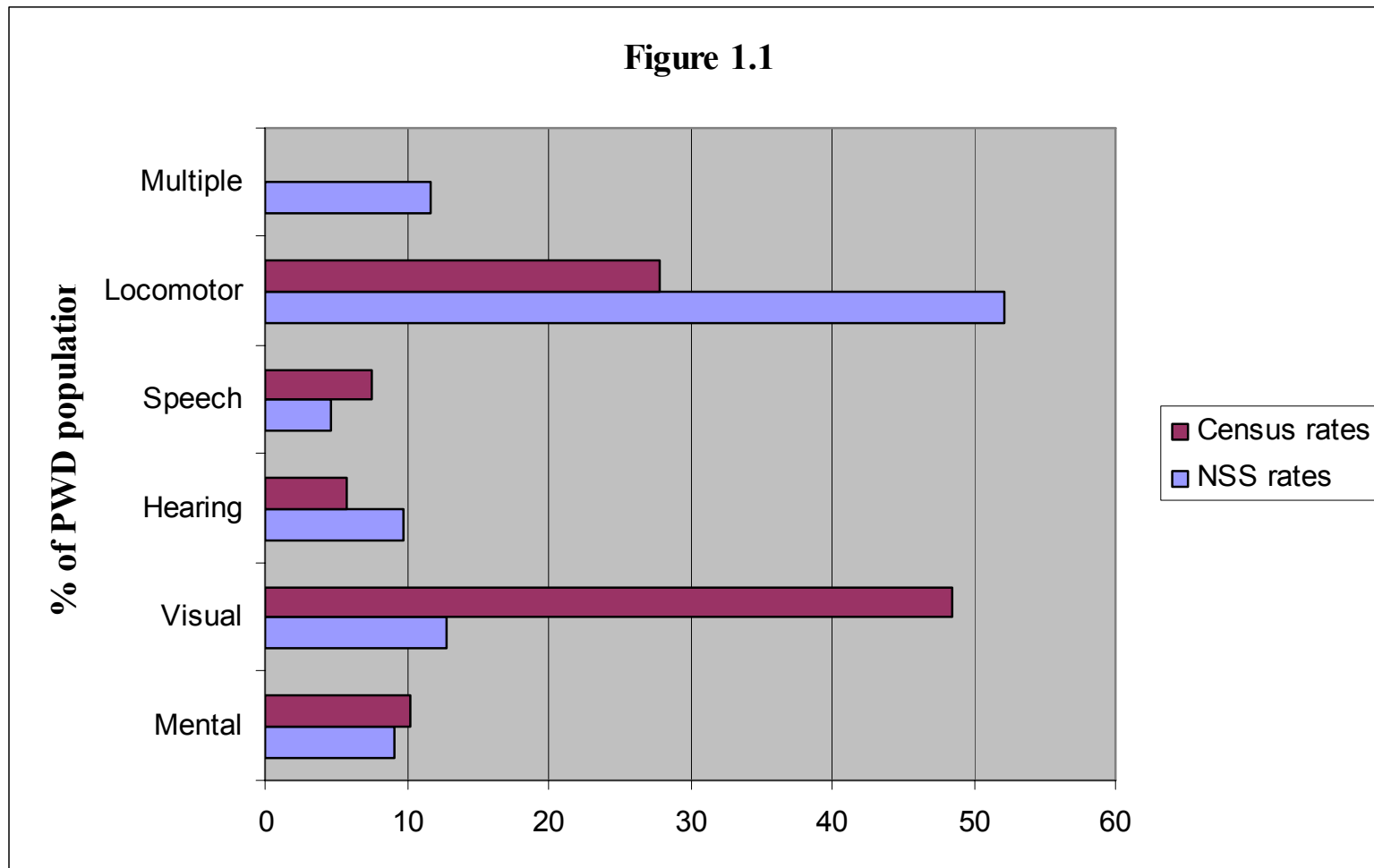


Health Sector and Disability

***Framing disability within a “**medical model**”
& Viewing persons with disability as
“**patients**” remains the greatest challenge
in dealing with disability by the health
sector***

Distribution of different forms of Disability in India



Estimates of causes for Disability in India

Visual	Hearing	Speech	Locomotor
Cataract (23.4%)	Old Age (21.3)	Voice disorder (12.6)	Polio (30.9%)
Old Age (23%)	Discharge (18.6)	Paralysis (11.9)	Burns and Injury (28.5%)

Source: Das (2006), using NSS 58th round

Prevention of Disability – The challenges

A large portion of disabilities in India are preventable. However, there are several challenges in implementation of preventive strategies

- **Childhood Immunization:** Continues to stagnate around 50%. How to improve immunization coverage in lagging states?
- **Polio eradication:** Despite steep decline, continued transmission. How to control transmission in western UP?
- **Blindness:** How to improve quality and post surgical follow-up and expanding range of services beyond Cataract?
- **Micronutrient supplementation:** How to improve the coverage of Vitamin A and promote the use of Iodized salt?
- **Improving access and quality of maternal health services:** How to reduce disparities in antenatal care and skilled attendance at delivery?
- **Promoting road safety:** How to promote state level actions based on national draft policy?

Factors affecting use of Health Services by Persons with Disability

Negative:

- 1. Being disabled from birth are 70% less likely to seek treatment than those who acquired their disability later in life**
- 2. Women are around 13 percent less likely than PWD men to seek treatment.**
- 3. PWD belonging to ST/SC/OB are less likely to seek treatment**
- 4. Residents of the north-east and eastern regions have the lowest likelihood of having sought treatment.**

Positive

- 1. Higher levels of education substantially increase the likelihood of seeking treatment.**
- 2. PWD with locomotor conditions are the most likely to have sought treatment, while the other extreme is those with hearing and speech disabilities,.**
- 3. those in urban areas are 55 percent more likely to have sought treatment,**
- 4. PWD living with their parents are much more likely to have sought treatment.**

Challenges in improving access to Rehabilitation services

- 1. Disability identification and certification: 56% of the PWD not aware of the certification process (TN and UP survey)**
- 2. Knowledge and Attitude of Health providers: In some states nearly half not aware of entitlements of PWD**
- 3. Acute shortage of Rehabilitation staff: <700 versus a need of over 10,000**
- 4. Weak referral systems, especially mental health services**
- 5. Financial Barriers to access**

Conclusions and Recommendations

- **Enhancing efforts to prevent Disability:** Within and outside health sector
- **Improving early identification and certification of disability :** Improved coordination with ICDS; Locally relevant Screening tools
- **Improving access and quality of Rehabilitation Services:** Raising awareness of health workers about disability; Enhanced supply of providers; Partnerships with NGOs; incentives for low cost and locally relevant technologies.

Two phased approach:

1. Improve certification system, promote CBR (including awareness raising and stigma reduction), and enhance micronutrient supplementation (including food fortification) and immunization
2. Focus on improved referral systems between levels of the health system, including increased supply of therapists and support for establishment of therapy centers in rural areas