CHAPTER 3
DISABILITY REHABILITATION IN INDIA
– AN OVERVIEW

3.1 INTRODUCTION

Historically being an agrarian country, India is endowed with large population living in rural area. Indian villages are traditionally known for its culture of community living. Persons with disabilities are treated as equals and part of the community and they are eventually not excluded. They are provided due care and rehabilitation services through institution of family. Indeed, many of the mild and moderate ones used to get mingled and had the social acceptance in the mainstream. The institution of family used to be a major strength in the care of the persons with severe and profound disability.

Rehabilitation services for the persons with disability in an organized manner started as a movement after Independence, particularly with the influence of urbanization and industrialization. In the subsequent times many developmental programmes have been launched in which both the government and non-government organizations have worked together to create facilities for the rehabilitation services for the persons with disabilities. The thrust on disability rehabilitation was created during the past two decades, which was a sequel to various UN Resolutions, Recommendations and covenants relating to the empowerment of the persons with disabilities. The Government of India being a member country to these International understandings, enacted various laws for the benefit and development of the persons with disabilities. As a matter fact, the fundamental rights as guaranteed under the Constitution of India are equally applicable and accessible to the disabled persons. However, presently there are separate
laws in vogue in the country. Those are Rehabilitation Council of India Act, Persons with Disabilities Act, National Trust Act. The programmes and services in the disability rehabilitation are mostly offered by the Government of India and some State Governments through NGOs. There are also voluntary organizations working in the field without depending upon the financial assistance from the Government. They are either funded by the foreign agencies or by the philanthropists.

The disability rehabilitation till recently is treated as a separate and special programme by all concerned. However, there is a need for recognizing the disability rehabilitation as part of the overall development of the disadvantaged in the society. There is considerable agreement that disability in countries of the South should be considered a development issue. It is important that agencies working to alleviate poverty see the needs of people with disability and their families as a central part of their activities and that “disability services” are not somehow seen as separate and “special” (Wirz and Chalker 2002). The situation is undergoing gradual change in looking at disability rehabilitation as a part of the overall social development. Towards this direction, currently the “convergence mode” is gaining momentum in various State Governments and Government of India. Government of Andhra Pradesh has been the first in adopting this approach.

3.2 DISABILITY REHABILITATION STATUS

The Ministry of Social Welfare has been responsible for starting and maintaining day and residential schools, training and employment workshops, financial assistance to voluntary organizations and research projects, National Awards to employers of persons with disabilities and to employees with disabilities, and activities for training of manpower to work in the field. The data on the prevalence of disability in the country was not accurate as mostly the studies were sporadic and localized. There were few systematic studies at various places in the country. A very important survey was conducted by the National Sample Survey Organization (NSSO) in 1991. In this survey
people were classified as “disabled” if they had less than 40% normal functions and concentrated primarily on physical disabilities (“normal functions” was not very clearly explained). The findings included:

- 9% rural households and 7% urban households have at least one disabled person (average household size was 5.8 people)
- 1.9% of India population had severe or profound physical disabilities.
- 12% of the disabled people identified had multiple disabilities.
- 80% of people with disabilities live in rural areas.
- 4% of children aged 0-4 years living in rural areas and 3.3% of their urban peers had a hearing loss.
- They summarise prevalence rates for the total population as being Visual Impairment0.5%, Hearing and Speech Impairment as 1%, Motor Disabilities as 1.05.

Rough figures of the recent Census indicate 6% of the population as having one or more disabilities. It is learnt that next round of survey of NSSO will include the exercise of collecting the data on the disability prevalence, which may begin very shortly. During the proposed survey, the grey areas pertaining to the detailed explanations of the disabilities and covering all the disabilities are taken into consideration. We hope to get clearer picture on the disability prevalence in the country for better planning of the rehabilitation programmes. As of now, it is estimated that there are 60 million people with disabilities in the country.

While many NGOs are taking up various programmes and services for the development of persons with disabilities, the reach to the nook and corner of the country is still a far cry in the present scenario as the trained manpower and models are not adequate to meet the requirement. Therefore, the
Government has adopted a policy of trying out various methods so as to reach the unreached in the quickest possible time and manner. The later part of Ninth Five Year Plan has witnessed a tremendous activity going on in the field of disability rehabilitation. Some of the important programmes undertaken are:

a) Launching of District Disability Rehabilitation Centre in 107 districts. Presently more than 60 DDRCs are functional and remaining are in pipeline. The DDRCs are taking care of all the disabilities which is mostly a community based organization (CBO) involving the local resources as partner. It is reported that since inception all these DDRCs have extended rehabilitation services to more than a lakh of persons with disabilities.

b) Establishing Composite Regional Centres at State level. Presently there are six CRCs, which work as a state level resource center though managed by the Government of India. The CRCs are engaged not only in extending the rehabilitation services to the persons with disabilities (all types) but also are involved in conducting training programmes for the professionals working in the field.

c) National Programme for the Persons with Disabilities has been launched in the year 2000-2001 with the objectives of providing minimum level of services at each level in the states with a three tier structure right from the village level through the Mandal, District and State. In the State of Andhra Pradesh, five districts have been chosen for implementing the NPRPD.

The study reveals that these centers are equipped with fitment centers and are having the experts in all fields of disability rehabilitation viz., prosthetic and orthotic engineers, technicians, speech and audiology specialists, rehabilitation psychologists, special educators, vocational instructors etc. The rehabilitation services include corrective surgery in case
of orthopaedically disabled and visually impaired wherever necessary by having linkages with the local resources and in collaboration with the local NGOs and the district administration. The services also include the education, therapies and vocational areas.

The ultimate goal of the rehabilitation services is to transform the disabled people from helplessness to empowerment. Vocational training and placement of the persons with disabilities is an essential event in the life-cycle of the persons with disabilities (Thressiakutty and Rao, 2001). Various schemes for self-employment available through National Handicapped Finance and Development Corporation Limited (NHFDC) are tapped. Satellite centers in the remote village areas are also set up so that the persons with disabilities can avail the services without much difficulty. These satellite centers are usually managed by the local bodies. The study shows that these models have been creating an impact in the field of rehabilitation for the persons with disabilities. In the State of Andhra Pradesh, three districts are having the DDRCs at Visakhapatnam, Vijayawada and Ananthpur. The novel method of collaboration with the NGO is experimented at Ananthpur where the DDRC is managed by the Rural Development Trust (an NGO).

The DDRCs will be dovetailed in the NPRPD, as the NPRPD envisages a mandal and district level resource center and also a State level resource facility not only for direct delivery of rehabilitation services through the rural net work of rehabilitation workers and NGOs but also for creating Human Resources required for the implementation of the NPRPD. The facilities available under NPRPD will focus attention on the needs of the persons with disabilities specific to the region and develop models and materials required for the rehabilitation.

Besides the above programmes, the National Trust has launched setting up local level committees throughout the country. These local level committees are constituted with the association of the parents and persons with disabilities and the District Collector as the chairperson. The local level
committees will manage the entire process of setting of group homes in the
district as per requirement, in which the persons with autism, cerebral palsy,
mental retardation and multiple disabilities will be provided care. The local
level committees will look into the affairs of guardianship of these persons to
answer the ever nagging question of the parents, “what will happen to our
child after us?” Master trainers for the caregivers have been trained at
National Institute for the Mentally Handicapped (NIMH) in the first programme
jointly organized by the NIMH and RCI for National Trust. Training modules
for the master trainers and the caregivers were developed for use in the field
ensuring continuous programme of training the trainers working in various
NGOs.

District Primary Education Programme (DPEP) and District Poverty
Improvement Programmes (DPIP) under international funding arrangements
have also included the persons with disabilities in their programmes for
education and alleviating the poverty. In the State of Andhra Pradesh, these
two programmes are being implemented with the involvement of the local
level NGOs and resources. It is realized that earning the confidence of the
local people is important and they should be made the owners of the process
of solving their own problems. It is, thus, intended to train the local people to
take care of the 80% of the needs of the persons with disabilities in all these
programmes (Miles, 1999 and Rajendra 2002). It is also observed that
awareness and implementation has increased in involving the NGOs in all
these programmes from the level of policy making to project implementation,
as it is seen that the NGOs have strength in the local areas and the majority
of services for people with disabilities are provided by the NGOs (Scott 1994).

UNDP through Janashala programme in 10 blocks each in UP and
Karnataka has funded a project which included preparation of the teachers to
provide special education to the children with disabilities. The programme is
implemented by the district administration in collaboration with the NGOs
under the supervision of the State level machinery. UNDP has also funded a
Project on 'Support to children with disabilities' in the same 10 blocks of UP and Karnataka, which envisages zero reject of children from 4 years above in the schools. This project is being implemented by the district administration in collaboration with the local NGOs under the technical guidance of National Institute for the Mentally Handicapped. Ministry of Social Justice and Empowerment is the coordinating Ministry at the central level. The project covers the aspects of not only preparing the community and teachers including local resources in the rehabilitation services relating to the educational needs but also creates the environment and society to provide access to the children with disabilities. It broadly focuses on removal of physical barriers, local and innovative methods of commuting, providing assistive devices, teaching and learning materials etc.

Research and development activity is encouraged so that newer methods and models are available for the rehabilitation of the persons with disabilities. Government and Rehabilitation Council of India promote the research and development projects, besides the National Institutes themselves undertaking the research activities as part of their regular programmes. Recently, an agreement with the US Government has been entered by the Government of India for undertaking various research activities in technical collaboration with National Institute of Disability Rehabilitation and Research (NIDRR), USA. Joint Working Group meeting took place in Pittsburgh on 22nd October, 2001 finalizing about ten research projects, which are functionally relevant and meaningful. Some of the projects cover product development while some others focus on development of models for services.

3.3 MANPOWER DEVELOPMENT FOR REHABILITATION

The study highlights the fact that the demand for rehabilitation professionals is very great keeping in view the enormous need of rehabilitation services for 60 million people with disabilities in the country. The existing facilities are totally inadequate and would hardly cater to 10% of the total population with disabilities. In the Tenth Five Year Plan, it has been
(NIMH), National Institute for the Visually Handicapped, National Institute for the Orthopaedically Handicapped, National Institute of Rehabilitation, Training and Research, Institute for the Physically Handicapped. Rehabilitation Council of India which has been setup as a statutory body to regulate and standardize the rehabilitation courses. It has, so far, recognized a total of 144 institutions including the six National and apex level Institutes. Presently about 12,000 rehabilitation professionals are registered with RCI.

The rehabilitation courses are broadly classified as courses for master trainers, clinical and technical assistants and teachers and other technicians. The courses offered for master’s trainers are at P.G. level, for clinical and technical assistants at Graduate level and for special teachers and other technicians at diploma level. There are 22 graduate and post graduate level courses and 14 at diploma level covering the various functional areas in all types of disabilities. These functional areas include special education, rehabilitation psychology, speech pathology and audiology, orthotic and prosthetic engineering, physiotherapy, occupational therapy, vocational and employment, rehabilitation engineers and technicians, hearing aid and earmould technicians, rehabilitation social workers, CBR workers, orientation and mobility specialists, rehabilitation managers. The availability of the trained manpower in the area of mental retardation, visual impairment, hearing impairment and locomotor disability and the annual turnover of trained manpower from the existing 144 training institutes, taken together, is about 18,000 upto the year 2001-02, which leaves a huge gap of manpower requirement.

Considering the magnitude of the requirement of the manpower requirement, RCI has launched distance mode education of the rehabilitation courses through various training institutions already operating in the field, besides the University network. The RCI has also come up with Bridge courses and Multi rehabilitation workers training programme so that the gap in the trained manpower requirement can be covered to some extent. Similarly,
plans are afoot to develop CBR workers and other rehabilitation workers who could take up the basic rehabilitation services at the grassroot level, as the studies reveal that 80% of the needs of the persons with disabilities can be met from and within the community itself and for 20% of the needs, the qualified rehabilitation professionals intervention will be required.

3.4 DISABILITY REHABILITATION PROGRAMMES – ROLE OF NGOs

In India, while the government plays an important role in making constitutional and legislative provisions, evolving schemes, national policies, providing resources ensuring co-ordination between different Ministries and ensuring implementation of executive order and other provisions, it may never be possible for it to deliver services and programme on its own. The voluntary sector continues to play a dominant and significant role in providing welfare and rehabilitation services for the disabled. Many voluntary agencies not only provide services but also act as potential pressure groups. The study reveals that in India, NGOs have always been in the forefront in responding to the ever-challenging rehabilitation needs of persons with disabilities in myriad ways. Though voluntary service care for disabled persons had its origin decades back, NGO action in the field of Disability prevention, Rehabilitation and inclusion has become more spectacular since a decade and a half. Contribution of NGOs in providing quality Rehabilitation Services and in reaching the unreached in rural and tribal areas through its various innovative strategies has been very impressive. To a large extent this is revealed by various publications brought out by the agencies involved in the rehabilitation process - THPI publication (Prasad, 2000) and annual reports of activities of major organizations - THPI, Sweekaar and Upkaar, Rashtriya Seva Samiti, Rural Development Trust, Sankar Foundation, Devnar School for the Blind, MRIH, Deepsikha, Amariyoti, Spastic Society.

The role played by NGOs and the contributions they are currently making in the care and rehabilitation of persons with disabilities can never be
erased from the history both in developing and developed countries. This has been substantiated by facts and experiences of premier NGOs in India. The various initiatives in terms of services and service modules evolved to suit the needs of rural and urban populations, human resources tapped and trained, awareness created through innovative, effective local media, specific experiments carried out in certain challenging areas viz., employment of adult persons, integration of children in the existing educational institutions (Preschool onwards), early detection and intervention and so on, form the base of the data. Sports and games and music and dance are the activities, which are promoted in a great way (Rao, 1999). Promotion of barrier free environment by the NGOs is earning prominence. Society for Equal Opportunities for Persons with Disabilities is involved in the access audit of the environment. Public bodies are getting interested in the subject of barrier free environment at public utility services (Rao, 2000). Their role and achievement in policy formulation and social audit and many other steps at national level are quite significant.

In the State of A.P., there are more than 300 NGOs working in the field (AP State Action Plan 2001-02). In a span of one decade, the number of NGOs rose from less than 100 to the present level, which substantiates the initiatives taken by the NGOs. Various models are in vogue in the State. Rural Development Trust (RDT) is a large NGO initiative in rural development through community based rehabilitation model running almost like a parallel local government (Rajendra, 2002). Community Based Organizations run by Rashtriya Seva Samiti, Chittoor, Vikalan Bandhu Programmes, self-help groups and associations of the persons with disabilities, parents, NGOs involved in sports and games, music and drama, Arts and cultural activities make A.P. as one of the pioneering States in the field of disability rehabilitation. There are 11 associations of parents of the children with mental retardation in the State out of 37 parent associations in the country (Peshawaria et al 1994), which have now touched more than 100 as per the registration in the National Parent Meet organized by NIMH in the year 2001.
NGOs are taking active role in the following areas relating to the rehabilitation of the persons with disabilities.

1. Quality service and models
2. Reaching out to Rural Areas
3. Utilisation of Available Opportunities – Convergence
4. Awareness Creation
5. Manpower Development

NGOs are also participating actively in the following programmes of other Ministries so that the benefits are available to the persons with disabilities.

The Integrated Child Development Scheme (ICDS) was started in 1975 in pursuance of National Policy for Children with the aim that the beneficiaries will be children, and the services included pre-school education, immunization, primary health care and referral services, supplementary nutrition and health education. Prevention and early detection of disabilities is an integral part of this package of services.

Training of Rural Youth for Self-employment (TRYSEM) is an allied programme of the IRDP. It aims at development of technical skills among the rural people. The Council for Advancement of Peoples’ Action and Rural Technology (CAPART), has developed a strategy to promote the participation of people with disabilities in programmes for rural development. As a part of this strategy, CAPART will extend support to voluntary organizations whose project proposals are in consonance with the overall thrust and guiding principles of this strategy, and which will further its implementation.

The government has been assisting a large number of voluntary agencies for providing vocational training facilities. Both the government
industrial institutes and private industrial training institutes all over the country are catering to trainees. Under the Craftsmen Training Programme, there is a provision of three per cent reservation for the handicapped.

To facilitate employment of the disabled persons, the government has set up a number of special employment exchanges for the selective placement of the disabled persons. They attempt to secure for the disabled the most satisfying form of employment, suitable to their residual physical and mental potentialities.

In addition to the Special Employment Exchanges, special cells for the physically disabled have been set up. Besides, a Special Placement Officer has been attached to the normal Employment Exchanges for the handicapped. All these efforts are totally funded by the Central Government's Ministry of Labour.

The first two Vocational Rehabilitation Centres (VRCs) were started in June, 1968 in order to assess the vocational and psychological needs of the physically disabled persons and to render assistance in their rehabilitation. Now 17 such vocational rehabilitation centers are functioning at different places in the country.

3.5 LINKAGE AND CONVERGENCE IN DISABILITY REHABILITATION

The Planning Commission has now realized the need for concerted effort in the plans of various developmental agencies covering the subject of disability rehabilitation and to build linkages on convergence mode. This has been the result of the monitoring and appraisal of implementation of the P.D. Act by the Central Coordination Committee constituted under the Act, in which all the Ministries concerned take part. Ministry of Railways started working on creating barrier free environment at the stations. The Ministry of Railways have undertaken the programme of making some of the compartments accessible to the persons with disabilities particularly the people who are wheel chair bound. Similarly, the persons with sensory impairments will have
no barriers in getting the information required. Ministry of Rural development is working to develop models of poverty alleviation, and benefits under CAPART for the persons with disabilities. Ministry of Health has plans to undertake the measures required for prevention, early detection and early intervention. Ministry of Education is going to cover the educational needs of manageable group of children in need of special needs by training and re-training the teachers in collaboration with RCI and NIs. Similarly, the Ministry of Labour and Employment will work for vocational training and employment for the eligible person with disabilities as per the availability. All Ministries are working to fill up the backlog of vacancies reserved for the persons with disabilities. Similar action by various other Ministries are also forthcoming in the recent past. This will invariably increase the demand for qualified and trained manpower to effectively handle various disability rehabilitation programmes and show increasing concern for HRD in these organizations.

In the ensuing Tenth Five Year Plan, building of linkages with concerned Ministries as an exercise has been done and due share is provided for the rehabilitation services of the persons with disabilities. A separate sub-plan as in the case of other disadvantages group namely SC and ST is going to be created in the next Five Year Plan, which is a long awaited step. An aggressive plan with massive budget support, as mentioned earlier is going to be the hallmark of the Tenth Five Year Plan in the history of disability rehabilitation. In the State of A.P. the efforts of creating a convergence mode has been initiated from the year 2000-2001 as per the State Action Plan. AP is considered as the first State in bringing the concept of convergence in various developmental activities of the State Government. Due share and allocation of funds for the rehabilitation of persons with disabilities has been envisaged in programmes of drought prone area, dissert development, panchayat raj, SC corporation, Tribal welfare, BC corporation, women development and child welfare, minorities welfare, youth welfare, municipal administration and urban development, housing, industries, khadi and village industries, AP state finance corporation, bankers and NABARD. A
programme of establishing linkage with NGOs, corporate hospitals, philanthropists has also been undertaken by the State of AP. AP has undertaken distribution of assistive devices and appliances to the persons with disabilities in various rounds of the Janmabhoomi programme.

3.6  **e-REHAB THROUGH SATELLITE NETWORK**

The Ministry of Social Justice and Empowerment in collaboration with the Ministry of Information Technology is working on a massive programme of e-rehabilitation to be launched throughout the country. A separate satellite with adequate networking will be launched under mission mode. The e-rehab proposes to reach to the remote village to achieve the following objectives.

1. create conditions for an informed client i.e., persons with disabilities, parents and others concerned.

2. create facilities to access information and guidance for the people concerned with disabilities including the professionals and other rehabilitation workers.

3. online information on various technical aspects.

4. online discussions and interactive sessions with specialists in various fields of disabilities.

5. availability of data on various aspects relating to disability rehabilitation.

6. access to information relating to existing resources, directory of specialists, complete information on each disability and the needs.

3.7  **SUMMING UP**

The definition of disability rehabilitation is enlarging with the development of rehabilitation field, all over the world. India is also following the same path, where responsibility is becoming higher day by day to change the attitudes of the people, create facilities, reach the services to the door step
of the people with disabilities, involve the persons with disabilities and their families and the surrounding community in the day-to-day affairs of the rehabilitation. It is well understood that 80% of the needs of the persons with disabilities can be met from the community itself, while 20% of the needs require the specialist intervention. There is a need to create trained manpower in the community itself. Present level of services are not adequate. Nor are the existing models sufficient to meet the varied needs of the person with disabilities. There is a need to enhance the capacities of the NGOs and develop large number of models as alternative services according to the needs of the specific groups and needs of the community. NGOs are playing a unique role in delivering the services to the people with disabilities. NGOs are also involved in generating trained manpower. Government of India has launched various programmes extensively to cover as many communities as possible. The extension and outreach programmes through the establishment of DDRCs, CRCs and RRCs for spinal injury are bearing fruits. All these activities are undertaken involving the NGOs and the community.

In the area of manpower development, much progress has been achieved when compared with the status two decades ago. However, this is not adequate. Much is still desired as per the estimates of RCI. There is a pressing need for generating master trainers at various levels in various disciplines of the disability rehabilitation. Change in the mindset is required to understand that 80% of needs can be successfully met with by training the people in the community itself. Suitable training strategies have to be developed for which NPRPD has been launched by the Government. National Trust is another programme coming up in a high way to take care the services required by the persons with autism, cerebral palsy, mental retardation and multiple disabilities. AP is considered as fore runner in the convergence mode having established linkages with development agencies to cover the segment of disability rehabilitation in their budgets and programmes. Convergence has been realized at the highest policy making level and planning Commission has attached greater significance for building
linkages among various ministries in the development of persons with disabilities by incorporating a sub-plan in this area separately. E-rehab is in planning stage, which might revolutionize the scenario of the disability rehabilitation.

Thus, well organized programmes and packages in HRD are required to be evolved to effectively manage the rehabilitation activities being undertaken by the NGOs. The task involved is very gigantic and requires concerted efforts on the part of all – Government, Non-Governmental Organizations and society at large.