

Annexure

Annexure I Course Curricula For the Training of the Field Workers

1. General Training

Duration	8 weeks
Working days	46 days
Field visits	4 days
Inauguration and concluding	1 day
Evaluation and feedback	1 day
Net working days	40 days
No. of hours each day	8 hours
Total hours	320 hours
Theory (3 hours daily)	120 hours
Practicals (5 hours daily)	200 hours

S. N.	Topic
1.	Introduction of the project, location and target group <ol style="list-style-type: none">Introduction about the projectDetails of the persons involved in the projectExplanation about the target group to be coveredMap of the project area, distribution of clusters and other geographical details of the project area
2.	Historical background of services for the visually impaired <ol style="list-style-type: none">Brief history about beginning of residential educationEstablishing of the first school at Amritsar during 1887Missionary approach to education and rehabilitationGrowth of institutional approach after 1947Present status of education, training and rehabilitation

- f. Beginning of CBR at Madurai, followed by Musiri and then Dholka approach
 - g. New approaches including DDRC, NPRPD, CAHD and CBR Ashthawakra Yojana
 - h. Beginning of integrated education in 1956 and itinerant model in 1981
 - i. Present status of integrated education and CBR
 - j. Concept of inclusive education
 - k. Brief history of CBR
 - l. Biwako Millennium Framework
3. Need for implementation and promotion of CBR
 - a. Limited coverage of the existing institutional programmes
 - b. Demographic details and need for covering all age groups
 - c. Significance of involvement of family and community
 - d. Community participation
 - e. Comprehensive approach
 - f. Cost effectiveness and concept of sustainability
 - g. Use of community resources
 4. Statistical and demographical information pertaining to visual impairment
 - a. Major causes of visual impairment and effect on demographic pattern
 - b. Estimated population of the visually impaired
 - c. Distribution by age group
 - d. Gender distribution and comparatively higher percentage of females
 - e. Prevalence and incidence of visual impairment
 - f. Significance of age of onset of visual impairment
 - g. Geographical distribution
 - h. Backlog of eye surgery and its implication
 - i. Summary of findings of the National Sample Survey (2003)
 - j. Brief introduction about subsequent attempt on conducting surveys

5. Definition and types of visual impairments
 - a. Definitions as adopted by WHO and the Ministry of Social Justice & Empowerment; Summary of publication “Uniform Definition of Disabilities”
 - b. Definition included in the “Persons with Disabilities Act”
 - c. Introduction to E-Test and finger counts
 - d. Information about curable and incurable visual impairment
 - e. Explanation of the term “Refraction” and “Acuity”
6. Physiology and anatomy of eye
 - a. Structure and function
 - b. Introduction to various parts of the eye
 - c. Physiology of vision
 - d. Refractive errors
7. General causes of visual impairment & symptoms
 - a. Major causes of visual impairment
 - b. Simplest classification of causes
 - Ocular diseases and anomalies
 - General and systemic diseases
 - Injuries and accidents
 - c. Early intervention in case of xerophthalmia, cataract, trachoma, glaucoma and diabetic retinopathy
8. Introduction to eye care
 - a. General
 - b. Complaint, signs, causes, detection and treatment of:
 - Cataract, glaucoma, xerophthalmia
 - Trachoma, diabetic retinopathy
 - Eye infection, foreign body and injuries
9. Introduction to low vision aids
 - a. Demographical details of the target group for low vision
 - b. Need for low vision aids
 - c. Components: low vision programme

- d. Introduction to common Low Vision Aids
 - e. Effective use of vision
 - f. Functional visual skills
 - g. Referral to appropriate agencies in case of low vision
 - h. Details about such agencies
10. Psycho-social implications of visual impairment
- a. Objective effects of visual impairment
 - b. Subjective variables & psychological implications
 - c. Social factors
 - d. Introduction to functional assessment
 - e. Importance of parent counselling
11. Acceptance of visual impairment, its need and importance
- a. Need for individual and reference group counselling
 - b. Need for building up self-confidence
 - c. Acceptance of disability
 - d. Case studies on adjustment, acceptance and self-confidence
12. Meaning, importance, types and consequences of rehabilitation
- a. ILO definition of rehabilitation
 - b. Modification of the definition in Indian Context
 - c. Socio-psychological implications of rehabilitation
 - d. Financial and economical implications
 - e. Types of rehabilitation: medical, social, educational, vocational and economical
13. Various models of rehabilitation prevailing in the country
- a. Institutional approach
 - Sheltered workshop
 - Transitory employment
 - On-the-job training
 - Homes for the aged blind
 - Special residential schools

- b. Non-Institutional approach
 - Open employment
 - Homebound programmes
 - Community-based rehabilitation
 - Integrated training
 - Inclusive education
 - Regular training
 - Professional training
 - c. Inclusive approach
 - Salamanca declaration
 - Community approaches to handicap in development
 - d. Merits and limitations of these models
14. Survey methods
- a. Individual survey methods
 - b. Need and importance of door-to-door survey
 - c. Procedure of conducting door-to-door survey
 - d. Recommended procedure of identifying the opinion leaders
 - e. Details about initial survey forms
15. Meaning, definition and philosophy of CBR
- a. WHO definition of CBR
 - b. E. Helander's definition of CBR
 - c. SPASTAN Definition
 - d. UNESCO-WHO-ILO Definition
 - e. Modification of definition in Indian context
 - f. Characteristics, components and service spectrum of CBR
 - g. Need for encompassing all the components
 - h. Community-based and not community-oriented
 - i. Outcomes of CBR
16. Aims and objectives of CBR
- a. Complete integration of the individual
 - b. Only viable approach
 - c. Extensive coverage at low cost
 - d. Demonstration to general public

- e. Attitudinal change through public awareness
 - f. Active participation and involvement of community
 - g. CBR: the most viable and result oriented approach
17. Components of CBR
- a. Service delivery:
 - Social rehabilitation
 - Economic rehabilitation
 - Support services
 - Public awareness
 - b. Referral only:
 - Prevention and cure of visual impairment
 - Integrated/ inclusive education
 - Other disabilities and multi-disabilities
 - Provision of low vision devices
18. Methodology of CBR
- a. Appointment of project implementing agency
 - b. Selection of field staff
 - c. Training of field staff
 - d. Door-to-door and detailed survey
 - e. Ophthalmic intervention - referral
 - f. Social rehabilitation
 - g. Integrated or inclusive education - referral
 - h. Support services
 - i. Inputs for economic rehabilitation or income generation
 - j. Methods and importance of promoting social communication
 - k. CBR process chart
19. Organizational structure of the project
- a. Various tiers of the structure
 - b. Role of Central Coordination Agency
 - c. Role of the Project Implementing Agency
 - d. Details and roles of the persons involved in the project
 - e. Flow of funds, information and reports

20. Role of Central Coordinating Agency
- a. Introductions of persons involved
 - b. Coordinating training of the field staff
 - c. Monitoring of working of the project
 - d. Social communication through mass media
 - e. Involving Government as well as non-Government agencies
 - f. Advocacy in proliferation of the concept
 - g. Compiling and dissemination of information
 - h. Organizing refresher courses for the field staff
 - i. Adopting regional modification to the approach
 - j. Developing and publishing relevant materials
21. Role of Project Implementing Agency
- a. Details of the Project Director
 - b. Details of the members of the Project Managing Committee
 - c. Role of the implementing agency:
 - Implementation of the project
 - Providing office infrastructure
 - Providing space for weekly review meetings
 - Organizing referral in case of ophthalmic inputs, integrated education and services for other disabled and multi-disabled persons
 - Involving local administration in the project
 - Tapping local media for promoting social communication
 - Monitoring of the project
 - Handling of the funds
 - Maintaining of the accounts
 - Submission of the reports in prescribed formats
 - Mobilizing resources from alternative sources
22. Need for involvement of local agencies for
- a. Seeking participation of community in the programme
 - b. Utilizing the local resources to the fullest extent
 - c. Achieving permanency of the concept
 - d. Economizing the project
 - e. Extending generic services to the visually impaired

23. Roles and responsibilities of Field Workers
- a. Door-to-door survey
 - b. Referral for ophthalmic inputs
 - c. Initial assessment
 - d. Extending of individual need-based services
 - e. Seeking participation of community at all stages
 - f. Extending concessions and benefits to the individuals
 - g. Maintaining all the individuals and group records
 - h. Participating in the weekly review meetings
 - i. Sharing progress, achievements and experience in the meeting
 - j. Participating in the refresher courses
 - k. Involving the local administration in service delivery
24. Roles of other field functionaries
- a. Project supervisor
 - Regular field visits
 - Monitoring of the project
 - Developing referral services in case of prevention and education
 - Working as a link between the implementing agency and the Field Workers
 - Developing contacts with local administrative authorities and developmental organizations
 - Preparing monthly reports of physical as well as financial performance
 - Conducting and guiding weekly review meetings
 - Organizing field visits of the Project Director and other officials
 - b. Itinerant teachers:
 - Preparing children for integrated education
 - Providing inputs pertaining to plus curriculum
 - Counselling the family members, peer group, class teacher and individual
 - Supplying Braille and other materials
 - Monitoring progress of visually impaired children

25. Education and visually impaired
- a. Need for integrated or inclusive education
 - b. Importance, merits and limits of appropriate education
 - c. Role of itinerant or resource teachers in promoting such education
 - d. Community participation
 - e. Various requirements under the Central Scheme of Integrated Education
26. Models of education of the visually impaired
- a. History of education
 - b. Models of education
 - Residential schools
 - Itinerant model
 - Resource model
 - Semi-integrated model
 - Cooperative plan
 - Inclusive education
 - SPED centres
 - c. Their merits and limitations
27. Introduction to integrated education
- a. Need of integrated education
 - b. Merits of such education
 - c. Role of education system in promotion of such education
 - d. Sources of funds
 - e. Role of Project Implementing Agency
 - f. Salient features of integrated education scheme
 - g. Needs for implementation of integrated education
28. Components of integrated education
- a. Sequence of services:
 - Child preparation
 - Teacher and family counselling
 - Orientation of school
 - School admission
 - Counselling of peer group
 - Support services

- b. Importance of acceptance of child into the school
 - c. Only viable option for rural areas
 - d. Production and supply of Braille and talking material
 - e. Scholarship scheme
29. Role of Field Workers in integrated education
- a. Role of field staff - limited only to referral
 - b. Need for involvement of local education institutes
 - c. Role of State Department of Education
 - d. Details about successful experiments elsewhere
 - e. Need for issuing of orders by the District Education Officer in respect of admission of blind children
 - f. Provision for PWD Act as regard admission
30. Referral in case of prevention and cure of visual impairment
- a. Role of Field Workers in case of eye care - limited only to referral to Ophthalmologist or an eye care agency
 - b. Importance of involving Ophthalmologist in the project
 - c. Need for screening of all cases with eye problems
 - d. Certification of blindness before initiation of rehabilitation
 - e. Role of Implementing Agency in prevention and cure of visual impairment
31. Concept of social rehabilitation
- a. Importance of daily living skills
 - b. Need for independent mobility
 - c. Concept of social integration
 - d. Family counselling
 - e. Need for extending travel concessions and other benefits
 - f. Acceptance through demonstration of the abilities
32. Components of Social rehabilitation
- a. Independent mobility
 - b. Confidence in personal care
 - c. Effective home management
 - d. Understanding of the environment
 - e. Confidence building through counselling and training
 - f. Extension of concessions and benefits under various schemes

33. Importance of orientation and mobility
- a. Definitions:
 - Orientation
 - Mobility
 - b. Importance of O & M
 - Safety of the individual
 - Financial independence
 - Step to comprehensive rehabilitation
 - Mobility and sports
34. Techniques, methods and process of O & M
- a. Mobility techniques
 - Pre-cane skills
 - Sighted guide techniques
 - While approaching narrow ways
 - Ascending and descending stairs
 - Being helped to a chair
 - Passing through doorways
 - Walking along
 - Trailing
 - Protective techniques
 - Upper arm and forearm techniques
 - Lower hand and forearm techniques
 - Locating dropped articles
 - Using landmarks indoor
 - Direction taking
 - Long cane
 - Importance
 - Right type of cane, Qualities of cane
 - Techniques of holding the cane
 - Grip, Hand position, Wrist movement, Arc, Rhythm
 - Using the cane
 - Adaptation of cane techniques for rural areas
 - Shore lining
 - Guide dogs

- Introduction of basis techniques
 - Limitations in Indian conditions
 - b. Using other senses of hearing, touch, smell, temperature, kinesthetic and taste for orientation
 - c. Orientation and mobility training in Indian conditions
 - Adaptation of techniques
 - Individual need-based training
35. Introduction to activities of daily living and home economics
- a. Introduction to ADL
 - b. Training strategy
 - Procedure for designing the daily living skills
 - Specific rules for teaching the daily living skills
 - c. Training content
 - Personal care
 - Cooking skills
 - House keeping skills
 - Home economics
 - d. Training in individual activities, for example, bathing, brushing teeth, shaving, washing clothes, money identifications, pouring liquids, lighting a kerosene lamp, lighting a sagdi (furnace), making open fire, eating and first aid in rural situation
 - e. Specific training in rural conditions
 - f. Special tips for Field Workers
36. Need and importance of parent counselling
- a. Explain project is community-based not community-oriented
 - b. Need for active involvement of parents/family
 - c. Approach to parent counselling
 - d. Parental involvement while imparting training
 - e. General motivational techniques
 - f. Role of parents in the programme
 - g. Role of community in the programme

37. Types of counselling
- a. Individual counselling
 - b. Group counselling
 - c. Counselling through demonstration and narration of successful cases
 - d. Identification and involvement of opinion leaders
 - e. Role of Field Worker as a counsellor
38. Need for community involvement in the rehabilitation process
- a. Complete rehabilitation: responsibility of the community
 - b. Project is a short-term intervention
 - c. Ultimate goal: acceptance of the individual in the fold of the family
 - d. Optimum utilization of the community resources
 - e. Rehabilitation from within the community
39. Concessions and facilities available to the visually impaired
- a. Travel concessions: local buses, railways and airlines etc. Explain the procedures and help in availing such concessions. It may involve approaching the concerned authorities and convincing them to extend such concessions. The Field Workers may help the individuals to complete various formalities. Thus the procedure of availing such concessions should be explained in detail.
 - b. State pension for the disabled
 - c. Subsidy on loan
 - d. Scholarship in case of students
 - e. Various educational and mobility aids and appliances
 - f. Cash assistance
 - g. Preference in housing schemes
 - h. Coverage under poverty alleviation schemes
 - i. Preference under rural development schemes
40. Process of economic rehabilitation and its importance
- a. Explanation of the term
 - b. Significance of income generating activities
 - c. Use of local resources
 - d. Examples of local crafts and activities
 - e. Examples of successful cases of economic rehabilitation

41. Introduction to local crafts, trades and occupations
 - a. Listing of the crafts suitable for the visually impaired
 - b. Explaining any adaptation in the tasks or the equipment
 - c. Blind fold training in performing the tasks relevant to the craft prevailing in the area
 - d. Sharing information regarding the sources of raw material, production process, costing, profitability and market information
42. Introduction to various inputs required for effective economic rehabilitation and completion of various formalities
 - a. Selection of activity or craft
 - b. Training of the individual
 - c. Organizing material inputs viz. bank loan, subsidy, other financial inputs, information about sources of raw materials, avenues for the sale of finished products
 - d. Need for active involvement of community in the process
43. Reporting formats
 - a. Need and importance of reporting
 - b. Introduction to various formats of reporting
 - c. Door to door survey form
 - d. Initial assessment form
 - e. Daily diary of Field Worker
 - f. Case file for each individual
 - g. Weekly tour programme
 - h. Log-book of different functionaries
 - i. Case completion report
 - j. Monthly financial performance report
 - k. Monthly physical performance report
 - l. Significance of maintaining individual case files
 - m. Importance of weekly review meetings
44. Resource mobilization and role of field staff
 - a. Sources of funds
 - b. Listing of community resources
 - c. Importance of utilizing community resources
 - d. Introduction about various schemes of local administration
 - e. Procedure of availing benefits under such schemes
 - f. Roles of different field functionaries in resource mobilization

45. Introduction to Braille
 - a. Brief history of Braille system
 - b. Pre-Braille activities
 - c. General introduction to six-dot system
 - d. System of Braille reading
 - e. Introduction of common writing devices
46. Importance of weekly review meetings and methods of conducting the same
 - a. Need for such meetings
 - b. Recommended agenda for such meetings
 - Review of performance during the last week
 - Discussion on every case under training
 - Planning for the next week
 - Finalization of the weekly tour programme
 - Finalization of any major activities, visits and camps etc. during the following week
 - Discussion with the Project Director, Ophthalmologist or other officials
 - c. Maintaining minutes of the meetings
 - d. Finalization of the travel vouchers, expenditure vouchers, monthly reports and payments of honorarium etc. during review held in the beginning of the month
47. Case closure and concept of complete rehabilitation
 - a. Explanation of the term - case closure
 - b. Need for moving from case to case
 - c. Concept of short-term intervention and then follow-up
 - d. Explanation of the chart of envisaged services for various age groups
48. Need for creating public awareness
 - a. Need for creating public awareness
 - b. Various modes of creating public awareness
 - c. Examples of such efforts elsewhere
 - d. Importance of area specific modes of creating awareness

49. Presentation of case studies and group discussion
 - a. Successful cases of restoration of eyesight, social integration, economic rehabilitation & income generation, integrated or inclusive education, acceptance by the family
 - b. Sharing information about the procedure followed in case of these cases
 - c. Discussion on hurdles in the process of rehabilitation
 - d. Role of Field Worker in achieving success
50. Final evaluation and selection
 - a. Theory and practical examination
 - b. General performance in class and during practicals
 - c. Regularity and sincerity during training
 - d. Development of communication skills
 - e. Understanding of the concepts
 - f. General personality and oratory

2. Ophthalmic Training

The Field Workers are also given ophthalmic training to help them to identify simple eye ailments and understand the various causes of visual impairment. This will help to dispel their superstitions and equip them with the skills of explaining the same to the rural folk. Training is given in the following aspects in a classroom and hospital background by eminent ophthalmologists:

- a. General eye-care
- b. Pathology of the eye
- c. Introduction of common eye-ailments and allied diseases
- d. Prevention of preventable eye-ailments and blindness
- e. Introduction to prevailing eye-care programmes, etc.
- f. Procedure for organizing eye-screening camps, availability of financial assistance and extent of involvement of service clubs
- g. Causes of blindness and the existing prevention programmes
- h. Availability of visual aids
- i. Details of eye-care centres and services existing in the particular district

3. Practical Training

The field staff is imparted practical training for five hours everyday in the rural settings. The venue for providing such training will be model village with the following amenities:

- a. A temple or a place of public gathering
- b. A river or pond or any place for water collection or ablution
- c. Access with the highway and means of public transport
- d. Various types of houses, roads, etc.
- e. Post office, dispensary, school, *Panchayat* office, etc.
- f. Dung pits, manure pits, farm machinery, and farm implements.

The concept of having a model village for imparting mobility training is to acquaint the Field Workers with the salient reference points found in a typical village. The field staff will get exposure to orientation and mobility training in a village setting so that she may in turn impart realistic training to the visually impaired persons.

The knowledge of getting the proper feel of the environment will enable the staff to understand the hazards and benefits of blindness. As the training will be under blindfold, they will understand the blind better.

The field training is given in the following aspects:

- a. Methods of identifying rural blind, counselling the family, preparing case histories, reporting in the prescribed proforma, etc.
- b. Providing orientation and mobility training in a scientific and professional manner
- c. Training in home economics and daily living skills
- d. Practical exposure to realistic situations while under blindfold such as crossing a busy road, boarding buses, and negotiating traffic
- e. Intensive training in rural crafts and trades and agricultural operations of threshing, sowing, reaping, transplanting, operating, and repairing of farm machinery.

4. Various Personnel Needed for Training

Details of training	Faculty
1. Introduction of the project	Project Director
2. Socio-psychological aspects	Local faculty of Psychology
3. Education of visually impaired	Special Educator
4. O&M training	Trained O&M Instructor
5. Potentials of visually impaired	Occupational Therapist
6. Job adaptations	Vocational Counsellor Placement Officer
7. Community participation	Trained Social Worker
8. Aids & Appliances	Trained rehabilitation workers
9. Rehabilitation in Agriculture	Agricultural Officer
10. Dairy & animal husbandry	Animal Husbandry Officer
11. Poultry	Poultry Officer
12. Rural crafts	Local Craft Instructor
13. Government participation	Social Welfare Officer
14. Ophthalmic training	Ophthalmologists
15. Project reporting	Project Director/coordinator

Annexure II

Course Curricula For Master Trainers

COURSE CURRICULA

For Training of CBR Coordinators / Trainers

Duration	:	5 Months
Total Hours	:	750 hours
Theory	:	250 hours
Practicals	:	500 hours

The Project Coordinators are expected to perform a variety of roles in respect of training the field staff, coordinate the functioning of various projects and to do general administration of the people, funds, information, infrastructure and the concept. Thus it is desirable to impart three-pronged training to such personnel to enable them to work as Master Trainers, Project Coordinators and Administrators. Hence the training has been divided into three modules:

- a. As Master Trainers with focus on service delivery, individual needs and training components
- b. As Coordinator with focus project supervision, project monitoring, performance evaluation etc.
- c. As Administrators with emphasis on legal, administrative and financial aspects of managing the programme.

S. N. Topic

I. As Master Trainers

1. Disabled and disability
 - a. Understanding disability and disabled
 - b. The consequences of disease and disabling conditions
 - The response to illness
 - A unifying frame work
 - Application of the concepts

- c. Causes of disability
 - d. Prevention of disabilities
 - e. The magnitude of disability
 - f. Demographic details of the disabled
2. Disabled and society, community organization and urban and rural community development
 - a. Special aspects of technological changes
 - b. Indian society in transition
 - c. Special legislation: The Persons with Disabilities Act, 1995
 - d. Security schemes and their impact on service delivery
 - e. Definition of community and community organization
 - f. Importance of utilization of community resources
 - g. Concept of purposeful intervention
 3. Social case work and social group work
 - a. Definition of social casework
 - b. Components of social casework
 - c. Concept of 'Person in a situation'
 - d. Material and human resources
 - e. Qualities of a caseworker
 - f. Skills of interviewing and recording
 4. Philosophy of disabled welfare
 5. Human personality growth and behaviour development (special reference to visual impairment)
 - a. Nature, concept, dynamics and development of human behaviour
 - b. Concept of growth and development
 - c. Motivation of human behaviour
 - d. Inner strength of an individual
 - e. Developmental tasks in different stages of development

6. Society and disabled legislation
 - a. Social legislation
 - b. Legislative and constitutional provisions for the disabled
 - c. Persons with Disabilities Act, 1995
 - d. Rehabilitation Council of India Act, 1992
 - e. National Trust Act, 1999
 - f. Executive orders on job reservation
 - g. Effectiveness of legislative provisions
 - h. Merits and demerits of such provisions
7. Counselling psychology (with reference to visually impaired)
 - a. Principles and definition of counselling psychology
 - b. Introduction to behaviour modification
 - c. Humanistic theory
 - d. Behavioural theory
 - e. Group counselling
 - f. Guidance & counselling
8. Psychology of personal adjustment and personality theories
 - a. Milestone developments of a visually impaired child
 - b. Socio-psychological aspect of visual impairment
 - c. Personality development
 - d. Mannerism and blindness
 - e. Adjustment process
 - f. Visually impaired child and mental retardation
9. Causes and prevention of visual impairment
 - a. Structure and functions of the eye
 - b. Common eye ailments
 - c. Refractive errors
 - d. Major causes of visual impairment
 - e. Early intervention
 - f. Prevention of visual impairment

10. Definition: visually impaired
 - a. Broad definition
 - b. WHO classification
 - c. Explanation of various terms
 - d. Definition adopted in the Persons with Disabilities Act
 - e. Importance of disability certificate
 - f. Procedure for issuing certificate
 - g. Concept of low vision
11. Demographic details of the visually impaired
 - a. Population of the visually impaired in India
 - b. Demographic details of the visually impaired
 - c. Age-wise distribution
 - d. Incidence and prevalence of visual impairment
 - e. Geographical distribution
 - f. Summary of the findings of the National Sample Survey (2003)
12. Training of the field staff
 - a. Analysis of the course curricula
 - b. Importance of involvement of local faculty
 - c. Development of local human resources
 - d. Procedure of selection of the field staff
 - e. Method and duration of training

II. As Coordinators

1. Employment and placement of the visually impaired
 - a. Importance
 - b. Production potentials and avenues of employment
 - c. Modern placement techniques
 - d. Job reservation
 - e. Importance of micro credit
 - f. Concept of vocational training
 - g. Incentives for the promotion of employment

2. Significance of economic rehabilitation
 - a. Concept of economic rehabilitation
 - b. Explanation of the term "Income generation"
 - c. Significance of unorganized sector
 - d. Venues of self-employment
 - e. Role of community in expediting economic rehabilitation
 - f. Group approach to rural occupations
 - g. Schemes on self-employment
 - h. Incentives for self-employment
 - i. Inputs essential for economic rehabilitation
3. Models and approaches to development of the visually impaired
 - a. Institutional approach
 - b. Transition from institution to community
 - c. Community based rehabilitation and integrated education
 - d. Inclusive training and education
 - e. Provisions of the Persons with Disabilities Act, 1995
 - f. Provisions of the Rehabilitation Council of India Act, 1992
4. Orientation & mobility and its importance
 - a. Definitions and importance of orientation and mobility
 - b. Mobility techniques
 - c. Use of other senses for orientation
 - d. Orientation & mobility training in Indian conditions
5. Activities of daily living and home economics
 - a. Introduction
 - b. Training strategy and content
 - c. Training in individual activities
 - d. Importance of task analysis
 - e. Training in Indian conditions
 - f. Special tips for rehabilitation functionaries

6. General introduction to Braille
 - a. Introduction
 - b. Braille reading and writing
 - c. Method of teaching Braille
 - d. Availability of Braille books and tactile material
 - e. Computer operated Braille embossing devices
7. Assistive Devices for the visually impaired
 - a. Educational devices
 - b. Mobility aids
 - c. Vocational aids
 - d. Daily living aids
 - e. Low vision aids
 - f. Psychological tests
8. Education of the visually impaired
 - a. Explanation of the term: education
 - b. History and status of education
 - c. Residential schools
 - d. Integrated and inclusive education
 - e. Future of residential schools
 - f. Which system is better?
 - g. Middle path approach
9. Central Scheme of Integrated Education of the Disabled
 - a. Introduction of the scheme
 - b. Role of voluntary organizations in the scheme
 - c. Procedure of availing grant
 - d. Role of State Government in the scheme
 - e. District Primary Education Programme
 - f. Introduction to Sarva Shiksha Abhiyan
10. Community based rehabilitation
 - a. The existing scenario
 - b. Concept and components of CBR
 - c. Implementation plan
 - d. Requirement for human resources

- e. Tips for initiation of a CBR programme
 - f. Roles & responsibilities of Implementation Agencies in the programme
 - g. Role and responsibilities of Coordinating Agencies in the programme
 - h. Concept of Community Approaches to Handicap in Development
11. Existing welfare programmes and the concessions
 - a. Major schemes of the Ministry of Social Justice & Empowerment
 - b. National level Government programmes
 - c. Addresses of Concerned State Department, Social Welfare Advisory Boards, Special Employment Exchanges, major developmental organizations for the visually impaired
 - d. Educational concessions
 - e. State level schemes, programmes and concessions

III. As Project Administrators

1. Social welfare administration
 - a. Social policies and social planning
 - b. Administrative machinery and development planning
 - c. Planning structure and process
 - d. Monitoring of social developmental services
 - e. Use of group process in social administration
2. Written analysis and communication
 - a. Importance of effective communication
 - b. Procedure for improving communication skills
 - c. Report writing
 - d. Reference to relevant published material
 - e. Method of compilation, analysis and dissemination of information
 - f. Method of preparing successful case studies

3. Survey methods
 - a. Door-to-door survey
 - b. Persons to be approached for seeking information
 - c. Proforma for survey
 - d. Proforma for baseline data for curable as well as incurable cases
 - e. Initial assessment proforma
 - f. Importance of baseline data
4. Administration of CBR programmes
 - a. Proper selection of the Project Implementing Agency
 - b. Effective training of the field staff
 - c. Adequate and proper supervision of the staff
 - d. Organizing and conducting weekly review meetings
 - e. Regular visits and supervision
 - f. Importance of consistent motivation of the team
 - g. Recognition of good performers
 - h. Group approach to problem solving
5. Organization and administration of rural community development
 - a. Organizational flow chart from centre to the village
 - b. Type and character of administration work
 - c. Role of development administration
 - d. Responsibility areas
 - e. Role of field functionaries in project administration
6. Community based rehabilitation - implementation plan
 - a. Various components
 - b. Process chart
 - c. Role of various functionaries
 - d. Methods of community participation

7. System of project monitoring
 - a. At the local, Coordinating Agency and the Government level
 - b. Weekly review meetings
 - c. Reporting proforma
 - d. Monthly physical and financial performance reports
 - e. System of reimbursement of expenses
 - f. Field visits
8. Introduction to reporting formats, significance of reporting
 - a. Door to door survey
 - b. Initial assessment
 - c. Individual case file
 - d. Monthly physical performance report
 - e. Monthly financial performance report
 - f. Daily diary of field staff
 - g. Weekly review meetings
 - h. Physical performance register
 - i. Project completion report
 - j. Regularity and sincerity in reporting
 - k. Computer software for data storage and analysis
 - l. Management information system
9. Project evaluation
 - a. Need and methods for evaluation
 - b. Importance of current and periodic evaluation
 - c. Indicators for evaluation
 - Cost effectiveness
 - Unit cost of coverage
 - Social accountability
 - Extent of community participation
 - Replicability of the project
 - Sustainability
 - Economic viability
 - e. Role of different agencies in evaluation

10. Procedure for availing grant-in-aid from the:
 - a. Central Government
 - b. State Governments
 - c. Non-governmental organizations
 - d. Salient features of application for grant-in-aid
 - e. List of enclosure to be enclosed
 - f. Maintenance of various records etc.
 - g. Relevant schemes of the Ministry of Social Justice & Empowerment
 - District Disability Rehabilitation Centres
 - National Programmes on Rehabilitation of the Disabled
 - Scheme of Assistance to Non-governmental Organizations
 - Regional Fitment Centres
11. Financial management and budget planning
 - a. Budget allocation
 - b. Admissible recurring and non-recurring expenditure
 - c. Proforma for monthly financial report
 - d. Authentication and approval of vouchers
 - e. Economy in expenditure
 - f. Procedure for reimbursement of expenditure
 - g. Fund flow and cash flow
 - h. Salient features of Foreign Contribution Regulation Act, 1976
 - i. Provision of Bombay Public Trust Act, 1950
 - j. Investment of funds of NGOs
 - k. Provisions of Income Tax Act, 1961
12. Introduction to bookkeeping and accountancy
 - a. Procedure for preparing vouchers
 - b. Cash book and expenditure ledger
 - c. Maintaining cash and bank balance
 - d. Introduction to various financial statements
 - e. Procedure of release of grant
 - f. Public Trust Law and Society Law on accounting matters

13. Legal aspects of welfare organizations with reference to:
 - a. Societies Registration Act, 1860
 - b. Bombay Public Trust Act, 1950
 - c. Foreign Contribution Regulation Act, 1976
 - d. Indian Companies Act, 1956 (Section 25 only)
 - e. Income Tax Act, 1961 (Sections 12, 35, 80 G)
 - f. Employees Provident Fund Act, 1952
 - g. Industrial Disputes Act, 1982
 - h. The Persons with Disabilities Act, 1995
 - i. Rehabilitation Council of India Act, 1992
 - j. National Trust Act, 1999

Practicals

- a. Orientation & mobility and movement science
- b. Daily living skills and home economics
- c. Auditory & tactile maps
- d. Introduction to Braille
- e. Survey methods and approaches to rural development
- f. Use of educational and mobility aids
- g. Exposure to common eye ailments
- h. Case method of project handling
- i. Preparing of case studies
- j. Making of vouchers and checking of books of accounts
- k. Writing of reports and statistical analysis

Annexure III

CBR Courses Evolved and Approved by the Rehabilitation Council of India

For promoting human resources in the field of CBR, 3 levels of training programmes for the CBR functionaries have been introduced:

1. One month course for CBR Workers at the grass-root level
2. 3 -months Certificate Course For Multi-Purpose Rehabilitation Workers
3. One year course for CBR Managers

I. Course for CBR Workers

As it is proposed to initiate the process of rehabilitation at the grassroots level with suitable training and sensitization of parents and the community, the CBR workers are to be placed at the grassroots level that will be properly trained to provide services at the community level. Keeping in view of the objectives of the training of grassroots level CBR workers, this one-month curriculum has been developed by RCI.

Duration: One month or 24 working days or about 144 lectures or practice periods.

Eligibility

- a. Person working under NPRPD scheme.
- b. The parent or close relative of person with disability.
- c. A person who himself is disabled but can render services to the community
- d. Have preferably passed the 8-class examination or equivalent.
- e. He/She should preferably be a resident of area in which he/she wishes to work.

Size Of Batch: Each batch should ordinarily not exceed 25 trainees.

Objectives: The trainees should be able to under take the following tasks

1. To conduct a survey on disability in the area on the basis of a checklist.
2. To counsel parents on the care of the disabled child or adult.
3. To make appropriate referrals.
4. To maintain liaison with appropriate GO'S and NGO's to whom referrals can be made.

II. Certificate Course For Multi-Purpose Rehabilitation Workers (12 credit)

Duration : 3 month

Size of the Batch: Each batch should not be of less than 20 and more than 25 trainees.

Objectives

1. To inform them about the principles and practice of rehabilitation
2. To appraise the trainees about the magnitude, various types and causes of disabilities
3. To teach them the methods of identification of disability, its prevention, and early intervention
4. To make the trainees understand the different types 'of needs of the people with disabilities
5. To provide them orientation in the different aspects of management of disability
6. To create awareness about the abilities and potentials of people with disabilities and their integration in the community
7. To introduce sources of empowerment of the people with disabilities through educational / vocational training and other approaches
8. To give information about the various concessions and facilities available through different schemes of Central / State Governments and how to avail them
9. To impart knowledge about various resources available at Govt. and NGO levels for proper referral and development of liaison

10. To share information regarding team approach for holistic / comprehensive rehabilitation of people with disabilities

Eligibility for Admission

- * Person working under National Programme for Rehabilitation of Persons with Disabilities (NPRPD) Scheme
- * A candidate selected shall be eligible for admission to the Certificate Course for Multi -Purpose Rehabilitation worker for Disabled (3 months) provided the candidate has passed a 8th standard examination of any State.

Duration of the Course

Certificate in Multi purpose Rehabilitation Workers (3 months) shall be for a duration of three months with 75 working days, providing for a maximum of 240 instructional hours in addition to 360 hours of practical work.

Course Content

S.N.	ITEM	HOURS
1	<i>Introduction to disability</i> <ul style="list-style-type: none"> ● Definition of Disabilities as per PWD Act, 1995 ● Explanation of various terms related to disability ● Disability process 	4
2	<i>Demographic and epidemiological patterns of different disabilities</i> <ul style="list-style-type: none"> ● Situation analysis ● Prevalence of disabilities ● Rural Urban d istribution 	16
3	<i>Causes, Prevention, early intervention and rehabilitation in disabilities</i> <ul style="list-style-type: none"> ● Introduction to the basic structure and function of human body ● Various causes of different disabilities, Common preventive measures 	8

S.N.	ITEM	HOURS
	<ul style="list-style-type: none"> ● Early intervention strategies ● First aid therapy ● Rehabilitation - definitions and medical, psychological, social, educational, vocational aspects 	
4	<i>Survey Methods</i> <ul style="list-style-type: none"> ● Various survey methods ● Need and importance of door-to-door survey ● Procedure of conducting door-to-door survey ● Need Assessment 	4
5	<i>Early Identification & Early Intervention</i>	4
6	<i>Introduction to Community Based Rehabilitation</i> <ul style="list-style-type: none"> ● Concept of CBR ● The existing scenario, Situation analysis 	12
7	<i>CBR strategies</i> <ul style="list-style-type: none"> ● Need for promotion of CBR, CBR programme development ● Components of CBR ● Sustainability of CBR ● Monitoring and evaluation in CBR ● Various patterns of CBR as practiced in India 	8
8	<i>Attitudes towards Disability - Problems and Solutions</i> <ul style="list-style-type: none"> ● Attitudes of people with disabilities ● Attitudes of family members ● Introduction of human psychology ● Mechanism for change of attitudes, attitudes of community 	4

S.N.	ITEM	HOURS
9	<p><i>Highlighting the Abilities of the PWD</i></p> <ul style="list-style-type: none"> ● Involvement of the PWD, family and community in rehabilitation ● Involvement of media and other important members and opinion makers in the community, motivation ● Role of field worker as a counselor ● Acceptance of disability ● Individual / family counseling, raising acceptance ● Group counseling, counseling through demonstration & other methods 	8
10	<p><i>Education of Children with Disabilities</i></p> <ul style="list-style-type: none"> ● Status of education of children with special need ● Residential schools for the children with disability ● Functional education through NFE (Non Formal Education), integrated education, inclusive education, District Primary Education Programme ● Educational scholarship, alternative educational centre ● Education - Fundamental Right ● Curricular & co-curricular components for all round development of children with disabilities ● Scheme of Integrated Education of Persons with Disabilities ● National Open School ● Provisions under the PWD Act, 1995 ● Pre-integration skills, preparing system for integration, child-to-child learning 	24

S.N.	ITEM	HOURS
11	<p><i>Psycho-social implications of disability</i></p> <ul style="list-style-type: none"> ● Objective effects of disability ● Subjective variables and psychological impact of disability ● Introduction to psychological evaluation ● Social aspects 	
12	<p><i>Multi-sectoral linkages and networking</i></p> <ul style="list-style-type: none"> ● Role of state departments ● Role of local administration, role of self Government ● Role of developmental organizations, role of healthcare agencies ● Need for promoting networking ● Involvement of media, religious institutions and corporate sector in networking 	
13	<p><i>Schemes for Concessions and Facilities to persons with disabilities</i></p> <p>Explain the procedure for extending various concessions and facilities to persons with disabilities:</p> <p>Reservations in jobs, disability certificate, National Identity Card, age relaxation for jobs / examinations, travel concessions, state pension for the disabled, subsidy on loans, loans from NHFDC, scholarships in case of students, various educational and mobility aids / appliance, cash assistance, preference in housing schemes, coverage under poverty alleviation programs, Pradhan Mantri Rojgar Yojna, coverage under rural development schemes, various other State specific schemes, programs etc.</p>	
14	<p><i>Principles and Process of Economic Rehabilitation</i></p> <ul style="list-style-type: none"> ● Explanation of the various terms, 	12

S.N.	ITEM	HOURS
	<ul style="list-style-type: none"> ● Importance of gainful occupation in the rural areas ● Significance of income generating activities, ● Development of marketing skills ● Use of local resources, examples of local crafts and activities ● 'Ability' contests in vocations for discovery of talents an up gradation ● Examples of successful cases of vocational rehabilitation ● Role of VRCs (Vocational Rehabilitation Centres) 	
15	<p><i>Developing a Barrier Free Environment for All Person with Disabilities</i></p> <ul style="list-style-type: none"> ● Need for adequate access ● Modifications at different levels and places ● Modification of toilets, kitchens, steps, railings etc. ● Public education regarding architectural barriers ● Access to public places for persons with disabilities 	
16	<p><i>Rehabilitation Aids / Appliances / Devices</i></p> <ul style="list-style-type: none"> ● Mobility, self-help, activities of daily living ● Training in the use of devices, vision stimulation ● Low vision devices, hearing-aids, educational aids, vocational aids ● Use of indigenous materials, computer aided devices, special software ● Advanced technology devices - audiometer, psychological tests ● Total communication and sign language, Braille equipments 	12

S.N.	ITEM	HOURS
17	<p><i>Rights of the Persons with Disabilities</i></p> <ul style="list-style-type: none"> ● Brief introduction and aspects of implementation of ● Standard Rules, UN; Persons with Disability Act, 1995 ● RCI Act, 1992 with amendments (2000) ● National Trust Act, 1999 ● Convention of the Disabled, UN-ESCAP Decade for the Disabled, Biwako millennium framework ● Salamanca Declaration, Dakar Declaration, other significant declarations 	8
18	<p><i>Mobilization of Community Resources</i></p> <ul style="list-style-type: none"> ● Community awareness, community involvement, community mobilization and organization ● Explanation of 'community resources', listing of community resources ● Importance of utilizing community resources ● Introduction about various schemes of local administration ● Procedure of availing benefits under such schemes ● Roles of different field level functionaries in resource mobilization 	8
19	<p><i>Special Focus on Women</i></p> <ul style="list-style-type: none"> ● Problems of girls and women with disability ● Role of women in rehabilitation, empowerment of women with disabilities ● Removal of gender disparity, Self Help Groups ● Problems of elderly persons, services for elderly ● Coverage of persons with multiple disabilities 	4

S.N.	ITEM	HOURS
20	<p><i>Need for Creating Public Awareness</i></p> <ul style="list-style-type: none"> Level of public awareness at present Various methods of creating public awareness 	2
21	<p><i>I. Sports, Cultural leisure. Recreational & Creative Activities</i></p> <ul style="list-style-type: none"> School: local, regional, national, and international Abilympics (abilities of skills) State, National, and International level sports for the disabled Adaptation / modification of sports equipments / rules Art & crafts activities, leisure & recreational activities 	4
	<p><i>II. Field Visits</i></p> <ul style="list-style-type: none"> Rehabilitation centres, health care agencies, training centres, existing CBR projects Schools with inclusive, integrated & alternative Departments of Social Welfare Disability Development Organizations Cases of successful rehabilitation 	
	<p><i>III. Practical Training</i></p> <p>Use of Assistive devices, Repair & maintenance of devices, orientation & mobility, self care activities, introduction to Braille, low vision devices, audiometry, fitting of assistive devices</p>	
	<p><i>IV. Cognitive & Functional Assessment, needs assessment, rural crafts activities, job adaptations, early intervention, field survey, evaluation, self appraisal, & feed back</i></p> <ul style="list-style-type: none"> Structured evaluation 	

S.N.	ITEM	HOURS
	<ul style="list-style-type: none"> Weekly assignment, Project assignment Completion of Feedback Open discussion, Concluding Session 	
	<p><i>V. Supervised Field Work</i></p> <p>Door-to-door survey, participatory rural appraisal in the community, identification of persons with disabilities, assessment of needs of PWD, strategy & implementation, provision of services at a central location, educational concessions, awareness about centres for certification of disability</p> <p>Basics of report writing, completion of proforma, public awareness campaigns, income generation activities, work adjustment problem.</p>	

III. DIPLOMA IN COMMUNITY BASED REHABILITATION FOR DISABLED (Covering all disabilities)

Objectives : The principal objective of the course is to prepare a Para professional, who could organize the delivery of educational and rehabilitation services in rural areas:

- He/she will be expected to supervise the delivery of all rehabilitation services to persons with a variety of impairments and in a variety of situations, where all qualified professional needed for the inter disciplinary process of rehabilitation are not readily available
- He/she will be familiarize with all the National and local services available in rural areas.
- He/she will also be familiarizing with different types of therapies needed to cope with the problems posed by physical, intellectual or sensory impairment as well as socio economic situations.

Eligibility for Admission to the Course: A candidate shall be eligible for admission to the Diploma Course in Community Based Rehabilitation for Disabled provided the candidate has passed 10+2 examination of any State.

Duration : Diploma in Community Based Rehabilitation shall be for a duration of one academic year with 200 working days, providing for a maximum of 1200 instructional hours including the practical work.

Course of study: The course of study shall include the following:

Part I : 6 Theory papers - 6 X 70 Hours	- 420 Hours
Part II : Practical	- 450 Hours
Part III : Internship under supervision	- 330 Hours

Theory: The following papers will be offered under part I Theory papers:

Paper I	Principles and Methods of Community Based Rehabilitation Approach
Paper II	Management of Community Based Rehabilitation Programmes
Paper III	Identification, Assessment and Rehabilitation of persons with Visual Impairment and Associated Disabilities
Paper IV	Identification, Assessment and Rehabilitation of Persons with Hearing Impairment and Associated Disabilities
Paper V	Identification, Assessment and Rehabilitation of Persons with Mental Retardation and Associated Disabilities
Paper VI	Identification, Assessment and Rehabilitation of Persons with Locomotor Disability and Associated Disabilities

Practical: The practical will include the following activities: Orientation and mobility practice, daily living skills for all disabilities, manual dexterity skills training; assignments; Braille-reading and writing; abacus - at least up to division, use of special appliances and assistive devices; organizing medical camps, door-to-door survey, participatory rural appraisal; organizing the community meeting, public awareness; organizing case review committee meeting; case study of at least one disabled child each of the four categories (all disabilities) and situation analysis; field visit to education and rehabilitation programmes/ hospitals; training in the local trades and economic rehabilitation; documentation and case logbook

Paper -1

Principles and Methods Of Community Based Rehabilitation Approach

Objectives:

- Explain the aims and objectives of CBR.
- Describe the implementation process in CBR
- Attain knowledge about the CBR management.
- Understand the importance of inclusive education.
- Understand the procedures in record maintenance.

Unit 1 - Introduction, Aims and Objectives of CBR

General introduction to CBR approach - definition, principles, advantages, and limitations, historical perspective of CBR; General introduction to different categories of disability and disabled, rights awareness; Roles, functions and objectives of RCI, national programmes; Legislation on disability : PWD Act 1995 and RCI Act 1992, National Trust Act, 1999 enabling; CBR - single disability and multiple disability approach

Unit 2 - Concept And Implementation Process

Concept of CBR approach, Need for CBR approach; Components of CBR approach; Role of community involvement in rehabilitation process, Social mobilization; Net-working with other service organizations available in the community

Unit 3 - Individualized Disability Management

Need for clinical and functional assessment, Individual Rehabilitation plan and its advantages; Preparation of case study; Role of case Review Committee in CBR approach; Need for follow-up service

Unit 4 - Role of CBR in Inclusive Education

Need for early detection and intervention; Health education; Pre school skills for young children; Educational programme for late beginners and dropouts; Need for inclusive education; Role of CBR worker in appropriate schooling

Unit 5 - Implementation of CBR Programmes

Selection of target area; Collecting the information about the working area; Selection of field staff; Organizing the training course for the field staff; Basic fiscal management; Multi Sectoral linkages

Paper II

Management Of Community Based Rehabilitation Programmes

Objectives

- Understand the administrative methods in CBR approach.
- Knowledge of CBR field management techniques.
- Carry out the fieldwork.
- Knowledge of the qualities of the successful leader in CBR programmes.
- Understand the procedures adopted in project proposals and Budget proposals.

Unit 1 - General Programme Management

Survey Techniques; Need for rehabilitation plan; Assessment procedures - functional and psychological; Job placement for the disabled - organized sectors and self-employment

Unit 2 - Management of Field based Activities

Field supervisor as an Investigator; Field supervisor as a technical supporter; Planning of field visit; Client management techniques, Behaviour management; Evaluation of client needs.

Unit 3 - Responsibilities of Field Supervisors in Rehabilitation

Characteristics of an efficient Field Supervisor; Field Supervisor as a counselor; Importance of technical support to Field Workers; Importance of time management; Concept of guidance; type of guidance; vocational, educational and personnel

Unit 4 - Project Proposals and Reports

Introduction to project proposals; Case files and other reports; Need for case logbook; referral services; Reporting techniques - unit statistics and monthly report; Bookkeeping, petty cash maintenance; Field visit programme, role and responsibilities of the field staff.

Unit 5 - Social Planning and Developmental Issues

Agencies involved in the rehabilitation of the disabled; Involvement of the community, resource mobilization; Various proforma to get social benefits for persons with disabilities; Concessions available for persons with disabilities; Participatory Rural Appraisal in CBR

Paper III

Identification, Assessment and Rehabilitation Of Persons with Visual Impairment and Associated Disabilities

Objectives:

- Explain the anatomy and physiology of the human eye.
- Describe the causes of visual impairment and common diseases of the eye.
- Carry out the assessment of visual efficiency of visually disabled people.
- Knowledge about the need for individualized rehabilitation plan.
- Understand the procedures in the vocational placement services for the disabled.

Unit 1 - Anatomy and Physiology of the Human eye

Anatomy of the human eye; Process of seeing; Definitions: blindness, visually Impaired as per the PWD Act 1995; Principles of refraction and refractive errors; Psychological implications of visual impairment

Unit 2 - Causes of Visual Impairment and Common Disorders of the Eye

Vitamin - A deficiency, Cataract, Glaucoma, Corneal Ulcer and Trachoma; Neurological causes of visual impairment :

Disorders related to refraction-Myopia, Hypermetropia, Presbiopia, and Astigmatism; Disorders related receptive aspects of the eye-retinal detachment, retinitis pigmentosa, optic atrophy and such related disorders-Nystagmus, strabismus and Amblyopia; Preventive and curative aspects - role of CBR workers, referral services.

Unit 3 - Assessment of Visual Functioning

Definitions - Visual acuity, visual field, tunnel vision, central scotoma, distant and near vision; Functional assessment procedures and commonly used assessment tests; Role of Ophthalmic assessment of education purposes; Low vision assessment - residual vision, visual closure, visual background; Eye eye coordination, eye-foot co-ordination; Role of nutrition for better vision; Associated disabilities

Unit 4 - Individualized Rehabilitation Plan-Need and Procedure

Assessing the basic needs of the client; Use of assistive devices; Steps in writing the rehabilitation plan; Importance of presenting rehabilitation plan in the Case Review Committee for approval; Assessment and evaluation of the plus curricular skills and ability of the disabled individual; Importance of Follow up services.

Unit 5 - Rehabilitation Skills

Role of Mobility in CBR; Introduction to task analysis method to teach adapted daily living skills; Importance of manual dexterity training in vocational training; Economic rehabilitation - need, identification of local trades, selection of suitable job, placement services, and self-employment, motivation of Parents; Sensory training, creative arts, Yoga and pre-school skills.

Paper IV***Identification, Assessment and Rehabilitation Of Persons with Hearing Impairment and Associated Disabilities*****Objectives:**

- a. Explain the anatomy and physiology of the human ear.
- b. Describe the causes of hearing impairment and common diseases of the ear.
- c. Carry out the assessment procedures for hearing disabled people.
- d. Knowledge about the need for individualized rehabilitation plan.
- e. Understand procedures process of rehabilitation services for disabled.

Unit 1 - Hearing and Auditory processes

Definition - hearing impairment, deaf, and hard of hearing as per the PWD Act, 1995; Procedures in audiometry; Interpretation of audiograms; Hearing aid trials and fitting-aided and unaided, ear moulds, and simple maintenance; Matching audio logical information to hearing aids, loop conduction system; Structure and functions of human ear, Properties of sound frequency, pitch, intensity; Neurology and Physiology of hearing, educational implications.

Unit 2 - Causative and preventive factors of Hearing Disability

Conductive and sensory motor hearing loss; Autosomal recessive gene deafness; Acoustic neuroma, Effects of Warrdenbergs syndrome; Rubella; Usher syndrome; Prenatal and postnatal hearing loss; Associated disabilities; Preventive measures - role of CBR workers.

Unit 3 - Assessment Procedures

Importance of early Identification; Functional and clinical assessment; Assessment of plus curricular and use of assistive devices. Communication systems - manual, auditory and total communication; Prevalence and incidence of hearing disability.

Unit 4 - Speech and Language Processes

Normal development of speech and language; Sources of speech and language development and factors affecting development; Effect of hearing loss on speech and language development; Listening and its relation to speech, characteristics of good speech; Sign language development as an option

Unit 5 - Rehabilitation skills

Assessing the basic needs of the client; Individualized rehabilitation plan; Parent education - Role of CBR worker; Sensory training, creative arts, yoga, physical education; Pre school skills for the children

Paper V***Identification, Assessment and Rehabilitation of Person with Mental Handicap and Associated Disabilities*****Objectives:**

- a. Comprehend the overview of mental retardation by getting the knowledge in the concept - definition, and classification of mental retardation.
- b. Describe the causative and curative factors of mental retardation.
- c. Develop competency in procedures with references to screening, identification, and assessment.
- d. Design the need based programme on the basis of assessment information.
- e. Develop competency in dealing of the family of mentally retarded and drawing the support from community.

Unit 1 - Overview of Mental Retardation

Definition as per the PWD Act 1995; Historical review; Prevalence of mental retardation; Etiological factors of mental retardation; Biological, environmental factors; Prenatal and post natal causes; Classification of mental retardation: medical, educational, socially maladapted behaviour; Characteristics of mental retardation, mental illness; Mental handicap and associated conditions - epilepsy, cerebral palsy, metabolic disorders, sensory impairments; Social Emotional Disorders (SED) and other conditions

Unit 2 - Causative and Preventive Factors of Mental Retardation

Genetic factors, environmental factors, birth injuries; Prenatal and Post natal problems; Parents self-help group, Down's Syndrome; Primary health care education and immunization; Preventive measures.

Unit 3 - Assessment

Introduction to existing screening, identification and assessment technique; Approaches in and types of assessment, conditioning; Methods and tools of assessment; Screening tools; Early identification, behaviour modification skills; Developmental assessment tools; Intellectual - various standardized assessment tools; Social, Behavioural, language and speech assessment tools; Assessment of infants and toddlers with developmental delay; Ability based placement and need based instructional procedures.

Unit 4 - Early Intervention Services

Early detection & evaluation; Motor coordination; Play therapy; Self help training with reference to cerebral palsy; Parent guidance for cognitive developments family counselling.

Unit 5 - Adult Training and Vocational Placement, Family & Community Partnership

Adult Training: residential facility, community living/group homes, Living with family; Developing skills for sustaining special relationship with partner, friend, family members, spouse community collateral; Assisting and supporting family needs and drawing community resources appropriately; Developing family support plan-Models of parent professional partnership, parent and sibling association; Specific problems in organizing services for urban and rural clients with mental retardation, cerebral palsy; Pre vocational assessment, work skill-training & income generation.

Paper VI

Identification, Assessment And Rehabilitation Of Person with Locomotor Disability And Associated Disabilities

Objectives:

- a. Explain the anatomy and physiology of locomotor system.
- b. Comprehend the overview of motor disability by getting the knowledge in the concept, definition, and classification of Locomotor disability.
- c. Describe the causative and preventive factors of locomotor disability.
- d. Develop competency in procedures with references to screening, identification, and assessment.
- e. Design the need- based programme on the-basis of Assessment information.
- f. Develop competency in dealing of the family of locomotor disabled and drawing the support from community.

Unit 1 - Overview of Locomotor Disability (10 Hours)

Anatomy and physiology of locomotor systems viz. bones, joints, muscles, nerves, spinal cord and brain.

Unit 2 - Assessment (15 Hours)

Causative and preventive factors of locomotor disability like congenital disabilities/deformities, polio, cerebral palsy, stroke, muscular dystrophy, head injury, spinal cord injury, amputations, hand injury, trauma, arthritis, multiple sclerosis, bone & joint diseases, cancers, etc.

Unit 3 - Assistive Devices (15 Hours)

Early identification, clinical assessment for mobility skills, ADL skills, prevocational skills

Unit 4 - Early Intervention Services (15 Hours)

Rehabilitation Team: physiotherapy, occupational therapy, orthotics & prosthetics; Rehabilitation aids, repairs & maintenance of appliances & aids, low cost aids, indigenous devices; Referral and follow up

Unit 5 - Socio - Vocational Rehabilitation (15 Hours)

Parental guidance; Architectural barriers - barrier free environment; Vocational training and income generation; Family and community integration

PRACTICALS

Orientation and mobility practice; Daily living skills teaching practice; Manual dexterity skills training; Assignments; Braille; Abacus; Use of special appliances; Organizing medical camps; Organizing the community meeting; Organizing Case Review Committee meeting; Case study; Field visit to education and rehabilitation programmes/ hospitals; Training in the local trades; Documentation/ case logbook/ Individual Rehabilitation Plan; Preparing low-cost assistive devices; First aid; Physiotherapy exercises; Teaching sign language, Total communication skills; and Teaching practice