



Nossal Institute for Global Health, Melbourne University

In collaboration with the Uttarakhand Cluster (CHGN)

DISABILITY TRAINING

For the

Community Health Global Network: Uttarakhand Cluster

Dehradun, North India

Training Report (16th – 20th February 2010)

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Acknowledgements:

**A Collaborative Program between the Uttarakhand Cluster
and Nossal Institute for Global Health,
Melbourne University,
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INTRODUCTION:

BACKGROUND:

Disability is a significant health and development issue in India. According to the 2001 Indian Census (the first to capture data on numbers of persons living with disabilities) In Uttarakhand there are 194,769 persons living with disability. However this is expected to be a gross underestimate in this region. Approximately 10 per cent of the world's population lives with a disability—the world's largest minority. This number is increasing because of population growth, medical advances and the ageing process (WHO). It is estimated that 20 per cent of the world's poorest people have a disability and tend to be regarded in their own communities as the most disadvantaged (World Bank). Disability rates are significantly higher among groups with lower educational attainment in the countries of the Organisation for Economic Co-operation and Development (OECD).

In collaboration with the Nossal Institute for Global Health, the CHGN Uttarakhand Cluster identified the need to improve disability

After the success and impact of the Anti tobacco program the Uttarakhand CHGN Cluster is undertaking training to raise awareness of disability and the importance of inclusive development. In collaboration with Nossal institute for Global Health a training program was developed in addition to resource development and visits to local programs to offer technical advice and guidance.

SUMMARY:

24 delegates from the Uttarakhand cluster of the CHGN attended the 5 day workshop at Torchbearers conference centre in Dehradun from Feb 16-20th 2010.

The week created an opportunity for interactive learning, sharing of skills and action planning. The Cluster is currently exploring opportunities for each program to improve the inclusion of people with disabilities into their programs, an area which they had previously been neglecting. Collectively they are keen to receive training and guidance in planning the way forward.

The program was facilitated by a variety of local and international presenters with a large variety of skills, experience and expertise in the inclusive development and disability fields.

The in country preparation, and follow-up site visits in addition to a longer term commitment to provide support, ongoing resources, advice and training are contributing factors to the success of the training. Monitoring and evaluation of the longer term outcomes will be required to establish the effectiveness of this training program.

In addition to the workshop, Tamara Jolly, the Volunteer Key facilitator spent 6 weeks in India to support the success of the training by conducting in-country preparation, sourcing resources, contacts and speakers followed by site visits after the training to continue the education and provide encouragement to facilitate the implementation of actions arising from the training. Details of these activities will also be outlined in this report.

GOALS & OBJECTIVES:

1. To develop **awareness** regarding disabilities and be able to describe disability concepts
 - a) To describe different disabilities, their impact on individuals, households and communities with the goal to **promote inclusion**.
 - b) To explain the link between disability, human rights and primary health care
 - c) To describe what disability inclusive development and primary health services look like
 - d) To gain an awareness of the challenges people with disabilities face in the local area
2. To describe a range of actions that PHC services can apply in order to address:
 - **Early identification** of disability
 - Community Health Promotion and Disability Prevention
 - Appropriate **referral pathways** to disability services
 - Basic management of common disabilities
 - To develop **strong referral systems** with local services available
3. To learn how to facilitate **the formation of self help groups of DPO's**
4. To identify a disability focal person from within the participants for future networking , communication and follow-ups

THE DISABILITY TRAINING PROGRAMME

Program development

The Program has been developed in collaboration with Nossal Global Health Institute. There is an ongoing relationship

In Country Preparation:

2 weeks were spent at Herbertpur Christian Hospital in the community team at the Anugrah Project. The rehabilitation program at Anugrah provides specialist programs for children with disabilities to the neighbouring community.

Of the 30 community health programs in the cluster, ANugrah is the only program working primarily in disability. This was a great place to learn the local context of disability, develop contacts and start collecting resources.

The second week included meetings with numerous members of the Dehradun Disability Forum to continue gathering resources, and to source local experts to participate in the training. The response was overwhelming, many organisations including Latika Roy foundation, sharp memorial school and National Institute of Orthopedically Handicapped (NIOH) were supportive and showed great interest.

This time also enabled the finalisation of administrative tasks for the training including the purchase of training materials, developing resources (folders & CDs) and collecting locally appropriate resources and reference materials.

The Program

The conference was a 4 day training program (refer to Appendix 1.1 for detailed timetable)

Key Facilitators: Tamara Jolly (Australia) & Anubha Williams (London)

Guest Presenters:

- Mrs Samuna Samuel – Teacher/Trainer - Sharp Memorial Blind School, Dehradun
- Mr. Samuel – Principal of Sharp Memorial Blind School, Dehradun
- Miss Jubin - Anugrah Rehabilitation Program, Herbertpur
- Training Staff from Latika Roy Foundation - Dehradun
- Heather Payne - Dehli
- Mrs Saswati – Inspiration India, Dehradun
- Dr Mitri – NIOH, Dehradun

Group Expectations for the training:

- How to identify different types of disability
- To improve our knowledge and understanding of disability
- Learning about the rights of people with disabilities
- Analysis of the mental state of people with disabilities
- How to get financial support for new programs in disability
- Other than using the government lists of people with disability (which is not always accurate and accessible) How do we find out who has disabilities?
- How can we educate society regarding wrong traditional thinking about people with disabilities?
- Learn skills to motivate parents of children with disabilities
- Building self dependence for people with disabilities
- To bring out capabilities in people with disabilities
- Solutions to the problem of disability
- How to link with the government and other organisations working in disability
- What government schemes are available, who to contact and how
- Where do we get aids and appliances?
- Prevention of disability
- Learn the types of information we should include in disability awareness and education workshops for the future and strategies to teach this information
- To link together with organisations working within disability

Refer to appendix 1.1 for Program timetable

Day 1 – Introduction to Disability & Development

- Group Introductions
- What is Disability? Definitions, Global Context, Models
- Disability & Poverty
- Millennium Development Goals – why is this important for our programs?
- Introduction to Inclusive Development
- Address awareness of disability/stigma/discrimination/community attitudes
- How in your service will you insert these messages into your current health promotion activities???
- Activity: Brainstorm common disabilities, impact, underlying causes & contributing factors

Day 2: Whats Happening in this area globally & locally (background)

- Disability awareness and sensitisation activities
- Human Rights based approach to disability
- UN Convention of the rights of persons with disabilities
- Disability Inclusive concepts and practice
- Sharing what each organisation is currently doing in the area of disability
- India Context – stakeholder analysis, Local statistics, government services, welfare available

Day 3: Where to? What's being done

- Primary Health Care approach to disability
- Key examples of disability inclusive PHC – stories/case studies
- Theory and Practice of CBR
- Disability Identification & Early screening/Assessment
- Faith based response to disability – God's Justice & Disability...what is our response?
- Common Disabilities and Basic Management
 - Physical Imp
 - Hearing & Communication
 - Vision Imp
 - Cognition
 - Mental health
- Including Primary & Secondary Prevention

Day 4: What now – goal planning for local context

- Integrated Management & Referral Systems
- Addressing Myths & Barriers
- Promoting Advocacy & Self help groups
- ACTION PLANNING Utilising the concepts of Inclusive Societies (CBR Model and KIPA)
 - Knowledge, Inclusion, Participation, Access
- Practical afternoon
 - Goal setting, Volunteer Training techniques & information gathering
- Advocacy/promotion (planning for DVD awareness)

ACTION PLANNING - Summary

Refer to Appendix 1.3 Group Discussion & Action Planning

Overall Goals (common themes):

- Share the new information with each program and plan actions collaboratively with project managers and people with disabilities.
- Gather Information & Conduct surveys to identify people with disabilities
- Develop self help groups - Facilitate the gathering of people with disabilities to share information, plan together and promote advocacy.
- Inclusive Development - Include people with disabilities into current programs
- Community awareness – Overcoming the major barrier
- Incorporate screening, education and preventative measures into current health programs/clinics
- Refer to appropriate services – utilising the contacts and resources now available

CHGN Cluster Goals:

Promote equitable outcomes & opportunities for all

1. Awareness Raising

- As a cluster the group agreed they have power to communicate strong messages collectively. The group have commissioned the development of a culturally appropriate, informative, interactive DVD to be used as an ongoing resource in the communities. The DVD has been planned, there will be a song, interviews in Hindi and Garwali. The DVD is due to be completed in December 2010 for distribution to all cluster members to be used in their awareness programs
- The cluster agreed that a major barrier within each of their programs and communities are the strong negative attitudes and longstanding beliefs regarding people with disabilities. As a collective group it was agreed that regardless any other goals and actions to be taken, every group would commit to raising awareness at the Organisational, Community and Individual levels.

2. Sharing of Knowledge & Information

- The Uttarakhand Cluster has committed to facilitating the process of information sharing. As an outcome of the learning from the training, each organisation will distribute the information to their communities.
- A resource and referral document has been created that enables ongoing access to information for the cluster members

3. Advocacy

The Cluster collectively agreed they would make a commitment to change their own behaviours and attitudes and also inform their practices and projects with the new knowledge and skills acquired. Recognising the basic human rights of people with disabilities, they acknowledged the strong need to develop inclusive strategies and commence immediate advocacy for people with disabilities. The cluster will conduct advocacy on an individual level, and will continue to discuss their role in the wider community as they plan for distribution of the DVD later in the year.

4. Sharing Skills

The Cluster agreed to utilise the skills within the group by conducting site visits and ongoing education. For example, Anugrah has offered for organisations to visit and learn about their program, OPEN and HOPE offered to share knowledge and skills in developing income generating strategies and establishing self help groups.

OUTCOMES:

1. Networking & Sharing of Skills

Even before the teaching began it was obvious that the benefits of gathering representatives from various community health programs in the region would be highly beneficial. It was an excellent opportunity to spend a week discussing disability, an area which each program was increasingly recognising as a need for knowledge and opportunity for programs. Of the 24 participants there was a variety of skill mixes ranging from field workers, nurses, community development workers, doctors, project managers, pastor, social workers. There were 4 guests with disabilities who stayed throughout the weekend, including many guest visitors and speakers. While the teaching covered a range of topics, the discussion times during breaks, dinner, social activities and group work allowed the opportunity to share progress, success, failures and brainstorm ideas with people from a variety of experience levels. Each cluster member also presented with a different level of experience in the field of disability, there was only one program currently running formal rehabilitation services (Anugrah) and structured inclusive programs, while the other cluster members are in the early stages of planning, running small projects or have not yet begun.

Both formally and informally there were discussions and plans made to conduct site visits between programs (Anugrah, Sharp Memorial and Karuna Vihar) and conduct training in areas that programs were hoping to develop (e.g income generating ideas, establishing self help groups)

Members of the Dehradun Disability Forum showed great interest in the conference and many were very keen to be guest presenters during the week. There was strong support shown for the Cluster, and Programs such as Sharp Memorial, Latika Roy, National Institute for the Orthopaedically handicapped (NIOH) and Inspiration India have all offered ongoing relationships for future training, resource sharing and technical advice.

Evaluation:

Things you have learnt:

- This has been a great training program, we all learnt so many new things
- All of the teachers were excellent and easy to understand
- I learnt how to include people with disabilities into our programs, which we have not been doing
- Every session of this meeting has been done well, I am blessed and learnt many new things about people with disabilities
- I liked the training very much. We learnt the rights of people with disabilities and learnt how to work together and include these people in our planning
- I am encouraged a lot by this training, I will now go back and encourage people with disabilities
- The training has been fantastic. I learnt about the rights of people with disabilities. I will encourage them and make them aware of how to fight for their rights. I will help them
- I learnt how to include people in society and also in special programs and promote their rights in both.

Areas for Improvements & Suggestions for future training:

- Include an exposure trip (e.g sharp memorial or anugrah)
- Skill training for therapy ideas
- Sharing of resources
- Better communication regarding the reimbursement for travel
- Practical observation of working with people with disabilities
- Next time we hope to learn more about the symptoms of various mental health illnesses to help us with earlier identification
- We are glad that there were people with disabilities present during the training, next time maybe we can also invite young children along with their parents.

Key Quotes:

“ It can be easy to talk talk talk about what we should change and then do nothing. But we all agree how much these stories have changed our perspectives, it would be wrong of us not to take action.”

“I learnt how to encourage the abilities of the most vulnerable people”

“ I have asked my team to prepare a list of all of the disabled people, then form groups for people with disabilities or parents groups. The next step will be to ensure screening and issuance of disability cards and so that they can avail disability schemes and aid. Our team realizes that they have completely ignored the disabled for the last 20 years and it is time to include them in our interventions and work with them.

