**The Minutes of the Meeting for Health-related Organizations**

**“Disability and Rehabilitation”**

 **Wednesday, 26th May 2010**

Meeting place: Meeting room, Public Health Institute, Ulaanbaatar

Meeting time: 3:00 – 5:00 pm

Discussion topic: **“Disability and Rehabilitation”**

Chairperson: Dr. Odontsetseg Brown, Coordinator for HROs’ monthly regular

 forums

Speakers & Sol Padua, VSO Mongolia Volunteer, Volunteering Programme Advisor to

Presentations: Bayanzurkh District Health Center

**"Mainstreaming Disability and Rehabilitation”**

**Agenda**

1. Record those attending
2. Apologies for absence
3. Minutes for the meeting in April 28, 2010, on “Climate Change and Infectious Disease: Trends in the Western Pacific Region”
4. Matters arising from the Minutes
5. “Secretary’s report” (any correspondence or other communications)
6. Agenda items:

 **“Disability and Rehabilitation”**

1. Any Other Business
2. Date and time of the next meeting

Item 1

**Those present:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Position & Organization** | **Email & Telephone** |
| 1 | Odontsetseg Brown | Coordinator, HROs monthly regular forumsChairperson, Foundation for Health Policy Promotion | odnoo1220@yahoo.com99149656, 329267 |
| 2 | Erdenechimeg.Ts | “Mongolian Center for Development Studies” LLC | aachimeg@yahoo.com99175649 |
| 3 | Amgalanzaya.Ts | Strengthening Primary Health Project, Norwegian Lutheran Mission | zaya@nlmmon.orgamaraa@nlmmon.org99175600, 457048 |
| 4 | Sol William Padua | Volunteer Program Advisor, Bayanzurkh District Health Center | solwilliam\_vso@yahoo.com95726141 |
| 5 | J.Altan-Od | Teacher, ICM, “Rainbow” Center | odhulan@yahoo.com99238842 |
| 6 | Enkhtuya Palam | Vice Director, Public Health Institute | p\_enkhee2001@yahoo.com99290496, 450770 |
| 7 | Alimaa.Ya | Educator, “Solongo” Center | Alimaa\_pampag@yahoo.com99140313 |
| 8 | Chantsalnyam.L | “Sante Sud” International NGO | chantsaa2003@yahoo.com326260, 96680480 |
| 9 | Bazargur Zoljargal | Board Member, Foundation for Health Policy Promotion | emailbazra@yahoo.com99103109 |
| 10 | N.Urangoo  | Teacher, ICM, “Rainbow” Center | urangoo600@yahoo.com99741699, 458328 |

**Item 2**

**Apologies for absence**

Apologies for absence were received from:

1. Dr. Amarbayasgalan Ganbold , Project Leader, Strengthening Primary Health Care Project, NLM – Mongolia
2. Zorigtbaatar.D, Health Programs, Peace Corps Mongolia
3. Uyanga Ganbold, Researcher, Public Health Institute
4. Khulan.O, Officer in charge of Health and Education, Bayangol District Governor’s Office
5. P.Enkhtuya, MD, PhD, Health Research and Training Center, Public Health Institute

**Item 3**

**Minutes for April 28th 2010 meeting**

The minutes for April 28th 2010 meeting on “Climate Change and Infectious Disease: Trends in the Western Pacific Region” were distributed at the meeting, and were approved by the meeting participants.

**Item 4**

**Matters arising from the minutes**

There were no matters arising from the April 2010 meeting minutes.

**Item 5**

**“Secretary’s report” / Correspondence (any communications)**

The secretary reported between-meetings correspondence: An email was received about the HROs meetings’, suggesting that, “In principle, it is best to have as much variety as possible in order to be interesting to a wide spectrum of professionals and organizations.  Not all lectures need to be "clinical".  We may find that somebody could give an amusing talk about  ... visiting a different culture, ... , or why foreigners don't understand Mongolian culture.  At the meeting, you could ask if anyone has any ideas on that, because having a sense of humor is an essential part of "learning".

As these meetings are very international, involving both Mongolians and Internationals, the participants accepted the above suggestion well, acknowledging that discussions on cultural differences and similarities are always very interesting, and help us understand each other.

**Item 6**

**Matters for discussion** (such as proposals, or reports on ongoing projects)

**“Disability and Rehabilitation”**

Speaker & Presentation:

Sol Padua, VSO Mongolia Volunteer, Volunteering Programme Advisor to Bayanzurkh District Health Center

**"Mainstreaming Disability and Rehabilitation”**

This presentation is posted on the website at [www.mongolhealthnetwork.org](http://www.mongolhealthnetwork.org)

***See addendum at the end of these Minutes for notes on these presentations.***

**Item 8**

**Any Other Business**

The secretary reminded that during the summer months there will not be meetings because of vacation seasons.

**Proposed Topics for Future Meetings:**

* June 2010 - NO MEETING *(Summer holiday)*
* July 2010 - NO MEETING *(Summer holiday)*
* August 2010 - NO MEETING *(Summer holiday)*
* September 2010 – Air Quality and Human Health
* October 2010 - Water quality and Water-borne Diseases
* November 2010 – Mental Health
* December 2010 - NO MEETING *(Christmas and New Year)*
* January 2011 – Open meeting. *We welcome YOUR input!*
* February 2011 – NO MEETING *(Tsagaan Sar)*
* March 2011 - Extreme Weather and Human
* April 2011 – Health Sector Coordination
* May 2011 - Open meeting. *We welcome YOUR input!*
* June 2011 - NO MEETING *(Summer holiday)*
* July 2011 - NO MEETING *(Summer holiday)*
* August 2011 - NO MEETING *(Summer holiday)*
* September 2011 – Disaster Management
* October 2011 – Health Sector’s Respond to the Dzud
* November 2011 - Open meeting. *We welcome YOUR input!*
* December 2011 - NO MEETING *(Christmas and New Year)*
* January 2012 - Nursing Development
* February 2012 - NO MEETING *(Tsagaan Sar)*
* March 2012 - Injuries
* April 2012 – Open meeting. *We welcome YOUR input!*
* May 2012 - Health Insurance System in Mongolia
* June 2012 - NO MEETING *(Summer holiday)*
* July 2012 - NO MEETING *(Summer holiday)*
* August 2012 - NO MEETING *(Summer holiday)*
* September 2012 - Cardiovascular Diseases

**Item 9**

Date and time of the next meeting 3:00 - 5:00 pm

 September 29, 2010, Wednesday

 VSO Meeting Room

Topic of the next meeting: “Air Quality and Human Health”

Speaker: N.Saijaa,Doctor of Medical Sciences

Academician, Mongolian Academy of Medical

Sciences

Director, Center for Environmental Health and Human Ecology, Public Health Institute

**Addendum to Minutes**

**THE FULL POWERPOINT PRESENTATION FROM THE MEETING IS POSTED ON THE** [**www.mongolhealthnetwork.org**](http://www.mongolhealthnetwork.org) **WEBSITE**

**Key messages delivered by the speaker:**

Mainstreaming Disability

Why Disability?

“To support disabled people in exercising their rights and to promote their full inclusion and active participation as equal members of their families, communities & societies”

**Disabled People’s Needs**

* Fundamental Needs
* Basic Needs
* Political Needs
* Psycho-social Needs

**Fundamental Needs**

Right to life

Communication

Mobility

Equal Opportunities

Social Acceptance

**Basic Needs**

Food

Clean/Safe Water

Shelter

Health

Education

Income / Employment

**Political Needs**

Freedom to speak

Freedom to associate

Right to organized

Representation

Legal voting rights

**Psycho-social Needs**

Friends and relationships

Family

Reproductive Rights

Equal Access to service

**Definitions of Disability**

*Mongolian Law on Social Security for persons with Disabilities:*

“The term “a disabled person” means permanent inability of the individual to engage in social relations by reason of physical, mental or sensory impairment which can be expected to last for continuous period of not less than 12 months.”

*UN Convention on the Rights of Disabled People 2006*

“Persons with Disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in the society on an equal basis with others.”

*Disabled People’s International*

“Disability is the loss or limitation of the ability to take part in the normal life of the community on an equal level with others, due to physical and social barriers.”

**Rehabilitation**

What is the importance of early rehabilitation?

* Rehabilitation can further assess the possibility of recovery.
* Rehabilitation can further prevent the severity of paralysis, contracture and effects of disability.
* Family education and support to the patients. Proper home care management can be provided to the person who will take care of the patient

**Does a person need rehabilitation to recover from a stroke?**

Most gains in a person's ability to function in the first 30 days after a stroke are due to spontaneous recovery. Still, rehabilitation is important. For the most part, successful rehabilitation depends on

* how early rehabilitation begins
* the extent of the brain injury
* the survivor's attitude
* the rehabilitation team's skill
* the cooperation of family and friends

**What is the goal of rehabilitation?**

For a stroke survivor, the rehabilitation goal is to be as independent and productive as possible. That may mean improving physical abilities. Often old skills have been lost and new ones are needed. It's also important to maintain and improve a person's physical condition when possible.

Rehabilitation begins early as nurses and other hospital personnel work to prevent such secondary problems as stiff joints, falls, bedsores and pneumonia. These can result from being in bed for a long time.

The speaker presented the case studies of two patients with stroke; one patient receiving rehabilitation care and a second patient who was not able to receive rehabilitation care.

The meeting participants discussed the current situation of rehabilitation services in Mongolia, sharing their personal experiences of having family members, relatives or friends who needed rehabilitation care but were not able to receive it, and how hard those circumstances were, not only for patients, but also for the entire family’s financial and psycho-social conditions.

**Conclusions drawn from the discussion:**

Although there are some legislative documents are in force to protect and support the disabled:

* The rights of disabled people are not always respected.
* Stigma and discrimination exist against the disabled.

Rehabilitation care in Mongolia is insufficient due to:

* Insufficient knowledge and awareness about the issue among policy makers, medical professionals, patients, their families and the general public
* Lack of facilities and specialized personnel
* Lack of cooperation and synergies between different specialties of medical care as well as stakeholders

**Recommendations:**

The above-discussed challenges need to be recognized, discussed, addressed and action plans need to be developed and implemented.