Evaluation study on Aids and Appliances

Department for the Empowerment of Differently Abled and Senior Citizens

Observations and Recommendations

To be born into rural poverty in India is to began life with a handicap. For it often means a helpless and stoic acceptance of a variety of social ill-hunger, disease, squalor, illiteracy and a daily battle for the basic necessities of life. If in addition, a person belonging to this large segment of the rural poor is born with, or due to some unfortunate circumstances acquires, a disability, then he or she must face life with double handicap. Every problem that confronts the able-bodied, afflicts the disabled person in a more intense and chronic form.

The rural disabled are at a disadvantage when compared with their access to resources, employment opportunities and rehabilitation is severely restricted. They often comprise the most neglected, marginalized and unlettered of their community. They are usually denied education and the right to enjoy normal social interactions and relationships. Families rarely take the trouble to educate their disabled daughters and disabled women are not given a change to find fulfillment in marriage and motherhood. Employment opportunities for the uneducated and untrained disabled are so limited that the disabled person is considered a burden on the family, a drain on their meager finances.

Some estimates say that almost 70-80% of Indians with disabilities live in rural areas while most of the country's rehabilitation centers are situated in urban areas. To transport the disabled person to these centers for appraisal, treatment or training is an expensive process, involving not only the cost of travel but also the loss of daily wage for the escort. It has now been established that segregation of the disabled into protected environments and special institution is not only

dehumanizing but also prohibitively expensive, allowing only a very small percentage to avail of the facilities.

Keeping the special problems of the rural disabled in mind, and given the increased skepticism about the efficacy of institutional care, there has in the last decade or so, been a shift to community based rehabilitation (CBR) in India, as elsewhere in the developing world. CBR is a process of motivating and providing inputs-which could be medical, technical or social-to the community to take care of its disabled. To put it very simply, it is a system of enabling the rural disabled in their community and through their community.

While this movement saw the closure of many gigantic institutions in the West, in Tamil Nadu the interpretation of CBR has been twofold. The first has been the sensitizing and training in even simple, uneducated members of the community by specialists and professionals so that they can spread awareness, impart therapy and even construct and repair mobility appliances like crutches, calipers and wheelchairs. The community makes an ongoing effort to accept and integrate the disabled into the mainstream of daily life. The second aspect has been the reaching out into rural communities to identify areas which require technical assistance or help by referral to rehabilitation institutes.

Rehabilitation involves combined and coordinated use of medical, social, educational, and vocational measures for training or retraining the individual to the highest possible level of functional ability. The three main strategies for rehabilitation of disabled are institution-based, outreach, and community-based.
In general, rehabilitation encompasses the following:

- Early detection, diagnosis, and intervention
- Improve, facilitate, stimulate and/or provide services for people with disabilities, their families and attendant

- Medical rehabilitation i.e., management of curable disability and lessening the disability to the extent possible
- Social, psychological, and other types of counseling and assistance
- Training in self-care activities including social graces, etiquette, mobility, communication, and daily living skills with special provisions as needed
- Provision of technical, mobility and other devices
- Specialized education services
- Vocational rehabilitation services including vocational guidance, training, open placement, and self-employment
- Certification of degree of disability and provision of available concessions/benefits
- Community awareness, advocacy, empowerment
- Follow-up

In the backdrop of this, the present chapter attempts at summarizing and recommending changes for the effective implementation of the programme.

Observations on the Implementation of the Programme:

1. Geographical Coverage: The Aids and Appliances programme is implemented throughout the state. The benefits of the programme has reached the disabled living in certain remote villages of the state as well.
2. The programme benefits have reached the rural and the urban poor and the marginalized communities as well.
3. A large majority of the beneficiaries under the programme has been provided with either a wheel chair or a tricycle. The rest of the beneficiaries are provided with a hearing aid or a walk stick and walkers also.
4. The programme has resulted in bringing about changes at the individual and the community level as well. While the individual has been able to redefine

his space both geographical and social, at the community level the disabled are received and accepted and there are changes in the perception of the community about the disabled. It is interesting to note that it has impacted the health of the individuals as well.

5. There is a increased awareness among the disabled about the various programmes and concessions provided by the government. There is good awareness concerning the different aspects of the aids and appliances programme such as the criteria for availing the benefits, the documentation, the type of assistance etc.,
6. The officials under the programme is found to have played a critical role in the implementation of the programme. They are not only involved in disseminating information, but also helping the disabled in getting the required benefits.
7. Under the present set up, the district offices are trying to procure the appliances with governmental agencies or procure the same from private agencies after observing KTTP Act.
8. In general, the aids and appliances provided are being used by the beneficiaries.
9. Excepting a very small percentage, there is no cornering of the benefits by the individuals or households.

Recommendations

Administration Oriented:

1. While there is a thinking that the Department proposes to establish the District Rehabilitation Centres in all the districts of the State, as an interim measure it is suggested that the programme at the Taluk level be implemented through the Child Development Project Officers and their assistants. This is further expected to help in taking the programmes to the door step of the disabled.
2. The Department may consider the revision on the unit cost of the aids and appliances.
3. There is an urgent need to consider a revision on the income ceilings prescribed under the programme.
4. The Department shall take steps towards filling up the posts of VRWs which is expected to strengthen the implementation of the programme.

Identification and Selection of Disabled:

1. The Department may evolve strategies towards wider dissemination of the programme and the criteria laid down under the programme.
2. The Department should also focus on all kinds of orthopedic problems.
3. With a view to help the district offices in the task, the Department may establish Mobile Vans with adequate personnel and equipments to hold the camps on a quarterly basis.
4. The Department shall initiate steps towards making it compulsory for the medical officers to provide disability certificates at the village level.
5. The Department to review the functioning of the Medical Authority and initiate appropriate action towards its effective functioning.
6. The Health Department should also inform the cases of disability arising out of various reasons to the Department.

Provision or Supply of Aids and Appliances:

1. The Government shall revise the total financial allocations and the unit cost in order to make it a successful demand driven programme.
2. The Government shall take steps towards creating adequate godown facility to store the aids and appliances and supply the same up upon the receipt of the applications.
3. The Government shall take steps towards providing modern gadgets such as the battery operated wheelchair, motorized wheelchair, digital walking sticks and improved hearing aids.
4. The Government shall take appropriate steps towards the maintenance of the appliances through a community-based approach.
5. There is urgent need to bring in the counseling and therapeutic methods into the programme. These add-ons are expected to make the programme more effective.
6. The Department shall initiate early action towards reviving the sound library in order to help the students.

Convergence with other Programmes:

1. The programme shall be implemented through an integrated approach through the participation of the line departments. The beneficiaries of this programme shall be covered in the other employment oriented programmes to bring about economic improvement and empowerment among the disabled.

Capacity Building Programmes:

1. The Department shall take appropriate steps towards organizing orientation programmes for the personnel at all levels.