NON-INCLUSIVE SYSTEMS FOR DISABILITY INCLUSIVE DEVELOPMENT

# LESSONS FROM INDIA #

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Health System in India (MoHFW)

Medical Colleges

District Hospitals

Sub-district Hospitals (Population 25 Lakhs)

Community Health Centres (Population 80000-120000)

Primary Health Centres (Population 20000-30000)

Health Sub-Centres (Population 3000-5000)

700,000 Health Work Force

1,800,000 Health Work Force

2,500,000 Health Work Force

Source: MoHUA, CPWD GOI, 2019
Social Care System in India (MoSJE)

- Supplies
- Social Security and Insurance
- Department of Disability Affairs
- Rehabilitation Council of India
- Special Schemes (Aids, Scholarships, Training, Schools, Loans & Subsidies)
- National Institutes for Education & Training of Rehab Professionals
- Chief Commissionerate for Disabled and Policies
Conceptual Issues

- Disability = Observable Impairment
- Rehabilitation – Medical Model (Correction of the Impairment)
- Rehabilitation services team
  - For Adults = Super specialised Doctor, Physiotherapist & Prosthetist/Orthotist
  - For Children = Paediatrician, Clinical Psychologist, Special Educator, Counsellor, social workers and Speech therapist proposed by RCI.
Work Force Component:

- 2-5 Physiotherapist per District
- 3200 for 640 Districts
- Acute Shortage of 64 lakh allied health professionals

For 1.3 Billion population
Is this sufficient?
Rehabilitation Services Component:

Adult Rehabilitation = Physiotherapy Services

District Early Intervention Centres with multidisciplinary Team for Children under National Program for Children

Medical Colleges

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Sub-district Hospitals (Population 25 Lakhs)

Community Health Centres (Population 80000-120000)

Primary Health Centres (Population 20000-30000)

Health Sub-Centres (Population 3000-5000)

Referred to Districts
Governance Component:

- MoSJE - Rehabilitation Council of India (RCI)

- RCI - Recognises only Limited Allied Health professions namely Clinical Psychologist, Special Educator, Counsellor, Social workers, Prosthetist, orthotist, Social worker and Speech therapist)

- Physiotherapy & Occupational Therapy are autonomous in its governance

- PRACTICES ARE NOT ALWAYS EVIDENCE-BASED

- NO REGULATORY BODY.
Products and Technologies Component:
Infrastructure Component:

IPHS Standards are not strictly Followed
Information Systems Component:

- 2.21% Disabled
- 15% Disabled
- 10.4% Disabled
Policies and Programmes Component:

- Rights to Persons with Disabilities Act
  (21 Disabling conditions – Not in Census)
- National programme for prevention and control of Cancer, Diabetes, CVD and Stroke
  (Single strategy & Focus given only to screening for Hypertension and Diabetes)
- National Programme for the health care of the Elderly
  (Only drug/surgical treatment, counselling & referral services by Nurses)
- The Central Council for allied health Professionals
  (The bill is still pending agreement from government officials / health professionals)
- National Programme for Children with Disabilities, Defects, Deficiencies and Developmental Disorders (RBSK) - (Missing - Continuum of Care)
Social Care System in India (MoSJE)

Chief Commissionerate for Disabled and Policies

National Institutes for Education & Training of Rehab Professionals

Special Schemes (Aids, Scholarships, Training, Schools, Loans & Subsidies)

Rehabilitation Council of India

Department of Disability Affairs

Social Security and Insurance

Duty Free Supplies

No Hoists/Wheelchairs in Most Private Hospitals

1500 Rs per month is very Negligible

Work in Silos

Not Inclusive of PT, OT & Rehab Nurses

Bureaucratic/Time Consuming to avail

Training on Medical Model

Managing Existing Services

Managing Existing Services
Disability Inclusive Development

- Non-Inclusive Systems cannot be a choice for Disability Inclusive Development
- Given the epidemiological, demographic and socio-economic transitions, there is a pressing need to radically create an inclusive system for persons with disabilities.
- Mainstreaming disability into the agenda for health could be a potential strategy
- Concerted efforts from all stakeholders towards developing an inclusive system for disability inclusive development can potentially turn the aspirational goal of universal health coverage into a reality for India and countries with similar contexts.
Strategies for Disability Inclusive Development

- Target the conceptual understanding about disability and Inclusive Development among all stakeholders including persons with disabilities
- Target the effective implementation of Bio-psychosocial framework for disability inclusive development
- Mainstream disability inclusive development with the agenda for health and social care.
Thank you for listening...