

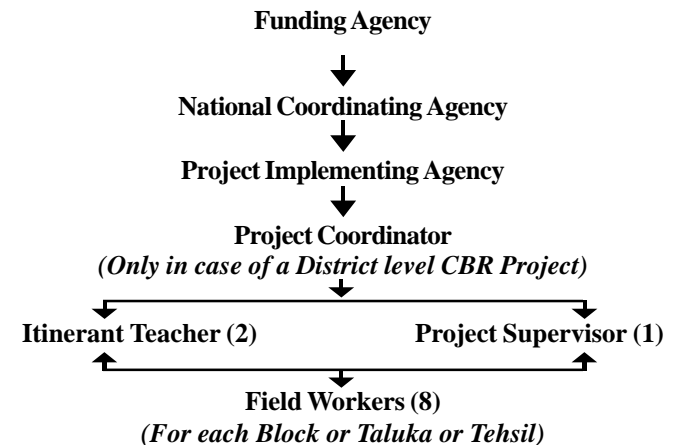
COMMUNITY BASED REHABILITATION IMPLEMENTATION PLAN

1. Organizational Structure

The organizational structure of the CBR programme should be a simple linear one without overlapping of responsibilities. It has been divided into three tiers because of the following advantages:

- a. Developing a national network of services for the target group.
- b. Enabling extensive coverage of the target group.
- c. Providing essential local contacts and effective supervision.
- d. Ensuring involvement of other developmental agencies.
- e. Offering decentralized supervision
- f. Organizing centralized monitoring, coordination and evaluation
- g. Understanding of local environment, language and traditions.
- h. Promoting comprehensive services in remote areas.

The envisaged organizational structure is depicted below:



1.1 Tier I: Funding Agency

The Funding Agency will provide assistance to the National Coordinating Agency who will in turn remit or reimburse the same to the Project Implementing Agency. (The agencies may solicit funds directly and implement projects on their own also).

A Funding Agency may be any:

- International Non-governmental Organization (INGO)
- Non-governmental Organization (NGO)
- Any Ministry or Department of any National or Provincial Government
- Any corporate body
- Any developmental agency
- Any disability development or advocacy group
- A group of individuals

1.1.1 The existing funding agencies for CBR projects in India are:

- ActionAid
- Canadian International Development Agency (CIDA)
- CBR Forum
- CBR Network
- Christoffel Blindenmission
- Danish Programme on Control of Blindness
- Dark & Light
- Department for International Development (DFID)
- Departments of Social Welfare of State Governments
- Hilton Perkins International
- Indo German Social Service Society
- Ministry of Social Justice & Empowerment, Govt. of India
- Misooror, Germany

- National Association for the Blind
- Norwegian Agency for Development (NORAD)
- OXFAM
- Sense International
- Sight Savers International
- South Asia Partnership
- State Bank of India
- Swedish International Development Agency (SIDA)
- World Blind Union

1.1.2 Roles of Funding Agencies

- a. Providing financial assistance for the initial approved non-recurring as well as admissible recurring expenditure to the National Coordinating Agency, which in turn releases the same to the Implementing Agency in four installments on the recommendation of the National Coordinating Agency RAC.
- b. Providing technical inputs where necessary for the effective implementation of the project.
- c. Providing consultative inputs, such as services of experts where necessary.
- d. Obtaining, analyzing, and providing feedback on the progress reports received from the National Coordinating Agency.
- e. Exploring new avenues for raising funds for the expansion of the projects.
- f. Convincing other bilateral and international Funding Agencies to adopt such projects.
- g. Creating public and institutional awareness and convincing Governmental agencies and Non Governmental Organizations to encourage, initiate, implement, support, sponsor, and finance such projects.
- h. Periodic evaluation of the projects through regular reports, visits to the site, and other suitable means.

- i. Promoting research and developing appropriate human resources for developing the concept of CBR further.
- j. Organizing mid-term and end-term evaluation of projects with the support of outside experts or professional organizations

Thus the Funding Agencies will not only provide financial assistance but also monitor and evaluate progress of the projects.

1.2 Tier II: National Coordinating Agency (NCA)

It should perform the staff functions of monitoring the project and playing an advisory role. It should identify and initiate several projects all over the country.

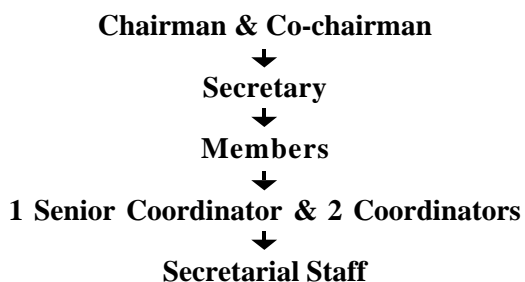
1.2.1 Overall responsibilities: It is expected to perform the following roles:

- a. Sending project proposals, submitting budget and securing funds from the Funding Agencies.
- b. Identification of project locations and the Project Implementing Agencies.
- c. Helping in selection and training of field staff for the projects.
- d. Liaison between the Funding Agencies and the Project Implementing Agencies.
- e. Formulating policy guidelines for ensuring:
 - Proper implementation;
 - Monitoring and evaluation of the projects;
 - Securing regular reports from the implementing agencies; and
 - Submitting reports to the funding agencies.
- f. Organizing meetings of the Project Implementing Agencies, maintaining minutes and circulating notes on the proceedings of the meetings to the Funding Agencies at regular intervals.
- g. Implementing and ensuring follow-up of the recommendations of the Funding Agencies.
- h. Organizing initial training and orientation and refresher courses for the Project Supervisors and officials of the Project Implementing Agencies.

- i. Creating public awareness of potentials and needs of the rural visually impaired by publishing and circulating materials and through the use of various media.
- j. Motivating other social welfare and visually impaired developmental organizations to implement such projects and providing them with the necessary technical expertise in this regard.
- k. Exploring various avenues of obtaining funds for the projects.
- l. Representing views on committees and seminars, developing an information bank, influencing governmental policies and arranging coordination among various funding agencies regarding to rehabilitation of the rural visually impaired.
- m. Promoting networking among the disabled development, rural development, health care and such other organizations willing to promote CBR projects in their areas of coverage. Disseminating information, documenting policy and creating a database.
- n. Organizing regional and national level seminars and symposiums for promoting various aspects of community based rehabilitation, community initiatives, Government participation and innovative intervention strategies.
- o. Promoting human resources through short term courses, encouraging standardization of course curricula, development of training material, publication of handbooks manual and such other measures.
- p. Encouraging standardization of course curricula.
- q. Developing and publication of training material.
- r. Implementing various programmes on Continuing Rehabilitation Education developed and supported by the Rehabilitation Council of India.

1.2.2 Structure of the National Coordinating Agency: It should be a duly constituted committee of persons interested in the promotion of CBR, CBR specialists, representatives of the Project Implementing Agencies. It should be constituted under the auspices

of any leading disability development organization or as an independent NGO. It may have the following organizational structure:



The Chairman, Co-chairman, Secretary and all the Members may be the honorary workers. They should be entrusted the responsibility of promoting services for the visually impaired or other persons with disabilities through the concept of CBR.

1.2.2.1 Chairman & Co-chairman: These should have the following responsibilities

- a. Convening, chairing and conducting regular meetings of the NCA.
- b. Maintaining links, coordinating and doing correspondence with the its headquarters and its other committee and activities.
- c. Handling correspondence with the funding agencies and other concerned organizations.
- d. Overall responsibility for smooths functioning of the NCA, proper utilization of the funds and effective implementation of the projects.

1.2.2.2 The Secretary should perform the following duties

- a. Handling overall correspondence pertaining to funds, projects, staff matters, funding agencies, regular reports, visits and visitors, regular meetings of the committee.
- b. Monitoring day-to-day functioning of the staff members of the Committee, planning their tour programmes, evaluating their progress and reimbursing their expenses etc.

- c. Handling day-to-day administration of the activities, flow of funds, compilation and dissemination of information, appraisal of staff performance, convening of meetings, maintaining and distribution of minutes and coordination with other members of the Committee and the Project Implementing Agencies.
- d. Organizing training programmes for the field staff, arranging the visiting faculty, providing training material and conducting part of the training.
- e. Organizing seminars, refresher courses, orientation programmes and group meetings for promoting the concept of CBR and developing the human resources.
- f. Paying visits to the field for evaluating performance of the projects, conducting training, liaison with concerned agencies and individuals for promoting the concept.
- g. Mobilizing resources from the governmental and non-governmental agencies both Indian and foreign by submitting the project proposals, organizing the visits and motivating their participation.
- h. Submitting the monthly or quarterly reports of physical as well as financial progress of each project to the respective funding agencies and other concerned agencies.
- i. Submitting monthly statements of expenditure to the headquarter in respect of field expenditure and other establishment and administrative expenses. Also submitting regular reports of performance for the purpose of publication etc.
- j. Promoting networking among development organizations in respect of promotion of CBR. Influencing policies of the State in this respect.
- k. Implementing all the decisions of the Central Coordinating Agency and reporting back the progress. Maintaining minutes of all the meetings, circulating agenda, minutes and other such materials among members.
- l. Encouraging publication of articles, new reports, success stories and such other material in the newspapers, journals and

periodicals for creating public awareness. Developing and distributing audio-visual material and print material on the concept and projects etc.

- m. Taking all other measures for fulfilling objectives of the Central Coordinating Agency, promotion of the concept of CBR, efficient functioning of the projects and extending services to the persons with disabilities.

1.2.2.3 Roles of the Senior Project Coordinator

- a. Helping the Project Implementing Agencies in selection of the project area, formation of clusters, and selection of field staff.
- b. Arranging the six-week training for the Field Workers and refresher courses for the Project Directors, Project Coordinators and Supervisors of various projects.
- c. Modifying and adapting the training curricula and rehabilitation methods in accordance with regional needs.
- d. Paying regular visits to the project to observe progress, guide the field staff and decide the future course of action.
- e. Evolving adapting region specific techniques of screening, identification, assessment, evaluation, provision of need-based services to the individuals.
- f. Any other duties entrusted by the National Coordinating Agency.

1.2.2.4 Role of the Coordinators

- a. Conducting training of the field staff and refresher and orientation courses for the Project Director and Supervisors.
- b. Visiting and observing the working of various projects and reporting to the National Coordinating Agency.
- c. Coordinating various projects implemented by the Project Implementing Agencies.
- d. Obtaining, analyzing regular physical and financial reports from various projects and providing feedback to the agencies.
- e. Corresponding with other disability development and rural development agencies for evolving rehabilitation programmes.

- f. Corresponding with State Departments of Disability Development for encouraging them to implement such projects in their region.
- g. Preparing publication materials for creating public awareness of the project.
- h. Compiling and publishing various success stories of the successful cases of complete rehabilitation.
- i. Maintaining appropriate computer software, database and records of performance of various projects.
- j. Representing the National Coordinating Agency on various seminars, conferences, workshops and meetings pertaining to the concept of CBR.
- k. Any other duties entrusted by the Secretary or other officials.

1.3 Tier III: Project Implementing Agency

As per the project ideology, a local visually impaired development, rural development, social development organization, service club, or a group of motivated individuals implements the CBR project.

1.3.1 Legal Status:

- a. *It should be a registered under*
 - Public Trust Act, 1950 (Maharashtra and Gujarat)
 - Indian Society Registration Act, 1860, or
 - Section 25 of the Indian Companies Act, 1956
 - Foreign Contributions Regulation Act, 1976
 - Section 51 of the Persons with Disabilities Act, 1995
 - Section 12 of the Income Tax Act, 1961
 - Section 80(G), or 35(AC) or 35(I)(ii) of the Income Tax Act, 1961
- b. It should have a duly constituted, functional and democratic Managing Committee or the Governing Board as per constitution of such organization.

- c. It should be willing to promote services for the rural visually impaired and avail adequate local support for eye care etc.
- d. It must have its Head Office or branch office in the project area and must have involvement of local people in its management.
- e. It should be maintaining its regular accounts, getting the same audited and fulfilling other statutory requirement in this respect.
- f. It should be a trustworthy agency with transparency in accounts and operations.

1.3.2 Nature of Implementing Agencies: Select any of the following agencies as the Project Implementing Agency

- State Branches of any national level disability development organizations.
- Disabled development agency
- Health care agency or any local hospital
- Rural development agency
- Social development organization
- Service clubs
- Educational institutions
- Local administration
- Prominent social worker

1.3.3 Required Characteristics: The Project Implementing Agency should have the following characteristics:

- a. Sound track record of rehabilitation or development work.
- b. Willing to promote CBR and avail local support for medical intervention.
- c. Adequate infrastructure facilities such as office, telephone, and vehicles.
- d. Experience of working in rural areas, on developmental issues or for persons with disabilities.

- e. Dynamic management, willing to experiment with new ideas and implement new projects.
- f. Good contacts with an eye hospital or health care agencies.
- g. Good contacts with rural agencies, local administration and community leaders.
- h. Sound financial position to ensure expansion of the project to other areas out of its own or raised funds, or continue the project after the end of the funding.
- i. Registered as Society, Trust, or both or non-profit Company.
- j. Registered under Foreign Contribution Regulation Act.
- k. Willingness of assigning personnel to handle the day-to-day working of the project.

1.3.4 Roles of Project Implementing Agency: This Agency will actually implement the project and bear the following responsibilities:

1.3.4.1 As An Administrator

- a. Providing services of Honorary Project Director and other honorary advisory staff and entrusting responsibility for implementing the project.
- b. Providing office space, establishment, conveyance, and office infrastructure, such as furniture and typewriter and space for holding the weekly review meetings and for storing of project documents.
- c. Implementing the project according to guidelines set by the National Coordinating Agency and maintaining strict adherence to budgeted heads.
- d. Selecting project area, forming clusters, selecting the field staff, organizing training, assigning work to the field team and checking the same during weekly review meetings.
- e. Arranging for the routine supervision of the working of the field staff and arranging regular visits to the stakeholders of the project.
- f. Ensuring proper utilization of the project vehicles and maintaining

the logbook in the prescribed format.

- g. Sending regular physical and financial reports in prescribed forms to the National Coordinating Agency.
- h. Involving agencies like Panchayat, district administration and developmental agencies and tapping local media for public awareness.
- i. Encouraging other visually impaired welfare agencies in the area to take up similar projects.

1.3.4.2 As a Change Agent

- a. Approaching the local health authorities for providing health facilities to the persons with disabilities under the project.
- b. Arranging for the health checkup of all the persons covered under the project and taking the help of agencies organizing health care camps.
- c. Approaching the District Education Officers for convincing them to admit children with disabilities to the regular schools.
- d. Arranging services of Resource/Itinerant Teachers for the children studying in the integrated schools and providing them educational material.
- e. Using personal contacts and charisma to acquaint the public with disability development and achievements of the respective project.
- f. Building up a base to ensure continuity of the project even after withdrawal of funds from the Funding Agency.
- g. Creating public awareness about achievements of the project.
- h. Identifying and developing local leaders for the cause and adapting philosophy to suit the local conditions.
- i. Networking with other agencies and being involved in mutual sharing of expertise and experience.

1.3.4.3 As a Resource Mobilizer

- a. Mobilizing community resources needed for economic resettlement.

- b. Contacting the District Administration, State and Central Government and donors to give funds for the Project e.g. for blankets, white canes, Braille aids, assistance for economic rehabilitation.
- c. Generating funds by appealing to the public by proving the potentials of the visually impaired.
- d. Raising funds for putting in a minimum of 10 percent of the project budget.

1.3.4.4 As a Human Being

- a. Being a friend and confidante of the field staff and getting work done in this manner.
- b. Having a genuine concern for the visually impaired and being interested in seeing that they get their due share in life.
- c. Solving the problems of the field staff, rapport building and taking timely action.
- d. Being patient with field staff and the visually impaired alike.
- e. Motivating field functionaries in the faces of conflicting situations and hurdles.
- f. Remaining clear of casteism, regional conflicts and controversies.

1.4 Tier IV: Field team:

The field team for each block would thus consist of:

- a. One Project Supervisor
- b. Two Itinerant Teachers
- c. Eight Field Workers.

1.4.1 Project Supervisor: An important functionary of the field team is responsible for the routine administration of the project, day-to-day supervision of performance of the field workers, maintaining liaison with the members of the community and other service providers in the project area.

1.4.2 Itinerant Teacher: As integrated education requires specialist inputs, qualified Itinerant Teachers should handle education of the

visually impaired children. As one such teacher is required for 8 children, the number of teachers would depend upon the number of school age children identified and enrolled in the regular schools in the project area.

1.4.3 Field Workers: A key element in providing appropriate rehabilitation services would be to ensure that the service extended is appropriate to the individual felt needs of a visually impaired person and are provided at the door step of the beneficiaries. For providing these services in a block, a team of eight Field Workers is required.

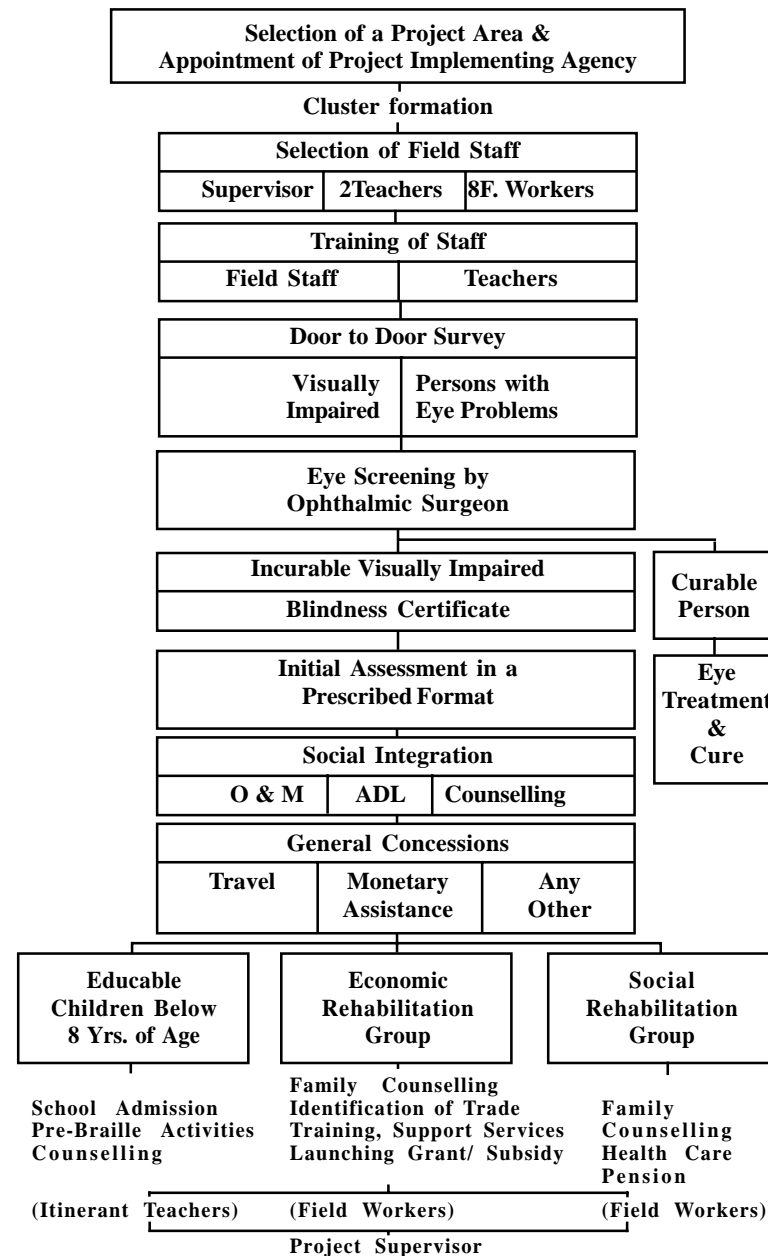
1.4.4 Project Coordinator: Wherever the Project Implementing Agency takes up a district level CBR programme and plan to cover all the blocks in a district in a phased manner with four blocks at any point of time, appointment of a Project Coordinator is essential. Such a Coordinator would coordinate functioning of all the field teams, organize training, monitor progress and evaluate performance.

2. CBR Implementation Process

The CBR Process Chart reflects the envisaged sequence of activities, responsibility areas and various aspects of rehabilitation. To maintain uniformity in the approach, a standard CBR Process Chart has been evolved. This may, however, be modified depending upon the geographical terrain, socio-economic conditions of the project area, nature of the Project Implementing Agency, extent of availability of different services and such other factors.

The CBR Process Chart is presented in a sequential form indicating the steps to be followed. The most important stages include appointment of a agency, selection and training of field staff, survey of the curable and incurable visually impaired persons, referral of curable persons to eye care agencies, extension of services of social integration and dividing the all the incurable persons into three groups viz. the children for integrated education, the adults for economic rehabilitation and the aged for social integration.

CBR PROCESS



2.1 Need for Implementing Agency

The implementation of the project would require coordination at the block level in remote areas. It is not possible for any national or regional level urban-based organization to implement such a project effectively without the involvement of local organizations. The local agency is known and accepted in the area and is familiar with local customs, traditions and habits. Moreover, after the project funding is complete, this agency looks after the propagation of the project and fulfills the principles of sustainability and permanency.

The experience of implementing CBR projects at 150 locations in India reveals that it is not necessary to depend only upon the development organizations for the visually impaired for the implementation of such projects. Local level rural development organizations, local eye hospitals, health care agencies and educational institutes have also proved very effective in this respect, as these organizations have effectively networked rehabilitation work with their existing services.

2.2 Selection Process

The following procedure should be followed for selecting the project implementing agencies:

- a. Select a tentative location for project implementation.
- b. Identify a suitable agency after compiling information.
- c. Explain project ideology and role performance to the agency.
- d. Invite a project proposal based on the project guidelines.
- e. Depute the Project Coordinators to verify the details.
- f. Forward the project proposal to the Funding Agency.
- g. Send all relevant materials to the selected agency.
- h. Depute appropriate staff for initiating the project.

2.3 Selection of Project Area

The first duty of the Project Implementing Agency is to select a rural area for implementing the project. The parameters for selecting the area are enumerated below:

2.3.1 Predominantly rural area: The area should be predominantly rural, i.e. 85 per cent or more of the total area being rural. For this purpose, the latest census reports may be referred to.

2.3.2 Remoteness of the area: The rural area should be at a distance of 20 km or more from a city or town, and villages in the area should have a population of less than 10,000 persons.

2.3.3 Backwardness of the area: Preferably choose a backward rural area for implementing the project. The Government has declared many areas as backward. The parameters for classifying an area as backward are:

- a. Low per capita income (below national average)
- b. Low literacy rate (below 40 per cent)
- c. Drought proneness of area
- d. Low irrigation facilities
- e. Large percentage of dry land
- f. Paucity of medical facilities

Absence of medical facilities directly reflects that the general health of the rural areas is poor.

2.3.4 Existence of a rural-based hospital or a rural development agency: If the area has such a facility, this infrastructure can be used for providing medical services or for advancing rehabilitation services. This hospital would prove invaluable in the work related to the prevention of blindness.

2.3.5 Higher incidence of visual impairment: Select an area where studies or secondary data prove that there is a prevalence of visual impairment and a high incidence. An initial survey of people with eye problems would establish the same. The prevalence and incidence rate of more than 525 and 25 respectively in the area would establish the higher rates.

2.3.6 Availability of transport facilities: The rural area should be easily accessible, otherwise the project monitoring would be difficult and expensive. Transport facilities to and from the area should be adequate.

2.3.7 High density of population: The density factor would result in a comparatively lower cost of reaching the rural visually impaired. The density of persons per square kilo-meter should ideally be 300.

2.4 Formation of Clusters

Once the project area has been selected, the entire area should be divided into groups of villages.

2.4.1 Geographical layout: Obtain a road map and a list of villages of the rural area from any of the following sources:

- a. Public Works Department
- b. Taluka Development Office
- c. District Collector's Office
- d. District Panchayat Office
- e. District Education Office
- e. A local publisher of area maps

Use the location code of the villages, which indicates proximity between the villages, as a guideline for the formation of the clusters.

2.4.2 Formation of clusters: Club the nearby villages or the Panchayats for the formation of the clusters. The villages covered in a Panchayat should be covered in the same cluster. Form a cluster of 10-12 villages based on proximity of villages and geographical locations. Thus the entire Taluka/Tehsil should preferably be divided into eight clusters.

2.4.3 Central village: In each cluster, locate one main central village, which preferably should have

- a. A post office
- b. Bus facility
- c. Population of 8,000-10,000 persons
- d. A high school
- e. Rural health centre
- f. Rural, land development or a cooperative bank
- g. Village Panchayat office

h. Rural Telephone Exchange

i. Producer cooperative society etc.

Name the cluster after that main village. Eight clusters can be taken up at a point of time as the project provides for eight Field Workers.

3. Selection of Field Staff

After selection of the project area, formation of clusters, the most important ingredient for the success of the project is the recruitment of proper field staff. The Implementing Agency will provide honorary services of the Project Director as well as Joint Director for the project. The last three categories of personnel will be paid workers who will work exclusively for the project.

Table: Project staff

S.N.	Designation	No.	Qualification
1.	Project Director	1	Honorary Worker of Implementing Agency
2.	Joint Director	1	-do-
3.	Supervisor	1	Graduate with relevant experience
4.	Field Worker	8	Secondary pass, needy, enthusiastic and dynamic persons from the project area
5.	Itinerant Teacher	2	Graduate with recognized teacher training course

The surest way to ensure success of the project is to take Field Workers from the target area itself. No publicity or advertising is generally required for this post. The Field Workers should be sons/daughters of the soil, with high school education, young, socially conscious men and women, who have returned to their villages to work. Select two Field Workers from each cluster. The Field Supervisor may be selected from any village of the project area.

The Itinerant Teachers should be graduates who have completed a recognized teacher training course in the respective disability. They may be recruited from the project area itself through advertisement in the local papers, or through word of mouth, or personal contacts.

3.1 Inviting applications

To select the Field Workers from the project area itself, create awareness in the area by:

- a. Approaching the Sarpanch (political head of the village) and the school headmaster/teachers of the villages.
- b. Contacting opinion leaders of the villages.
- c. Contacting secondary schools in the area for collecting addresses of the students who have completed their school education within the past two years.
- d. Meeting the rural youth in the area.
- e. Involving volunteers of the rural development agencies.
- f. Putting a notice on the village notice board, school notice board, or at the entrance to the village temple.

The Project Implementing Agency should screen and invite suitable candidates for interview at the headquarters of the Project Implementing Agency. Representatives of the National Coordinating Agency may also be present at the interview.

3.2 Criteria for Selection

Since the target is to select 16 Field Workers and one Supervisor, a minimum of 80-90 applications is needed to arrive at the best in the lot. The suitable candidates may be selected based on the following criteria:

- a. *Age:* As the project involves a lot of travelling, prefer applicants below 30 years of age who can ride a bicycle.
- b. *Education:* As the Field Workers are expected to prepare progress reports, maintain accounts, and train the rural visually impaired, consider only those applicants who have successfully cleared the secondary school examination.
- c. *Residence:* Consider only those applicants who come from the project area, preferably from the central village of the respective cluster.
- d. *Training:* Prefer those who have undertaken some training in

rural crafts and agriculture or have work experience in such crafts. Similarly prefer applicants who have the experience of working with the persons with disabilities.

- e. *Aptitude:* Consider only those applicants who are willing to join the job out of interest and are interested in the field work. For this purpose, test social consciousness and awareness by several aptitude, interest, and personality development tests.
- f. *Caste consideration:* Consider only those applicants who do not believe in the caste system and are willing to work for the persons with disabilities from all casts, creeds and religions.
- g. *Gender:* Select female workers also as they would be useful for extending services to the female beneficiaries coming from conservative families where access to a male Field Worker may not be permissible.
- h. *Oratory:* As the Field Workers are required to provide lot of information to the community and do lot of talking, the persons who are good orators and are good talkers should be preferred.

3.3 Rationale for Selecting two Candidates

Select two persons from each cluster for the purpose of training. One of them is dropped on completion of training and the second one is retained as the Field Worker. Thus 16 persons would be enrolled for training with explicit and clear understanding of retaining only 8 Field Workers on completion of training. The rationale for selecting two candidates is given below:

- a. *Stand by:* As the training is very intensive, should the selected candidate leave halfway, the second one can be absorbed in his or her place without affecting the project.
- b. *Cost:* As organizing training is very expensive, it cannot be organized again and again. If one candidate leaves halfway organizing training for the replacement may not be feasible due to cost constraints.
- c. *Economical:* As training costs viz. remuneration to experts and cost of literature would have to be borne irrespective of the number of persons to be trained it is more beneficial to train larger number of persons.

- d. *Sense of competition:* Due to sense of competition, each worker would be motivated to put his best efforts, remain alert and assimilate as much information as possible.
- e. *Wider choice:* A choice is available and open to the agency to chose one worker. Otherwise, it would have to continue with the selected ones even if found unfit for the work during training.
- f. *Inventory for expansion:* For expansion of the project for other categories of disabilities, the stand by candidates would be easily available.

3.4 Importance of Selection and Training

The field staff should be judiciously selected and properly trained. In a field project, one has to completely rely and depend upon the Field Workers to work and deliver services according to prescribed guidelines. As the Project Directors or Project Supervisor cannot physically check the daily working of each Field Worker, much has to be understood from the Field Worker's reports. It is these Field Workers who can thus make or break a project. Every Project Implementing Agency must ensure that the field staff remains motivated and interested in the work.

3.5 Role of Implementing Agency

The Project Implementing Agency is solely responsible for the effective implementation of the project, monitoring the progress and handling account of the project. It is also responsible for seeking participation of local administration, community and other concerned officials in the project. As the organizational structure of the project envisages decentralized system of functioning at the local level, the Agency is completely independent to incorporate regional modifications and to administer the project. It has, however, adhere to project ideology, implementation plan, allocated budget and staff structure. It is expected to perform the following roles:

- a. Select the appropriate location.
- b. Provide classroom and other facilities for theory classes.
- c. Identify rural area for field training.
- d. Provide background material, stationery and other such items.

- e. Arrange lectures and the local faculty.
- f. Provide equipment for the audio-video presentation.
- g. Arrange boarding and lodging for trainees and the faculty.
- h. Arrange visits to visually impaired welfare organizations.
- i. Arrange visits to eye hospitals for ophthalmic orientation.
- j. Organize the training material.
- k. Monitor progress of training.
- l. Undertake periodical evaluation and examination.
- m. Keep appropriate records of performance of trainees.
- n. Select the field workers on completion of training.

3.6 Role of National Coordinating Agency

The National Coordinating Agency is expected to perform the following roles in respect of organizing training of the field staff:

- a. Evolve and finalize training philosophy and approach.
- b. Prepare the training schedule.
- c. Decide the place and timing of the training.
- d. Decide the training curricula and training method.
- e. Decide the extent of application of training devices.
- f. Assist in selecting the local faculty.
- g. Orient the local faculty.
- h. Arrange for the visiting faculty.
- i. Organize training material, reference material etc.
- j. Assist in organizing field visits to successful projects.
- k. Provide services of a Project Coordinator during training.
- l. Devise methods for evaluating the trainees.
- m. Evaluate performance of the trainees.
- n. Evaluate the effectiveness of the programme.

- o. Assist in the final selection of the Field Workers.
- p. Ensure cost effectiveness of the programme.
- q. Determine the extent and duration of the refresher and orientation courses.

3.7 Course Curriculum

The six-week training consists of classroom instructions and theoretical training for three hours every day followed by three hours of practical training under blindfold. The content of the training programme is given below:

- Historical background of services for the visually impaired
- Need for implementation and promotion of CBR
- Demographic details of the visually impaired
- Definition and type of visual impairment
- Physiology and anatomy of eye
- Causes and symptoms of visual impairment
- Introduction to eye care
- Concept of Cataract Surgical Rate Workers
- Introduction low vision and low vision devices
- Psychological implications of visual impairment
- Importance and consequences of rehabilitation
- Models of rehabilitation, their merits and demerits
- Survey methods
- Definition and philosophy of CBR
- Aims and objectives of CBR
- Components of CBR
- Methodology of CBR
- Organizational structure of the project
- Roles of Funding Agency, National Coordinating Agency, Project Implementing Agency

- Need for involvement of local agencies
- Role and responsibilities of the Field Workers
- Concept and components of social rehabilitation
- Importance of orientation and mobility
- Techniques, methods, process of O&M and mobility aids
- Importance and techniques of daily living skills
- Need and importance of parent counselling
- Need for community involvement in rehabilitation process
- Models of education of the visually impaired
- Introduction to integrated education
- Introduction to various Schemes - integrated education, District Primary Education Programme
- Introduction to Braille
- Components of integrated/inclusive education
- Concessions and facilities available to the persons with disabilities
- Process of economic rehabilitation and its importance
- Economic rehabilitation process
- Concept of gainful occupation and income generation
- Introduction to various inputs of economic rehabilitation
- Use of community resources
- Role of the National Handicapped Finance & Development Corporation
- Other sources of Micro Credit
- General introduction to agriculture, crafts, and trades
- General introduction to loan, launching grant and subsidy schemes
- Need and importance of reporting, formats of reporting
- Monitoring and evaluation of the project

- Case closure and concept of complete rehabilitation
- Presentation of case studies and case closure
- Introduction to Persons with Disabilities Act, National Trust Act, Rehabilitation Council of India Act and such other Acts
- Other measures on promotion of CBR e.g. CBR Forum, CBR Network, Ashthawakra Scheme, CAHD, NPRPD, DDRC etc.

The training should include theoretical topics reinforced by practicals, demonstrations and field visits etc.

3.8 Nature of Faculty

For conducting the training, the following faculty is required:

3.8.1 Local faculty: For all the topics that are of generic nature and which aim at imparting area specific training, involve the following local faculty:

- a. Psychologist
- b. Qualified Social Worker
- c. Braille Instructor
- d. Special Educator
- e. Craft Instructor
- f. Ophthalmologist
- g. Optometrist or Ophthalmic Assistant
- h. Low Vision Educator
- i. Resource persons from leading Non-government Organizations
- j. Representative of Department of Social Welfare
- k. Representative of Financial Institutes
- l. Representative of Rural Development Agencies
- m. Representative of local administration
- n. Specialist in agriculture, dairying or other local agro-based activities

3.8.2 Visiting faculty: Invite the visiting faculty only for the specialized topics for which the faculty may not be available locally. The National Coordinating Agency generally arranges the following visiting faculty:

- a. Orientation & Mobility Instructor
- b. Instructor in Activities of Daily Living
- c. CBR Professional
- d. Qualified Social Worker for survey methods
- e. Special Teacher of the Visually Impaired
- f. Instructor on record maintenance & reporting formats
- g. Resource persons from national institutes/organizations

3.9 Training Methodology

- a. *Emphasis on case studies:* Use the case method for both illustrating principles of rehabilitation and encouraging the trainees to come forward with solutions to problem situations.
- b. *Distribution of material:* Ask the lecturers to prepare a note on their subject. Produce multiple copies and circulate the same among the trainees in advance.
- c. *Revision sessions:* Every night, an officer of the Project Implementing Agency and the Chief Officer (Rural Rehabilitation) should, together with the trainees revise the topics taught during the day and to help the trainees to improve their grasp of the subject.
- d. *Emphasis on class participation:* Encourage the trainees to participate actively during the lectures and to ask questions regarding their difficulties. Their participation will help to reflect the abilities of each person.
- e. *Home assignments:* Give the Field Workers simple home assignments to develop their skills of written analysis and communication. Give an assignment like “My experience on wearing a blindfold”. A group of two trainees should be entrusted the responsibility of preparing the summary of day’s

lecture and the same should be presented the next day. Every day a new group should be assigned this responsibility.

- f. *Periodic evaluation:* Evaluate the trainees every week to gauge their progress. Periodically hold small tests in theory and practicals. Maintain the record of their attendance to establish their regularity.
- g. *Variety in teaching methods:* Incorporate variety in teaching methods to hold the interest of the trainees. The suggested methods are group discussion, case studies, presentation, role-play etc.
- h. *Field practicals:* In the course of training, the trainees should be taken to a nearby village to conduct practicals on survey methods, approaching the families and filling up the initial survey forms.
- i. *Simulation Methods:* Use simulation methods, that is experience of various disabilities, role playing to understand disability, enacting different situations, blind fold experiences etc.
- j. *Use of Audio-visual Aids:* Use the available audio visual aids like PowerPoint, videos, CDs, slides, overhead transparencies to the extent possible, preferably in the local language. A print out of such presentations should be provided to the participants on completion of the class.

4. Identification of Target Group

4.1 Sources

The following sources may be exploited for identification of the visually impaired in the rural areas:

- a. *Village school:* Approach school authorities for getting an idea of the number of persons with eye problems or visual impairment.
- b. *Village Panchayat:* This office has documents related to the village statistics and information regarding socio-economic conditions of all the persons including the visually impaired.

- c. *Opinion leaders:* As they influence affairs pertaining to village life, seek their help in getting information regarding the target group.
- d. *Display at religious places:* As such places have a great hold on the lives of the rural populace, display notices at such places to elicit information regarding the target group.
- e. *Door-to-door survey:* As door-to-door survey is the most foolproof method of identifying the target group, visit every house for this purpose.
- f. *Beneficiaries themselves:* Once a visually impaired person has been identified, he/she would be able to give details of other such persons in the village.
- g. Other development agencies such as youth clubs, women groups, cooperative societies, Khadi units, village school, hospital or dispensary and rural development agencies should be approached for eliciting information regarding the target group.
- h. *Surveys records:* In some areas, various departments of the State Govt., Non-governmental organizations or project initiated by the Ministry of Social Justice & Empowerment have already conducted a variety of surveys. Such survey reports may be used for identification of persons with disabilities.

4.2 Door-to-Door Survey

After completion of six weeks training, the Field Workers should be assigned their respective clusters for work. They should survey each household in the respective cluster and complete the prescribed proforma with the following details:

- a. Name of village
- b. Name and address of the head of the family
- c. Name, sex and age of the persons with eye problems.

4.3 Eye Screening

A qualified Ophthalmologist (not by the Field Worker) or an Ophthalmic Assistant should check every person with an eye problem or loss of vision. Such ophthalmic personnel would record

the information in the prescribed vision screening proforma dividing all the persons identified during the door-to-door survey into curable and incurable categories. The curable visually impaired persons should be taken up for further treatment, whereas the incurably visually impaired person should be certified thus.

4.4 Baseline Data

Based on the door-to-door survey and eye screening by the ophthalmic personnel, prepare baseline data sheets for the curable as well as incurable visually impaired persons.

- a. *Curable cases:* The baseline data for curable cases would enlist information as regard name, address, sex and age of individual, date of screening, recommendation of ophthalmologist and the action taken for eye treatment, refraction or surgery, follow up etc.
- b. *Incurable cases:* Apart from personal details, the baseline data in this category would enlist information on age of on-set and cause of blindness and the treatment availed etc.
- c. *Summary Baseline Data:* Based on statistical information enlisted in Proforma IV on Baseline Data - Curable cases and Proforma V on Baseline Data -Incurable Cases, prepare a summary of baseline data enlisting male and female curable as well as incurable persons identified in each age group ranging from 0-4 to 65 & above. This proforma will enable the project-implementing agency to plan delivery of services for the respective age groups.

4.5 Eye Care

The project should organize referral services for general population in respect of eye check-up, child screening, refraction, public awareness and general health care. Similarly, it is required to promote referral services for curable visually impaired in respect of diagnosis, eye treatment, eye surgeries, and provision of glasses, low vision devices etc. After preparing baseline data on curable blindness, the project should extend the following services:

4.5.1 Organizing Eye Screening Camps: Collaborate with an eye hospital for holding eye camps to ensure that every person having

eye trouble in the project area is checked up. This check-up and further surgical intervention or other treatment can be effectively done through an eye camp. Since the project has a field staff throughout the area, there will be synergy in operations. The funds for eye camps can be raised from service clubs, Government health departments, or from funding agencies.

The National Programme for the Control of Blindness (NPCB), Director General of Health Services, Ministry of Health has initiated District Blindness Control Society (DBCS) in almost all districts in most States in the country. As the major objective of these societies is prevention and cure of blindness, this infrastructure may be tapped for organizing eye screening and eye surgeries. Generally District Collector of a respective district who is the Chairman of the DBCS should be approached for this purpose.

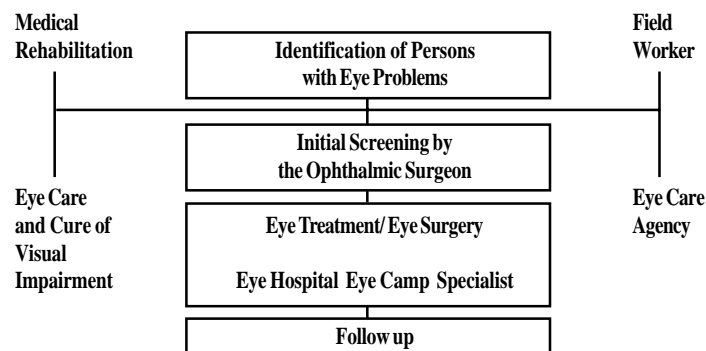
The Ministry of Health, Govt. of India through an office orders issued during 2001 has banned organizing of eye camps. Hence only option now is conduct eye surgeries in the eye hospitals only. Thus CBR Project Implementing Agencies should not encourage organizing of eye camps. However, such camps may be organized for the eye screening, refraction and case identification.

4.5.2 Importance of Involving Eye Hospitals: The NAB RAC's experience of implementing CBR at 150 locations in India reveals that involvement of eye hospitals or eye specialists is essential for effective project implementation. In fact, wherever the Project Implementing Agency is a rural eye hospital, the results have been very encouraging. As eye hospitals enjoy better social acceptance than a rehabilitation organization, the beneficiaries easily accept the whole concept.

4.5.3 Role of Field Staff: For the purpose of prevention and cure of visual impairment, the role of field staff should be limited to:

- a. Identification persons with eye-ailments or vision defects.
- b. Referral of such cases to an qualified ophthalmologist.
- c. Acting as a link between the individuals and care specialists.
- d. Acting as a motivator and guide.
- e. Doing follow up of such cases.

4.5.4 Cure of Visual Impairment Process



4.5.5 Certification of incurable visually impaired: Ensure that every visually impaired in the project area is checked-up by a qualified ophthalmologist. Experience has proved that a significant percentage of “visually impaired” persons can regain sight through surgical intervention.

It is essential that the appropriate authority should certify every incurable visually impaired as a blind person. Such a certificate is essential for availing the travel concessions, scholarship, pension or any other social security benefits or facilities etc.

Such certificate should be issued in the prescribed proforma. As per the recently enacted “Persons with Disabilities Act, 1995”, the disability certificate has to be issued by a “Medical Board” duly constituted by the State Government. In many States, the Civil Surgeon on the recommendation of the Ophthalmologist issues such disability certificate.

5. Extension of Services

After undertaking the door-to-door survey of the curable as well as incurable visually impaired persons in the clusters assigned, the Field Worker should carry out work as per the details given below:

5.1 Role of Field Worker

The Field Worker is the key functionary in the project. He or she has direct contact with the beneficiary. The success of the project depends upon performance, integrity, sincerity and devotion of the worker. The Field Worker is expected to perform the following functions:

5.1.1 Identification: The Field Worker should use the following

- a. Door-to-door survey in the prescribed format
- b. Vision screening by ophthalmic personnel
- c. Summary of vision screening
 - Curable cases
 - Incurable cases
 - Summary of baseline data
- c. Individual case file for each case
- d. Initial assessment form

5.1.2 Complete Proforma: Apart from various proforma used for identification of the target group, the Field Worker should also complete the following proforma:

- a. Daily Diary
- b. Weekly Visit Proforma

5.1.3 Extension of Direct Services

- a. Select and provide services to five cases at any point of time
- b. Schedule the services in the following sequence:
 - Individual and family counselling
 - Orientation & mobility
 - Daily living skills and home economics
 - School admission (in case of children)
 - Training in household work (for women)
 - Concessions and facilities
 - Training in rural crafts, household activities
 - Monetary assistance as subsidy, launching grant etc.

Any other need based services

 - Follow up
- c. Seek community participation in all these activities
- d. Involve local administration in all the relevant activities
- e. Create public awareness about the project and achievements

5.1.4 Referral Services: Refer all the persons

- With eye ailments to District Blindness Control Society or another local eye care agency
- School age to the integrated education programmes
- With other disabilities to concerned agencies
- With multiple disabilities and deafblindness to residential institutes or programmes devoted to such persons

5.2 Establishing Contact

The Field Worker should observe the following procedure of establishing contacts with the beneficiaries:

- a. *Counselling:* Approach visually impaired person and his family and convince them of his or her potentials, rehabilitation needs and scope for integration.
- b. *Introduction of self & agency:* Give a brief introduction of the project, Project Implementing Agency, Project Coordinating Agency and himself/herself.
- c. Explain the aims and objectives of the project and purpose of the visit to the home of the person.
- d. Give illustrations of successful cases of complete rehabilitation using visual aids and the print materials.
- e. Convince the family that the visually impaired person can do meaningful work and be independent by demonstration of work under blind-fold and giving relevant examples and information.
- f. Understand the socio-economic environment of individual.

5.3 Completing Initial Assessment Form

The Field Worker should complete the Initial Assessment Proforma for each incurable visually impaired person. He/she needs to compile the following details pertaining to the visually impaired person, his/her family and socio-economic environment:

- a. Personal details of name, address, age, sex, marital status, religion, caste, etc.

- b. Details of on-set of visual impairment, cause, nature and extent of visual impairment, nature of treatment, certification etc.
- c. Level of training, education, experience in craft etc.
- d. Extent and nature of any other disability
- e. Use of any low vision devices, mobility devices and educational aids.
- f. Details of family in terms of other such incidence, family occupation, income and number of family members.
- g. Extent of dependence in respect of mobility, self-care, daily living skills, social acceptance and economic aspects.
- h. Availability of concessions and facilities.
- i. Economic status of the individual.
- j. Willingness of the individual to avail training.

The Field Worker must complete this proforma for every visually impaired person himself/herself. The Supervisor and the Project Director should verify the details and put their signature and date of verification. This assessment should serve as a base for the planning of further extension of services.

5.4 Assignment of Initial Cases

The Project Director should collect the Initial Assessment Proforma and assign five beneficiaries for service delivery to each Field Worker. As the Field Worker is required to put in eight hours of fieldwork daily, he/she can put in one and half hours for each beneficiary. This time devoted to each case would, however, depend upon location, needs and extent of independence of the individual. These five cases should be selected on the basis of following criteria:

5.4.1 Proximity of Cases: The Field Worker would be able to effectively handle the cases if they are in proximity to each other. It would be best to first take up such persons in the Field Worker's own village as this helps him to begin in familiar surroundings.

5.4.2 Age-mix of Persons: To make an immediate impact, visually impaired persons from different age groups should be taken up first. Successful rehabilitation of these cases will have a demonstration effect and convince the villagers and other such persons of the effectiveness and relevance of the project.

5.4.3 Taking up Cases with Demonstration Effect: The challenging cases as given below should be taken up first:

- Persons who acquired visual impairment recently
- Young children
- Visually impaired housewives
- Persons in the working age group
- Educated persons
- Persons with good social standing
- Persons who have already explored some rehabilitation possibilities

5.5 Scheduling of Services

On the basis of the individual felt needs of each individual; the Field Workers should prepare an individual rehabilitation plan (IRP) for each person under the guidance of the Project Supervisor. The services should be provided in the following sequence:

5.5.1 Social Integration

- Training in orientation and mobility
- Training in activities of daily living
- Training in home economics particularly for females
- Family and individual counselling

5.5.2 Concessions: All individuals according to their eligibility should be provided the following concessions:

- Bus concession
- Railway concession
- Old age or disability pension
- Scholarship (in case of children)
- Monetary assistance like subsidy, launching grant, micro credit etc.
- Other concession or facilities available in the area

5.5.3 Age-specific Services: After extending services of social integration and concessions to all the persons irrespective of age, further services should be extended as per age of the person:

- Integrated education for school age children (age 5 to 18 years)
- Economic rehabilitation for working age (18 to 65 years)
- Social rehabilitation for persons above 65 years age

5.5.4 Continue Rehabilitation Services: When any case out of these five cases is completed and rehabilitated completely according to his expressed needs, take up another case immediately. Do not wait for all first five cases to be completed to take up another set of five cases. The training must be a continuous process. The Field Worker must have at least five persons always who are being imparted individual need based training while ensuring follow-up of other cases.

While individualized services are being given, the other CBR services like filling of pension forms, community involvement, provision of assistive devices, referral and follow up should go on also.

6. Social Integration and Concessions

Every incurable visually impaired person should be provided individual need based services of social integration as listed earlier. The nature of services would depend upon the age of the individual, sex, age of on-set of visual impairment, level of any earlier training and potential of the individual.

Most visually impaired persons need training in activities of daily living, orientation and mobility and personal grooming to be independent. The following services should be provided according to the felt-needs of the individual:

- Individual counselling
- Parent counselling
- Orientation & mobility training
- Daily living skills training
- Training in social graces and etiquette
- Vocational or occupational training
- Communication skills
- Provision of statutory benefits and concessions

The Field Workers should be adequately trained for imparting such training to the individuals. Many a times, it is essential to avail services of experts, particularly in case of counselling and communication skills and to involve family members at all stages of such training.

6.1 Nature of Services

The project envisages assisting the visually impaired persons to obtain various travel concessions, monetary benefits and other facilities from the local administration, development agencies, and State as well as Central Governments. The Field Worker should enable a disabled person to avail concession on travel in the local buses to enhance his mobility and social esteem. Extension of such benefits also enhances acceptance of the project among the disabled individuals, their family members and the community.

6.2 Extent of Coverage

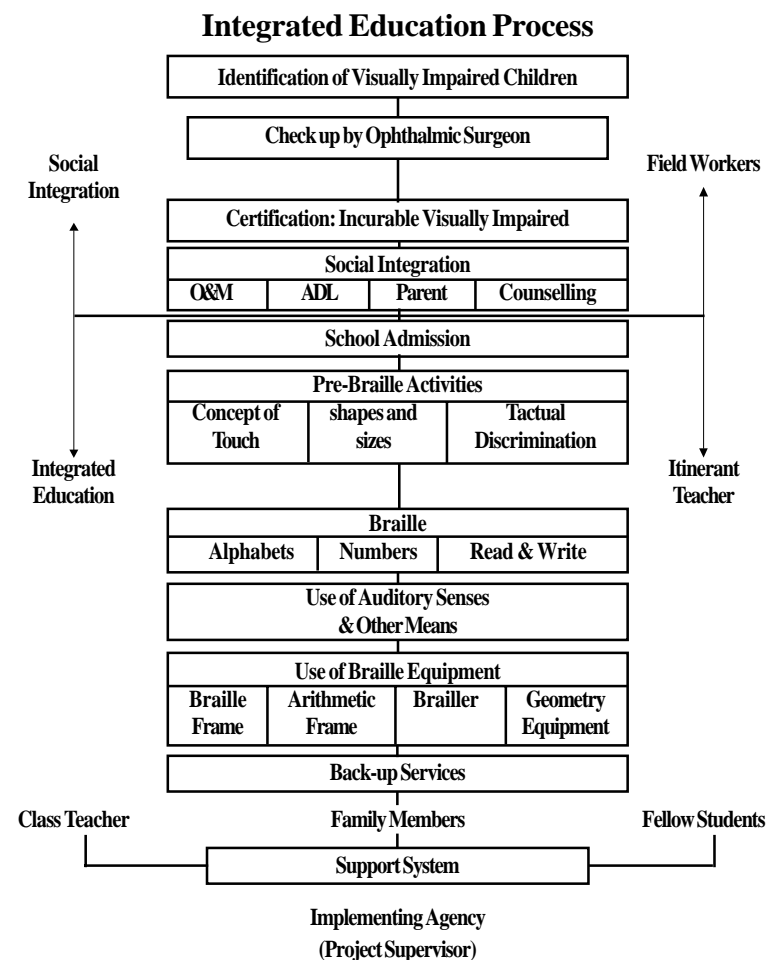
The Field Worker should provide information about various concessions, explain the procedure and help the individuals in completion of formalities. He may also need to involve the appropriate authorities and seek their cooperation in this respect.

6.3 Type of Support Services

For enhancing social integration, reducing the additional cost imposed upon the individual due to disability, ensuring equality of opportunities, and promoting economic rehabilitation of the disabled, the Central Government, State Governments, local authorities and other instrumentalities of the Government have evolved a variety of schemes of extending concessions, benefits and support services to the disabled. The Field Workers must enable the individuals to avail the same. There may also be a few schemes, which have been promoted by a particular State Government for a particular period. The Project Implementing Agency must keep a track of such schemes and keep the field staff apprised of the same.

7. Integrated Education

On completion of social integration in terms of training in orientation and mobility, daily living skills and counselling, the incurable persons are divided into school age and higher age groups. At this stage, the children are referred to agencies implementing integrated or semi-integrated education. Whereas other cases are taken up for further rehabilitation.



7.1 Role of Field Staff

As per the Rehabilitation Council of India Act, 1992 the education of the special needs children must be handled by the qualified teachers and as integrated education needs specific inputs, the Field Workers should limit their role to:

- Identification of visually impaired children
- Their referral to the eye hospital or low vision clinics
- Promoting their social rehabilitation, and
- Parent counselling.

With the admission of the child into the village school, the role of the Field Worker is over. The Itinerant Teacher should provide the further support services to such children.

7.2 Role of Itinerant Teacher

It is mandatory to appoint only qualified persons and those registered with the Rehabilitation Council of India as Special Educators as Itinerant Teachers. The Itinerant Teacher is not merely a teacher but also performs the following roles:

- Mobility and Braille Teacher
- Instructor in Activities of Daily Living
- Teacher Consultant to the Class Teacher
- Investigator for identifying the visually impaired children in the assigned area
- Promoter of the idea of integrated education and complete integration of visually impaired children
- An Artisan as he is expected to train visually impaired children in various local trades and crafts
- Career Counsellor to the students completing school education
- Counsellor to the parents and the fellow students
- Organizer of Foundation Course for the Class Teachers

The Rehabilitation Council of India has evolved a new scheme, known as Foundation Course, for imparting short-term training to the

classroom teachers. This course of duration of 3 months is being run in the distant mode of education under the auspices of the Bhoj University. The Itinerant Teacher should motivate the class teachers wherever there are children with disabilities to pursue this course.

7.3 Selection of Visually Impaired Children

Stein (1995) is of the opinion that the Itinerant Teacher should cover at the most 7 visually impaired children at any point of time. (The Central Scheme of Integrated Education of the Disabled Children recommends Teacher - Student ratio of 1:8). In many programmes sponsored by the State Government, this ratio is 1:10. In certain case, the Implementing agencies require a ratio 1:12. Where it is essential to maintain such a high ratio due to financial constraints and other such reasons, the following procedure is recommended:

- Visit all the visually impaired children to be covered (12 in the present case).
 - Administer a pre-planned questionnaire for evaluating the child in mental as well as social aspects.
 - Select 3 best children and initiate integration. Three best children may be selected on the basis of the following criteria:
 - i. Level of orientation & mobility
 - ii. Independence in activities of daily living
 - iii. Level of support of family
 - iv. Language development
 - Speaking ability
 - Understanding ability
- For establishing this, ask simple questions:
- Names of family members
 - Names of friends
 - Name of the village
 - Routine activities
 - Name of items of daily use, etc.
 - v. Ability of the child to identify the world around
 - vi. Level of sensory development, etc.

- Arrange for the admission of the selected 3 best children and start pre-Braille activities
- Take the next 3 visually impaired students when these 3 are reasonably well settled.

During the first year, major emphasis should be socialization of the visually impaired children and merely academic development should not be the only target.

- While children in groups 1 and 2 are being covered, the Itinerant Teacher should pay regular visits to other children at home to teach them initial skills.
- The visually impaired children who are well settled in the regular schools should be used as a demonstration to others.

7.4 Stages for Preparing a Child for School

After the 3 best children have been identified, the following steps should be followed before the child is admitted into the regular school:

7.4.1 The first step should be sensory training i.e. activating the remaining senses of hearing, touch, taste, kinesthetic and smell etc. As far as possible simple techniques and locally available material should be used for this purpose.

7.4.2 Pre - Braille training: The next stage should be imparting pre-Braille training. Stein emphasizes that teaching of alphabets straight away must be avoided. Various Montessori devices should be introduced at this stage. The aim of this exercise should be to sensitize the tactile sense of the child and familiarize it with the concept of an embossed and tactual script like Braille.

7.4.3 The pre-Braille training should culminate into the teaching of Braille. Mr. Stein advocates a scientific approach to teaching of Braille. He makes the following observations:

- Reading of Braille should be the first step.
- Beginning should be made with recognition of dots.
- Writing of Braille should be the last stage.

It is advisable to administer work sheets as suggested by Kirk Horton in his UNESCO publication on education of the visually impaired.

7.5 Introduction to School

The Itinerant Teacher should follow the following process:

- Take the visually impaired child to the school one day in advance and orient him about the class room, toilet, staff room, prayer hall, place for drinking water and other facilities at the school.
- Approach the Principal and explain to him the whole approach to integrated education. Otherwise the Principal may have doubts about the success of the programme.
- Contact the class teacher and explain him his role in the programme and leave his address with the class teacher. The class teacher in turn may introduce the visually impaired child to other students in the class.
- Encourage pairing of the visually impaired child with a sighted child who could help the former while going to the toilet, in group activities to facilitate the participation of the former child.
- Explain to the class teacher the special equipment that the visually impaired child uses and explain the contents of the Braille Kit and the use thereof.
- Encourage the peer group to accept the visually impaired child and involve him/her in the play activities. The peer group may also provide company to child while going from home to school and while returning home.
- Encourage the class teacher to understand fundamentals of Braille, special needs of low vision children and significance of speaking out while writing on the black board.
- Motivate the class teacher to complete the "Foundation Course on Education" introduced by the Rehabilitation Council of India.
- Advise the parents of the visually impaired child to visit the school regularly and take interest in the progress of the child, meet class teacher, headmaster and the peer group.

7.6 Working with the Visually Impaired Child

The Itinerant Teacher should perform the following roles:

- Provide appropriate and adequate training in mobility to the child to enable his independent movement in the school.

- b. Provide adequate training in activities of daily living to enable the child to perform the routine activities independently.
- c. Orient the child about the environment around his school and explain locations like classing room, toilet, water tap and playing ground etc.
- d. Introduce the child with the Principal and the class teacher.
- e. Build up a good rapport with the child before initiating any formal education. The first lesson must definitely not be an arithmetic lesson!
- f. Maintain a daily diary of the inputs given to each child and a logbook depicting his travelling.
- g. Must not dominate the class teacher, he should realize that both roles are complementary.

The frequency of visits of the teacher would depend upon the individual needs of the child. The frequency of visit should be more in the beginning and it may be reduced subsequently which would however depend upon progress of the child.

7.7 Integrated Education Process

An Integrated Education Process reproduced below is relevant and advisable for the itinerant mode of integrated education.

Sr.	Activity	Person Responsible	Purpose
1	Identification of V.I. children (3-12 years age)	Field Workers Itinerant Teacher	Admission in regular school
2	Counselling parents and V.I. child	Field Workers Inteneration Teacher Field Supervisor	<ul style="list-style-type: none"> ● Convincing V.I. child to join the school ● Motivating the parents ● Popularizing integrated education
3	Preparing the Child	● Itinerant Teacher	To enable the child to move around freely
	Daily living skills		To enable the child to take care of herself

Sr.	Activity	Person Responsible	Purpose
	Braille reading		Introduction of Braille
	Braille writing		Access to Braille material
4	Admission to neighbourhood school	Itinerant Teacher	<ul style="list-style-type: none"> ● Education of child ● Social integration
		Project Director	To popularize the concept and feasibility of such education
		School Headmaster	To demonstrate skills of V.I. child
		Education Officer	To create public awareness
5	Introduction of class teacher and school staff	Itinerant Teacher	Social integration
		Class Teacher	Assistance in reading and school work
		School Headmaster	<ul style="list-style-type: none"> ● Participation in education, sports and extra-curricular activities ● Assistance in commuting and daily living skills
6	Incentive to class	School Headmaster	<ul style="list-style-type: none"> ● Active involvement of teacher, better attention and extra coaching ● Adoption of special techniques by class teacher for promoting understanding of V.I. child
		Project Director	Cooperation of school management, teachers and fellow students

Sr.	Activity	Person Responsible	Purpose
7	Service Delivery	Itinerant Teacher	Extra coaching of V.I. child.
		Class Teacher	Morale boosting, active involvement of parents, teachers and fellow students
		Headmaster	On the spot solving of inherent problems
		Project Director	Encouraging use of assistive and educational devices
8	Monitoring & Evaluation	Headmaster	Performance evaluation of child and the
		Project Director	programme

7.8 Provisions under the PWD Act

To give effect to the Proclamation on the Full Participation and Equality of the People with Disabilities in the Asian and Pacific Region, the Parliament enacted the Persons with Disabilities Act (Equal Opportunities, Protection of Right and Full Participation) Act, 1995, which came into force with effect from 7th February, 1996.

The Act desires the appropriate Governments and local authorities to ensure that every child with a disability has access to free education in an appropriate environment till he attains the age of eighteen years. It encourages promotion of integrated, residential education, functional literacy, non-formal education, education through open school or open universities. It desires initiation of research for designing and developing new assistive devices and developing human resources.

It also ensures reservation of at least three percent seats in the educational institutes for persons with disabilities. It also encourages preparation of comprehensive education schemes with a variety of facilities for such persons.

The Persons with Disabilities Act, 1995 makes the following provisions as regard education.

Section 26: The appropriate Governments and the local authorities shall ensure that every child with a disability has access to free education in an appropriate environment till he attains the age of eighteen years; endeavour to promote the integration of students with disabilities in the normal schools; promote setting up of special schools in the Government and private sector for these in need of special education, in such a manner that children with disabilities living in any part of the country have access to such schools, endeavour to equip the special schools for children with disabilities vocational training facilities.

Section 27: The appropriate Governments and the local authorities shall by notification make schemes for:

conducting part time classes in respect of children with disabilities who having completed education upto class fifth and could not continue their studies on a whole-time basis; conducting special part-time classes for providing functional literacy for children in the age group of sixteen and above; imparting non-formal education by utilizing the available manpower in rural areas after giving them appropriate orientation; imparting education through open schools or open universities; conducting class and discussions through interactive electronic or other media; providing every child with disability free of cost special books and equipments needed for his education.

7.9 Highlights of Scheme of Integrated Education

With the emergence of the National Policy for Children (1974), which envisages coverage of children with disabilities as well, the Ministry of Social Justice & Empowerment introduces this scheme. It was a centrally sponsored scheme with 50 percent financial support to State Governments by the Ministry for this purpose. The scheme was liberalized during April, 1981 providing for 100 percent financial support to State Governments in addition to other facilities such as setting up of an assessment room, resource room, and special pay to special teachers etc.

With the coverage of education of children with disabilities in the National Policy on Education during 1986, the scheme was shifted to the Ministry of Human Resource Development.

The scheme purports to provide educational opportunities for children with disabilities in common schools. A large number of State Governments have already adopted the Scheme. They have established Administrative Cells for monitoring the Scheme. However, coverage of visually impaired children under the scheme at present is negligible.

In light of successful experience of Project on Integrated Education of Disabled (PIED), the scheme was revised further during 1992 to give an opportunity to the NGOs to implement the scheme.

The further details of this scheme are available from the State Implementing Agencies in the respective States of the Central Government at the following address:

The Joint Secretary (IEDC)
Department of Education
Ministry of Human Resource Development
C- wing, III Floor, Shastri Bhawan
New Delhi 110 001
Phone: +11 4673428

In Gujarat, this Scheme is implemented by the GCERT at the following address:

The Director
Gujarat Council for Educational Research & Training
Sector 21, Near Petrol Pump
Gandhinagar 380 021
Phone: +79 32 32781-84

7.10 District Primary Education Programme

Evolving from the national experience with area-specific projects is an ambitious nation-wide plan, popularly known as District Primary Education Programme (DPEP), to put local communities in charge of education in their area and enhance investments in primary education. The DPEP attempts to little less than a complete overhaul of the system of educational planning in the country and to implement

interventions in primary education in a holistic and coordinated fashion. It is being implemented in the mission mode through registered autonomous societies in each state. As a first step, a five year plan for the selected districts has been chalked out. The district planning process, however, is distinct in its emphasis on participation by all major actors in the education system, such as parents, guardians, teachers, educational administration and voluntary organizations.

From the year 1995, the education of children with disabilities has also been included as integral component of the programme. All such children in the selected districts would be enrolled for inclusive education at the primary level. The DPEP envisages following measures in this regard:

- Providing all children, including children with disabilities, with access to primary education either in the formal system or through non-formal education programme.
- Facilitating access for disadvantaged groups such as girls, socially backward communities and children with disabilities.
- Improving effectiveness of education through training of teachers, improvement of learning materials and upgrading of infrastructure facilities.
- Short training of selected primary teachers as regard imparting education to children with disabilities.
- Appointment of special teachers at district and cluster level for providing support services to class teachers.
- Provision of assistive devices and educational devices to these children.
- Involvement of experts in disability development in the State Co-ordination Committee.
- Orientation of Master Trainers at the State and District level in respect of educational needs of children with disabilities.
- Improving the quality of education through a process of demand creation for better services.

DPEP is an excellent and bold step towards promotion of inclusive education of children with disabilities.

For details of this scheme, please contact the Central Government at the following address:

The Secretary (DPEP)
Ministry of Human Resource Development
C- wing, III Floor, Shastri Bhawan
New Delhi 110 001

In Gujarat, the State Project at the following address implements this programme:

The State Project Director
District Primary Education Programme
Sector 17
Gandhinagar
Phone: +79 32 38404

8. Economic Rehabilitation

8.1 Explanation of the Term

The term economic rehabilitation does not mean a formal, secured or regular employment only. It also means:

- any trade, economic activity or profession,
- in the organized as well as unorganized sector,
- any trade that would provide with some monetary remuneration.

The term employment used by rehabilitation planners generally ignores a vital aspect that the community itself offers a wide spectrum of opportunities where visually impaired persons may be absorbed in gainful occupations. Rehabilitating a 50 years old lady in a remote village in India, for example, means making her a fully functional person in her own house and helping her to take care of her household activities as she used to perform prior to her visual impairment. Majority of women in rural areas are expected to perform the following activities:

- Cook meals for the family
- Perform household activities
- Take care of children and the elderly
- Fetch water and firewood
- Undertake rural occupations or the family trade.

If a visually impaired woman performs the above activities, she is directly helping in the running of the household and she enables the other family members to undertake income-generating activities and in the process she contributes indirectly towards family earning.

If a visually impaired person is given the confidence and the training to undertake production activities, which are essentially rural, where the raw material is available locally, and a ready market is also available, he is directly contributing to the family income. This is what is meant by gainful occupation and thus economic rehabilitation.

8.2 Ultimate Goal

The economic rehabilitation should be the ultimate goal of a CBR programme. Every person who is otherwise eligible and capable should be provided such services to enable him to undertake an occupation and to contribute, in whatsoever way, to the family income. The main categories of vocational rehabilitation include:

- Traditional rural crafts and activities
- Small businesses and petty shops
- Small co-operatives
- Agriculture and horticulture
- Technical and professional activities
- Dairy and animal husbandry

8.3 Use of Community Resources

While imparting vocational training, every effort must be made to utilize the existing community services. It is recognized that the community resources will most likely have the ability to effectively assist the visually impaired persons. The Field Workers should play a crucial role in guiding and supervising community services to offer appropriate training to the individuals.

8.3.1 Examples of local resources are

- Agriculture extension services
- Local craftsmen such as weavers, basket makers, potters
- Existing co-operatives of craftsmen
- Co-operatives banks, land development and rural development banks

- Nationalized banks and other loan giving agencies
- National Handicapped Finance & Development Corporation
- Other sources of micro credit
- Technical & craft training institutes
- Local schools and other educational institutes
- Local infrastructure including bus stop, post office, rural telephone exchange and recreational facilities
- Labour and employment agencies
- Community development, health and agriculture workers
- Various rural and community development and subsidy schemes

8.3.2 *Illustration:* Examples of various traditional rural crafts or activities currently being pursued by visually impaired persons in South Asia region are:

- carpentry
- poultry keeping
- farming
- bread making
- forestry
- pottery / selling pots
- bone setting
- rope making
- preaching
- bicycle repair
- duck keeping
- footwear making
- sericulture
- rice husking
- rice processing
- water hut
- Hide processing
- coir products
- vegetable selling
- candle making
- Preparing & selling bamboo rice
- broom and basket making
- food processing
- knitting / sewing
- dairy farming
- brick making
- leaf plate making
- weaving
- goat / sheep keeping
- pump repairing
- fishnet making
- petty shop keeping, etc.
- inland fishing
- rice puffing
- bee keeping
- papad rolling
- Wick making
- skinning dead animals
- fence fabrication
- incense stick making
- mat weaving

8.4 Role of the Field Worker

The Field Worker is expected to perform the following functions for expediting economic rehabilitation:

8.4.1 *Selection of Activity:* Most visually impaired persons would find the above-mentioned activities appropriate. The Field Worker should make a thorough assessment of the potentials, interest and capacity of the individual before deciding the suitability of the trade or the activity. It is also essential to consider the family background of the individual, as many rural crafts are caste-oriented.

8.4.2 *Training of Individuals:* The Field Worker should organize training of the individual in the selected activity. The family should also be actively involved in such training. The market must be researched to ensure that the activity is viable and income generating.

8.4.3 *Organizing Inputs:* The Field Worker should also assist the individual in availing:

- Bank loan
- Subsidy, and
- Other financial inputs for the activity.

It is essential that the Field Worker must not create any dependence upon himself/herself or undertakes the responsibility for purchase of raw materials and sale of finished products. The trade must however be selected by the visually impaired person himself. These areas should be assigned to the individual or the family members.

The Field Worker may, however, assist:

- in compilation of relevant market information,
- in availing launching grants, monetary incentives, and
- in compiling market information.

8.5 Non-income Generative Activities

It is not always possible to find suitable formal or paid employment in the rural areas. The visually impaired should be taught the income generating tasks or gainful occupations undertake by the household and save hiring a daily wager. The opportunity income should thus be considered a step towards economic rehabilitation.

In many instances, ability of a visually impaired women to manage and maintain the household is equally important to the survival of the family as is paid employment. Therefore, the Field Workers should make all efforts to encourage informal, unpaid and gainful employment of the individuals.

8.6 Facilities for Economic Rehabilitation

After the person is successfully trained in a particular trade, the objective should be to make him self-reliant by enabling him to get finance and other inputs. Some Government schemes for training, credit and employment are listed below:

- a. *Bank loan:* All nationalized banks are required to give loans to visually impaired persons at a differential interest rate of 4.5 percent up to Rs. 7,500.
- b. *Loan from NHFDC:* The Ministry of Social Justice & Empowerment has constituted the National Handicapped Finance & Development Corporation for providing soft loan to persons with disabilities at minimal rate of interest. The NHFDC has appointed state level Agencies for processing the loan applications and for the disbursement and recovery of loan etc.
- c. *Subsidy:* The IRDP (Integrated Rural Development Programme) has provision to give a subsidy up to 67 percent on loans given by nationalized banks and Government institutions to visually impaired persons. It has now become mandatory to ensure that at least 3 percent of the beneficiaries under IRDP are persons with disabilities.
- d. *Training:* There are schemes like TRYSEM (Training of Rural Youth in Self Employment) which provides training in rural trades and handicrafts and helps in supply of tool kits to rural artisans. The visually impaired youth can be registered/ involved in such schemes.
- e. *Credit:* The DWACRA (Development of Women and Children in Rural Areas) scheme helps in development of horticulture, pisci-culture, sericulture and similar activities through support of formation of groups of 10 to 15 women, and supply of credit to undertake economic activities.
- f. *Employment promotion:* The JRY (Jawahar Rojgar Yojna), an employment promotion scheme to generate additional gainful

employment for unemployed and under-employed women and men in areas of watershed development, social forestry, construction of rural link roads and rural housing.

- g. Most State Social Welfare Departments have loan schemes for the visually impaired. There are also schemes for the scheduled castes, schedule tribes and other backward classes. If the visually impaired person falls under these castes, loans can be availed under these schemes also.
- h. Development agencies like the National Association for the Blind, foreign funding agencies like the DANIDA, OXFAM and Sight Savers International can be approached for obtaining assistance.
- i. Local agencies like District Panchayat and Taluka Development Agencies, also have funds for disseminating the same to the visually impaired.
- j. Service Clubs like the Lions, Lioness, Leo, Rotary, Rotaract, Inner Wheel, Round Table, Y's Men and Jaycees have sizable funds for promoting social work. These service clubs should be approached for obtaining financial assistance for the economic rehabilitation of the visually impaired.
- k. *Other sources:* Donations can be raised from philanthropists, service-minded persons, and other agencies having funds for promoting economic rehabilitation.

9. Social Rehabilitation

As per the existing demographic pattern of the visually impaired, in 69 percent of cases, on-set of visual impairment is after the age of 60 years. Thus a large number of persons identified in the project area would be in the age groups 60 years and above. Generally for a person in this age group, it may not be possible to plan for any meaningful economic rehabilitation. In most of such cases, the only viable alternative may be to provide services of social rehabilitation.

As mentioned earlier, all the services of door-to-door survey, eye screening, ophthalmic inputs, initial assessment, training in orientation & mobility, counselling and activities of daily living, provision of travel concessions, pension etc. should be provided to the persons falling in the higher age group as well.

The persons in the higher group should also be provided the following additional services:

- Individual counselling
- Family counselling
- State disability or aged pension
- Other monetary assistance
- Health care

9.1 Individual Counselling

The persons in the higher age group need to be counselled in respect of accepting their visual impairment, supporting the family in the day to day activities, looking after their personal needs, managing their mobility and activities of daily living to the extent possible.

9.2 Orientation & Mobility (Refer to Chapter on O&M for specific O&M needs of this group).

9.3 Aged Pension

Most State Governments in India provide pension to the visually impaired in the range of Rs. 60 to Rs. 200 per month. The criteria, age, amount and procedure for availing such pension vary from State to State. Application has to be made in a prescribed form to the respective Social Welfare Department through the revenue authorities.

9.3.1 Role of the Field Worker

- Apprise the individual and family members about the scheme
- Compile required information from the family or village records
- Collect documents to be enclosed with the application
- Arrange photograph of the applicant, if required.
- Complete the application form and submit to concerned authorities
- Follow-up with the concerned authorities regularly
- Keep the family informed about the progress in this regard.

9.3.2 Role of Project Supervisor

- Compile the latest information about the pension scheme
- Collect the application forms
- Share information and distribute forms among the Field Workers
- Follow up the completion of application forms
- Approach the revenue authorities for follow up
- Verify the mode release of pension regularly.

9.3.3 Role of Project Director

- Motivate officials to cover more people and increase pension amount
- Make efforts for simplification of the procedure
- Ensure release of pension regularly
- Verify details of sanction, release and pending cases of pension
- Seek cooperation of revenue officials in processing applications
- Create public awareness about the scheme through mass media

9.4 Other Monetary Assistance

In some States, the aged persons are provided other assistance in cash or kind. For example, during drought in Gujarat, people were provided cash dole and grains etc.; in Haryana, every aged person irrespective of income is provided cash assistance; certain welfare agencies provide grains to helpless people, blankets and clothes to the needy during winter, milk powder to weak persons and other cash assistance to the needy and deserving persons. The Project Supervisor should compile such information and share the same with the Field Workers.

All efforts should be made to extend all these benefits to the aged persons. The similar procedure as in case of pension or the procedure as prescribed by the concerned agency should be followed.

9.5 Health Care

Most aged persons would require health check-up, diagnostic services, medical treatment or surgical intervention. The set objectives of the project do not encompass extension of general health care to the beneficiaries. The Project Implementing Agency may, however, tie up health care with other rural development or public health agencies. The Implementing Agency may not extend the health care on its own. It may, however, encourage referral of the individual to appropriate agencies.

The provision or referral for health care would establish credibility and enhance acceptance of the Project Implementing Agency in the area. It would be easier to seek cooperation of the community workers, opinion leaders or family members in the service delivery and the project implementation. The general health care would also achieve the objective of enhancing mobility and self care of the individual.

10. Case Completion

Due to financial constraints, large and scattered target group and other such factors; it is never going to be possible to provide intensive services to the same individual over many years. The envisaged CBR approach advocates category specific, need based and relevant services for each visually impaired person in the project area. After an individual has been provided need-based services as explained earlier, he/she should be dropped as a completed case. The further services should, however, be provided by the family members and the community.

10.1 Check List

The Field Worker should use the following checklist for verifying whether the required services have been provided or not. The checklist should be completed in context of above noted age-specific individual need based services.

Table: Check list - Rehabilitation Services

Services/ Age Group	1	2	3	4	5	6	7	8	9	10	11	12	13
0-5 yrs	Yes	Yes	Training to parents	Yes	Yes	-	-	-	Yes	-	-	-	-
6-15 yrs	Yes	Yes	Yes	Yes	-	Yes	-	-	Yes	-	-	-	-
16-50 yrs	Yes	Yes	Yes	Yes	-	Yes	for those above 45 years	-	Yes	-	Yes	Yes	Yes
50 and above	Yes	Yes	Yes	Yes	-	Yes	Yes	-	Yes	-	-	-	-

10.2 Procedure for Dropping Completed Cases

At a time, the Field Workers should cover at least five individuals for providing individual need based intensive services. The number of persons to be taken up simultaneously would, however, depend upon the following factors:

- Geographical terrain
- Prevalence of visual impairment
- Demographic pattern of visual impairment
- Nature and extent of metal roads
- Availability of public transport
- Distance from the residence of the Field Worker
- Distance from the block headquarters
- Extent of involvement of family and community
- Mode of transport used by the Field Worker
- Experience of the field staff etc.

As explained earlier, the Project Supervisor should assist the Field Workers in deciding such cases to be taken up simultaneously. Using the above-mentioned checklist, the field staff should establish whether a particular beneficiary has been provided all the required services. Whenever any person has been provided these services, the same should be considered a completed case. And the next case from the same village or the adjoining village should be taken up.

Thus any particular Field Worker should cover a required number of cases (generally five) for providing intensive services. One must not wait for all the cases to be completed and dropped for covering the next batch of cases. Thus dropping of completed cases and taking up of new cases should be a continuous process.

10.3 Case Completion Report

Whenever any person has been dropped as a completed case, the proforma No. IX "Case Completion Report" should be completed. The Field Workers should record nature of services provided date of completion and such other relevant information. Details about the following services should be recorded in the proforma.

- a. Door-to-door survey
- b. Ophthalmic check-up
- c. Certificate of blindness
- d. Counselling: family, individual
- e. Nature of training: O & M, ADL, home economics
- f. Economic rehabilitation
- g. Type of support services
- h. School admission, scholarship etc.
- i. Any other assistance or services

The Field Worker should complete this proforma and that should be checked by the Supervisor and verified by the Project Director. The proforma should be filed in the individual case file of each individual.

10.4 Follow-up

As mentioned earlier, on provision of individual need based services, the individual is considered a completed case under the programme. Thus the programme encourages only individual specific intervention and provision of services. It is expected that the community and the family would provide the further services.

It is, however, desirable that periodic follow-up should be done by the Field Worker to ensure continuity of services and acceptance of the individual in the fold of the family. It is recommended that, in the beginning, the Field Worker should follow-up each case at least once a month. The frequency of follow-up visit, which depends upon the following factors, may be reduced subsequently:

- Nature of rehabilitation
- Age of the individual
- Specific requirement of individual
- Cooperation and support of the family
- Interest of the individual
- Frequency of visit to the same village for providing services
- Location of the village

If the village were located on the route of the Field Worker, possibility of follow would be higher. Generally more frequent visits would be required in case of vocational rehabilitation as compared to the individuals who has been provided services of social rehabilitation only.

The family members and community should participate actively while planning individual services, imparting training, extending support services and evaluating the performance. The principle objective should be that community should accept the individual in its fold and continue extending further services and co-operation.

11. Monitoring of the Project

While block level administration of the project should be done by the Project Implementing Agencies, an effective system of project monitoring and control at the field level must be evolved.

11.1 Weekly Review Meetings

It is necessary to convene weekly review meetings of the field staff at the headquarters of the Project Implementing Agency. Performance of field staff with respect to rehabilitation, education and participation achieved during the preceding week should be discussed. Similarly, work allocation for the following week for each Field Worker should also be done. The problem faced by the field staff and their distinctive achievements should also be discussed in the meeting.

It is also advisable to involve the specialists who are providing support services for the programme. The Field Worker may discuss relevant problems and seek their advice. The Project Supervisor should be encouraged to maintain Minutes of the proceedings of each such meeting.

11.1.1 Persons who should attend the meetings

- Field Workers
- Project Supervisors
- Project Coordinator
- Project Director
- Representative of the National Coordinating Agency
- Concerned officials of local administration

11.1.2 Agenda for Weekly Review Meeting

- Review of previous week's performance and action taken
- Items to be discussed
- Decisions to be taken
- Plan for the next week
- Any matter with the permission of the chair.

11.2 Attendance Card

An attendance sheet as per proforma X will be kept at the home of incurable visually impaired person. The Field Worker should complete the following information in the proforma and hand over the same to the visually impaired person or the family members:

- Name of the beneficiary
- Serial number of the attendance sheet
- Name of the village
- Name of the cluster
- Name of the project
- Date of keeping the sheet at the home of the beneficiary

Whenever Field Worker, Supervisor, Project Director or other officials of the Project Implementing Agency visit the beneficiary, they should ask for the attendance sheet and sign the same after putting their name and the date of visit. Such visitors may also put any remark, if desired so, in the sheet.

The Project Supervisor should verify the date and time of visit of the Field Worker from the sheet. This sheet should be used as a document for the monitoring movement of the field staff.

11.3 Monthly Reports

The Project Implementing Agency should prepare a monthly report of physical as well as financial performance in the enclosed proforma. For evaluating physical performance of the project, all aspects of rehabilitation of each individual should be considered.

11.3.1 Physical Performance Report: The Project Implementing Agency is required to submit the physical performance report every month to the National Coordinating Agency or to the Funding Agencies as per the memorandum of understanding. The report should provide the following information:

11.3.1.1 Rehabilitation component: The proforma XV should be used for preparing the monthly performance report in respect of rehabilitation component. This proforma should be completed based on the information provided in the physical performance register as per proforma XV. The monthly report should provide following information:

- General information about the project
- Details of review meetings held during the month
- The extent of awareness created during the month
- Baseline data about curable and incurable visual impairment
- Details of service delivery in terms of:
 - Certificate of blindness
 - Orientation and mobility
 - Daily living skills
 - Bus pass
 - Economic rehabilitation
 - Pension
 - Loan/subsidy
 - School admission
 - Any other

11.3.1.2 Integrated education: As integrated education requires intensive and systematic inputs, the monthly performance report in this respect should be more elaborate as suggested in proforma XV. A detailed report with the following parameters should be submitted for each visually impaired child:

- a. General information of the project

- b. Child wise report
 - Number of home and school visits
 - Individual training in O&M, ADL, Braille
 - Supply of instruction material, Braille books, large print, tactile material, recorded cassettes
 - Participation in co-curricular activities, holiday camp etc.
 - Other relevant information
- c. General report
 - Difficulties mentioned by teacher, parents, students
 - Details of visitors to the programme
 - Liaison with Government officials
 - Meetings with school staff, parents, fellow students
- d. Any efforts on public awareness

This information should be checked and authenticated by the Project Director. It should be submitted every month to the Central Coordinating Agency (CCA) or the Funding Agency etc.

11.3.2 Financial Report: The Project Implementing Agency is also required to submit the financial performance report every month in the prescribed proforma to the National Coordinating Agency or to the Funding Agencies as per the Memorandum of Understanding or the sanction letter. This report should provide the following information:

- Opening balance
- Receipt during the month
- Recurring & non-recurring expenditure during the month
- Closing balance

The Project Implementing Agency should submit separate financial reports regarding the rehabilitation as well as integrated education components. The monthly financial report of the CBR project as per proforma XVI and that of integrated education component as per proforma XVIII should be submitted to the CCA.

As the National Coordinating Agency follows the system of reimbursement of expenditure every month based on actual or admissible expenditure, it is essential to submit the monthly financial reports before the 5th of next month.

11.4 Reporting Formats

A variety of project monitoring and reporting formats have been developed for compiling information, analyzing the performance, maintaining records of progress of the project and for the purpose of submitting regular reports on physical and financial performance of the project.

11.4.1 Uniform Reporting Formats: From the experience of implementing CBR projects for the visually impaired across the country, it has been learnt that it is feasible and desirable to develop uniform reporting formats for the country as whole. Through the use of uniform formats, it would be possible to analyze these formats with the use of computer and it would be easy to compare inter project performance.

11.4.2 Easy Formats: It is, however, desirable that such formats must not be very cumbersome and time consuming. It should be possible for the Project Supervisor to complete all the formats within a few hours. In fact, wherever such formats are very cumbersome and time consuming, the biggest problem has been their timely completion. Many a times, this aspect becomes the biggest obstacle in the project administration.

11.4.3 Language: All the formats have already been evolved in English. All the formats as per paragraph 11.4.6.1, which are required to be used in the field by the Field Worker, must be translated into the local language. The formats, which are to be maintained at the headquarters of the Project Implementing Agency, may be kept in English or the regional language depending upon the convenience of the Agency.

The formats, which are to be completed and submitted every month to the National Coordinating Agency or the Funding Agency, must be maintained in English only. As the CCA or Funding Agency has to receive and analyze these formats from across the country, it is essential that these reports be provided in English only.

11.4.4 Printed Formats: It is advisable to get the formats printed and distributed among the Project Implementing Agencies. It would ensure uniformity in completion of the formats. It is generally easier to record and analyze pre-planned and printed formats. The agencies should be encouraged to complete the formats in every respect.

11.4.5 Flexibility in Reporting: It is generally never possible to evolve a programme, which may be accepted in totality all over the country. There would definitely be regional modifications in the approach and nature of services. Hence there is adequate scope and flexibility for accommodating such modifications in the reporting formats also.

11.4.6 Recommended Formats: For effective monitoring of the programme, the following formats are essential. There are three categories of reporting formats. The field staff for recording progress and performance of the project would use the first categories of formats. The second category of formats would be used for maintaining records of the Project Implementing Agency. Whereas the third category of formats would be submitted to the National Coordinating Agency or to the Funding Agencies.

11.4.6.1 Field Level Formats

- a. Door-to-door survey
- b. Vision screening by ophthalmic personnel
- c. Individual case file
- d. Initial assessment form
- e. Diary of Field Worker
- f. Performance sheet for each client
- g. Attendance sheet: kept at the home of the beneficiary

11.4.6.2 Implementing Agency level Formats

- a. Summary of vision screening
- b. Baseline data - curable cases
- c. Baseline data -incurable visually impaired persons
- d. Summary of baseline data
- e. Weekly visit proforma

- f. Weekly review meetings
- g. Physical performance register
- h. Case completion report

11.4.6.3 Reports to be submitted to the CCA or Funding Agencies

- a. Monthly physical performance report: CBR
- b. Monthly financial performance report: CBR
- c. Monthly performance report for each child: IE
- d. Monthly financial performance report: IE
- e. Project completion report: CBR & IE

Wherever it is possible to use the formats in English, the same formats may be used. It is desirable that such reporting formats must consider regional modifications in the approach and programme implementation plan.

11.5 Case Studies

It has been established that the reporting formats may enable the Central Co-coordinating Agency to generate quantitative data and statistical reports only. The report may be used effectively for the monitoring and evaluation of the performance of the programme. It is, however, not possible to generate qualitative reports from these formats.

As mentioned earlier, one of the principal objectives of the programme is to create public awareness. Thus the Project Implementing Agencies should prepare and submit human-interest stories on the successful cases of complete rehabilitation. Such stories are generally more effective in projecting progress and achievement of the programme than just producing reports on quantitative and statistical analyses of the performance of the programme.

11.6 Individual Rehabilitation Plan (IRP)

For effective implementation of CBR, concept of individual planning, i.e. considering every individual a separate entity and planning comprehensive rehabilitation according to individual felt needs should be adopted. Our approach should be client centered and in consonance with socio-economic conditions of the area.

The service should not be delivered on the basis of pre-conceived notions and experience elsewhere. It is essential that the services should be area specific and as per felt needs of the individual. Thus the type of crafts, trades and remunerative occupations would depend upon the area and specific requirements and potential of the individual.

For this purpose, an individual case file for every individual with detailed information should be maintained. All the services as and when provided to the individuals should be recorded in the case file. The case file should contain the following information for each individual:

- a. General information of the individual
- b. It should have the following enclosures:
 - Assessment form
 - Certificate of blindness
 - Individual rehabilitation plan
 - Bus pass or travel concession
 - Pension form
 - Details of bank loan, launching grant, subsidy etc.
- c. Rehabilitation Plan should cover the following aspects:
 - Ophthalmic inputs
 - Nature of counselling
 - Individual training in O&M, ADL, Braille etc.
 - Nature of economic rehabilitation
 - Other services
 - Status at case closure

A separate case file should be maintained for each curable visually impaired person. It should be updated regularly enlisting all the services rendered and results achieved. The Project Supervisor and the Project Director must verify information in each case file regularly.

12. Evaluation of CBR Projects

A effectiveness and efficiency of a CBR project may be evaluated based on following criteria:

12.1 Indicators for Evaluation

The evaluation teams may use a variety of indicators for assessing effectiveness of implementation of the CBR project. Some such indicators are suggested below. A few more area-specific and implementing-specific indicators may also be included in the list.

S.N	Indicators	Details
1	Understanding of the concept	<ul style="list-style-type: none"> ● Inclusion in Social Communication ● Deviation from Original Concept ● Use of proposed training curricula ● Use of proposed reporting format
2	Extent of Training Activities	<ul style="list-style-type: none"> ● Frequency ● Duration ● Nature of the participation ● Name of the sponsors
3	Acceptance or adoption of CBR Concept by the Project Implementing Agencies	<ul style="list-style-type: none"> ● Understanding ● What changes have they made ● Extent of continuity ● Is it a project or part of structure ● Sensitization material ● Social communication material
4	Cost effectiveness of training	<ul style="list-style-type: none"> ● Cost analysis ● Demand for training ● Cost recovery and income generation
5	Components of training cost	<ul style="list-style-type: none"> ● Procedure of accounting ● Breakup of expenses
6	Administrative Structure of Project Implementing Agency	<ul style="list-style-type: none"> ● Staff strength ● Staff retention and turnover ● Extent of growth ● Nature of training

S.N	Indicators	Details
7.	Extent of Acceptance of CBR Concept	<ul style="list-style-type: none"> ● Understanding of CBR ● Adoption of CBR ● Modification of the concept
8	Financial Spread of Coordinating Agency	<ul style="list-style-type: none"> ● Classification of Funding Sources ● How many are Development Funding Agencies ● How many are Disability Funding Agencies
9	Level of Sustainability of the Concept	<ul style="list-style-type: none"> ● Technical ● Financial ● People's Participation ● Expansion of CBR ● Participation of Officials of Coordinating Agency
10	Sustainability of Organization	<ul style="list-style-type: none"> ● Financial ● Technical ● Personnel
11	Transparency of activities/ operations	<ul style="list-style-type: none"> ● Social accountability ● End Use of Donations ● System of annual reporting ● Donor's participation
12	Justification for Capital Investment	<ul style="list-style-type: none"> ● Contribution of the Coordinating Agency ● National Govt. contribution ● Extent of maintenance
13	Source of Funds	<ul style="list-style-type: none"> ● INGOs ● National Govts. ● Community resources ● Other sources
14	Financial Viability of Training Activities	<ul style="list-style-type: none"> ● Own Experience ● Feedback/Tasks carried out ● Level of learning from field experience ● Extent of Visit ● How training is developing/only Training organization

S.N	Indicators	Details
15	Retention of Staff	<ul style="list-style-type: none"> ● Reinforcement ● Incorporate Training
16	Quality of Staff	<ul style="list-style-type: none"> ● Qualification ● Experience ● Exposure
17	Possibility of Support from Other Sources?	<ul style="list-style-type: none"> ● Spread of Organization ● Technical ● Financial ● Personnel ● Others
18	Extent of Support from Govt. National Govt.	
19	Adherence to the concept of CBR How much evolved	<ul style="list-style-type: none"> ● Engineer ● No. of Developments
20	Development of social communication	<ul style="list-style-type: none"> ● Material ● Effective ● Adapted ● Adopted ● Evolving
21	Exposure of CBR to World Community	<ul style="list-style-type: none"> ● Support of INGOs ● Acceptance by National Govt. ● Acceptance by UN Bodies ● Acceptance by Community
22	Credibility of Organization Credibility of People	<ul style="list-style-type: none"> ● Among stakeholders ● Among national partners ● Among Developmental Organizations

12.2 Questionnaire

The Evaluation Teams may also use a standard questionnaire during field visit for the compiling specific information as regard performance of the project. The suggested questionnaire is in addition to the evaluation format suggested in paragraph 12.1.

1. Name & address of the Secretary/Director of the Partner Organization
2. Names and details about his/her training of the CBR Workers
3. Activities of the Project Implementing Agency
4. Total staff strength of the organization
5. Source of information about Project Coordinating Agency
6. Purpose of Starting CBR Project
7. Role of CBR functionaries in the organization
8. Extent of training imparted by CBR Workers to other staff members
9. Achievements of the organization as regard services for the PWDs.
10. No. of visits of the Project Supervisor and Secretary/Director to the project area
11. Knowledge about the existence of other disability development organizations and concerned INGOs in the area
12. Comments on quality and duration of training
13. Need for further training of the CBR staff
14. Quality of service delivery to the individuals
15. General comments on image of the Project Implementing Agency
16. Extent of participation of community in service delivery
17. Extent of participation of local administration in the project implementation
18. Extent of acceptance of the concept of the CBR by special institutions for the persons with disabilities located in the project area
19. Extent of participation of persons with disabilities in the initiation and implementation of the project.
20. Existence of other community oriented initiatives by other developmental organizations in the area.