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**Joint care model between Rural Paediatric Setup and Tertiary Care Centre for children with special needs: Indian experience****Asish Bhakta**

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**Introduction:** India currently enjoys the bottom most position in World Inequality Global Index 2018<sup>1</sup>. This is pronounced in the care delivery of children with special needs. According to WHO, one in every 4 to 5 children is a child with special needs. An environmental factor (e. of ICF) like urban rural divide pronounces as this health care access especially for these children. We share our successful experience of collaborating with tertiary care centre using Kolkata development model.

**Methodology:** We report five cases.

**Results:** The outcome was splendid and exemplary. All the five cases showed remarkable improvement in their cognitive and mental development, by virtue of which they have become functioning enough regarding self-care and communication with others.

**Conclusion:** According to the 'World report on disability' about 15% of the world's population lives with some form of disability, of whom 2-4% experience significant difficulties in functioning. The global disability prevalence is higher than previous WHO estimates, which date from the 1970s and suggested a figure of around 10%<sup>2</sup>. Estimates suggest that there are at least 93 million children with disabilities in the world, but numbers could be much higher. They are often likely to be among the poorest members of the population. They are less likely to attend school, access medical services, or have their voices heard in society. Their disabilities also place them at a higher risk of physical abuse, and often exclude them from receiving proper nutrition or humanitarian assistance in emergencies.

**Updated:** 2 October 2017<sup>3</sup>Unicef. As per the Census 2011,

In India out of the 121 Cr populations, 2.68 Cr persons are 'disabled' which is 2.21% of the total population. • Among the disabled population 56% (1.5 Cr) are males and 44% (1.18 Cr) are females. In the total population, the male and female population are 51% and 49% respectively. • Majority (69%) of the disabled population resided in rural areas (1.86 Cr disabled persons in rural areas and 0.81 Cr in urban areas). In the case of total population also, 69% are from rural areas while the remaining 31% resided in urban areas. This is mainly due to existing Health Inequity in the rural population caused by lack of awareness, information and access to proper health care facilities. We have successfully implemented our pioneering concept of bridging this gap through the tie-up of our rural paediatric setup with a city based tertiary care centre utilising the "Kolkata Development Model" which has already proved successful among the children with special needs by establishing their genuine right to education and grow up with equal social and family importance.

**Speaker Biography**

Asish Bhakta was born in the year 1957, he was reared at his village Mahishadal, Purba-Medinipur, West-Bengal and had been nurtured at Mahishadal Raj High School till he passed the Higher Secondary examination in 1973 with National Scholarship. In the year 1974, he qualified for MBBS course at R G Kar Medical College; under University of Calcutta and passed out in 1981; he did House-physicianship in Paediatrics in his mother institution. Thereafter, he devoted himself to serve the paediatric population in his native place as a doctor. Later in 2013, he met Dr Anjan Bhattacharyya, the renowned Developmental Paediatrician in the Child Development Center, Apollo Gleneagles Hospital, Kolkata. That was the turning point in his life. He was inspired to pursue post-graduate studies under the mentor-ship of Dr Anjan Bhattacharyya and achieved the prestigious qualifications: DCH/IPPC (Sydney University) in 2014 & DCH (U.K) -RCPC (UK) in 2018.

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