Occupational Therapy in India

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Vellore, India

Population: approx 500,000 including surrounding area
Language: Tamil (though most speak some Hindi, English, Telugu, Malayalam etc...)
Religion: predominantly Hindu
Christian Medical College (CMC)

- 2789 bed hospital
  - Serves 2000 inpatients and 7000 outpatients daily
- Across multiple campuses throughout the city
- Receive many foreign students each year
- "Asia's Best Private Educational Institute in Medical Category"
Community Health and Development (CHAD)

Providing care to those in poverty in their communities unlike any other system in the world.
CHAD Overview

CHAD is a unique aspect of the care delivered through CMC. This program reaches over 200,000 people in the surrounding 82 villages and 175 tribal areas who would otherwise not have access or funds for healthcare. CHAD has multiple components including a regional hospital, a small leprosy colony, and mobile healthcare teams that make weekly visits to their assigned communities. CHAD is currently being studied by the World Health Organization (WHO) to act as a model for other community-based health initiatives in the future.
The CHAD hospital

- 180 bed facility
- Includes emergency services, infectious disease wing, labor and delivery suite, as well as primary care
- Home base for mobile clinics
- Has a small annexe of leprosy patients living on the property

This is a picture of the weekly well-baby clinic that packs the hospital with mothers and babies. As a student I was allowed to assist with checking infant reflexes.
As a student, CHAD provided us a unique learning opportunity during the well baby checkups because there were 200+ families there to be seen. This meant we had hundreds of opportunities in a row to practice a skill (checking reflexes) and were able to master that in one morning.
CHAD in the Community

- Nurses are assigned a few communities they visit weekly.
- Health aids are trained local community members that build relationships and keep track of health needs in the community:
  - Births, deaths, injuries etc...
- Physicians, OTs, and other specialities travel to villages monthly as well as when notified by nurses and health aids.
- Mobile clinics arrive in villages monthly to perform check ups, immunizations, and other primary care functions.

These pictures show the nurse (in green) and health aid (in pink) as we walk door to door checking in on one community.
Interventions

Since CHAD works in the community with diverse and oftentimes poor patients, the therapists have to be creative in the interventions and treatments they recommend. The CHAD therapists were able to use common items and household supplies to improve the function and quality of life of their patients.

Examples:

- Job placement for an SCI patient: creating a mobile phone charging station at his home where his neighbors could purchase minutes and other services.
- Fine motor strengthening for CVA patient: help roll, squeeze, and flatten dough used to make chapati, a flat Indian bread eaten with most meals.
One intervention the occupational therapist at CHAD put in place in a local community was a seniors day program. The suicide rate of older adults was especially high in this area because they felt like burdens to their families. This day program allowed the seniors an opportunity to socialize with their peers, spend their days productively, stay active, and improve their quality of life—thus reducing the suicide rate.
CHAD is a one-of-a-kind program that will hopefully be replicated in other impoverished areas in the future. They provide high quality, community-centered health care and empower locals to take care of themselves and others through Health Aid training/employment.

CHAD therapists are challenged to be highly creative and client-centered in order to meet the needs of their patients. Even though they have few supplies and limited visits, CHAD patients can benefit from OT services.

CHAD could benefit from continued expansion by building more base hospitals in the surrounding areas to reach even more of rural southern India and cut down on travel time.
My main take-away from this elective abroad was the impact of culture on treatment. My practice will be influenced by my clients’ cultures, religions, beliefs, and values. I learned in India that you can never make assumptions about others because diversity isn’t always obvious to the eye, and interventions need to be unique to each client you meet.
Best Cultural Experience: Traveling the Country!

By plane
Train
Rickshaw
Bus
Boat
Bay of Bengal
Overnight bus
Taj Mahal
Pondicherry
Kerala
Taj Mahal
Kerala house boat
Thank You!

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References:
http://cmch-vellore.edu
http://censurs2011.co.in