods study, including surveys of 143 PHC facilities and in-depth interviews with 21 PHC workers in the Eastern and Northern regions of Uganda. Current PHC facilities are overstretched and under-resourced. For sustainable integration of rehabilitation services, policy and system-level changes are needed to recruit rehabilitation staff at PHCs, allocate resources and funding, develop rehabilitation work packages at different levels of health care, and promote intersectoral collaboration. Background: Despite a high demand for rehabilitation services in Uganda, current rehabilitation services are concentrated in urban areas and are primarily provided at tertiary-level facilities or by private providers. The World Health Organization emphasizes the integration of rehabilitation in primary health care (PHC) systems to improve coverage. The Learning, Acting and Building for Rehabilitation in Health Systems (ReLAB-HS) project is supporting this initiative in the Eastern and Northern regions of Uganda. To integrate rehabilitation services into PHC in Uganda, it is necessary to understand the current capacity of the local health systems, policy support, and resources such as personnel, infrastructure, and funding. This study aimed to investigate the current capacities, opportunities, and motivation of PHCs to integrate rehabilitation services. Additionally, we explored the perspectives of PHC workers on the lessons learned from their previous experiences of undertaking new roles and services. Methods: We undertook a mixed methods study, including surveys of 143 PHC facilities and in-depth interviews with 21 PHC workers in the Eastern and Northern regions of Uganda. We applied the COM-B framework to examine the capability, opportunity and motivation of a range of behaviors that can assist in designing effective rehabilitation strategies. Results: Most facilities surveyed reported challenges with staffing shortages (59%), limited resources (73%), and inadequate funding (63%). Qualitative data further revealed increased workloads and staff burnout, which negatively affected the motivation of PHC workers. Over half (51%) of the PHC facilities reported the recent introduction of new services. The introduction of new services has brought about additional funding and resources, as well as training and mentoring opportunities for staff. This has reportedly contributed to the motivation of PHC workers to implement new services. Rehabilitation services were identified as being beneficial for the local communities because they would reduce the need, time, and cost to travel to higher-level facilities, and would improve outcomes for those in need of services. Utilizing village health teams in the communities and promoting community-based rehabilitation were identified as potential sustainable strategies for rehabilitation. However, the implementation of these strategies would require significant policy-related changes at the national and regional levels. Conclusions: Current PHC facilities are overstretched and under-resourced. For sustainable integration of rehabilitation services, policy and system level changes are needed to recruit rehabilitation staff at PHCs, allocate resources and funding, develop rehabilitation work packages at different levels of health care, and promote intersectoral collaboration

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Impact of a community-based inclusive development model in Laos

Manjula Marella[1], Fleur Smith[2], Felix Kiefel-Johnson[3], Christopher Waterwort[4], Donna Koolmees[5]
marella.m@unimelb.edu.au
Nossal Institute for Global Health, University of Melbourne, Victoria, Australia[1,2,3,4]
World Education Laos, Vientiane, Laos[5]

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HOW TO CITE

Impact of a community-based inclusive development model in Laos. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

A community-based inclusive development (CBID) model in Laos implemented services related to health, rehabilitation and assistive technology (AT), livelihoods and social and behavioral change in the community towards persons with disabilities in two districts. An evaluation was undertaken at the end of the project to investigate the impact of the CBID model on access to services and community participation for persons with disabilities compared to those without disabilities. A mixed methods study was undertaken. Improved outcomes in health and rehabilitation including the use of assistive products were identified. Income generation activities significantly contributed to improved finances of the families. Improved knowledge, attitudes, and practices towards disability in the community were identified. Sustainability of changes in the community and improved outcomes for persons with disabilities is critical. Strategies are needed to ensure continued support and ownership of the local governments and communities. Background: The USAID Okard Activity aims to improve the independent living and functional ability of persons with disabilities in Lao PDR. Phase I of the Activity was implemented between October 2018 and September 2023. A key component of the Activity is a Community-Based Inclusive Development (CBID) demonstration model implemented in two target districts - Kham District in Xieng Khouang Province and Xayphouthong District in Savannakhet Province in Phase I. The key interventions provided through the CBID model included health, rehabilitation and assistive technology (AT), livelihoods and social and behavioral change in the community towards persons with disabilities. At the end of Phase I, an evaluation was undertaken to investigate the impact of the CBID model on access to services and community participation for persons with disabilities compared to those without disabilities. Further, whether there was any change in community knowledge, attitudes and practices with respect to disability was assessed. Methods: A mixed methods study was undertaken using quantitative and qualitative data collection methods. Of the total 720 participants in both districts, 180 cases (people with disabilities) and 180 controls (people without disabilities) from each district were recruited for the quantitative survey. Qualitative data was collected using 20 focus group discussions with key government officials, community members with and without disabilities, village leaders, and CBID staff in each district. Results: Access to health, and rehabilitation including assistive products reportedly improved for persons with disabilities through the CBID demonstration model. However, systemic challenges related to limited-service availability, distance and transport still need to be addressed. Improved household income and productivity of persons with disabilities were achieved following the income generation activities implemented through the CBID project. These outcomes were speculated to have influenced the shift towards positive attitudes towards persons with disabilities in the communities. Persons with disabilities are increasingly participating in community activities. However, persons with mobility, sensory, psychosocial and intellectual disabilities still experienced limited community participation. Improved knowledge, attitudes, and practices towards disability in the community were identified. Conclusion: People with disabilities experienced improved outcomes on access to services and participation in the community following interventions from the CBID demonstration model. Sustainability of changes in the community and improved outcomes for persons with disabilities is critical. Strategies are needed to ensure continued support and ownership of the local governments and communities.

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Effect of corticosteroid injections, comprehensive physiotherapy, and combined treatment on shoulder outcomes in patients with subacromial pain syndrome

Maryam Daghiani[1,2], Hossein Negahban[1,3], Mohammad Hosein Ebrahimzadeh[3], Ali Moradi, Amir Reza Kachooei[3], Javad Raeesi[1]

maryamdaghiani@yahoo.com

School of Paramedical Science, Mashhad University of Medical Sciences, Mashhad, Iran[1]

Physiotherapy Department, School of Rehabilitation, Tehran University of Medical Sciences, Tehran, Iran[2]

Orthopedic Research Center, Mashhad University of Medical Sciences, Mashhad, Iran[3]

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Effect of corticosteroid injections, comprehensive physiotherapy, and combined treatment on shoulder outcomes in patients with subacromial pain syndrome. (2024). *World Congress on Rehabilitation 2024*, 1(1).

ABSTRACT

Objective: Corticosteroid injection (CI) and comprehensive physiotherapy (CP) are the two most common treatment methods to treat subacromial pain syndrome (SAPS), however, the sole effectiveness of each method or in combination is in doubt yet. Design: A double-blind 3×4 randomized controlled trial Participants: 75 participants with unilateral SAPS Intervention: Random assignment with allocation concealment into three groups labeled as 12 sessions, supervised CP (n=25), 1cc triamhexal CI (n=25), and 1cc triamhexal CI combined with 12 sessions, supervised CP (n= 25). Outcomes: Visual Analog Scale (VAS), Shoulder Pain and Disability Index (SPADI), shortened Disabilities of Arm, Shoulder, and Hand (Quick-DASH), and Western Ontario Rotator Cuff Index (WORC). Outcomes were gathered pre- and post-intervention, with three- and six-month follow-ups Results: seventy-five SAPS patients (45 female and 30 male) participated (46.36±11.97). The results of the 3×4 repeated measure design revealed that there were interactions of group-in-time for Quick-DASH (p= 0.02, effect size (ES) = 0.81), SPADI (p= 0.05, ES= 0.75), and WORC (p= 0.007, ES=0.90) parameters but not for VAS (p=0.81). Post hoc analysis stated that there was a difference between the physiotherapy and CI groups in terms of Quick-DASH (p= 0.003, mean= 12.04), SPADI (p= 0.009, mean= 10.79), and WORC (p=0.002, mean= 12.09). The results of pairwise comparison revealed that pre-test data were significantly different with data of post-test and follow-ups ($p<0.05$), but post-test data were not significantly different with follow-ups ($p>0.05$). Conclusion: CP and CP combined with CI results in statistically significant and potentially clinically important differences in function and quality of life at all timeframes compared with CI. Moreover, there was no difference between groups in order to reduce pain. CP combined with CI might be considered for patients needing a quick improvement, but intermediate (12 to 26 weeks) worsening of symptoms makes the treatment difficult to recommend.

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Development of Work Skills on Individual Empowerment by Applying Neuroleadership Studies

Dr. Massimo Dagnino
massimo.dagnino@inwind.it
Psychologist and Sociologist, Expert fire brigade team leader and teacher, President of the Italian federation of sports psychologists in the Liguria region, Massimo Dagnino

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Development of Work Skills on Individual Empowerment by Applying Neuroleadership Studies. (2024). *World Congress on Rehabilitation 2024*, 1(1).

ABSTRACT

Empowerment is a concept that expresses the person's self-determination to participate in social and working life. There are two types of empowerments: at the individual level, which is based on principles such as having choices, new opportunities and experiencing new situations; at a psychosocial organizational level based on recovering from the marginalization of subjects by giving them the time necessary to carry out the work, an organizational action linked to personal growth. Empowerment is an adaptation process that requires a specific organizational model with clear and precise schemes. Neuro leadership finds space in this context, offering valuable knowledge on how the leader can assist his team by improving their management processes, adopting David Rock's STATUS-CERTANTY-AUTONOMY-RELANTEDNESS-FAIRNESS (SCARF) model. The model is based on five axioms that the leader should apply in the workplace to best bring out people's empowerment. Let's see in detail what they indicate: STATUS: refers to personal prestige, what facilitates Status is learning, for example by getting collaborators involved and entrusting them with increasingly more demanding tasks. CERTAINTY: represents the certainty of generating a greater sense of security and consequently well-being, the Leader must not be afraid to share information with the Team always giving Feedback, and people feel more involved. AUTONOMY: autonomy generates trust and a sense of responsibility, on the contrary, control generates defensive behavior in the human brain. RELATIONSHIP: we are relational beings, although we live in the social era, we have a growing need for relationships, healthy ones that generate acceptance and trust. FAIRNESS: Fairness, in the sense of fairness, fairness, and justice is considered rewarding, improving communication promotes fairness. In one experiment, volunteers played a computer game called Cyberball, while their brains were scanned by a functional magnetic resonance imaging machine. It was noted that in people not involved in the game, the same part of the brain responsible for pain was activated. Conclusions Given this, dissonant managers trigger a negative response in the brain leading to mistrust, whereas leaders who understand this dynamic can involve people more in work, with greater trust linked to oxytocin called the trust hormone. If managed carefully, major and equitable organizational change is likely to occur by applying the SCARF model.

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Community-based Rehabilitation for Persons with Disabilities in Barguna District, Bangladesh

Dr. Md Rezaul Kabir
ddef_barguna@yahoo.com
Executive Director (VS) Disable Development & Educational Foundation (DDEF)

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Community based Rehabilitation for Persons with Disabilities in Barguna District, Bangladesh. (2024). *World Congress on Rehabilitation 2024*, *1*(1)

ABSTRACT

Disable Development and Educational Foundation (DDEF) is a national-level disability-focused organization working to promote the well-being, human rights, and rehabilitation of children, orphans, and persons with disabilities in Patharghata Upazila, Barguna district, Bangladesh. The region is economically poor, and the majority of the population depends on agriculture and fishing for their day-to-day living and survival. It is also heavily affected by climate change threats and natural disasters. As such, persons with disabilities in this region lack necessary better healthcare services, reasonable accommodation, and rehabilitation support. Considering such a socio-economic scenario has conducted research to identify the needs and impacts a rehabilitation Centre will play in the lives of persons with disabilities in the community. Methodology & data Collection: For data collection, DDEF followed a structured questionnaire and interviewed 50 individuals from diverse backgrounds including persons with disabilities, community leaders, local government representatives, government officials, policymakers, NGO officials, and media representatives. Besides the structured interviews, focused group discussions also took place to collect relevant data. Relevant literature has also been consulted by the researcher. Results: The field-level data and information have been analyzed using modern techniques. The research results reflect the need of a modern rehabilitation Centre in the locality to cater to the needs of the persons with disabilities, and orphans living in the Upazila. Among these marginalized populations, 80 % of PwDs do not have access to better healthcare services and rehabilitation facilities. The majority of the respondents mentioned that economic barriers are largely affecting them to lead a decent life fulfilling their fundamental rights. Recommendations: The following are the recommendations of the study - • An integrated rehabilitation Centre will meet the demands of the persons with disabilities. • Ensuring healthcare services and rehabilitation support is a high priority in the community • NGOs should come forward to enhance the living standard of the disadvantaged population • National and international donors need to extend their support for establishing a rehabilitation Centre in the region

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Inclusive Skill Development and Employability in Africa: Best Practices and Emerging Opportunities

Melaku Teke Zengeta
meetmele@gmail.com
Head of Disability Inclusion Advisory Unit Light for the World Ethiopia

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Inclusive Skill Development and Employability in Africa: Best Practices and Emerging Opportunities. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

The central theme of this presentation is the challenges and opportunities for inclusive skill development and employability of persons with disabilities in Africa and showcases some best practices and emerging initiatives in this field. It also tries to elucidate various barriers that persons with disabilities face in accessing skills development and employment, such as prejudice, discrimination, inaccessible facilities and services, lack of inclusive policies and systems, and lower levels of education. Furthermore, the presentation highlights some of the benefits and drivers of disability-inclusive skill development and employment, such as promoting equality, enhancing diversity, economic growth, social inclusion, legal obligation, and the potential of the youth population in Africa. The presentation showcases some examples of successful programmers and projects that have supported persons with disabilities and have potentials in skills development and employment in different African countries, such as the Employable programmer, the Jobs for Youth in Africa Strategy, the Young Africa Works Strategy, and the We Can Work Programmed. It will finally provide key recommendations for improving the disability-inclusive ecosystem and mainstreaming disability in skills and employment programmers.

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Mortality Patterns Among Occupationally Diseased WCFCB Beneficiaries.

Munyinda Munyinda[1], M. Zambwe[1,2] E. Iden[3], M. Nkholomba[4], P. Siampwili[2]
mmunyinda@workers.com.zm[1]
Workers Compensation Fund Control Board, Ndola, Zambia[1],
School of Medicine and Health Sciences, University of Lusaka, Lusaka, Zambia[2]
OSHAfrica, Lagos, Nigeria[3]

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Mortality Patterns Among Occupationally Diseased WCFCB Beneficiaries. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

Occupational diseases are a global public health challenge. Workers Compensation Fund Control Board (WCFCB) is a public health agency whose mandate is to finance healthcare of occupational diseases and injuries. The only two legally accepted occupational diseases in Zambia are pneumoconiosis and tuberculosis. Due to WCFCB's limitation in the healthcare administration to mainly healthcare financing, little is known about the disease and mortality burden among its beneficiaries. This study therefore sought to explore mortality patterns among occupational disease WCFCB beneficiaries. Methods A quantitative design was applied. WCFCB secondary data was reviewed. A sample size of 273 cases was drawn. Stata version 14 was utilized to draw descriptive and inferential statistical analysis. Findings 34 cases (12.5%) from the sample were reported dead during the period under study. 91% of the mortalities observed in the period were of tuberculosis background. 53% of the mortality cases were unskilled labour. And 59% of the cases were clinically diagnosed at more than 45 years of age. On predictors, only employment duration, at a p value of 0.033 was found significant. Discussion TB remains a leading cause of death in Zambia. Our study is consistent with other studies on its high burden among the unskilled workers. There were fewer deaths of pneumoconiosis background. Conclusion The majority of mortalities were of tuberculosis background. There is a higher likelihood that the observed mortalities were HIV related. A future study on the prevalence of HIV among WCFCB beneficiaries is recommended.

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Strengthen voices of women and girls with disabilities in Asia and Pacific

Saowalak Thongkuay
saowalak.thongkuay@gmail.com
Member, the Committee on the Rights of Persons with Disabilities (CRPD) Member, Steering committee, ASEAN Disability Forum (ADF)

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Strengthen voices of women and girls with disabilities in Asia and Pacific. (2024). *World Congress on Rehabilitation 2024*, 1(1).

ABSTRACT

The Convention on the Rights of Persons with Disabilities (CRPD) recognizes women and girls with disabilities are often at greater risk, both within and outside the home, of violence, injury or abuse, neglect or negligent treatment, maltreatment, or exploitation due to disenabling factors. Organizing the Congress aims to aims 1. strengthen collective voices for advocating their rights, representation, and inclusivity in various spheres of society, 2. empower young women leaders to connect with existing women leaders, experts with disabilities, professionals, and potential collaborators, 3. Raise awareness and promote understanding on the intersection of human rights, gender, and disabilities, and 4.provide evident based advocacy for building necessary mechanisms which are accessible to all women and girl with disabilities. At the end, 187 women and girls with disabilities agreement to establish the Netwok of Women with Disabilities for Asia Pacific, the adopted interim committees and lists of resource persons to promote intersectionality within disabilities, and advocate for mainstreaming gender perspectives into disability and vice versa equality and the Network are an essential tool to support the government for the implementation of human rights treaty and Sustainable Development Goals (SDGs). Background According to World Health Organization (WHO), 1.3 billion persons with significant disability1 and this number equates to about one in six of persons without disabilities." With an estimated 80 per cent of persons with disabilities living in low and middle-income countries where public services are limited, addressing human rights and inequities could be challenging. Furthermore, the World Bank reports that every minute more than 30 women are seriously injured or disabled during labor and that those 15-50 million women generally go unnoticed. The Convention on the Rights of Persons with Disabilities (CRPD) recognizes women and girls with disabilities are often at greater risk, both within and outside the home, of violence, injury or abuse, neglect or negligent treatment, maltreatment, or exploitation due to disenabling factors. The social model of disability clarifies 4 barriers that hinder full and effective participation of women and girls with disability in society on an equal basis with others. They are significantly facing exclusion in particular women with intellectual and psychosocial disabilities that stemmed from attitudinal barrier having a disability makes us "less than" and "unproductivity". 1 https://news.un.org/en/story/2022/12/1131282 Aims 1. Strengthen collective voices for advocating their rights, representation, and inclusivity in various spheres of society. 2. Empower young women leaders to connect with existing women leaders, experts with disabilities, professionals, and potential collaborators. 3. Raise awareness and promote understanding on the intersection of human rights, gender, and disabilities. 4. Provide evident based advocacy for building necessary mechanisms which are accessible to all women and girl with disabilities. Methods Organizing annual Congress and facilitate the exchange of information, resources, and advice related to disability. Results The agreement to establish the Netwok of Women with Disabilities for Asia Pacific, the adopted interim committees and lists of resource persons. Conclusions Women and girls with diverse impairments regardless of age, sex, race, ethnicity, gender, indigenous status and other social identities face significantly more difficulties in

both public and private spheres in attaining access to adequate housing, health, education, and employment, and are more likely to be forced institutionalized and face involuntary health treatment, trafficking and exploitation. The international cooperation programs always exclude women with disabilities, ignore voices of women with disabilities, and control by men with disabilities. Therefore, promoting intersectionality within disabilities, gender equality and empowerment of women and girls with diverse impairments by the Network are essential for achievement of the human rights convention and Sustainable Development Goals (SDGs).

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Efficacy of inclusive education in enhancing employment opportunities for PwDs: An analysis

Seema Tuli
seemamtuli1974@gmail.com
Principal/Director Academics, Amar Jyoti Charitable Trust, Delhi

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Efficacy of inclusive education in enhancing employment opportunities for PwDs: An analysis. (2024). *World Congress on Rehabilitation 2024*, 1(1).

ABSTRACT

Background- Inclusive education emphasizes providing equal access to education and equal opportunities for participation for diverse learners. Historically, persons with disabilities have faced significant barriers to accessing education and employment opportunities, resulting in social exclusion and economic marginalization. However, the adoption of inclusive education practices has emerged as a promising framework for promoting the rights and capabilities of persons with disabilities, including their integration into the workforce. A review of the best practices "Inclusive Education for Students with Disabilities: A Review of Best Practices" authors Smith, J., & Johnson, A. Journal of Special Education, vol. 40, no. 4, 2019 provides a comprehensive understanding of best practices in inclusive education for students with disabilities, focusing on effective instructional strategies, accommodations, and support services. Aim -This paper delves into the hypothesis that despite the extensive literature available on the perspective of promoting and identifying job roles for persons with disabilities (including enhanced social inclusion, improved academic outcomes, and increased self-confidence), there is a lack of synergy between inclusive education practices and desired employment opportunities for persons with disabilities. Thus, impacting inclusive education outcomes, particularly in terms of fostering employment opportunities for individuals with disabilities. Method- Through a mixed-method approach, the primary quantitative data was collected from 21 schools/NGOs (9 government, 7 private,5 NGOs), 5 private firms/MNCs, 5 vocational skill development agencies, and 7 government organizations. The survey incorporated Likert-scale questions and open-ended questions to obtain both quantitative and qualitative data. The interviews will be semi-structured to allow for rich and detailed responses. Additionally, qualitative interviews will be conducted with key stakeholders, including policymakers, educators, employers, and individuals with disabilities, to gain diverse perspectives and experiences on the employment of persons with disabilities and into potential areas of policy misalignment and their impact on employment outcomes. Case Study The case study of -Amar Jyoti Charitable Trust, Karkardooma, Delhi shall be discussed which has been successfully implementing the concept of incorporating the concept of holistic approach of pre-vocational skill development training from primary classes, social and emotional learning (SEL), Universal design for learning (UDL) and individual vocational plans (IVPs) from primary classes. Results and Discussion: The researcher will be able to identify potential misalignments, inconsistencies, or gaps in inclusive education and employment policies leading to challenges faced by individuals with disabilities during the transition from education to employment. It will also enhance existing knowledge and will give additional input for promoting inclusion. The importance of teacher training programmers shall also be discussed. Implications and Conclusion: The research findings will have significant implications for policy development and implementation, highlighting the need for cohesive strategies to bridge the gap between inclusive education and employment policies. The results shall provide a comprehensive understanding of how the lack of synergy between inclusion and employment policies contributes to limited employment opportunities for individuals with disabilities, thus hindering the goals of inclusive education. It will also provide inputs to bridge the gap and will be a step forward to meet the sustainable development goals.

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Transitioning from training and skill development into Inclusive Employment: The journey of adaptability, perseverance, and integration

Shruti Nadkarni

shruti@alnoorspneeds.ae

Al Noor Center For Persons With Disabilities, Dubai, United Arab of Emirates

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Transitioning from training and skill development into Inclusive Employment: The journey of adaptability, perseverance, and integration. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

This case study aims to explore the multifaceted journey of individuals with developmental disability to progress from training and skill development toward inclusive employment. It is a process of transformation facilitated by intensive and customized training for adapting acquired skills and navigating barriers in a structured educational and rehabilitation setting, gradually progressing towards integrating into the workplace setting. The process begins by highlighting the significance of structured training programs in equipping individuals with the required skills and knowledge, to be an integral part of the workforce. These programs help to build foundational competencies and enhance employability. The study aims to understand how adaptability is important for navigating complexities, embracing change, and seizing growth opportunities. Moreover, the study will also highlight ways in which individuals cultivate resilience and tenacity in the face of setbacks outside their control. The study focuses on the process of integration, wherein individuals with disabilities merge into the fabric of inclusive workplaces, fostering collaboration, and mutual understanding. The testimonials will help to establish the significance of the transformative power of inclusive employment in the lives of individuals with developmental disabilities and the impact on their self-esteem. Summary: The study also aims to highlight the best practices successfully implemented for workplace integration and inspire stakeholders across sectors to champion inclusive employment practices. Through collaborative efforts and proactive measures, we can create environments where individuals of all abilities thrive, contributing meaningfully to the workforce and society at large.

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Inclusive Employment: A Model to Increase Employability for People With Disabilities In Lao PDR

Somlith Khounpaseuth

somlith_khounpaseuth@la.worlded.org

Inclusive Employment Manager, World Education / Lao PDR, Laos

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Inclusive Employment: A Model to Increase Employability for People With Disabilities In Lao PDR. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

Summary: This paper discusses a program in Lao PDR aimed at increasing employability for people with disabilities. It highlights various barriers that prevent the participation of people with disabilities in employment. Due to difficulties in accessing education, they often lack skills that match labor market requirements and confidence to self-advocate for employment connected to their interests. Lack of initial professional experience and negative perceptions and beliefs about disability lead to discrimination by some employers, limit access to employment opportunities, and create an unsupportive work environment. A survey conducted in Vientiane revealed that on-the-job training is the preferred model by people with disabilities rather than formal vocational training centers. The program adopts a blended approach to inclusive employment. It involves interviewing job seekers and employers to understand their needs and offer advisory services on diversity and disability inclusion. Additionally, a 6-month internship program is provided for employers lacking pre-employment training, along with a monthly stipend for basic needs and accommodations. Results include increased employment opportunities for people with disabilities, improved private sector involvement, and the removal of existing barriers. The program enhances skills through on-the-job training, contributing to the overall employability of people with disabilities in Lao PDR. Background/aims In Lao PDR, various barriers restrict the participation of persons with disabilities in employment. Due to difficulties in accessing education, they often lack the skills that match labor market requirements and the confidence to self-advocate for employment connected to their interests. Lack of initial professional experience and negative perceptions and beliefs about disability lead to discrimination by some employers, limit access to employment opportunities, and create an unsupportive work environment. A survey conducted in Vientiane revealed that on-the-job skills development is the preferred model by people with disabilities rather than formal vocational training centers. The program will be implemented in Vientiane, Lao PDR from 2024-2027. Methods Based on an analysis of barriers and opportunities, the USAID Okard project has developed a blended approach for disability-inclusive employment. The program interviews job seekers and employers to collect data to identify profiles. Some employers already have a pre-employment training program for newly recruited staff but need guidance to hire people with disabilities. For these employers, a package of advisory services comprised of sessions on diversity, equity and disability inclusion, accessibility and reasonable accommodation is offered by the project. For employers who don't have the pre-employment training program, a 6-month internship program is provided together with the package of advisory services. If not already covered by employers, a monthly stipend is provided by the project to support a basic wage and reasonable accommodation. Additional support is provided through peer-to-peer support, and systematic follow-up visits by a job coach to monitor progress on skills development, capacity and confidence in the workplace. The employers are supposed to designate a buddy and provide on-the-job training, coaching and mentorship to the interns so that they can grow and succeed in their roles. Results The initial results from the project include1)

Increased number of persons with disabilities who are matched with employers' requirements and gain professional and technical skills; 2) Improved involvement of the private sector in disability inclusive employment; 3) Removal of existing barriers that prevent the participation of persons with disabilities in employment. Conclusions This program represents an effective training program that allows job seekers to gain professional experiences and enhance skills and employability through on-the-job training provided by employers. It also helps reduce existing barriers to inclusive employment and provide necessary skills needed in the labour market. This project, therefore, contributes to increasing employment opportunities for persons with disabilities in Lao PDR.

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Fostering Inclusivity through inclusive education: A success story of Amar Jyoti Rehabilitation & Research Centre

Dr. Uma Tuli

umatuli@amarjyotirehab.org

Founder and Managing Secretary Former Chief Commissioner, Disabilities,

Amar Jyoti Charitable Trust,Delhi,India

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Fostering Inclusivity through inclusive education: A success story of Amar Jyoti Rehabilitation & Research Centre. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

Background- Inclusivity comes through inclusive education. Inclusive education promotes diversity, fosters empathy and prepares students for an inclusive society. It enables learners to achieve their potential and live with equality and dignity. Post-UNCRPD has become a global priority, as an essential component in regular education, policies and strategies for achieving education for all. In India, the National Education Policy-2020, Rights of persons with disabilities-2016 and many more Acts and policies are positive outcomes of effective implementation of inclusive education. Despite various policies, practices and laws promoting inclusive education, inclusion is currently not a regular feature of the school education system. The number of schools promoting and practicing inclusive education is relatively low. To make inclusion a reality it is imperative to fully understand the significance of the term in the context of the Indian Education System and plan a strategy to implement specific measures to promote and facilitate inclusive education. Aim- To understand the methodology of implementation of meaningful mainstreaming of learners with diversity Methodology- The philosophy of inclusive education rests on giving equal opportunities and full participation along with a barrier free environment to an inclusive group of children, with and without disabilities, studying together. The holistic approach of having academics, pre-vocational skill development training, medical facilities, inclusive sports and cultural activities ensures effective implementation of this concept. Teachers' training in cross-disabilities ensures that the principles of universal design for learning (UDL) are incorporated in the teaching pedagogy for the required curricular adaptations. Page 1 of 2 Outcome The concept of holistic approach being practised with efficacy by Amar Jyoti is inculcating confidence, self-esteem and happiness amongst the inclusive group of students. Our alumni have made us proud by their performance at national and international level in academic and co-curricular activities. The Amar Jyoti model is acknowledged as a pioneer in promoting inclusivity and inclusive education. Conclusion There is a paradigm shift from charity to empowerment and from the medical model to the psychosocial models. The challenge is to adopt a multi-dimensional, multipronged and multi-factored approach. Networking amongst policy makers and stakeholders, ensuring comprehensive services for inclusion, use of ICT, sharing good practices and taking cognizance of new strategies will go a long way in fostering inclusivity and create barrier-free and rights-based society.

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Voluntary long-distance evacuation drill of an independent living centre, STEP Edogawa

Yayoi Kitamura[1], Hiromi Ichikawa [2]

ykita3100@gmail.com[1]

Research Advisor, Assistive Technology Development Organization[1],

Helper Coordinator, Board member Independent Living Centre STEP Edogawa[2]

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Voluntary long-distance evacuation drill of an independent living centre, STEP Edogawa. (2024). World Congress on Rehabilitation 2024, 1(1)

ABSTRACT

Background. Compared to able-bodied people, people with disabilities (PWD) face more difficulties in evacuation and shelter life during natural disasters. When a disaster is predictable, such as a typhoon, it is recommended to evacuate in advance to a long-distance area where there are no power and water cuts. However, the difficulties of arranging helpers is an issue in preventing evacuation. Therefore, the Centre for Independent Living (CIL) which provides helper dispatch services to about 50 PWD, conducted a voluntary long-distance evacuation drill involving users, helpers and their families. The experience of the drill will be shown in this presentation. Methods. STEP Edogawa, CIL, located in Tokyo, a 0-metre above sea level zone, conducted an overnight voluntary evacuation drill at a resort area, 180 km from the centre in 2022. A total of 40 participants used a single lift-equipped bus, a distance of three hours of drive on the map. In addition to helpers, the university students, who had no experience in assisting, were provided with assistance methods and attitudes by experienced persons on the day of the drill. Most participants slept in a former primary school gymnasium with Futon rented locally. One person with a cervical spinal cord injury used a portable air bed 46 cm high. The venue was set up and cleaned up by local university students. Group works were conducted in the afternoon of Day 1 and in the morning of Day 2 with the help of two disaster prevention consultants and three researchers. Results (1) Even with a lift-equipped bus, the maximum number of wheelchair users allowed on board was three, indicating that there were issues with the method of transportation at the time of disasters. 2) ALS patients with a ventilator noted that it was an opportunity to adjust the adequate amount of luggage and to know that Futon was too thin to have adequate sleep. 3) At the bus transfer stop for lunch, there was a significant difference in the time taken to buy and eat lunch between users who were used to travelling and those who were not used to travelling. Conclusion The results suggest the followings. 1) The way disabled people travel in groups needs to be co-ordinated in terms of means and helper arrangements. (2) The experience of travelling can also be useful for long-distance evacuation in terms of luggage preparation and food on the route.

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A Journey with Ronda PWD Rehab Center

Yogi Bryan Villalon Jumao-as
yogibryanj@yahoo.com
PWD Rehab Coordinator and Community-Based Rehab Manager, Local Government of Ronda, Cebu, Philippines

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A Journey with Ronda PWD Rehab Center. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

This study documents the journey of the Ronda PWD Rehab Center from its inception to its operational and current setup, highlighting the role of research-driven compassion and community-centered care in addressing the needs of individuals with disabilities in Cebu, Philippines. This traces the development of the center, which originated from a research endeavor aimed at bridging the gap in rehabilitation services in rural areas. Through collaborative efforts with local stakeholders, the center emerged as a beacon of hope and healing in the community of Ronda. Drawing upon first-person accounts and retrospective analysis, the study shows key milestones in the center's evolution, including its establishment with the support of governmental authorities and subsequent activation amidst a global pandemic. The founder's commitment to pro bono service provision and capacity-building initiatives underscore the center's ethos of inclusivity and empowerment. Central to the study is an exploration of the center's impact on the socioeconomic landscape of Ronda and neighboring areas. By offering free services and conducting outreach missions to remote locales, the center has facilitated access to rehabilitation services for underserved populations, thereby enhancing their quality of life and fostering social inclusion. Through a narrative, the study explains the transformative power of research-driven compassion and community-centered care in effecting positive change within marginalized communities. By documenting the journey of the Ronda PWD Rehab Center, this study contributes to the growing body of literature on grassroots initiatives and community-driven development in the field of disability rehabilitation.

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Facilitating inclusion and resilience of Person with Disabilities in humanitarian emergencies settings

Mathieu Simard

mathieu.simard@mcgill.ca

Vice-President, North America, Chair for the Task Force on Disability, Climate and Disasters

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Facilitating inclusion and resilience of Person with Disabilities in humanitarian emergencies settings. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

Background: Disasters are increasing in frequency due to climate change. Some groups are disproportionately affected, including persons with disabilities. Disability-inclusive Climate Change Adaptation and Disaster Risk Reduction (CCA/DRR) have been developed to address these challenges. Despite the knowledge gained on this topic, important gaps remain in knowledge production, implementation and evaluation. Presentation Objectives: This presentation will map and critically appraise the current situation, practices and evidence related to disability-inclusive Climate Action (DiCA) and Disability inclusive Disaster Risk Reduction (DiDRR), and investigate the way forward for key stakeholders. Methods: The following elements will be presented to the audience in order to set the stage for the plenary session 5 presentations and discussions: Positionality of the speaker, Global situation of conflicts and other crises, differential Impact on Persons with Disabilities (PwDs), Policy and normative background, Implementation and research gaps, argumentation for the duty to care and the RI Task Force mandate, accomplishments and strategic planning for the future. Dissemination: The dissemination strategy targets practitioner, academic and policy-maker audiences (including persons with disabilities), and includes discussion to generate experience sharing from the participants. Results Excerpts of past, current and future research projects and academic / grey literature will provide important information for practitioners, academics and policy-makers (including persons with disabilities), on the current situation, normative frameworks and implementation of disability-inclusive climate action and disaster risk management interventions.

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The idea and an example of Disability-inclusive Disaster Risk Reduction

Yayoi Kitamura[1], Hiroshi Kawamura[2]
ykita3100@gmail.com[1]
Research Advisor, Assistive Technology Development Organization (ATDO)[1]
Vice President, Assistive Technology Development Organization (ATDO)[2]

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The idea and an examples of Disability-inclusive Disaster Risk Reduction. (2024). *World Congress on Rehabilitation 2024*, *1*(1)

ABSTRACT

Background. Disaster Risk Reduction was defined as "The conceptual framework of elements considered with the possibilities to minimize vulnerabilities and disaster risks throughout a society, to avoid (prevention) or to limit (mitigation and preparedness) the adverse impacts of hazards, within the broad context of sustainable development" by the Office for Disaster Risk Reduction, United Nations. In particular, when targeting disability, it is firstly expressed as Disability-inclusive Disaster Risk Reduction (DiDRR) by San Yuenwah, in 2014 during the preparation meeting organized by RI with ESCAP, and Nippon Foundation for the 3rd UN World congress on DRR(WCDRR3). At the preparation process of WCDRR3, the group of persons with disabilities did not have a formal opportunity to speak, because PWD was not included in the nine major groups authorized by the UN. Major groups are composed of women, children & youth, farmers, indigenous peoples, NGOs, workers &trade unions, local authorities, scientific & technological community and business & industry. Methods. DiDRR Network, the International Disability Alliance, Nippon Foundation, and Rehabilitation International sent a written request to International Strategy for DRR and its chair person. The request was grouped by the Assistive Technology Development Organization (ATDO) according to the official UN Commission Protocol. Similar efforts might be effective for local agencies to run DiDRR activities in communities. Resluts. The DRR Network was nicknamed 'the group that kicked the door down' and was positioned as an 'other important stakeholder' conforming to the major groups with the four above-mentioned organizations summarizing the opinions of persons with disabilities across the world as managing organizations. DRR Network achieved the following 3 outcomes. The first, in the Sendai Framework, a document adopted for WCDRR3, the word "disability" is firstly appeared. The second, WCDRR3 held its 1st official session on "DRR and disability" at the main congress thanks to the DRR Network and Japanese government. At this session Japanese members of Bethel's House, a group of persons with severe mental illness living in the community gave an presentation on their experiences of continuous evacuation trainings using DAISY (Digital Accessible Information System) format manuals. DAISY is an international digital talking book standard. Their achievement was not only securing their safety, but also leading an early evacuation for the other town residents. After WCDRR3, Bethel's House continues to run evacuation drills every year in each workplace and each apartment. These trials have been encouraged through the research project by Hiroshi Kawamura (former National Rehabilitation Center for Persons with Disabilities, and ATDO). The third, WCDRR3 offered reasonable accommodations for national representatives with disabilities who participated at official meetings due to proposal by Disability Network to UN with financial support by the Nippon Foundation and technical support by

ATDO. It was the first occasion in UN international conference except conferences on disabilities. Sign language interpreters, subtitles of presentations, ramps, DAISY format materials, DAISY players, brail displays, a rehearsal opportunity for presentations, and travel expenditures for personal assistants and interpreters. Conclusion. The fact that a person with disability worked as the local disaster prevention leader was considered to be the foundational aspect since the Sendai Framework, 2015.

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Weaning off a community-based Rehabilitation Program from the School System

Lohindren V. Adorable
adorablelohindren@yahoo.com
Dean, School of Health & Allied Health Sciences, Chairman, Dept Of Rehabilitation Medicine Southwest

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HOW TO CITE

Weaning off a community-based Rehabilitation Program from the School System. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

In the turn of the 21st century, governments were mandated by the WHO to create community-based rehabilitation programs (CBRP) in support of the Millennium Development Goals and the Biwako Millenium Framework for Action with the goal of strengthening community-based approaches to the prevention of disability, rehabilitation and empowerment of persons with disabilities. WHO CBR guidelines recommended any of the five components in the matrix as entry point. In heeding to this mandate, the health offices of Cebu province identified the municipality of Argao as the venue for CBRP and agreed to start with the health component. It tapped Southwestern University (SWU) to spearhead the medical rehabilitation. Argao has 45 barangays, an area of 20,753 hectares and population of 62,943. SWU offers physical therapy program which is required to establish a CBRP where students and faculty participate. The CBRP started with 6 barangays in 2001 and covered all in 2010. The primary goal was the transfer of basic skills in assessment and intervention of impairments, activity limitations and participation restrictions in patients with common neurological, orthopedic and cardiopulmonary conditions from physical and occupational therapy (PT/OT) staff and students to barangay health workers-turned CBR workers (CBRW). The daily activities include the immersion of PT/OTs in the patients' households, assessment, and treatment and return demonstration to the CBRWs and family members, documentation, monitoring and networking with other services. Endorsements and community education are done weekly, medical consultation monthly, and retooling and socializations annually. Transdisciplinary approach has been employed. The program initially served an average of 107 to 250 monthly in the recent years with 85% discharged back to their premorbid functions and the remaining either died or became partially dependent. The PT/OT to CBRW to patient average monthly ratio started at 5:6:20 and rose to 12:18:250. The participation of SWU PT/OTs was shortened to 5 months after the pandemic and change in academic curriculum. The municipal government hired two PTs and one OT to operate the CBRP. With the decrease in the PT/OT in seven months each year post pandemic, the number of patients served and the functional discharge level have significantly remained unchanged. This shows that the Argao CBRP can become self-reliant in the health component and ready to be weaned off from the school system. They can start already venturing full scale in other components.

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The Role of Human Cartilage Oligomeric Matrix Protein Concentration during Closed Kinematic Chain Exercises and Physiological Cyclic Loading in Joint Degeneration

Lohindren V. Adorable[1], Jovito D. Litang[2]
adorablelohindren@yahoo.com
Dean, School of Health & Allied Health Sciences, Chairman, Dept Of Rehabilitation Medicine Southwest[1]

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HOW TO CITE

The Role of Human Cartilage Oligomeric Matrix Protein Concentration during Closed Kinematic Chain Exercises and Physiological Cyclic Loading in Joint Degeneration. (2024). *World Congress on Rehabilitation 2024*, *1*(1).

ABSTRACT

While studies have recommended open kinematic chain exercises which impose minimal shock load in arthritic joints to prevent further cartilage degeneration, others have shown closed kinematic chain exercises beneficial among healthy individuals by significantly increasing serum human cartilage oligomeric matrix protein (hCOMP) concentration which augments cartilage turnover and diminishes after cartilage degeneration. Objective: To determine the effect of physiological cyclic loading and closed kinematic chain exercises in individuals with varying body mass on their levels of hCOMP. Methodology: This study measured blood serum hCOMP concentrations before and after intervention. Blood samples (5mL) were drawn from 45 healthy male adults before and after intervention and were properly labeled with its assigned code. All subjects were randomly distributed to 3 groups with 15 subjects each. Group A performed closed kinematic chain exercises for 30 minutes, group B did physiological cyclic loading for 30 minutes, and group C just sat (control). The blood samples were centrifuged for 10 minutes to separate the serum under 4°C and stored in a freezer at -20°C until analysis using the AVIVA SYSTEMS BIOLOGY® COMP ELISA Kit (Human) (OKBB00457) for the quantitative measurement of Human COMP in blood serum through a microplate reader at absorbance Optical Density 450 pg/mL. Results: There was a significant difference ($p \leq 0.05$) in the pre and post-intervention serum hCOMP concentration within each group [A (t 1.786293, p 0.04786), B (t -2.754006, p 0.007761), C (t -4.164479, p 0.000555)]; and among the three groups [$F(2, 41) = 50.00015$, p 1.88]. Post hoc comparison (Tukey HSD test) indicated that groups A (0.7143+0.0804), B (0.491+0.135) and C, control (0.2045+0.1807) were significantly different from each other. However, there was no significant relationship between the BMI and post-intervention blood serum hCOMP concentration within groups A (R2 0.152, p 0.151839), B (R2 0.0306, p 0.532748) and C (R2 0.0301, p 0.552828). BMI and post-intervention blood serum hCOMP concentration within groups revealed no significant relationship (linear regression); however, the trendline slope pattern showed an inversely proportional relationship that as the BMI increased the serum hCOMP level decreased. Conclusion: Closed kinematic chain exercise and physiological cyclic loading can increase hCOMP thereby facilitating cartilage turnover which may prevent cartilage joint degeneration. However, an increasing BMI can lead to a decrease in hCOMP.

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Development of Rehabilitation in China

Mi Zhongxiang
ri_presidentoffice@163.com
China Rehabilitation Research Center

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ABSTRACT

Human coexists with illnesses, and illnesses drive the pursuit of rehabilitation. For thousands of years, ancient Chinese civilization has utilized gymnastics, Dao-yin techniques, and martial arts for physical conditioning. Additionally, traditional Chinese medicine has been employed to heal injuries. These early efforts in functional restoration are considered the precursors to traditional rehabilitation medicine. The period from 1980 to 1995 marked the inception of modern rehabilitation medicine in China. From 1995 to 2005, over 20 provincial-level rehabilitation facilities were completed. Between 2005 and 2020, rehabilitation was promoted and became widespread across various sectors. Since 2021, it has been integrated into the national healthcare system, becoming a pivotal component of the Health China Strategy, leading to its comprehensive development. Over nearly four decades of development, an integrated service system has been established, comprising six systems that provide rehabilitation services: the China Disabled Persons' Federation system, the healthcare system, the human resources and social security system, the civil affairs system, the education system, and the private sector. The completion of the China Rehabilitation Research Center (CRRC) in October 1988 formally introduced modern rehabilitation medicine to China. Its primary responsibilities encompass rehabilitation services, research, training, and social rehabilitation guidance. It also undertakes numerous national responsibilities, including disability prevention and autism rehabilitation. After 36 years of development, CRRC has evolved into a large, modern, and comprehensive rehabilitation institution offering a wide array of services, enjoying a high reputation both domestically and internationally. CRRC has established cooperative relationships with over 20 countries and regions, including Japan, Norway, Germany, and "Belt and Road" countries such as Oman and Uzbekistan. Looking ahead, our goals include enhancing international academic exchanges, further engaging in international projects, and increasing efforts in scientific research.

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Level 36, Etihad Towers
Tower 3, Corniche Road
Abu Dhabi, United Arab Emirates

T: +971 2 409 3159
M: +971 58 562 0205

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