

Development of Community Based Rehabilitation Programs, India

A Queen's University project* in partnership with the Seth G.S. Medical College and King Edward Memorial Hospital.

Dates:	1988 to 1992
Primary sites:	India and Canada
Budget:	~ \$552,505 CAD
Donor:	Canadian International Development Agency (CIDA) and Queen's University with contributions from Seth G.S. Medical College

Overview

At the time of this project's onset, the Director of the School of Rehabilitation Therapy at Queen's University, Dr. Malcolm Peat, had a strong relationship with the physiotherapy school at Seth GS college in Mumbai. As the possibility of collaboration for graduate level education and research was discussed, so too was community based rehabilitation (CBR) as a supplement to traditional institutional rehabilitation programs. As other partners became interested in the project, the Development of Community Based Rehabilitation Programs, India project was created in 1988.

Increasing demands on Indian healthcare systems required that institutions work to implement programs that offered alternatives to hospital based and institutional care. CBR was a suitable solution. Project activities included:

- Development of two CBR locations, one in a rural setting and one in an urban location. The centres allowed for the development, testing, and training of CBR methods.
- Inclusion of concepts of CBR in the curriculum of occupation therapy and physical therapy at Seth G.S. Medical College and at Queen's University. This included the development and implementation of a mandatory CBR course for occupational therapy students at Queen's.
- Organizing the hiring of an Ontario Ministry of Health Career Scientist at the School of Rehabilitation Therapy at Queen's University to undertake research about CBR. The project also worked to appoint a Rehabilitation Coordinator at the Kingston, Frontenac, Lennox and Addington Health Unit (KFLA).
- The project helped to implement a Master of Science in Rehabilitation program at Seth G.S. Medical College and Queen's University.

*Note, this project predates the formal existence of the ICACBR. The project efforts and collaboration with the CIDA, among other factors, led to the eventual establishment of the ICACBR in 1991.



Background

At the time of this project, a major challenge for the Indian healthcare system was meeting the large demand for rehabilitation services. These services had traditionally been offered at hospitals or institutions, but due to shifting population demographics and a growing population, these systems were becoming overwhelmed and no longer meeting the needs of people with disabilities. Existing systems for rehabilitation delivery did not actively involve the community, families, or the people with disabilities themselves. This meant that social integration of people with disabilities into community life was not possible. Community based rehabilitation (CBR) offered a viable alternative to institutionally based care - the two could co-exist, with CBR reducing the burden on traditional healthcare services. CBR was also socially and economically desirable.

The Director of the School of Rehabilitation Therapy, Dr. Malcolm Peat had a close relationship with the Head of the Physiotherapy School at Seth G.S. Medical Collage in Mumbai, Professor Manik Shahani. A meeting in 1985 to discuss potential collaboration of the schools for graduate education and research spawned a series of meetings that included faculty of the King Edward Memorial Hospital, Bombay. These discussions would eventually grow to become the Development of Community Based Rehabilitation Programs, India project.

Rationale

Queen's University had experience developing and implementing international projects prior to the creation of this project (in Jamaica, the Caribbean, India, Kenya, Colombia, Nigeria, Swaziland, Zimbabwe, and Thailand). The project activities in India were intended to reduce dependence on healthcare institutions by developing a CBR program which was clinically effective, economically viable and socially appropriate. Populations targeted for support were people with disabilities, their families, and their communities. Special measures to include women in project efforts were taken, as women made up the majority of rehabilitation workers and also had less access to rehabilitation services than men did. This project also had substantial project initiatives in Canada. The collaboration between the Seth G.S. Medical Collage, the King Edward Memorial Hospital, and Queen's University led to the improvement of CBR delivery in Kingston, Ontario, and education of CBR principles in rehabilitation sciences at Queen's University.

Actions and Outcomes

Project activities focused on the creation of CBR demonstration locations, development of education, and CBR/project evaluation.

The achievements of the Development of Community Based Rehabilitation Programs, India include:

- **Development of two CBR locations, one in a rural setting and one in an urban location.** These centres were developed in collaboration with non-governmental organizations already working in the areas, community members (particularly women), Seth G.S. Medical Collage, and King Edward Memorial Hospital. The development of these locations was deliberately non-structured to allow for the community to take ownership over the CBR efforts. The centres allowed for the development, testing, and training of CBR methods (which was a relatively new field at the time).
- **Survey of the rural and urban communities that hosted the CBR programs about disability.** This survey was designed to inform the projects work and to gather data fundamental to moulding project initiatives, including CBR and educational development. Key components included age,

literacy, disability type, number of people with disabilities, education, and income. Two total surveys were conducted (from 1989-1990 and 1990-1991). A total of 140 students from the Seth G.S. Medical College conducted these surveys with support from faculty.

- Formation of a strong partnership between Seth G.S. Medical College, King Edward Memorial Hospital and Queen's University. As a result of this partnership **faculty from Queen's University traveled to Bombay to learn about the social and cultural environment of their partner universities**. This provided them with context to review rehabilitation provision and clinical practise in the region. **Faculty from the Indian schools also traveled to the School of Rehabilitation Therapy at Queen's University**. During these visits they reviewed the educational structure and clinical environments of the Canadian programs.
- **The project worked to include concepts of CBR in the curriculum of occupational therapy and physical therapy at Seth G.S. Medical College**. Curriculum was adjusted to include CBR concepts. Many of the occupational therapy students were already aware of the growing focus on community practise in their profession, and support from them was very high.
- **Undergraduate CBR curriculum was also developed for use at Queen's University, first in occupational therapy and later in physical therapy**. The framework used at Seth G.S. Medical College was adapted for a Canadian setting. As a result of these efforts, a new course was introduced. This course was mandatory for occupational therapy students and was also available optionally to physical therapy students.
- **The project organized the hiring of an "Ontario Ministry of Health Career Scientist" at the School of Rehabilitation Therapy at Queen's University**. This position's primary role was to undertake research about CBR. The project also worked to **appoint a "Rehabilitation Coordinator" at the Kingston, Frontenac, Lennox and Addington Health Unit (KFLA)**.
- **The project helped to implement a Master of Science in Rehabilitation program at Seth G.S. Medical College and Queen's University**. Both programs have CBR as a potential research focus for students.
- **The project organized many seminars, workshops and conferences for students and faculty in both Canada and India**. These events taught principles of CBR, clinical practice, care of vulnerable populations and more. **Five major conferences occurred from 1988 to 1991 in both Bombay, India and Kingston, Ontario, Canada**. Students and faculty were encouraged to share CBR based research at these conferences, some of which was directly supported by the project team.
- The project consistently sought to qualitatively self-evaluate project initiatives through questionnaires, workshops, or interviews.

Conclusion

The project was able to develop CBR in both Canada and India during the project duration. The partnerships formed between institutions were strong, and knowledge sharing between them and other partners would continue for years after the project formally ended. While this project predated the formal creation of the ICACBR, international CBR efforts such as those undertaken by the Development of Community Based Rehabilitation Programs, India identified Queen's University as a leader in CBR development, eventually leading to the creation of the ICACBR in the last year of the project.

Partners

Implementing partners: Seth G.S. Medical Collage (particularly students and faculty from the College of Physical Therapy and the College of Occupational Therapy) and King Edward Memorial Hospital in Bombay, India.

Community collaborators: University of Bombay, community members of a small fishing village north of Bombay and B.D.D. Chawls, Kingston, Frontenac, Lennox and Addington Health Unit (KFLA), Queen's University Departments including Political Sciences, Sociology, Community Health and Epidemiology, Nursing, Education and Physical and Health Education, Canadian and Indian government officials, local - governmental organizations.

International collaborators: Commonwealth Foundation in London, England, The Association of University Colleges of Canada International Development Grant, various non-governmental organization partners, government officials.

Sources and Project Resources

1. CIDA Project India Final Narrative Report 1992 part 1*
2. CIDA Project India Final Narrative Report 1992 part 2*
3. India Financial Report 1992*
4. CIDA Proposal 1987

*used to generate this report