THE

DISABILITIES MANAGEMENT CENTER

By

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And

Dr M Mazhar Awan

Table of Contents

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1. **Definition of Disabilities:**

    "Persons with Disabilities include those with long-term physical, mental, intellectual, or sensory impairments, which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others."

2. **Types of Disabilities**

    Disabilities can be categorised into several types based on different criteria, including the nature of the disability, its cause, and its impact on an individual's life. Here are some common types of disabilities:

    2.1. **Physical Disabilities:**

    These disabilities affect a person's ability to use their body effectively. Examples include paralysis, limb amputation, muscular dystrophy, and cerebral palsy.

    2.2. **Sensory Disabilities:**

    Sensory disabilities involve impairments in the senses. They can be further categorised into:

    2.2.1. **Visual Impairments:** Including blindness and various degrees of visual impairment.

    2.2.2. **Hearing Impairments:** Including deafness and varying degrees of hearing loss.

    2.2.3. **Speech Impairments:** Conditions that affect a person's speaking ability.

    2.3. **Intellectual Disabilities:**

'These disabilities impact a person's cognitive functioning and intellectual abilities. Conditions like Down syndrome and intellectual developmental disorders fall into this category. 1. What specific challenges do persons with disabilities face in Pakistan?'

2.4. **Developmental Disabilities:**

'Developmental disabilities typically manifest early in life and affect a person's physical, cognitive, or emotional development. Autism spectrum disorder and attention-deficit/hyperactivity disorder (ADHD) are examples. '

2.5. **Psychiatric Disabilities:**

'These disabilities are related to mental health conditions and include depression, anxiety disorders, bipolar disorder, and schizophrenia.'

2.6. **Neurological Disabilities:**

'Conditions that affect the nervous system, such as epilepsy, multiple sclerosis, and Parkinson's disease, fall into this category.'

2.7. **Cognitive Disabilities:**

'These disabilities impact a person's thinking and learning abilities. They can result from brain injuries, stroke, or conditions like dyslexia.'

2.8. **Communication Disabilities:**

'These disabilities affect an individual's communication ability. This category includes speech disorders, aphasia (language impairment), and non-verbal communication disorders.'

2.9. **Mobility Disabilities:**

'Mobility disabilities limit a person's ability to move independently. This can result from arthritis, spinal cord injuries, or amputations.'

2.10. **Chronic Health Conditions:**

'Some disabilities are related to chronic health issues, such as diabetes, cystic fibrosis, and chronic pain disorders.'

2.11. **Hidden Disabilities:**

'These are disabilities that may not be immediately apparent. They include chronic fatigue syndrome, fibromyalgia, and certain mental health disorders.'

2.12. **Acquired Disabilities:**

'These disabilities result from an injury or illness after birth. Examples include traumatic brain injuries and spinal cord injuries.'

2.13. **Degenerative Disabilities:**

'Conditions where an individual's abilities worsen, such as Amyotrophic Lateral Sclerosis (ALS) and Huntington's disease.'

It's important to note that disability is a broad and diverse category, and each person's experience with a disability is unique. Additionally, advancements in medical science and societal perspectives continue to influence how disabilities are classified and understood. Society is increasingly moving towards a more inclusive and person-centred approach to disability, focusing on the individual's abilities and providing necessary support and accommodations to enable participation in all aspects of life.

3. **Challenges faced by Persons With Disabilities.**

   3.1. People with disabilities are an **invisible group** who face **enormous challenges** in accessing health care services.

   3.2. A global report entitled '**The Missing Billion** – Access to Health Services for 1 billion People with Disabilities [6] that was launched in 2019 highlighted the following findings:

   3.2.1. Persons with disabilities face higher healthcare needs, more access barriers and lesser health coverage, resulting in worse health outcomes. Persons with disabilities are.

   - 3 X more likely to have diabetes,

   - 2 X more likely to have HIV/AIDS,

   - 2 X more likely to be malnourished and die as a child,

   - 10 X more likely to be seriously ill as a child,

   - 50 X more likely to have catastrophic health expenditures,

   - In 40% of the cases, the health system is the reason for low life expectancy

   - PWDs have twice the risk of developing conditions such as **depression, asthma, diabetes, stroke, obesity or poor oral health**.

   - Some persons with disabilities die up to 20 years earlier than those without disabilities.

   - Face many health inequities; finding transportation can be 15 times more difficult than for those without disabilities.

   - Face stigmas, discrimination, poverty, exclusion from education and employment, and barriers faced in the health system.

   - Women with disabilities are 2–4 times more likely to experience intimate partner violence than those without disabilities.

4. **Global Aspects of Disabilities**

   4.1. An estimated **1.3 billion** people experience significant disability. This represents **16% of the world's population today (1 in 6).** This figure includes both moderate and severe disabilities across various physical, sensory, intellectual, and mental health impairments.

   4.2. **Significant Global Events Related to Disabilities**:

4.2.1. **1946: UN Charter:** The UN Charter, in its preamble, states that one of its purposes is "to reaffirm faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and of nations large and small." This broad commitment to human rights and the dignity of all individuals forms the basis for subsequent UN actions on disability rights.

4.2.2. **1948: Universal Declaration of Human Rights:** The focus on disability rights within the United Nations system came later with the Universal Declaration of Human Rights adoption in 1948, which affirmed the principle of non-discrimination and equality before the law for all individuals, regardless of disability.

4.2.3. **1978:** The World Health Organization (WHO) significantly advanced the rights and well-being of people with disabilities by introducing the International Classification Impairments, Disabilities, and Handicaps (ICIDH). The ICIDH was a significant step in providing a standardised framework for understanding disability and its impact on individuals.

4.2.4. The ICIDH underwent revisions over the years, and in 2001, it was replaced by the **International Classification of Functioning, Disability, and Health (ICF)**. The ICF expanded upon the concepts introduced by the ICIDH and provided a more comprehensive framework for assessing and addressing the functioning and disability of individuals across different domains of life.

4.2.5. **The 1980s-1990s: Promotion of Rehabilitation and Disability Prevention**: During these decades, the WHO focused on promoting rehabilitation and disability prevention through various **strategies** and **frameworks**, such as the "Guidelines on the Provision of Manual Wheelchairs in Less-Resourced Settings" and the "World Disability Report."

4.2.6. **2006: United Nations Convention on the Rights of Persons with Disabilities (CRPD)**: Although not initiated by the WHO, the CRPD is a significant international treaty aimed at protecting and promoting the rights of PWDs. The WHO has played a role in supporting the implementation and monitoring of the CRPD.

4.2.7. **2010: World Report on Disability:** In collaboration with the World Bank, the WHO published the "World Report on Disability." This comprehensive report provided global data on disability **prevalence**, **barriers** PWDs face, and **recommendations** for improving their **inclusion** and well-being.

4.2.8. **2014-2021: Global Disability Action Plan (GDAP):** The WHO launched the GDAP, which aimed to strengthen disability inclusion in health policies and programs, improve data collection, and enhance access to health services for PWDs.

4.2.9. **2020: "Better Health for Persons with Disabilities" Framework**: The WHO introduced this framework to guide countries in addressing the health needs of PWDs, including promoting their access to quality health services, improving data collection, and supporting community-based rehabilitation.

4.2.10. **Ongoing: Inclusive Health Services and Policies:** The WHO continues to work on various initiatives to promote inclusive health services and policies that cater to the needs of

PWDs. This includes advocating for accessible healthcare facilities, training healthcare professionals, and ensuring PWDs have equitable access to health services.

4.2.11. Under **international human rights law** and, in some cases, domestic laws, Countries are obligated to address the health inequities faced by persons with disabilities. Two critical international frameworks relate to health equity for persons with disabilities.

4.2.12. **The Convention on the Rights of Persons with Disabilities (CRPD)** requires States Parties to ensure that persons with disabilities have access to the same range, quality and standard of accessible or affordable health care as others.

4.2.13. **The World Health Assembly Resolution WHA 74.8** on the highest attainable standard of health for persons with disabilities calls for Member States to Ensure that persons with disabilities receive effective health services as part of universal health coverage and have equal protection during emergencies.

4.2.14. **Disability Inclusion** is critical to achieving the **Sustainable Development Goals** and Global Health Priorities for **Health for All**. [7] [8]

4.3. **Universal Health Coverage:** [9]

4.4. This means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care.

4.5. Every country has a different path to achieving UHC and deciding what to cover based on the needs of its people and the resources at hand. However, the importance of access to health services and information **as a fundamental human right is universal**.

4.6. To make health for all a reality, all people must have access to high-quality services for their health and the health of their families and communities. To do so, **skilled health workers** providing **quality**, **people-centred care** and **policymakers committed to investing in universal health coverage are essential**.

4.7. Universal health coverage requires strong, people-centred primary health care. Sound health systems are rooted in the communities they serve. They focus not only on preventing and treating disease and illness but also on helping to improve well-being and quality of life.

4.8. Promoting healthier populations through clean air and water, road safety, child nutrition and addressing violence against women will only be achieved if public health interventions for the wider population consider the needs, skills and capacities of persons with disabilities.

4.9. **Global Report on Health Equity for Persons with Disabilities 2022**: [10].

WHO recently launched it. Its overarching aim is to make health equity for people with disabilities a global health priority. The key objectives of this report are:

- Bring health equity for people with disabilities to the attention of decision-makers in the health sector,

- Document evidence on health inequities and country experiences on approaches to advancing health equity in disability.

- Make recommendations that stimulate country-level actions

5. Disabilities and Pakistan.

5.1. In **2011, the Pakistan Poverty Alleviation Fund** undertook a comprehensive survey (carpet survey of all individuals in all households) of 23 union councils in seven districts of Pakistan, comprising about 80,000 homes with 430,000 individuals, and found that the prevalence of people who are disabled was 8%.

5.2. A recent **Rapid Assistive Technology Assessment (rATA)** [14] in Pakistan revealed that 8.5% of the population reported difficulty in at least one functional domain.

5.3. For our intervention purposes, at our proposed intervention location, we will adopt the estimate of disability as **8 %** of the population.

5.4. According to the latest digital census of the government of Pakistan, the population of Attock is **1.9 million,**[15]. Hence, the number of individuals with disabilities (@ 8 %) would be **152,000**. An estimated 140,000 persons with disabilities are yet to be registered in the district.

5.5. **Existing Public Sector Services for PWDs in Dist Attock**:

   5.5.1. No primary or secondary eye care services are available in the Pindi Gheb tehsil.

   5.5.2. Inadequate services exist for the rehabilitation of persons with hearing loss.

   5.5.3. Lack of rehabilitation services for persons with physical disabilities.

   5.5.4. Inadequate services for persons with mental disabilities.

   5.5.5. No Human Resource Development programs are in existence.

   5.5.6. There is no awareness of inclusion and accessibility in the district.

   5.5.7. Most persons with disabilities are neither registered nor aware of their rights, nor are any facilitations available.

   5.5.8. There is no research and development department in the district.

   5.5.9. Assistive Devices (Low Vision devices, hearing aids, etc.) are not readily available in the community.

   5.5.10. There are 12,090 registered persons with disabilities registered in the district. Of these, 5,790 are registered persons with physical disabilities, 2,919 with mental disabilities, 1,400 with visual disabilities, and 1,981 with hearing and speech impairments.

5.5.11. Accessibility remains a significant challenge for Persons with Disabilities in the Attock district, with many public places, buildings, and transportation systems not designed with their needs in mind. This lack of accessibility limits their ability to move around and restricts their access to education, employment, and healthcare.

5.5.12. The government has introduced some policies and legislation to address accessibility, but their implementation remains a significant challenge. Very few buildings like banks and some of the private hospitals have ramps and accessible washrooms, but not as per standards.

5.5.13. Assistive Devices, including white canes and wheelchairs, are donated to persons with disabilities through social activities, non-governmental organisations, etc. There is no concept of digital or visual accessibility known to the people in the district.

5.5.14. There are a total of 09 registered Organizations for Persons with Disabilities in the district. However, the progress seems patchy and fragmented.

5.5.15. There is no gender sensitisation. People are unaware of gender equality and the need to eliminate gender discrimination.

5.5.16. No women and older age groups exist in the district.

6. **Vision Healthcare Foundation (VHCF)**

6.1. **VHCF** was founded in 2022 and inherited a **legacy of two decades of community welfare service** as a **not-for-profit organisation** committed to serving the **underprivileged** and **under-served.**

6.2. **Prime Movers**

6.2.1. **Justice ® Mushir Alam** and **Dr Mazhar Awan,** and other like minds created and registered **Vision Trust** (https://visiontrust.pk) in 2009; preceding that, was the **Danishsra Welfare Association** in 2003. A background of relentless efforts for the PWDs for more than **Two Decades.**

6.3. **Legacy:**

6.3.1. **2003 (**Dnishsra Welfare Association**)**

6.3.2. **2009 (**Vision Trust**)**

6.3.3. **2022 (**Vision Healthcare Foundation**)**

6.4. **Stakeholders**

    6.4.1.1. Ministry of Health,

    6.4.1.2. Special Education Department

    6.4.1.3. Ministry of Education

    6.4.1.4. Social Welfare Department,

    6.4.1.5. INGOs,

    6.4.1.6. Domestic NGOs,

    6.4.1.7. Poverty Alleviation Programs

    6.4.2. The underprivileged communities, persons with disabilities, orphans, Zakat eligibles, etc. No one else will be denied the services; however, free of cost or subsidised services will be provided to primary target beneficiaries.

6.5. **Why?:** To make this world a better place to live and earn heavenly rewards, VHCF has set itself up to serve persons with disabilities against the Global, Domestic and local scenarios.

6.6. **Where?:** Project Site: Tehsil Pindi Gheb, District Attock, Punjab-Pakistan. It's an 18-acre piece of land about an hour's driving distance from Islamabad Toll Plaza, along M14 (towards Dera Ismail Khan).
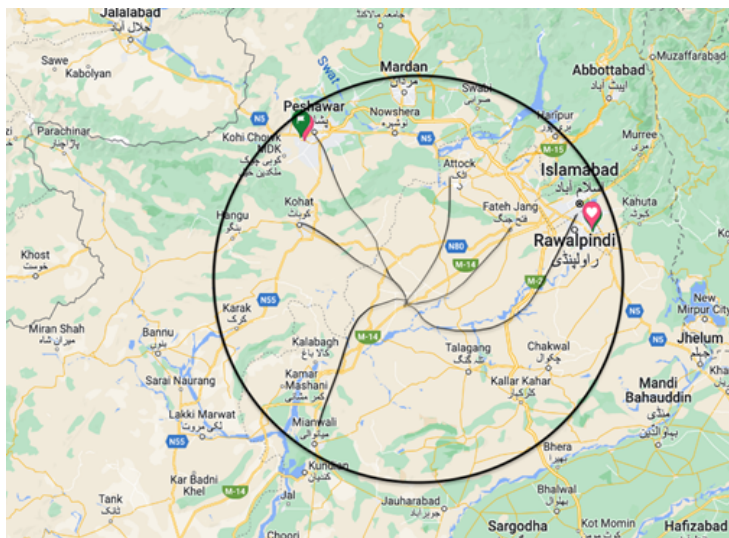

6.7. **Why Pindi Gheb?:** The land was bought and leased to the Vision Healthcare Foundation by Justice ® Mushir Alam and Family, dedicated to the cause of persons with disabilities.

6.8.   **Tentative Concept Layout** of the Disability Management Centre:

6.9.   **100 Km radius** of DMC

The following cities fall within a **100 Km radius**; the population figures are taken from digital census 2023, Pakistan Bureau of Statistics.

Districts (Population all ages, all sexes in Millions)
Attock –   1.9
Rawalpindi – 5.4
Islamabad – 2.0
Nowshera – 1.5
Mardan –   2.4
Peshawar – 4.3
Kohat –   1.0
Swabi –   1.6
Haripur –   1.0
Chakwal –   1.5
Mianwali –   1.5
Total =   24

6.10.   District Attock has a population of 1.9 M, @ 8 %, which would be 152,000 PWDs. But the proposed location, **ideal in northern Pakistan**, serving as many as 8 % of 24 Million people, is about **1.9 Million PWDs**.

7. Vision:

To become a leading organisation facilitating persons with disabilities comprehensively, leaving no one behind.

8. Mission

Build and manage a **Comprehensive Disability Management Center** where Persons with Disabilities shall be assisted in overcoming barriers and integrating with society as productive members, in short, work towards creating an **inclusive society.**

9. Functions of <u>Healthcare for Persons With Disabilities</u>

Healthcare facilities that cater to individuals with disabilities typically have various departments and services to provide comprehensive care and support. While the specific structure of these departments may vary from one facility to another, the following are **seven main areas of service deliveries in healthcare facilities meant for individuals with disabilities**:

9.1. A **Community Healthcare Department:** This department, headed by an Epidemiologist, learns and estimates the needs and unmet needs of the community from our perspective regarding disabilities. It then devices and conducts surveys, education and awareness activities and **Screening Programs** of early intervention **Community Outreach Programs.**

9.2. **Primary & Specialized Medical / Surgical Services**: Healthcare facilities for individuals with disabilities often have specialised medical departments or clinics staffed with experts in various fields. These may include:

- **Neurology**: For individuals with neurological conditions like multiple sclerosis, cerebral palsy, or epilepsy.

- **Orthopedics**: For individuals with musculoskeletal disorders and mobility impairments.

- **Ophthalmology and Audiology**: For individuals with visual or hearing impairments.

- **Psychiatry and Behavioural Health**: For individuals with mental health conditions.

- **Pain Management:** For individuals with chronic pain conditions.

9.3. **Rehabilitation Department:** This department provides rehabilitation services to individuals with disabilities, including **physical therapy, occupational therapy**, and **speech therapy**.

9.4. **Assistive Tools & Technology, Adaptive Equipment Department:** This department is responsible for evaluating, prescribing, and providing assistive technology and adaptive equipment to enhance the independence and quality of life for individuals with disabilities. Assistive technology may include wheelchairs, mobility, communication, and environmental control systems. Occupational therapists and assistive technology specialists often work in this department.

9.5. **Social Services and Support Department**: This department addresses the **social and emotional needs** of individuals with disabilities and their families. **Social workers, counsellors, and case managers** may be part of this department, providing counselling, advocacy, and assistance in accessing community resources. They help individuals and their families navigate the challenges associated with disabilities, including financial, emotional, and social aspects. In addition to these primary departments, healthcare facilities for individuals with disabilities may also have other specialised services, such as **dietary and nutrition services**, **accessible transportation services**, and **educational and vocational programs** to support individuals' recovery and integration into the community.

9.6. **Vocational Training & Education Services:** The specific services offered can vary depending on the type of facility and its resources. These healthcare facilities aim to provide comprehensive and holistic care to enhance the well-being and independence of individuals with disabilities.

9.7. **Human Resource Development:** Like any healthcare service, persons with disabilities can't be served well without qualified, competent and, above all, available human resources. The foundation envisages a department where such a need is addressed from the ground up, starting with the minimal requirements of certified technicians and nurses, physiotherapists, to persons with diplomas, degrees and doctorates in their related fields of services, in short, a stage-wise development into a degree-awarding chartered university in the disciplines of healthcare for PWDs.

10. Flow-Chart of Functions
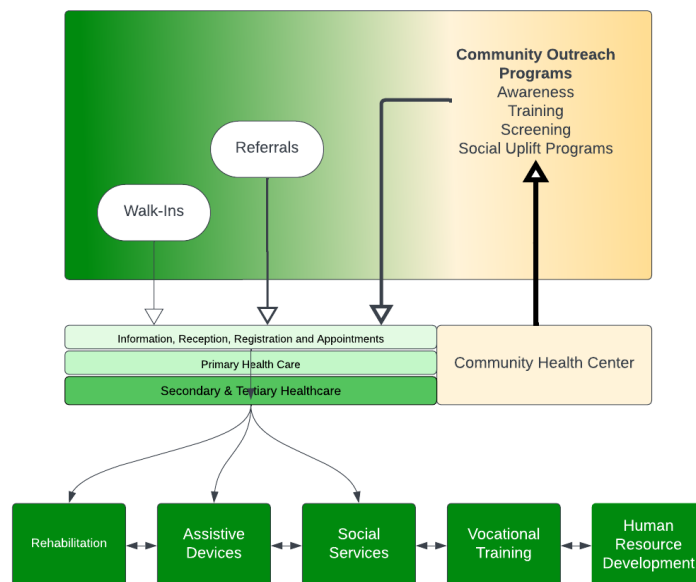
Flowchart explained:

10.1. **The Community Healthcare Centre:**

    10.1.1. It shall be headed by experts in the field who will carry out systematic research and need analysis of the community in general concerning disabilities.

    10.1.2. It shall then recommend, plan and conduct **Community Outreach Programs** to create **awareness**, carry out **screening programs** in given community schools and workplaces, etc.

    10.1.3. The same department shall provide/ assist/ capacity-build existing public facilities and mobilise resources to bring primary care to the community's doorsteps.

    10.1.4. The above activities shall generate an inflow, apart from referrals by other healthcare facilities and walk-in patients.

10.2. **Primary, Secondary and Tertiary Healthcare:** The incoming persons from all sources shall be received, registered, provided **Primary Healthcare** and assessed for any Secondary or Tertiary Healthcare needs**.** Those in need shall be referred to various relevant clinical sections. <u>Here, treatable/ curable causes shall be treated medically and (or) surgically.</u>

10.3. **Rehabilitation Centre:** Those with permanent/incurable impairments falling into the definition of Persons With Disabilities shall be referred to the Main **Disabilities Centre**, where no effort shall be spared to <u>help them become independent rather than remaining dependent on family or community.</u>

10.4. **Assistive Devices, Tools and Technology**: The Assistive Devices, Tools, Technology and Research & Development shall work hand in hand for the design, customisation or development and manufacturing of such implements.

10.5. **Social & Support Services:** refer to various programs, resources, and assistance provided to individuals with disabilities to help them lead fulfilling and independent lives while addressing their unique needs and challenges. These services are designed to promote inclusion, improve quality of life, and enhance the overall well-being of people with disabilities. Here are some critical aspects of social and support services for individuals with disabilities:

    10.5.1. **Healthcare Services**: People with disabilities often require specialised medical care, therapies, and access to assistive devices or technologies. Healthcare services may include regular check-ups, physical therapy, occupational therapy, speech therapy, and prescription medications.

    10.5.2. **Educational Support:** Children and adults with disabilities may require educational services tailored to their needs. This can include special education programs, classroom accommodations, and access to assistive technology to support their learning.

    10.5.3. **Employment Assistance:** Support services can help individuals with disabilities find and maintain employment. This may involve vocational training, job placement programs, and workplace accommodations to ensure equal opportunities and accessibility.

10.5.4. **Housing and Accessibility:** Ensuring accessible and safe housing options is essential for people with disabilities. Support services may include accessible housing options, home modifications, and finding suitable living arrangements.

10.5.5. **Transportation Services:** Accessible transportation is crucial for individuals with disabilities to participate fully in their communities. Services may include accessible public transit, paratransit services, and assistance with transportation planning.

10.5.6. **Social and Recreational Activities:** Encouraging **social inclusion** and participation in **recreational activities** is vital. Support services can help individuals with disabilities access community programs, sports, arts, and cultural activities that align with their interests and abilities.

10.5.7. **Counseling and Mental Health Support:** Many individuals with disabilities may face emotional and psychological challenges. Counselling and mental health services can provide them with support and coping strategies.

10.5.8. **Advocacy and Legal Assistance:** Support services often involve advocacy organizations that work to protect the rights and interests of individuals with disabilities. These organizations can provide legal assistance, information on disability rights, and assistance navigating complex systems.

10.5.9. **Assistive Technology:** Access to assistive technology devices and services, such as mobility aids, communication devices, and adaptive computer software, can significantly enhance the independence and quality of life for people with disabilities.

10.5.10. **Financial and Benefits Assistance:** Individuals with disabilities may be eligible for various financial assistance programs, such as disability benefits, Medicaid, or Supplemental Security Income (SSI). Support services can help individuals navigate the application process and understand their eligibility.

10.5.11. **Respite Care:** For families of PWDs, respite care services offer temporary relief and support, allowing caregivers to take a break while ensuring their loved ones receive necessary care.

10.5.12. **Peer Support and Community Groups:** Connecting with others who have similar experiences can be precious. Peer support groups and community organizations allow individuals with disabilities and their families to share information and experiences.

These social and support services are essential for promoting the inclusion, independence, and overall well-being of individuals with disabilities, enabling them to lead fulfilling lives and participate fully in their communities. The specific services available may vary by region and the nature of the disability.

10.6. **Vocational Services**

10.6.1. **Vocation** is a strong feeling of suitability for a particular career or occupation, often accompanied by a sense of purpose and fulfilment. It goes beyond simply choosing a job based on financial rewards or societal expectations;

10.6.2. Vocation implies a deep-seated calling or inner drive that motivates an individual to pursue a specific line of work. It is often associated with aligning one's passions, skills, and values with their chosen profession, leading to a sense of meaning and personal satisfaction in their work. Vocation can be seen as a career or life calling that extends beyond a mere job and involves a keen sense of dedication and commitment to a particular path.

10.6.3. In the context of Persons with Disabilities (PWDs), vocation is pursuing meaningful and fulfilling work or activities tailored to the individual's abilities, interests, and goals. It emphasises that individuals with disabilities should have access to opportunities that enable them to engage in productive and purposeful endeavours, just like anyone else.

10.6.4. It emphasises their right to live fulfilling lives and participate actively in society, breaking down barriers and promoting inclusive environments that allow them to make valuable contributions and lead meaningful lives. It recognises that each individual's vocation should be tailored to their unique abilities, aspirations, and circumstances.

10.6.5. **Employment:** This involves finding suitable jobs that match the skills and abilities of individuals with disabilities. It may include both mainstream and specialised roles, and accommodations and support may be provided to ensure the person's success in the workplace.

10.6.6. **Self-Employment or Entrepreneurship**: Some PWDs may start businesses or engage in entrepreneurial activities that capitalize on their strengths and interests.

10.6.7. **Volunteer Work:** Engaging in volunteer work allows PWDs to contribute to their communities and causes they care about while also gaining a sense of purpose and accomplishment.

10.6.8. **Artistic and Creative Pursuits**: Many PWDs possess unique artistic talents, and vocation in this context could involve pursuing careers or hobbies in visual arts, music, writing, or performing arts.

10.6.9. **Education and Training**: Vocation for PWDs can also involve pursuing further education and training to develop skills that lead to meaningful and sustainable opportunities.

10.6.10. **Advocacy and Activism:** Some PWDs may choose to become advocates for disability rights, accessibility, and inclusion, contributing to positive changes in society.

10.6.11. **Therapeutic Activities:** Engaging in medicinal and recreational activities can contribute to the overall well-being of PWDs and provide a sense of vocation through activities like sports, gardening, or animal care.

10.7. **Human Resource Development HRD:**

10.7.1. A separate block shall strive to develop HR from young people to acquire training and certification. This aims to improve the quantity and quality of HR needed to produce and deliver Services.

10.7.2. This department shall, incrementally transform into a degree-awarding institution/ University and become a benchmark teaching institution in the backdrop of serving Persons with Disabilities.

11. Organisation Structure of Vision Healthcare Foundation

11.1. Chairman & Board

11.2. Executive Committee & CEO

11.3. Company Secretary

11.4. Chief Finance Officer

11.5. Legal Advisor

11.6. Company Auditor

11.7. Manager Human Resource

11.8. General Manager (Chief Operating Officer)

11.8.1. IT & Communications

11.8.2. Reception & Registration

11.8.3. Chief Security Officer

11.8.4. Chief R&M

11.8.5. General, Medical & Surgical Procurement, storage and supplies

11.8.6. Food & Beverages (Groceries store)

11.8.7. Safety and Risk Management

11.8.8.	In charge of Transport Services
11.8.9.	Hostel and Residential Complex Management
11.8.10.	Chief Community Healthcare Services
11.8.11.	Chief Medical Officer EYE
11.8.12.	Chief Medical Officer ENT
11.8.13.	Chief General Medical Officer
11.8.14.	Chief Psychiatrist
11.8.15.	Nursing Head
11.8.16.	Chief Rehabilitation Officer
11.8.17.	Head of Vocational Services

12. Strategic Plan

12.1. **Accessibility**: (The centre would be designed to be accessible to people with disabilities, with features such as **wide doorways, ramps, elevators and accessible washrooms**. It should also comply with the Americans with Disabilities Act (ADA) and other relevant accessibility guidelines.)

12.2. **Facility layout:** The centre should be designed to optimise patient flow, with separate areas for registration, examination, therapy, and other services. Each site should provide privacy and comfort for patients.

12.3. **Therapy and treatment areas:** The centre should include therapy and treatment areas for physical therapy, occupational therapy, speech therapy, and other therapies as needed. These areas should be functional and flexible, with room for equipment and enough space for patients to move around comfortably.

12.4. **Support services:** The centre should include support services, such as counselling, case management, and assistance with transportation and housing.

12.5. **Staffing:** The center should have sufficient staff to provide efficient and effective care, including doctors, nurses, therapists, and support staff.

12.6. **Safety:** The centre should be designed to ensure the safety of patients and staff, with appropriate infection control protocols in place.

12.7. **Workplace sexual harassment** and **child safeguarding policies and procedures** would be implemented in the **Quality Management System**.

12.8. **Community involvement:** The centre shall involve the local community in its planning and development and should be responsive to its needs.

12.9. It's also important to note that, as with any building project, it is essential to consult with **local planning and zoning regulations, fire safety codes and building codes,** and work with architects, designers, and engineers to ensure the building meets all requirements.

12.10. **Healthcare Facility Guidelines:** Facility Guidelines Institute **(FGI)** are to be followed in letter and spirit. The DMC plans to get accredited by the Joint Commission International (JCI). The latter follows FGI standards.

13. Phases of Development of DMC

13.1. Planning

13.2. Design

13.3. Construction

13.4. Commissioning

14. Sustainability:

VHCF will make the following efforts directed at the financial sustainability of DMC:

14.1. Introducing various pricing packages for the services and products – a person who can afford to pay will be encouraged to pay the cost of services and products, while people who can't afford to pay will be offered subsidised and free-of-cost services and products – any revenue generated through DMC will solely be utilised on the sustainability of services and products.

14.2. We are mobilising resources in cash or kind from the local communities, Corporations, philanthropists, NGOs, INGOs, and domestic and foreign governments.

14.3. **Social Enterprising:** Some funds shall be invested in small and medium-sized Enterprises (SMEs) and startups. Preference shall be given to Persons with Disabilities. The financial returns shall lend sustainability in generating internal revenues for the DMC and creating employment for Persons With Disabilities as a proactive measure.

14.4. **Administrative Succession Plan**: A category of **Associate Members** has been created, where preference is given to younger individuals and those with a track record of support for the organisation. From among these young, high-performance young men and women, the future Board Members shall be chosen and inducted to maintain fresh blood.

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