

Report of Training Programme on Strengthening Early Identification of Disability at Primary Healthcare Levels in 3 Districts of Karnataka 2023



With the support of



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&

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1. Background to the Programme

Mobility India Rehabilitation, Research and Training Centre (MI) was established in Bangalore as an NGO in 1994 to provide rehabilitation services to Persons with Disability (PWDs) in unreached areas of the state and the country. It has also been offering certificate, graduate and post-graduate degree programmes in Prosthetics & Orthotics from 21 years to develop trained professionals who can provide Prosthetics, Orthotics, Wheelchairs, Rehabilitation Therapy, Community Based Rehabilitation and to PWDs/those who are mobility impaired.

Public Affairs Foundation (PAF) is a non-profit company established in 2003 which is dedicated to improving the quality of public governance through its advisory services to improve social accountability. PAF's 3 key mandates are: Training & Capacity Building, Networking & Building Partnerships and Policy Engagement and Communication. PAF and MI have had a collegial relationship since many years, but this is the first time that they are collaborating on a project.

Society for Community Health Awareness Research and Action (SOCHARA) an NGO established in 1984, is a widely recognised professional resource group in community health and public health. They have active engagement with health policy processes at national and state level, conduct community health learning programmes since 20 years, and partner and network with people, communities, professional bodies and governments for equitable health and development towards the goal of 'Health for All.'

All the 3 organisations converged to conduct a unique training programme titled "Strengthening Early Identification of Disability at Primary - Healthcare Level in 3 Districts of Karnataka" led by Mobility India (MI), and supported by Public Affairs Foundation (PAF) and Society for Community Health Awareness, Research and Action (SOCHARA).

2. Context of the Programme

The three organisations had submitted a proposal to Tata Elxsi in 2022 requesting for a grant to deliver training to frontline healthcare workers in Karnataka on early identification of disability in communities they serve. The training included a module on WHO's Training in Assistive Products (TAP) which orients trainees to the type of assistive products available locally or through referrals in hospitals/rehabilitation centres/NGOs. This being a critical competency which enables healthcare workers to identify cases of existing/incipient disability so that they are able to seek treatment at the earliest.

Early identification of disability at primary healthcare level prevents deterioration of functions in an individual, enables them to seek support systems and lead as normal a life as possible in their circumstances. Disability concerns have been mainstreamed both in healthcare at national level and in the central National Education Policy. (<https://www.gate-tap.org/>)

Mobility India (MI) has already been implementing projects in these 3 districts from 5-25 years. MI has the infrastructure and experienced personnel in place to coordinate and deliver the training. The MI trainers have from 10-23 years' experience in service delivery. They have expert domain knowledge, are gender and inclusion sensitive and also fluent in Kannada, besides having long experience in delivering training to rural and urban NGOs and communities. MI conducted this pilot training programme and undertook documentation of the entire process.

PAF has anchored the project with expert advice and guidance, while SOCHARA provided the overview of disability in India and the rights of PWDs.

Why is WHO's TAP important?



WHO's online Training in Assistive Products (TAP) is designed to prepare primary health and other personnel to fulfil an assistive technology role. This may include identifying people who may benefit from assistive technology; providing simple assistive products such as magnifiers and dressing aids; or referral for more complex products and other services. Appropriate to a broad range of contexts, TAP is targeted at primary health care and community workforce, as well as those providing services to people who need assistive products within other sectors. There are 25 simple Assistive Products that the government proposes to make available at community level.

3. Rationale for the Training Programme

Data and evidence-based research has shown that several types of disability, if identified early, can be treated effectively. However, frontline workers often are unable to identify the signs as they are not trained to identify the same. Besides this, the impact of COVID-19 is being seen in the impairments of affected people. These are not even identified let alone being addressed. The training was aimed to build frontline health and rehabilitation workers' capacities to overcome this. This was a pilot project to support the State government in strengthening the capacities of Accredited Social Health Activists (ASHA workers) and Village Rehabilitation Workers (VRWs) and their supervisors Multipurpose Rehabilitation Workers (MRWs) to include early identification of disability in their work with rural and urban communities.

This pilot projects were conducted in Turuvakere and Chikkanayakanahalli taluks in Tumakuru district, Chamarajanagar taluk in Chamarajanagar district and in Bengaluru Urban District. Chamarajanagar district has among the highest number of disabled population in Karnataka State. Both Bengaluru and Tumakuru are destinations for some of the best treatment in the State for PWDs. The pilot project was therefore appropriately developed as a model, located in some of the most vulnerable areas of the state and addressed to health and rehab workers who are often the first point of contact with the health system for communities.

4. Objectives of the Training Programme

- 1) Equip frontline health and rehabilitation workers with the tools to identify disabilities in communities so early intervention can be done through linking persons with disability to govt. hospitals/rehab centres/NGO-run clinics.
- 2) Familiarise frontline health workers with the WHO Assistive Products List which serves persons with disabilities and/or impairment so that they can advise families they are in touch with to seek rehabilitation services including standard assistive products.

5. Profile of Participants and Guests/Invitees

The participants for the 7 workshops were VRWs and MRWs, ASHA workers and their supervisors. There were 330 ASHA workers (all women) from 31 Gram Panchayats for the training done through 3 workshops in Turuvekere and 1 Chikkanayakanahalli (Tumakuru district) and 2 workshops in Chamarajanagar (Chamarajanagar district). The 42 participants of the Bangalore workshop (29M 13W) who were VRWs and MRWs came from various Urban Wards of Bangalore Urban district. All of them were PWDs. The training was delivered in 1 day for each group. ASHA workers were in the middle of a government survey and were spared for just 1 day from their usual duties.

The concerned district officials such as the Tahsildar, Health Officers and other officials from the Health and Family Welfare departments at taluk level were invited to the inauguration of the training in each location. This ensured that they were aware of the programme and of the importance of early identification of disability in the community. It was also hoped that the officials would potentially support the frontline workers in the latter's practice of the skills for early identification. Figure 1 below gives a gender-wise break-up of the participants. Figure 2 shows the location-wise break-up of the participants

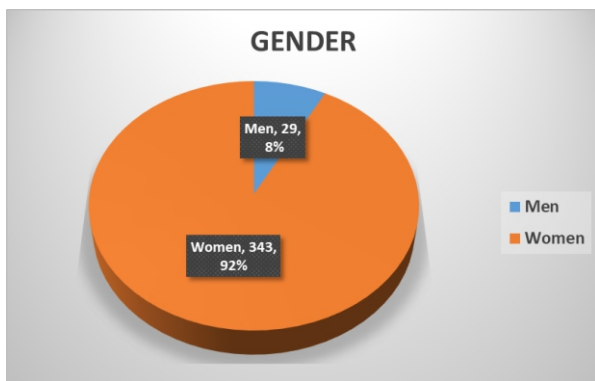


Figure 1 Gender-wise break-up of z

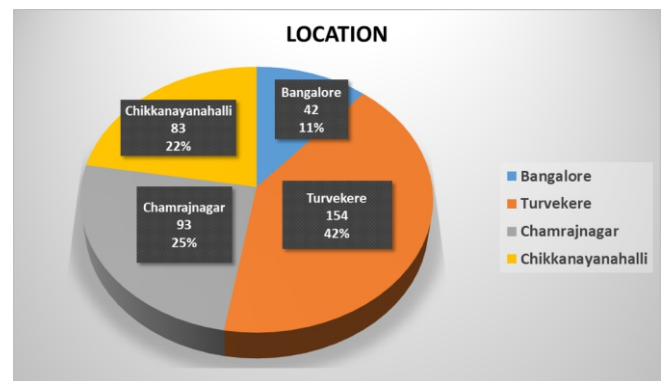


Figure 2 Location-wise break-up of participants



Invitees to the series of 7 workshops were as follows:

Sr. No.	Name of invitee	Role/Designation
	BANGALORE URBAN DIST.	
1)	Dr Arunava Mukhopadhyaya	Vice President-IT and CSR of Tata Elxsi
	Dr Chaya Deogankar	Director of PAC
	Dr. Annapoorna Ravichander	Executive Director of PAF
	Ms. Albina Shankar	Executive Director of MI
2)	TURUVUKERE, TUMAKURU DISTRICT	
	Mr. Renu Kumar	Taluk Health Officer
	Ms.Supriha	Taluk Health Inspector
	Mr. Boregowda	Health Inspector
	Ms. Swetha	ASHA Taluk Supervisor
	Mr. Krishnappa Patanna	Panchayat President
	Ms. Pushpalatha	District ASHA Supervisor
	Mr. Shivashankar	Multipurpose Rehab Worker
	Mr. M.R. Chandrashekar	Reproductive & Child Health Officer
3)	CHAMARAJANAGAR, CHAMARAJANAGAR DISTRICT	
	Dr. Shrinivasa	Taluk Health Officer
	Mr. Prasad	District ASHA Supervisor
	Dr. Vishveshwaraiah	District Health Officer
	Dr. Annapoorna Ravichander	Executive Director, PAF
4)	CHIKKANAYAKANAHALLI, TUMAKURU DISTRICT	
	Mr. Ranganath	Field Health Officer
	Mr. Venkataramaiya	Senior Health Inspector
	Mr. Srinivas	Health Officer
	Mr. Chethan	District Health Coordinator
	Ms. Jayanthi	Taluk ASHA Mentor

Thus, a total of 16 officials (13M 3W) of the Health & Family Welfare Department, in addition to the 372 participants, were oriented to the objective and scope of the training programme. As against a target of 250 participants, MI has reached a total of 372 healthcare workers and 16 Health Department officials i.e. 388 individuals.

6. Time frame for the Programme

Mobility India undertook 7 training workshops over 7th June – 19th August 2023 i.e. over a period of 2 ½ months. This was because the State Health & Family Welfare Department which supervises ASHA workers had to decide on dates to depute the ASHAs for training. Finally, all ASHAs were deputed for only 1 day as against the 2 days planned for each workshop. This meant that the workshops had to be staggered over the 2 ½ months to accommodate their schedules and finally reached 372 healthcare workers as below:

Sr. No.	Location	Date of workshop	No. of participants Men	Women	Remarks
1	Bangalore	7 th June	29	13	VRWs & MRWs
2	Turuvukere	12 th June	-	46	ASHA workers
3	-do-	13 th June	-	51	-do-
4	-do-	14 th June	-	57	-do-
5	Chamarajanagar	11 th July	-	41	-do-
6	-do-	12 th July	-	52	-do-
7	Chikkanayakanahalli	19 th Aug.	-	83	-do-
8	TOTAL 7 workshops	7 days	29	343	ASHAs:100% women. VRWs/MRWs 97% M 3%W. Overall W 92% M 8%

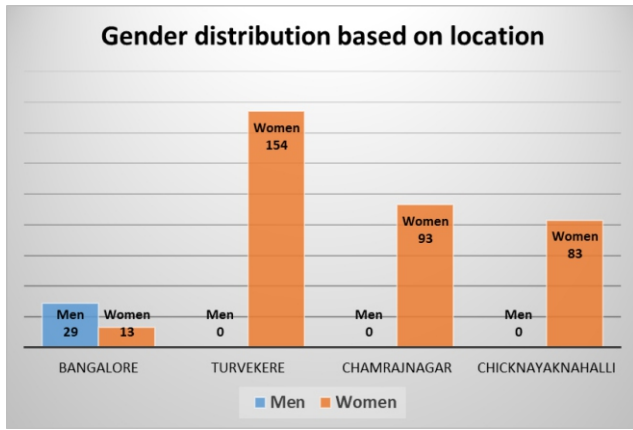


Figure 3 Gender-wise distribution of participants based on location

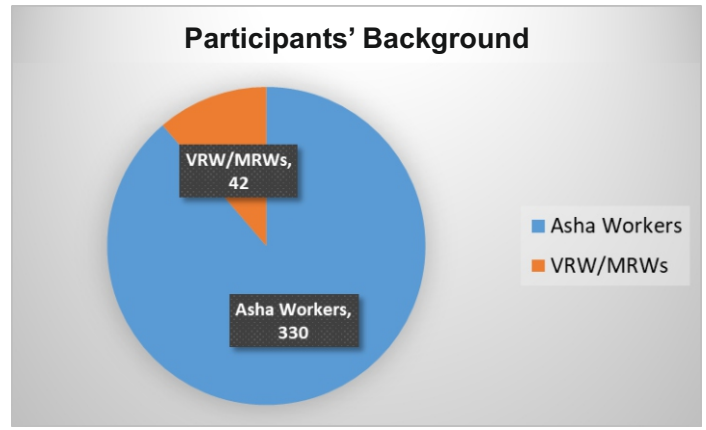


Figure 4 Participants' background

7. Venue and Arrangements for the Training Programme

All the 7 workshops in the programme were conducted in Kannada with some English for terms relating to the TAP presentation which was anyway translated into Kannada ahead of the programme. The 1-day workshop in Bangalore for the VRWs and MRWs was held at MI's campus in JP Nagar in south Bangalore. The Turuvukere Collectorate provided their training hall for the 3 trainings in Turuvukere for ASHA workers. In Chamarajanagar, the training was held at the Rotary Bhavan in Chamarajanagar town on 2 days, both for ASHA workers. The last training in Chikkanayakanahalli, Tumakuru district for ASHA workers took place at the Ambedkar Bhavan in Chikkanayakanahalli. Lunch, snacks and refreshments were arranged for the participants in Bangalore at the MI campus. At the other 3 locations, it was done by MI, using local catering arrangements. Reimbursement of conveyance was also arranged for the participants.

MI transported all assistive devices for demonstration from its Bangalore campus to the various training venues. Likewise, it carried its LCR projector and white board, mic set, questionnaire, evaluation and other forms to the venues. MI trainers were drawn from among its those at the Bangalore, Chamarajanagar and Turuvukere centres. There were in all 2 men and 6 women trainers; and 3 men and 5 women support staff from MI who ensured the training workshops were carried out as planned. Sochara deputed 1 man and 3 women variously to anchor their sessions in the workshops.

8. Content of the Training Programme

In order to contextualise the training for the participants, the first session in each workshop gave an overview of disability and the Rights of PWDs by SOCHARA Director Dr Thelma Narayan and her team. Following this, MI trainers conducted a module on WHO Assistive Products and how these are used, supported by a PPT as well as demonstration of assistive products with focus on mobility and self-care domains.

As only one day was possible for each workshop instead of two days proposed earlier, other content related to the structure of referral services for healthcare of PWDs/those with impairments/people in need of assistive devices was not treated in detail. The content related to identification of impairments caused by long Covid also could not be elaborated. If the department of health and family welfare were to relieve frontline workers for full two days' workshop all these content could also have been adequately covered.

The World Health Organization (WHO) training package on TAP (Training in Assistive Products) was used and supplemented with PowerPoint presentations, demonstration of assistive products and Q&A sessions. A pre-and post- evaluation of participants' knowledge base and training feedback form served to assess the outcome of the training. A summary of the findings are given in Section 11 below.

9. Process of the Training Programme

The training workshop in each location spanned a 6-hour period (10.30 a.m. to 4.30 p.m.) on average with a one-hour lunch break and 2 short coffee/tea breaks. There was a one-hour extra time taken in Chamarajanagar as participants arrived late on account of transport problems to come from the villages. Workshops had to close early because the participants, most of them women, had to travel long distances back to their villages before night fall.

The pilot training programme for frontline healthcare workers was kickstarted in Mobility India's Centre in JP Nagar, Bangalore on 7th June 2023 at 10.30 am. Dr Arunava Mukhopadhyaya, Vice President-IT and CSR of Tata Elxsi was the chief guest. Dr Chaya Deogankar and Dr. Annapoorna Ravichander, Chairperson and Executive Director respectively of Public Affairs Centre (PAC) and Public Affairs Foundation (PAF) and Ms. Albina Shankar, Executive Director of Mobility India also graced the occasion. Dr.



Thelma Narayan, Director and co-founder of SOCHARA was present both as head of her organisation and resource person from SOCHARA. Ms. Albina Shankar addressed the gathering, saying how momentous it was that the 3 organizations: Mobility India, Public Affairs Foundation and SOCHARA were coming together to implement such a training programme. Frontline health workers were often the first to identify those with disability. Therefore, this training was important.

After a ceremonial lighting of the lamp to mark the inauguration of the training programme, Dr. Annapoorna Ravichander of PAF stressed that learning needed to be a continuous process without we will not develop as persons and professionals. It was important as corporates and non-profits to come together to address the challenges from panchayat to policy levels. Through such a programme, frontline healthcare workers would understand that disability came in different forms, and how to identify these.

When Dr. Thelma Narayan spoke, she said how she appreciated the role of frontline healthcare workers who were the foundation of India's health system and the people to ensure access for people in communities to disability aids. Dr. Chaya Deogaonkar endorsed this, adding that the healthcare workers were in a life-giving role, helping people from disability to ability to mobility. This programme was part of the global effort to ensure 'Good Health for All', one of the main Sustainable Development Goals. And they were in a critical job to bring health and normalcy to people in communities. MI's Programme Manager Mr. S.N. Anand thanked the dignitaries for their presence at the function.



MI staff then distributed baseline-endline forms to the participants, telling them to fill up only the 1st column related to the baseline of knowledge they had about disability. They were to retain the form and fill up the second column at the end of the day after the workshop was concluded. This was followed by the 1st session on AT and Assistive Products and the background to the 6 modules of the TAP training, anchored by MI's Manager- Physiotherapy, Ms. Vennila Palanivelu. The 2nd session on 'Disability and

early identification and experience in engaging community' was taken by Dr Thelma Narayan of SOCHARA.

After the lunch break, the 3rd session was handled by Ms. Sowmya. Taking the group through a PPT presentation on Mobility, Vision and Self-Care Assistive Products, Sowmya stressed how these assistive products/devices were important for good health inclusion and participation; and how they could maximize ability with the right devices, rehabilitation and a physically accessible environment. Mr. Venkatesh assisted her in demonstrating the physical products so participants could see in real time what was being presented.



The 4th session of the day offered by Ms. Akkamahadevi of MI took the group through identifying diabetes or spinal cord injury in a disabled person by checking the pulse or feeling the feet. She demonstrated this on a disabled service user present on the stage. Finally, Mr. Anand walked the group through the feedback form which asked just 3 questions:

- 1) Which part of the training was most understandable and useful?
- 2) What was difficult to understand?
- 3) Any improvement they could suggest for future training?

MI staff collected the feedback forms as well as the baseline-endline assessment forms duly completed by the participants. The workshop was concluded at 4.45 pm with thanks to the participants and all present.

The subsequent 6 workshops held at the other venues followed the same sequence of sessions, although the inaugural of each was briefer. The sessions on disability and early identification done in Turuvukere, Chamarajanagar and Chikkanayakanahalli were anchored by members of the SOCHARA team other than Dr Thelma Narayan. The sessions on WHO and the TAP products were anchored by a team of MI trainers. Their synergized teamwork in doing the training along with demonstration of assistive products, handing out and collecting of the baseline-endline survey and feedback forms was commendable. MI staff in the various locations involved as volunteers to attend to registration of participants, organize meals and refreshments and assist the MI trainers. At the end of each workshop, the training team did a review in order to improve the workshop delivery



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10. Questions posed by participants

Some participants posed questions at the end of the workshop. Most of them gave written feedback. Some of the questions put directly to the MI trainers – which were responded to by the latter included:

- 1) Where to refer (disabled people) for mobility/vision/self-care assistive devices?
- 2) Are these devices available in rehabilitation centers to provide to the needy?
- 3) What is the cost of self-care assistive devices?
- 4) What all devices are available at Mobility India? Can we get to see all those? Any brochure available on assistive devices at MI?
- 5) What about absorbent products to use for our family members?
- 6) Where we can approach for Magnifiers (magnifying glass)? Whom to contact & where to refer for vision products?
- 7) Can MI support (us) for conducting eye camp?
- 8) Can we get the mobility and foot screening assessment format?
- 9) Where do we refer people (for assistive products & rehabilitation)?
- 10) Where do we get support for repair services?
- 11) (You have mentioned) 50 devices divided into 25 priority devices why?
- 12) Where we can purchase these assistive products?
- 13) Where do we get support for repair services?
- 14) Additional time (required) for explaining TAP online registration to participants (Asked in the 7th workshop)

Overall, participants expressed satisfaction with the workshop content relating to mobility, vision and self-care assistive products and the TAP presentation. They felt the need to have more such sessions and to hold camps in rural areas so people in need would know about assistive devices for persons with disabilities.

11. Summary of Baseline-Endline Survey

As each workshop was only for a day, MI designed the baseline and endline surveys as 1 form – the baseline column to be completed by participants before the start of the workshop and the endline column to be filled at conclusion of the workshop. The data from the baseline-endline survey forms administered to the participants has to be tabulated in full. However, a cursory glance at the responses reveals that most of the 42 VRWs and MRWs were familiar with what assistive products were. Some 40% were not aware of self-care products (bathing chair, toilet chair), while 50% did not know to make adjustments to walking aids and 25% did not know how to train people to use walking aids.

However, overall, the VRW and MRW participants knew about different types of disabilities, and had heard of assistive products for vision and mobility. Their higher level of knowledge seems to be because they themselves are persons with disabilities, have received training and are in official positions where they are assisting others to access assistive devices under government schemes. Post the training, 99% of them recorded having understood about assistive products and would apply this knowledge in their work.

On the other hand, ASHA workers, who were the participants in the subsequent 6 workshops appeared to be not so familiar with assistive products although they were aware of different types of disabilities. Most had not seen assistive devices other than spectacles and walking sticks before. Also, they were not familiar beyond basic vision aids (spectacles), mobility devices (walking sticks) and self-care aids (bathing and toilet chair). They declared they did know to refer patients for treatment/rehabilitation, but themselves did not know how to adjust walking aids and train individuals in the use of such aids. Post the workshop, some 99.5% of them recorded having understood about assistive products.



ASHA participants in the Chamarajanagar workshops recorded better awareness of different types of disabilities and assistive products for mobility, vision and self-care. This could be because MI has been in touch with the Health & Family Welfare Department in the district from over 20 years, has a rehabilitation

centre in the town, and has given training to ASHA and anganwadi workers before this workshop. Grey areas for these ASHA workers were fitting and adjusting walking sticks, training individuals to use these and the procedure to refer PwDs to the healthcare system. The end-line survey here records nearly 100% understanding about the content of the workshop.

The baseline survey in Chikkanayakanahalli with 83 ASHA participants shows that over 50% of them did not know about assistive products although they were familiar with different types of disabilities. They had seen basic mobility, vision care and self-care products but only basic ones. Most of them knew the procedure for referring PWDs for treatment/rehabilitation services. However, fitting a walking stick and training an individual to use one were not familiar for over 50% of them. The endline survey in Chikkanayakanahalli records that 100% of them either understood about assistive devices and 10% knew something but not with a clear understanding.



12. Outcomes of the Training Programme

- 1) A total of 372 frontline health and rehabilitation workers and their supervisors (29 men 343 women) were given basic knowledge inputs on early identification of disability and WHO TAP products.
- 2) 92% of the participants were women, 8% men. In all, 97% were ASHA workers and their supervisors and 3% VRWs and MRWs.
- 3) Of District and taluk level officials/supervisors in the Health & Family Welfare Department, 16 persons (13M 3W) were also oriented to the project objectives.
- 4) At least 90% of the 372 participants said they derived benefit from the training.
- 5) The project has garnered baseline and endline data on the knowledge level of the participants from 3 districts regarding the need and benefit of assistive devices.

13. Challenges experienced in the training process by participants

- 1) Training venue can have a bigger space for practical demonstration and practice.
- 2) Difficulty to understand the PPT and Forms translation from English to Kannada. Suggest to review the training materials translated in Kannada
- 3) Participants had transport problem, so delayed
- 4) Time management

14. Challenges experienced in the training process by the MI Training team

- 1) Reorganising the workshop space (hall) which in each place was designed for lecture/conference-type events.
- 2) Given the unexpected large number of participants at each workshop, it was difficult to make space in the middle for demonstration of assistive products.
- 3) Translation of baseline & endline survey and WHO-TAP PPT from English to Kannada not adequately colloquialized for an audience like ASHA workers.
- 4) MI trainers could not devote an additional day's time to ensure preparation at the site before each workshop.

15. Feedback from Participants

The feedback from of the workshops has been tabulated in terms of the Knowledge, Awareness and Practice (KAP) framework. Their feedback has been tabulated. Briefly presented here, the feedback is that the participants are appreciative of the workshop inputs. If they had time, they would have liked to know more about the subject. They said that they would have appreciated if they had been given training materials to share with other ASHAs, as well as pamphlets and/or brochures that they could show to NGOs they are in touch with.

16. Outcome from the Training Programme

1) A total of 42 VRWs/MRWs working in Bangalore and 330 ASHA workers (29 M 343W) from 3 districts of Karnataka gained basic information on how to identify disability in and orientation to mobility, vision and self-care assistive products in order to refer someone to the healthcare system for such products.

2) This training for frontline healthcare workers in the local language was delivered for the first time in Karnataka by a multidisciplinary team of rehabilitation professionals and can become a model for upscaling TAP training in Karnataka.

Conclusion and the Way Forward

The training programme on strengthening early identification of disability and orientation to WHO's Training in Assistive Products, delivered at frontline healthcare level in 3 districts of Karnataka was focused on the first point of contact of communities with the state public health system, namely ASHA workers and Village Rehabilitation Workers and their Supervisors.

The feedback on the workshops has been positive. There is scope to refine the design of the programme further and include elements based on feedback from both participants and trainers. If the earlier plan of 2 days training were to be implemented, there would be adequate time to clarify doubts and questions of the participants. MI would be better able to provide guidance for referral pathways and suggestions on challenges experienced by them in identifying disabilities in the community.

When we look to the way forward, the programme holds great potential for dovetailing sensitization for frontline healthcare workers to concerns of disability along with a basic understanding of the methods to identify disability at community level. It also introduces them to WHO's Training in Assistive Products (TAP) which is an important part of integrating disability concerns into the public healthcare system in the country. It demonstrates that this sensitization, knowledge inputs and skill building can be accomplished within a span of 2-3 days. The programme therefore has scope for being rolled out across the state and then, based on learnings, extrapolated to other geographies both within India and abroad.



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