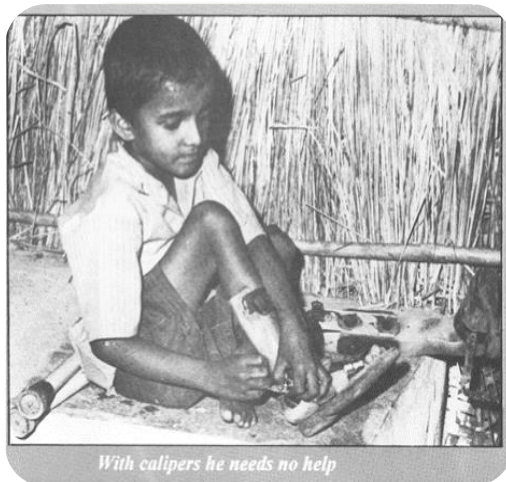


# ***“Wheelchair Integration Process - Mobility India Experiences”***

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# Background to WSP at MI



- In 1994, MI started working in grass-root organisations of rural India for provision of Rehabilitation services including prosthetics & orthotics and wheelchairs

**MI**  
**Approach**

- Wheelchair distribution model was followed initially in rehab service provision at MI

# WSP SITUATION EARLIER...

- A few million people in India need wheelchairs.
- Majority live in rural areas & are usually deprived of basic rehabilitation services.
- Few who received services were of poor quality & often do not meet their needs.



***Lack of services: wheelchair/P&O/therapy services.***



# PRODUCTS UNAVAILABILITY...

- Very limited choices...  
Folding or non-folding  
wheelchair!
- Wheelchairs often given by  
rehabilitation personnel with  
very little training in related  
field and without user's  
involvement

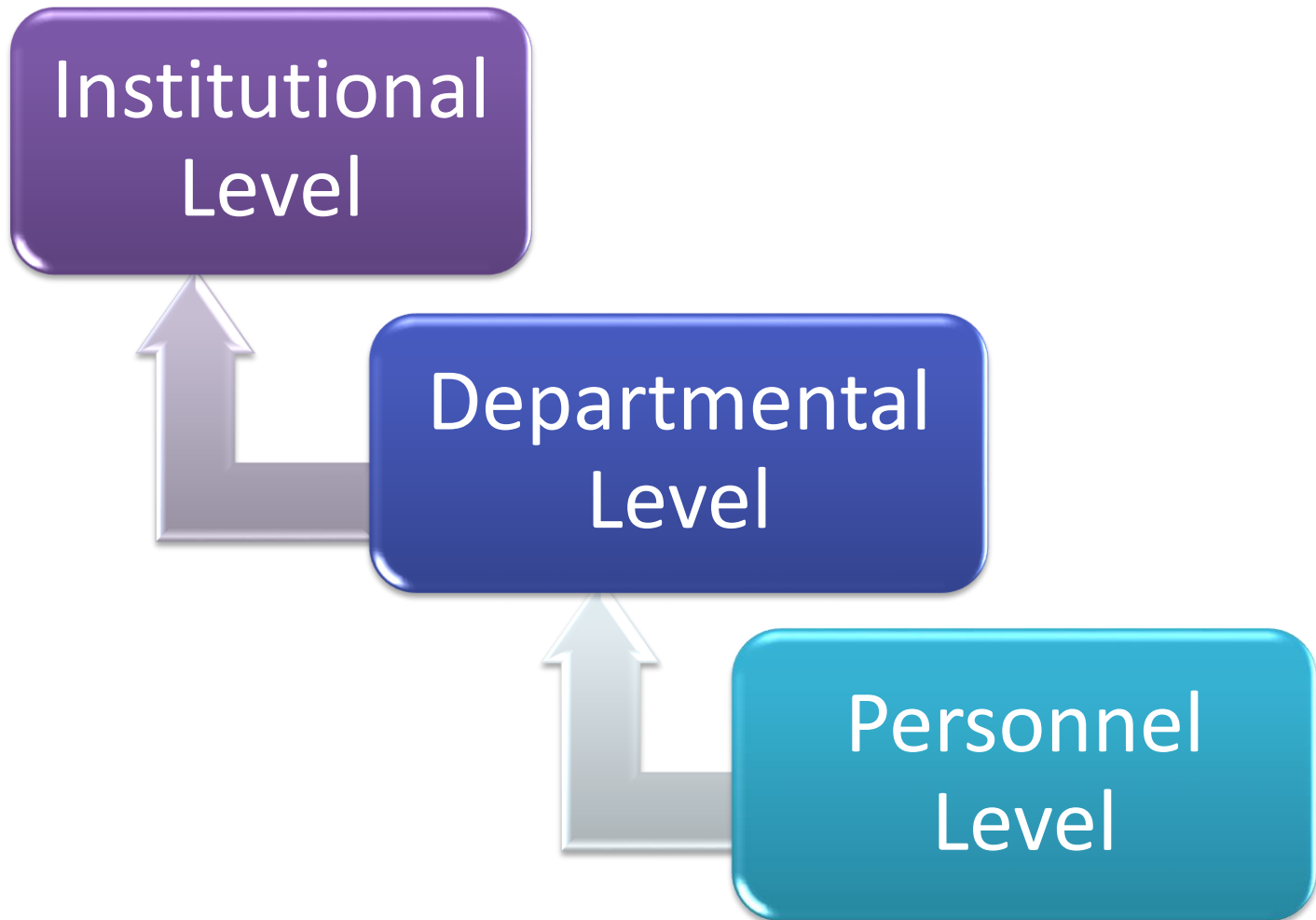


# WHEELCHAIR TRAININGS – IF ANY?

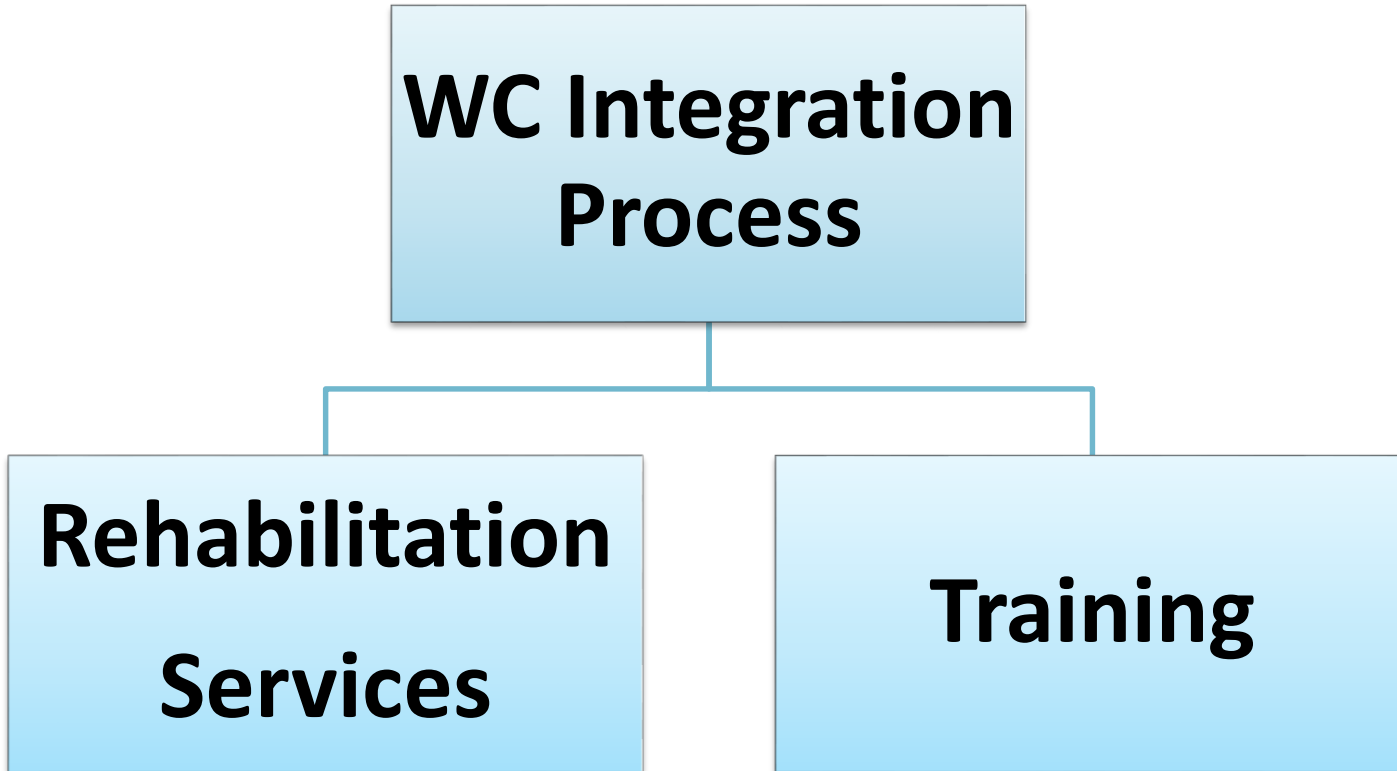
- No training institutions conducting structured training programmes on wheelchair service provision for rehabilitation personnel
- Service providers often do not see that given wheelchair meets the individual's need and suitable to the environment they live in.



# Initial approach of Integration



# Stages of Integration at Personnel Level



# PROCESS OF INTEGRATION (2005-2010)

## Personnel Level



1. Training of trainers on 3 weeks of FFL course both for WC Prescription & Assembly in 2005



# Personnel Level

## 2. Sensitisation of Management team on WSP



### CHANGING THE CULTURE

Personnel Level



**DISTRIBUTION  
MODEL**

**TO**

**SERVICE PROVISION  
MODEL**

## 3. Sensitisation of MI Staff Members on WSP

- “Appropriate wheelchair & steps of service delivery”
- Compulsory cushion in every wheelchair at MI
- Availability of wheelchair at MI entrance for transferring the users



# Integration at Departmental level in Rehab Service and training – 2005-06



4. Developed integrated existing service & training infrastructure for WC service delivery at centre & at community level



# NEED FOR INTEGRATION



To train service providers to work exclusively in providing wheelchairs service, may not be economically viable, integration is the solution



# Integration of wheelchairs in Curricula of ISPO and RCI in 2006



Motivation FFL module was integrated into

- ISPO Single Discipline CAT II in Lower limb Orthotics & Prosthetics
- RCI recognized Rehabilitation Therapy, CBR Workers & Managers Trainings

3 weeks

2 weeks

# Wheelchair Consensus Conference November 2006, Mobility India, Bangalore



**2<sup>nd</sup> draft of the wheelchair guidelines was presented and got validated**



# Launch of WHO Wheelchair Guidelines



21st RI World Congress in Quebec, 25 Aug 2008

# MI Involved in Wheelchair Service Training Package Development: 2008-2009



**1<sup>st</sup> Meeting; Geneva, 2008**



**2<sup>nd</sup> Meeting; Geneva, 2009**



# WSTP PILOTING AT MI IN 2010



First pilot training on WHO Wheelchair Service Training Package-Basic (WSTP-B) at MI

- MI studied 34 existing curricula of India in 2010
- On an average, it was found that
  - ❖ Occupation Therapy : 18hrs
  - ❖ Physiotherapy: 3 hours
  - ❖ Prosthetics and Orthotics : 42
  - ❖ Nursing: 0



Out of 34, **21 curricula** has no mention on wheelchair.

# Wheelchair Integration at National Level in 2010

- ❖ Wheelchair contents was integrated in Bachelors in Prosthetics & Orthotics Course Curricula through Rehabilitation Council Of India
- ❖ Around 9 Academic Institutions in India follows the integrated curricula
- ❖ Total Teaching Hours – **40** (both theory & practical)



# Development of FFL Trainers in 2006 & WSTP trainers/clinician – 2010 onwards

Internally trained at MI



Involved in Awareness & Orientation programs



Co-Trainers in WSTP



Main Trainers in WSTP

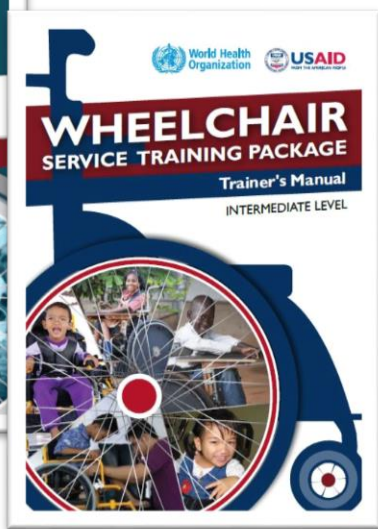




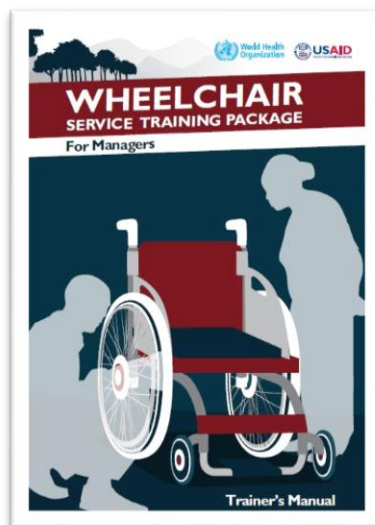
# HOSTING & TRAINERS INVOLVEMENT IN WHO WSTP FROM 2012 ONWARDS



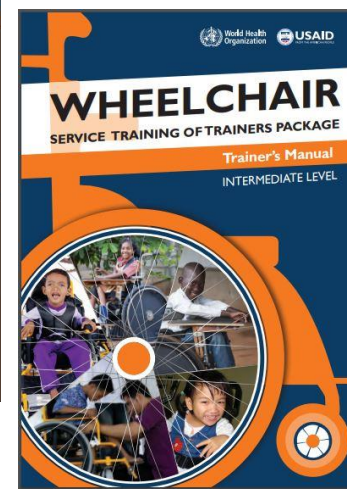
**BASIC – 2012**



**INTERMEDIATE - 2013**



**MANAGERS & STAKEHOLDERS-2015**



**TOT PILOTS-2016/17**

# Development of FFL Trainers in 2006 & WSTP trainers/clinician – 2010 onwards

Internally trained at MI



Involved in Awareness & Orientation programs



Co-Trainers in WSTP



Main Trainers in WSTP



# CAPACITY BUILDING ON WSTP - 2012



**MI lead Trainer participated in capacity building at global & regional level by WHO**



# South East Asia Regional (SEAR) Workshop 2013



Mobility India delivered WSTP– Basic level (5 days)  
supported by WHO.

# State level: WSTP B IN 2014



**Hosted by Government of Andhra Pradesh to train their field staff**

# Need of Awareness raising and orientation 2014

## Target audience

- **NGOs**
- **Donors**
- **Rehabilitation Council of India**
- **PT/OT/medical colleges, universities**
- **Government /private Hospitals**
- **State/National Government institutions**
- **PT/OT/P&O/other professional bodies**





## Overall Impact

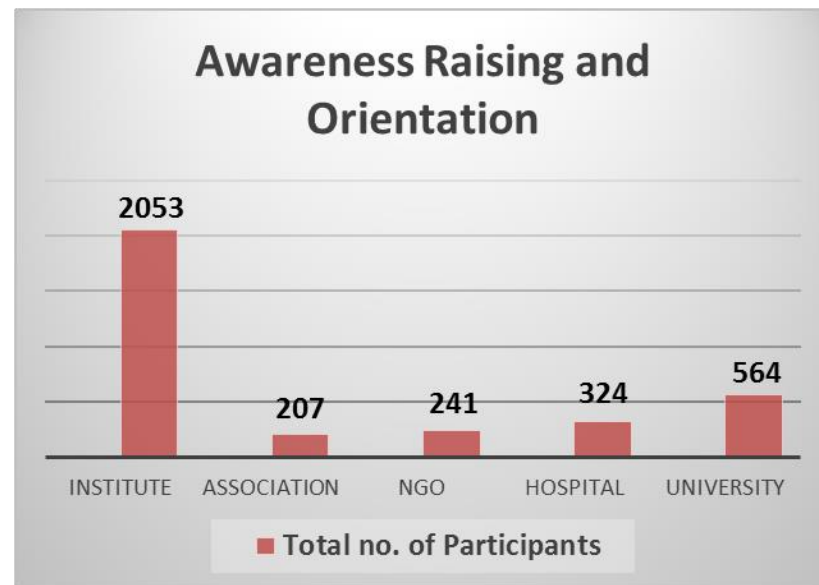
- Awareness materials were developed
- National Institutes initiated short courses/awareness-raising programs
- Donors started to include cost of wheelchairs within program budgets
- 2010: integration of WSTP content into Bachelor's Degree in P&O curriculum
- University: started elective subject /integrated in Bachelor of OT curriculum
- WSTP-B accredited by RCI



# Awareness raising and orientation

## Challenges

- Availability of affordable WC
- Knowledge & skills of academic faculty/service providers
- Resources required for them to practice
- Lack of awareness materials other than WSTP posters in different languages



**Reached : approx. 4000 until 2017**

# International Consultation Support: Management Sciences for Health (USAID)



**In 2014: WSTP-B delivery at Vietnam, Bach Mai (Govt) hospital staff and NGO**



**In 2015: 2 batches of WSTP-B courses @ Tajikistan, supported WHO**



# International Consultation Support: Management Sciences for Health (USAID)



**In 2016: WSTP-M TOT delivery at Nairobi, Kenya**



**In 2016: WSTP-I course at Bangkok, Thailand**

# Developed Local Trainer cadre from Jordan and Lebanon WL/USAID - 2017



**Series of WSTP/TOT/Mentoring-Trainings conducted**

# Assessment & Certification of WSTP

- ❖ **MI approach:** Combined theoretical and practical assessment methods integrated into regular course
- ❖ **ISWP certification:** online exam added in 2014
- ❖ **Lesson learned:**
  - Higher level value among degree-level professionals
  - Availability of Funding
  - High language and literacy proficiency
  - Environment: Internet & computers
  - Ongoing Support: IT Experts & trainers



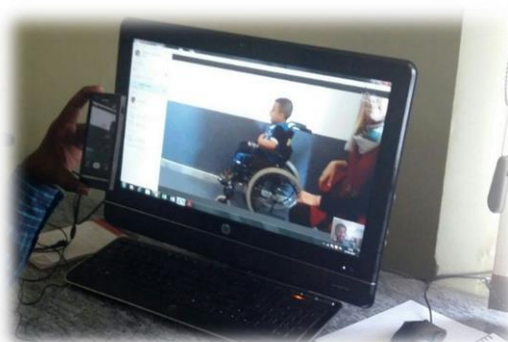
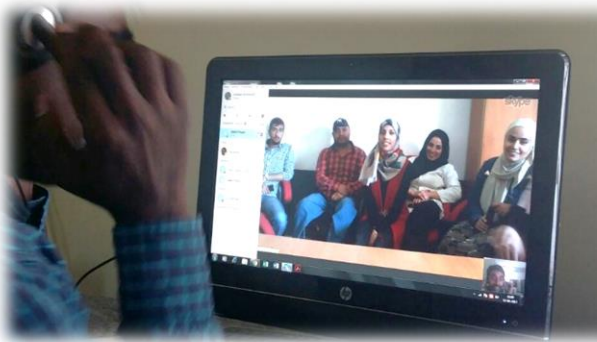


# Best practice approaches

- Holistic methods used to develop capacity of MI staff
- Training other rehabilitation professionals ( CRE/CPD) using WHO WSTP packages
- Focus on developing MI's wheelchair service
- Fundraising to support delivery of wheelchairs to service users who cannot pay
- Awareness raising and orientation

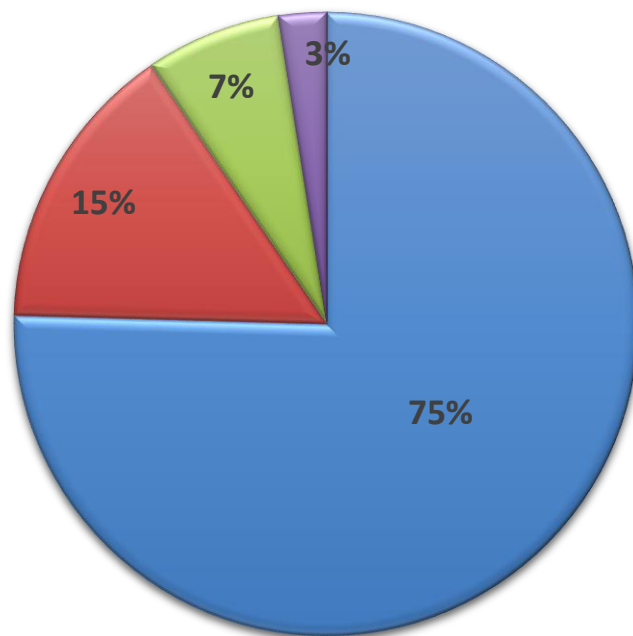
# Best practice approaches (continued)

- Using simple software technologies to deliver courses (blended model), follow up of users/ participants and mentoring (both face-to-face and online)



# Integration of WSTP IN MI P&O Courses, A Cross Sectional Study

285 P&O graduates are trained at basic level from 2006-2017



- Asian countries
- Middle east countries
- African countries
- Other countries



# Survey

To gain an enhanced understanding on effectiveness of Integrated wheelchair service provision education in MI P&O courses.

- 32 graduated students from 2005 – 2017 participated from India and developing countries
- Cross sectional study

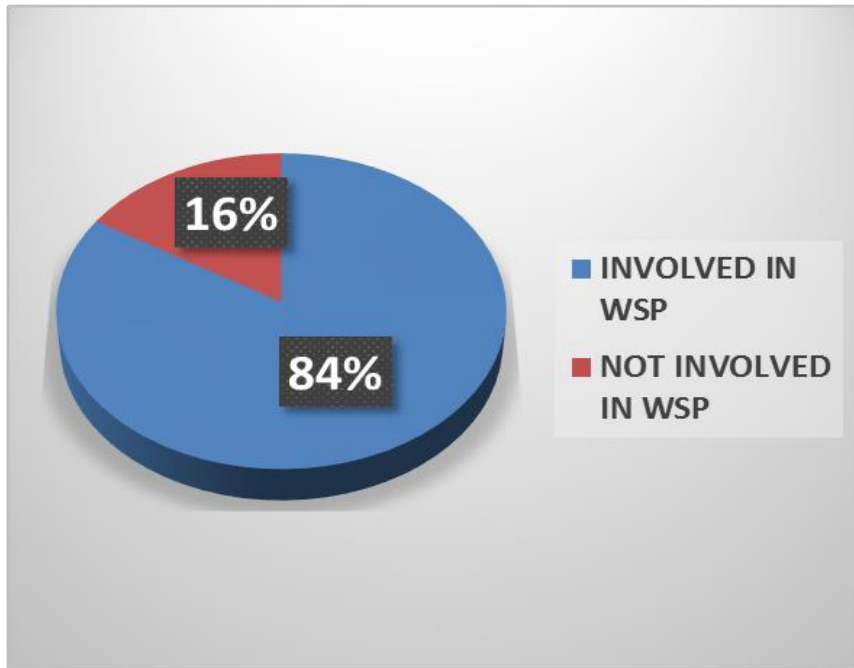


## **Descriptive analysis method was used for different areas :**

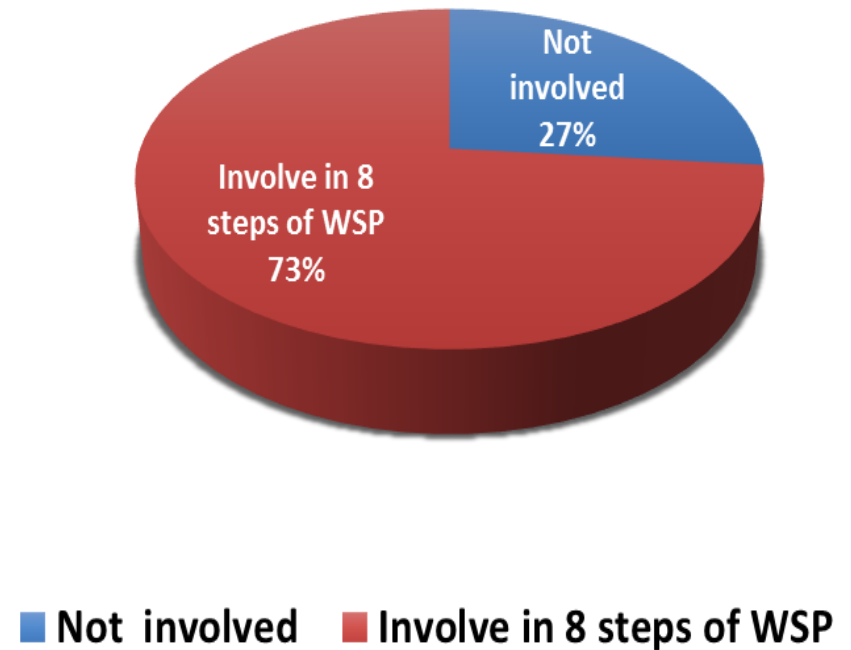
- Involvement of participants in WSP
- Practicing 8 steps of WSP
- Usefulness of content on WSP in curriculum
- Achievement/Challenges
- Recommendation for MI curriculum

# RESULTS

**84%** graduates are involved in  
**WSP**



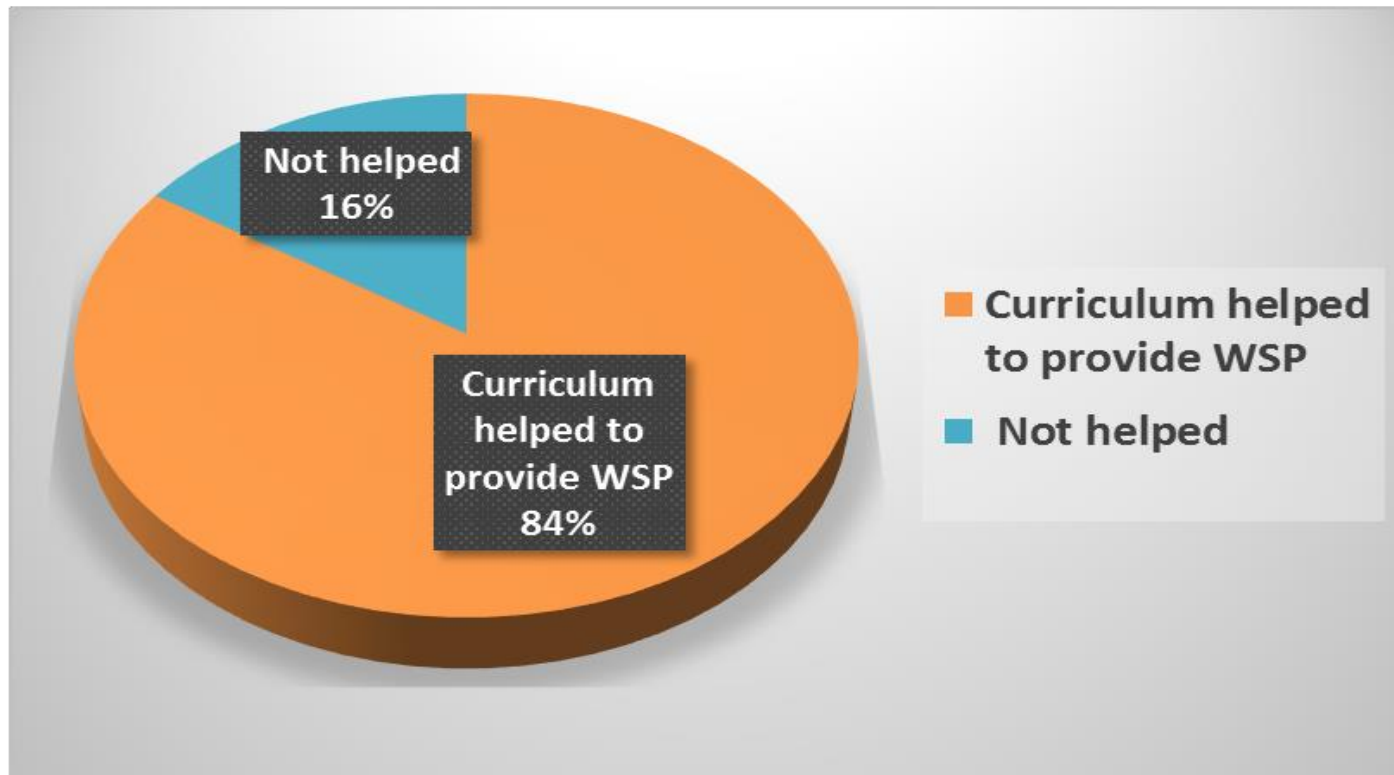
**73%** follow 8 steps of  
**WSP**





# RESULTS

**84%** indicated training has helped and able to provide WSP



# Challenges Expressed - PO Graduates

**56%** expressed that they had challenges

## **PRODUCT:**

- Unavailability/limited choices on types and sizes of wheelchairs for prescription
- Lack of spare parts available locally
- Limited materials availability for wheelchair modifications

## **PROVISION:**

- Wheelchair users were mostly at intermediate level

## **PERSONNEL:**

- Lack of knowledge and skill to handle complicated users

# RECOMMENDATIONS FOR RCI/ISPO CURRICULUM

- **38%** indicated that content is at right level
- **27%** expressed to increase time in practical
- **20%** expressed need for upgrading to WSTP intermediate level
- **15%** mentioned the need of practical on assembling wheelchairs, cushion fabrication, exposure to motorised wheelchair and user training



# OVERALL BARRIERS IDENTIFIED Through MI Experience

1. Awareness of the role of wheelchair in rehab services still low among healthcare professionals, donors, manufacturers, suppliers, accrediting agencies, academic institutions
2. Not all the professional training courses have wheelchair content in their curricula, and the cost of conducting WSTP training is prohibitive
3. Most rehab institutions do not have systems for appropriate wheelchair service provision as part of their services
4. Not much affordable options for Wheelchair product

# FACILITATORS FOR WSP

1. Development of global guidelines for Wheelchair Service Training Provision by WHO, accreditation by International Society of Wheelchair Professionals and recognition by Rehabilitation Council of India of WSTP as part of Continuing Rehabilitation Education
2. Awareness and orientation programs to health care sectors: universities & colleges, hospitals, rehab centers & professionals and national institutes.
3. Laws mandating the state to give assistive devices free of cost/subsidized to PWDs

# RECOMMENDATIONS

- **Post-training: Increase focus/access to skills development**
- **Accessible certification process**
- **More work needed to raise awareness, particularly to engage the government in policy formulation and implementation**
- **Additionally develop shorter version of WHO WSTP in blended model**
- **Make availability of WSTP in other languages, e.g. Arabic**



# WSTP-BASIC DURING COVID-19



WSTP-Basic conducted through blended mode of teaching -  
2020

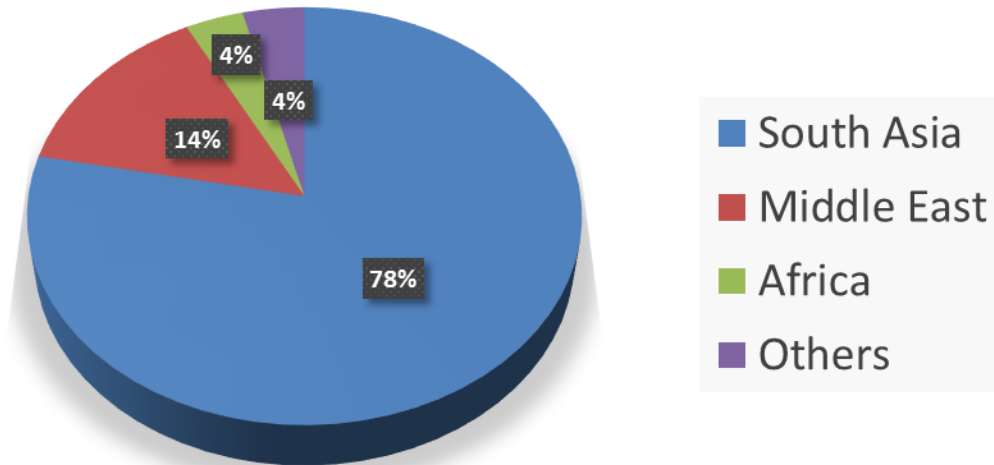
# Result of WSTP Integration into MI courses

**97% of total students  
trained in wheelchair  
represent lower middle  
income countries**

**35% of total students  
are women**  
Mainly from rural areas

**11% are people  
with disability**

So far trained students represent



# ACKNOWLEDGEMENT OF MI SUPPORTERS

motivation  
quality of life



**World Health Organization**



**USAID**  
FROM THE AMERICAN PEOPLE



**ICRC**



