

Mainstreaming disability in the primary health care sector in the state of Gujarat, India

This case study gives an example of the inclusion of persons with disabilities at the implementation and monitoring phase in the Public Health system of the State Government of Gujarat in India. It has been initiated by Handicap International in cooperation with state authorities.

Area: Asia

Sector: Health

Phase of PCM illustrated: Implementation and Monitoring

Degree of relevance: Degree 3 – Disability highly relevant projects

Implementer: NGO with state authorities

Disability Inclusion in Primary Health Care

Handicap International (HI) has supported the Department of Health and Family Welfare (DoHFW), Government of Gujarat, in India for the implementation of a State-wide project for prevention, early identification, intervention and rehabilitation of disability and its complications. Despite the Gujarat health system being better developed than other Indian states health systems, disability has largely been ignored in primary health care prior to the project as it was mainly seen as portfolio of Department of Social Justice and Empowerment. Consequently, early identification of disability, appropriate medical care and rehabilitation intervention did not represent a priority for health care providers.

As a result of a successful collaboration between HI and DoHFW following the earthquake in the region in the year 2001, a pilot project aimed at ensuring the inclusion of disability in public health system was designed. The implementation of the project stressed the need for developing a comprehensive strategy for reinforcing public health care centers and involving communities and organizations in disability prevention and rehabilitation. The pilot project is now extended to all districts of the state.

To build capacity of primary health care providers

The main elements of the intervention were to build the capacity of primary health care providers for early identification and prevention of disability, including referral to appropriate rehabilitation services. Very importantly, the project aimed to build and consolidate linkages between preventive and curative streams of public health systems and to form networks between different stakeholders. We

CASE STUDY : INDIA



identified focal rehabilitation centres for each district that – once their capacities strengthened – could play a key coordination role in referring and following up people with disabilities. To raise awareness on disability in communities has been another important activity. As a result, access to and quality of rehabilitation services for people with disabilities have improved through raised awareness of communities and stakeholders, as well as built capacity of and improved networking between service providers.

Capacity building included training of health workers and establishing linkages between different organizations and promoting the participation of local disability organizations. In order to design and implement adequate interventions, HI used different methods such as Participatory Rural Appraisal and Community Based approaches to identify existing knowledge, attitudes and practices of community members regarding disability.

People with disabilities were also members in Core Coordination Committees (Public Health project planning & monitoring committees at the district level) to plan and implement activities. Being members, they contributed in planning and monitoring, by sharing the issues of persons with disabilities at the village level. Furthermore, persons with disabilities facilitated different training sessions of our disability and development module. Persons with disabilities and Disability Advocacy Group (DAG) members also took the lead in advocating issues of disability sector with Health, Social Justice and Empowerment and other government departments. Advocacy meetings at district and state level provided a platform for dialogue and discussion among different stakeholders i.e. government, non-governmental organizations, rehabilitation professionals, development professionals, persons with disabilities etc to examine closely the linkages between disability, public health and vulnerability reduction. Such initiatives resulted in increasing persons with disabilities participation and ownership in processes and brought more visibility of disability issues in the districts of Gujarat, while rendering government officials more sensitive towards disability.

Lessons learned and how this is an example for disability inclusion

- Monitoring of the project showed that health workers have started identification of persons with disabilities in their routine work and initiated linkages with existing health facilities.
- Disability issues are now on the agenda of Public health system at district and state level in Gujarat State.
- Need for collaborating with the government to empower the existing system rather than creating parallel structures with creation of sustainable structures that can be expanded to other areas.
- The State Institute of Health and Family Welfare (state run nodal training center) in Ahmedabad, Gujarat, has included early identification and prevention of disability in its health workers training program.
- Various disability issues were integrated in the districts health system through staff training and other measures. (E.g. The health workers have started filling up the column in family history register maintained at primary health center level.)
- The collected data have been shared with different public agencies for further use and the project has initiated an interaction between health workers and community based rehabilitation services.
- DoHFW has played a key role in organizing camps for issuing disability certificate for persons with disability (with a disability identity card) at block level throughout the state to empower persons with disability to avail the Government schemes. The Disability Advocacy Group (DAG) group members played different roles (support as well as pressure) during the camps organized by the Government.
- Sustainability can only be reached through a real and strong involvement of stakeholders at all levels, from the government to the community, including people with disabilities and/or their representatives at different stages of the project and permanent advocacy efforts led by them with HI support.

This text has been adapted from the Handicap International report on Disability Inclusion in Primary Health Care in Gujarat, India

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