

**Individual Assignment**

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**Topic: A Strategic plan to manage the impacts of the COVID-19 Pandemic in disable people in Bangladesh:**

Disability is a major public health issue in Bangladesh where about 9.1% of the total population lives with some form of disabilities. PWDs are considered a marginalized group in Bangladesh like other low- and middle-income countries (LMICs) and often lack access to basic rights such as health, food, clothing, education and housing. This shutdown created massive disruptions in the country's healthcare services delivery. Due to COVID Bangladesh govt. declared a sudden lockdown. PWDs are a vulnerable group who generally has more healthcare needs than others – both general health needs and needs linked to impairments. PWDs with a major disabling event, e.g. spinal cord injury, head injury and hip fracture may require follow-up outpatient services. Some PWDs who already have chronic diseases such as stroke, heart disease and cancer may be in badly need of emergency medical and rehabilitation services. But these patients, especially those living in villages and small towns hardly avail follow-up and emergency services amid the COVID-19 pandemic as they cannot visit tertiary and specialized hospitals in big towns and cities due to the shutdown. A strategic plan is a concept which focuses on health promoting programmes that will empower the PWD's will facilitate their re-entry into the community and help reduce the rate of discrimination.

To discuss about strategic plan for managing the impact on PWD's in pandemic, first we need to focus on their requirements as they need an extensive set of medical and nonmedical services; the growth in their number and the seriousness of their needs are placing greater demands on the medical care, public health, and related service delivery sectors; their complex and multifaceted needs are not adequately met through existing financing or service delivery arrangements Bangladesh govt.; and stakeholders needed to be more concerned about how to deal with the demands they place on the existing systems of care, as well as about how to aid the growing number of PWD's at risk for serious physical, psychological, and/or social health problems during this pandemic.

To give proper health advocacy in this pandemic a collaborative effort of stakeholders can play an important role. As like the ministry of health, health care providers, researchers, consumers, and federal funding agencies are to be aimed at raising the level of awareness concerning the health promotion needs of people with disabilities.

The Strategic plan to manage the impacts of the COVID-19 Pandemic in disable people will focus on 5 parts mainly:

(1) Developing personal skill, will deal with the promotion of healthy lifestyles and a healthy environment and the preparation of the person with a disability to understand and monitor his or her own health and health care needs,

(2) Strengthen community action by educating public regularly through community leaders, health care providers, will deal with involvement of NGO aiding in terms of financial and logistically and Involvement of stakeholders in providing support group and awareness campaign

(3) Reorient health services by Setting up a Help Desk for providing support to employees with disabilities as many employees with disabilities can lose jobs, setting up a Help Desk for

Disabled People's Organizations to disseminate information and to provide advice regarding accessing relief supports, Sensitizing all Disabled People's Organizations in Bangladesh to create database of extremely poor persons with disabilities countrywide, Operating a dedicated Facebook page to raise awareness and to update our activities, Providing food and non-food supports to extremely poor persons with disabilities.

(4) Create supportive environment by educating them the risks of Corona virus and how they can protect themselves, setting up a Help Desk to provide mental health support to persons with disabilities, and

(5) Building health public policy by more research and policy making on behalf of policy makers and researchers like to address this crisis, fund from Bangladesh Business & Disability Network (BBDN), Manusher Jonno Foundation, British Women's Association, British Aid Guest House Association (BAGHA) Club, PFDA Vocational Training Centre, Angel Chef, and other individual donors will help the community to survive.

The magnitude of a disability in relation to the person's interaction with the environment is interrelated. In many instances, the environment can be considered the barrier to good health practices and not the disability. For example, by making a fitness center accessible to a person in a wheelchair or having labels on medicine bottles in different forms of print for people who are blind or visually impaired, the disability is no longer the primary barrier to improving health. By eliminating certain environmental obstacles, the process of promoting health in individuals with disabilities is greatly enhanced. The emphasis in the independent living movement is on consumer control and direction of their own health, with professionals assisting in altering the environment so that the individual has access to health promotion activities aimed at the general population.

First, fitness professionals must strengthen their skills in health promotion and disability. A lack of knowledge in these areas will make it difficult to communicate with physical therapists and other rehabilitation professionals when providing services to individuals with disabilities. Expanding fitness professionals' knowledge about appraisal and exercise prescription will facilitate encouraging and increasing physical activity participation among people of all abilities.

Second, the rehabilitation profession must embrace the concept of extending its services into community-based fitness centers. A stronger relationship must be established between fitness professionals and physical therapists. Without the guidance and support of physical therapists, it will be difficult for fitness instructors to provide high-quality programs to people with disabilities. Physical therapists can enhance their visibility in community-based fitness centers by offering lectures at these settings so that fitness instructors become familiar with the local therapists and how they can be of assistance when developing programs for people with disabilities. Another way to bridge the relationship between therapy and fitness is to develop media-related materials that describe the role of physical therapists and how they can be of assistance to clientele who have a disability. This material can be disseminated to the managers of local fitness centers.

Third, because very few people with disabilities have the financial resources to join a fitness center. Insurance companies, and managed care organizations must be willing to pay for the membership and the consultative services of physical therapists who would work alongside fitness professionals in delivering health promotion programs to people with disabilities.

Although in an era of downsizing this may sound improbable, the independent living movement and the freedom of choice over a person's health may lend support to the concept of receiving services in the community. Because space has become a premium in many

hospitals, we may also begin to see more and more therapists providing rehabilitation in community-based fitness centers.

Important components should focus on disability-related issues. For example, many stroke survivors continue to smoke and, therefore, need a strong unit on smoking cessation strategies. People with Down syndrome have a very low incidence of smoking but may have other pressing needs such as proper dental hygiene. People with spina bifida and spinal cord injury may need instruction in the prevention of pressure sores. Many people with disabilities need a better understanding of medication management.

Teaching coping strategies is an important area of health behavior. Many survivors of stroke, for example, struggle with depression, which is often related to the loss of their job, spouse, or mobility. Moving slowly through a mall or supermarket appears in their minds to be a burden to the people around them. A health behavior unit should address these issues because a poor mental health status could undermine the success of a health promotion program

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