

Country Report

1. Name of Training Course: THE GROUP TRAINING COURSE IN MENTAL
RETARDATION IN FY 1996

2. Name of Participant: MIGUEL HINOJOSA-SANDOVAL

3. Name of Country: ECUADOR

4. Name of Your Organization: 1. Ministry of Public Health
2. Ecuadorian Foundation for Down's Children
(F E N I D)

5. Organization Chart:

Participants are requested to outline their function of the organization and their own job.

1. In charge of national program for nutritional surveillance and national plan for rehabilitate malnourished children, and prevention of disabilities related
2. In charge of medical attendance and decision-maker about organisative and planning affairs for children with Down's Syndrome

6. The current situation and trends in rehabilitation services.

Participants are requested to outline the status of educational, welfare/social and medical systems and services, financial aids and voluntary activities for people with mental retardation in their own country.

According to last research (1981), 12.87% of ecuadorian population has some degree of discapacity. Distributed as follows:

Mental	21.0 %		
Neuromuscular	17.1	By causes:	
Bone and joints	14.9	Acquired	39.0 %
Hearing	13.2	By accident	23.9
Sight	13.0	Congenit	20.4
Speech	9.2	Inherited	9.3
Psychiatric	5.4	During delivery	7.3
Others	6.2		

Ecuador has several public and private institutions working in the field of discapacities, unfortunately they can hardly cover 8% of demmand. The main problem is this institutions are gathered in the 2 biggest cities, leaving the provinces and rural areas uncovered. There are 84 institutions for special education, and 196 support areas attached to regular schools, for a population around 11 million inhabitants.

There are 49 services for rehabilitation (functional) in gubernamental area and around 30 non gubernamentals. 8 small factories for prostesis - public and 10 private.

Social welfare has 5 workshops for occupational activities and 3 centres for professional rehabilitation

Since August 1992, law # 180 about Discapacities have created CONADIS (National Council for Discapacities), organism that has a representative from the President of Ecuador, and establish the rules and policy for any affairs related to discapacities. CONADIS has representatives from the Presidency of the Republic, the Ministry of Public Health, Ministry of Welfare, Institute for children and Families, NGO's, and from the Federation of Handicapped People.

For Children and young people with mental retardation, there are 75 institutions (gubernamental+ non gubernamental) that carry on programmes in education and early/precocious stimulation.

Financial support for all the entities comes almost entirely from the gubernamental budget. In health sector there is a major proportion of private institutions than in educational sector. There is some international support, unfortunately selfsustainability is scarce.

In this moment, there is a National Plan, join a national conciousness, we expect to improve substantially the giving of services in quantity, quality and mainly widespread attention for mental retardation and other disabilities to the whole country not only the principal cities.

7. Participants are requested to state their own philosophy on rehabilitation services for people with mental retardation and problems to solve when making the philosophy an actuality.

In this moment, handicapped persons specially mentally retarded are isolated and bad managed, because, as soon as they are diagnosed they are putting aside because of overprotection or rejection, instead of that is compulsory to promote an equilibrium amongst family and professionals in order to achieve a stimulant environment to help disabled person to interact with a "normal" world, according to their limitations, in such a way that accepting the differences could be integrated to the regular life in their communities. In this way is expectable that disabled persons could get a good quality of life in all the mankind spheres including affective, laboral which are quite neglected.

Lack of resources is the main problem for a country like Ecuador, where is necessary to allocate most of resources for basic needs. Nevertheless community based programmes should be one of the most important strategies.

Basic education focusing problems about mental impairment is a field that has been forgotten. It will be necessary to develop a policy about this issue.

Prevention is the most important strategie to avoid increasing the problem of disabilities, specifically in reference to traffic accidents, perinatal attention, better nutrition, hearing and sight screening. All prevention needs campaigns of information and continuous education.

8. Participants are requested to describe community-based rehabilitation programmes provided for people with mental retardation in their countries, if any.

There are 3 community-based projects in progress and another 2 beginning (in the whole country). All of them follow the guidelines establish in the Manual for Community- Based REHABILITATION (RBC) from PAHO (Panamerican Organisation for Health) with some modifications according to local needs, specially to educational activities.

It has been initiated a survey in order to identify persons with any disability, this kind of survey applies to all families in the area that is going to be attended, community choses the adequate persons for becoming "community p-omoters" who are going to apply the methodology from the Manual above mentioned, at the same time they teach to disabled person and families involved how to manage basic therapy and solve problems related to institutional offer.

A physician makes the diagnosis, determines the treatment and carry on follow up attendance, moreover decides about delivery.

With this strategy is possible to join most of resources in health and education in order to improve coverage and quality of attention.

9. Service delivery system and relevant laws and regulations

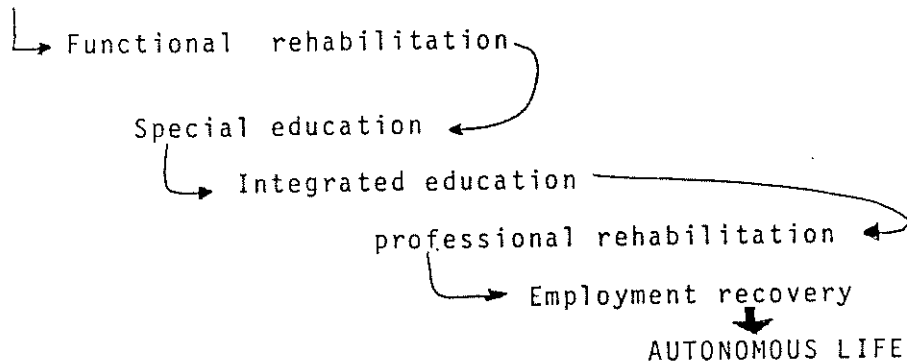
Participants are requested to draw an organization chart or flow chart (starting from sections at the lowest level) for every agency in their country which is responsible for service delivery systems.

In Ecuador we do not have a structure for delivery, and this is due that we are in a process of development, so, small institutions do not have enough services, and that is why handicapped people or their families by passes over them and go straight to major complexity institutions. Nonetheless, Ministries involved are trying hard to establish mechanisms for guiding people from Primary Care Systems to Third and Fourth Level SERVICES.

In the general Reglamentation from 180 Law about Disabilities, are explained the roles for institutions and sectors in order to accomplish functions and delivery to get a total rehabilitation for the disabled person.

Recommended steps and services are as follows:

Screening (precocious detection) and early stimulation (HEALTH SECTOR)



Notes: It is advisable to use audio visual aids such as films, slides, pictures, etc., when presenting the country report.