CHAPTER X

Community Based Rehabilitation

1. The Existing Scenario

As explained in the third chapter on Demographic Pattern of Visual Impairment, the significant features that emerge are:

- In majority of cases, visual impairment is adventitious and its on-set takes place predominantly after the age of 45 years.
- Prevalence rate is the highest in the age group 60 & above and the lowest in the age group 0-4 years. It rises steadily with the increasing age both in the rural as well as urban areas. It is higher in the rural as compared to urban areas for all the age groups.
- Incidence rate is the highest in the age group of 60 & above and the lowest in the age group of 5 to 39, it is higher in rural areas (25) as compared to urban areas (20).
- As females constitute 53.89 percent of the population of the visually impaired, incidence of visual impairment among females is comparatively higher.
- As distribution of visual impairment is relatively more in the rural areas (83.69%), their population is predominantly rural.
- Rehabilitation centres are few, confined to urban areas and cover a few hundred people in the working age group 16-35 years.

2. Need for Promotion of CBR

On analyzing the existing rehabilitation services, the following observations can be made:

2.1 Limited Coverage of the Existing Programmes

The existing special schools in India, at present, cover only 18,000 and integrated education programmes cover 6,000 visually impaired children. Even if special education is extended to all visually impaired children of the school going age (which is never going to be possible), the coverage would be only 3.2 per cent of the total population of the visually impaired.

The existing vocational as well as on-the-job training centres at present cover a mere 5,000 visually impaired persons. The existing trades are urban-oriented and do not necessarily lead to employment.

2.2 Least Preference to the Visually Impaired

Most of the rehabilitation programmes aimed at the comprehensive rehabilitation of all categories of persons with disabilities are largely for the locomotor handicapped only. The coverage of the visually impaired in the following programmes has been almost negligible:

- Vocational Rehabilitation Centres and Special Employment Exchanges under the Ministry of Labour
- District Rehabilitation Centres Scheme
- Scheme of Community Based Rehabilitation
- Scheme of Aids and Appliances for the Persons with Disabilities under the Ministry of Social Justice & Empowerment
- Scheme of Integrated Education of the Disabled Children under the Ministry of Human Resources Development
- Disability Strategy under Council for Advancement of People's Action and Rural Technology.

2.3 Lack of Social Security Measures

Most developing countries have not yet introduced social security measures for assuring a minimum standard of living for persons with disabilities. Some State Governments have introduced disability as well as old-age pension schemes. Due to limited budget allocation, cumbersome procedures, lack of public awareness, and lack of an effective delivery system, the coverage has been limited. The PWD Act, 1995 has also made no reference to social security measures for such persons. A visually impaired person is normally therefore cared for by his family members and the community.

Thus the majority of persons with disabilities have no access to rehabilitative, curative or support services under the existing pattern and nature of services. It is desirable to explore alternative avenues of reaching millions of such unreached persons. Considering these observations, the most realistic and practical solution to the problem of rehabilitation is introducing individual need-based, cost effective and rural based rehabilitation programmes.

2.4 CBR: only Viable Alternative

Keeping in mind the vast distribution of persons with visual impairment in the rural areas, the late on-set of visual impairment and the exorbitant costs of initiating and maintaining an institution, and the inherent limitations of an urban based institution, the only viable alternative is a programme which can reach out and provide need based services to such persons of all age groups and yet be cost effective.

2.5 Indian Initiatives on CBR

A large number of leading NGOs realized during the early 1980s that non-institutional rural projects for persons with disabilities were indispensable. A large number of NGOs developed, presented, implemented and perfected nation-wide programme on promotion of CBR. The major Indian initiatives include:

2.5.1 PL-480 Project: A Rural Rehabilitation Centre for the Blind was started during 1973 at Madurai with the financial support from PL-480 grant of the U.S.A. The Centre was established under the guidance of renowned experts Major Bridges and Mr. Robert C. Jaekle from the American Foundation for the Blind, U.S.A. (now known as Helen Keller International)

2.5.2 CBM's Initiative: Mr. Robert C. Jaekle, truly the Father of CBR, joined the Christoffel Blindenmission and initiated a rehabilitation programme for the rural visually impaired in Tiruchirapalli District of Tamil Nadu. He also established a training centre at Musiri for the training of CBR field functionaries.

2.5.3 NAB RAC Project: A nation-wide project entitled *"Social and Economic Rehabilitation of the Rural Blind"* was promoted by the Rural Activities Committee of the National Association for the Blind during 1983 with the support of the then Royal Commonwealth Society for the Blind now renamed Sight Savers International. The programme was subsequently modified and promoted as Comprehensive CBR Project for the Visually Impaired. This project was implemented by various agencies all over India and received support from a large number of funding and developmental agencies:

- Sight Savers International
- DANIDA
- NORAD
- OXFAM
- Helpage International
- South Asia Partnership
- World Blind Union
- Ministry of Social Justice & Empowerment
- L.D. Jhaveri Foundation
- Shri Manav Kalyan Trust
- National Institute for the Visually Handicapped
- State Bank of India
- Department of Social Justice & Empowerment
- Shri Raj Shobhag Ashram

2.5.4 District Rehabilitation Centre Scheme: The Ministry of Social Justice & Empowerment launched a nation-wide District Rehabilitation Centres Scheme during January1985, with the collaboration of the National Institute of Disability and Rehabilitation Research, U.S. Department of Education and UNICEF. The scheme aimed at creating awareness about the production potential of persons with disabilities and establishing a model for their comprehensive rehabilitation.

Evaluation of the scheme on completion of five years revealed that although there were many areas of deficiency which could be improved upon, the scheme did make considerable impact in the areas of implementation. Though the scheme had been *"Community located"*, it had not been *"Community based"*.

2.5.5 District Blindness Control Societies: India has launched the National Programme on Control of Blindness since 1963. To begin with, the major focus of this programme was prevention and cure of Trachoma and provision of vitamin A for prevention of Xerophthalmia. After the National Survey of 1971-74 established that cataract caused almost 55 percent of blindness, cataract became the major focus of this programme. The major emphasis of the programme is on expansion of infrastructure and training of manpower in eye care with the objective of capacity building for cataract surgery.

The District Blindness Control Societies have been established since 1993 to promote eye care at the grass root level. These societies seek better participation of local administration, government departments viz. social welfare, education and information. The main objective behind this move is to bring eye-care in the mainstream of society and bring about inter-sectoral cooperation. There is a scope for active participation of non-Governmental organizations devoted to eye care, CBR and rural development.

There is tremendous increase in allocation of financial resources by the Government for promoting eye care services. International

support for this purpose has also increased manifold, initially from DANIDA and WHO, and recently a large loan from the World Bank. These national efforts are being augmented by multi-million assistance from the World Bank in seven states of the country over a period of 1994 to 2001. As a result of these efforts and resource allocation, the total number of cataract operations increased from 1.2 million during 1989 to 2.7 million during April, 1996 to March, 1997 (Limburg, 1999), but this is still inadequate to clear the backlog.

A rapid assessment of cataract blindness and surgical coverage in the seven World Bank assisted States conducted during 1998 establishes that in most States, the prevalence of blindness had decreased as compared to situation during 1996. The prevalence, however, continues to be higher in females as compared to males, though there was evidence to show that the utilization of cataract surgical services has increased among women.

The District Blindness Control Society (DBCS) is the first systematic attempt on promoting comprehensive eye care which encompasses CBR along with eye screening, eye treatment, eye surgeries and prevention of visual impairment. Now, health oriented programmes have also started recognizing the need for promoting CBR as a part of comprehensive health care approach.

2.5.6 CBR Network: It is estimated that there are over 800 organizations promoting CBR for persons with disabilities in India. The CBR Network was a platform set up as a result of a Workshop on CBR sponsored by NORAD in September, 1992 and later converted into a legal entity in 1997. The objectives of the National CBR Network are:

- to document CBR approaches, methodologies in India and public policy in favour of CBR;
- to publish a CBR frontline digest for workers at the grassroot level;

- to share and disseminate information regarding CBR in a partnership market;
- to influence public policy in favour of CBR; and
- to establish a data base on CBR.

The CBR Network has divided India into four zones - North, South, East and West and leading disability development organizations have been entrusted the responsibility of promoting networking and disseminating information.

Website: http://www.cbrnet.com

E-mail: cbrnetwork@vsnl.com

2.5.7 Rehabilitation Council of India (RCI): The RCI has been constituted through an Act of Parliament, the RCI Act, 1992 which came into force with effect from July, 1993. The main purpose of the RCI is to standardize the syllabi for training of various rehabilitation professionals. It has also been assigned the responsibility of registering these professionals with the object of ensuring that only qualified and duly registered people render services to people with disabilities. It has evolved the scheme of training the rehabilitation professionals and the medical professionals working in the Primary Health Centres through Bridge Courses.

The RCI has also been promoting programmes of continuing education to ensure that knowledge of rehabilitation professionals is updated from time to time so as to provide best possible services to persons with disabilities. The first continuing education programme under its banner has been an updated CBR - its concepts, technology and application. Through this programme, it has identified and sensitized national resource persons from across the country. It has developed resource persons to form regional CBR faculty for different regions.

As a part of its Scheme of Bridge Courses, it has covered CBR professionals for completing bridge courses and seeking its registration.

Website: http://www.rehabindia.com
E-mail: rehabstd@nde.vsnl.net.in

2.5.8 National Policy: The Ministry of Social Justice & Empowerment convened a National Conference during 20-22 September, 1993 to evolve a National Policy for the Persons with Disabilities. As a part of National Policy, it was unanimously resolved that the Ministry should evolve a separate scheme on CBR for promoting comprehensive rehabilitation of persons with disabilities in the rural and backward areas.

2.5.9 Pilot Project on Medical Rehabilitation: The Ministry of Health, Govt. of India launched a Pilot Project on Medical Rehabilitation on 22nd November, 1995 with All India Institute of Physical Medicine & Rehabilitation as the Nodal Implementing Agency with emphasis on provision of rehabilitation services through primary health care.

The main objective for inclusion of CBR in the Health Care Delivery Services are:

- Prevention of disability causing disorders
- Early detection of disability causing disorders
- Early medical intervention
- Early rehabilitation intervention
- Capacity building of different centres from peripheral up to specialized centres
- Training of manpower required for service delivery, teaching and research activities at different levels
- Equipping / strengthening Primary Health Centres (Wadhwa, 1998)

The rationale for incorporating CBR into health care system is that instead of creating another large vertically structured

CBR programme, it appears logical to train the existing health care manpower in different aspects of CBR by equipping them with the knowledge and skills and better equipping all components of Health Care Delivery System in a phased manner, spread over a decade or more, throughout the country.

2.5.10 Persons with Disabilities Act: The President of India gave assent to the *"Persons with Disabilities (Equal Opportunities, Protection of Rights & Full Participation) Act, 1995"* on 1 January, 1996 and it came into force with effect from 7 February, 1996. The main objectives of the Act are to spell out the responsibilities of the State towards the prevention and early detection of disabilities and recognition of the rights of persons with disabilities to enable them to enjoy equality of opportunities and full participation in national life.

Apart from the objectives of preventing the occurrences of disabilities, access to free education, job reservation, provision of assistive devices, allotment of concessional land and non-discrimination in transport, on road and built environment, the Act envisages promotion and sponsoring of research and manpower development programmes on various aspects including CBR.

The Act thus recognizes and endorses the need for promoting research as well as development of human resources in the area of rehabilitation including CBR. The section on education also desires the appropriate Government to integrate students with disabilities in the regular schools.

2.5.11 CAPART Initiative on Disability Strategies: The Council for People's Action and Rural Technology has developed and adopted a strategy to promote participation of people with disabilities in programmes for rural development. As a part of "Disability Strategy", the CAPART will extend support to non-Governmental organizations whose project proposals are in consonance with the overall thrust and guiding principles of the strategy, and which will further its implementation.

The focus areas of the strategy are social mobilization, capacity building, rural infrastructure development, promotion of indigenous technologies and net-working.

2.5.12 CBR Forum: The CBR Forum for Persons with Disabilities was constituted by Miseoreor, a German funding agency during 1996. It is a Programme Unit of Caritas India, its legal holder. Its mission is to play a proactive and promotional role in CBR of persons with disabilities in India, ensuring wide coverage with focus on the disadvantaged group such as the poor, women and people living in rural areas and urban slums.

The CBR Forum encourages and supports appropriate organizations, programmes and projects for CBR and does not implement the same directly. It also supports measures on prevention of disabilities, appropriate training, creation of public awareness, networking, advocacy, innovations and research in issues pertaining to CBR.

The vision of the CBR Forum is that people with disabilities have equal opportunities leading to improved quality of life and fully participate in a society that respects their rights and dignity.

The CBR Forum is emerging as a leading source of funding for various CBR projects.

2.5.13 CBR Scheme of the Ministry: The Scheme to Promote Voluntary Action for Persons with Disabilities evolved during 1998 by the Ministry of Social Justice & Empowerment, Government of India, provides grant-in-aid to voluntary organization for the promotion of CBR. The Ministry extends financial support for the following manpower (Ref. No. 21(25)/ 98-DD-II):

- Rural Rehabilitation Volunteers
- CBR Personnel or Multi-rehabilitation Workers
- Social Workers
- Specialists - Therapists and Educators
- Voluntary Workers
- Project Coordinators / Directors

This is first time that the Ministry of Social Justice & Empowerment has given due recognition to the concept of CBR in its major grant-in-aid scheme.

2.5.14 Bridge Course for CPR Workers : According to the Rehabilitation Council of India, the use of expression CBR is improper due to following reasons:

- Communities are very poor
- People cannot take financial responsibility for the programmes
- Difficult for them to take initiative in a developmental programme.
- During the day, most people in the village are away in the field, hence their involvement is not possible.

As the participation of community in the rehabilitation programme is crucial, the RCI has renamed the programme as "Community Participatory Rehabilitation" and has launched the Bridge Course for CPR Workers.

a. *Objectives*

- To involve community in all activities of rehabilitation.
- To mainstream people with disabilities in village community.
- To enhance self esteem and guidance of people with disabilities with the involvement of community.
- To engage experts to visit rural areas to offer appropriate assistance and guidance.

b. *Duration*: One month (6 days a week, 24 days) i.e. 145 hours.

c. *Eligibility*: Any person who has completed minimum 8th standard and has worked in rural areas for a minimum period of three years.

The Rehabilitation Council of India will provide Registration Certificate to all those people who complete this course as Rehabilitation Personnel. This is a bold step in the right direction as it will provide credibility to the field workers and the concept of CPR.

2.6 CBR - A Movement

All these initiatives and programmes establish that CBR is no more a pilot project or a programme on reaching the unreached but is now slowly but steadily emerging as a movement for promoting comprehensive eye care and rehabilitation of persons with eye problems or visual impairment. The achievements and efficacy of existing CBR strategies establishes that the only way of reaching out to the unreached persons in rural areas is to initiate and implement CBR for persons with disabilities. For developing countries, comprehensive CBR is not a matter of choice but a compulsion. While components, implementation plan, monitoring procedures and level of community involvement in CBR approach may be graded options - CBR approach *per se* is the only alternative available at present to reach the unreached millions of persons with disabilities in these countries.

3. Concept of CBR

To understand CBR, it is essential to define and explain the three terms "community", "based" and "rehabilitation". It is important that the exact meaning and implication of each term is understood and used with consistency.

3.1 Community

3.1.1 E. Helander's (1992) Definition : *"A community consists of people living together in some form of social organization and cohesion. Its members share in varying degrees political, economic, social and cultural characteristics, as well as interests and aspirations, including health. Communities vary widely in size and socio-economic profile, ranging from clusters of isolated homesteads to more organized villages, towns and city districts."*

3.1.2 CBR Working Group (1997) Definition : *"In the CBR context, community means (a) a group of people with common interests who interact with each other on a regular basis; and/or (b) a geographical, social or Government administrative unit".*

3.1.3 Explanation of the Term "Community": Generally communities are not in every case homogeneous or static entities. A "traditional" rural community might not have all its members coming from the same ethnic group, speaking the same language or sharing the same culture and religion. Only some of these conditions might exist in other rural or in marginal urban settlements, and as a consequence a "community spirit" might not be so easy to identify. In such an environment, it may take longer to get a community response to the call for an effort to show solidarity with the disabled persons.

In general terms, a community is a sub-set of society but larger than a family. It constitutes a group of people, living together in social association, harmony and understanding. The existence, involvement, co-operation, interest and participation of the members of community influences survival, progress, development and welfare of the individual, directly or indirectly. This group of individuals generally have a common goal, common cause and develop a sense of belonging. They share their views on their political, cultural, economical and social ideology with each other.

Community, in general, comprises of family members, neighbours, friends, co-workers, reference groups or opinion leaders, local administrative authorities, local transport authorities, postman, school teacher, village headman, local revenue officials, nearby shopkeeper, local development agencies, local welfare agencies, and other such people or officials.

3.1.4 Explanation of the Term "Within Community": In the ILO-UNESCO-WHO approach to CBR, the phrase *"within community development"* is understood to be the following strategy recommended by United Nations (Working Group on CBR, 1997):

"... the utilization, [in an integrated programme], of approaches and techniques which they rely on local communities as units of action and which attempt to combine outside assistance with organized local self determination and effort, and which correspondingly seek to stimulate local initiative as the primary instrument of change."

The concept *"within community"* refers to the stimulation of local initiative which may be supported with outside support, advice and specialized inputs for ensuring community empowerment. The approach ensures that what is done at the initiative of community in the name of CBR actually fits into the reality of community and is solely owned by community itself.

3.2 Based

The term *"based"* signifies that rehabilitation and integration of the disadvantaged individuals is the responsibility of the family and community. It is essential that community realizes that all the human beings are of equal worth and are entitled to equal rights, privileges and responsibilities. It is the responsibility of the community to extend appropriate opportunity for their complete rehabilitation and acceptance in the mainstream of society. The responsibility of the caring of the disabled person is ultimately that of his family and community. Whatever services are provided by a specialist agency are largely interventional and need-based and cannot ever take on a permanent nature.

Ensuring the active participation and support of community in promotion of comprehensive rehabilitation of its members is imperative due to following factors:

3.2.1 Foundation of CBR: CBR is founded on the principles of equity, equality, equal rights and social justice. It implies that disadvantaged groups in the community have the inherent right of availing services and opportunities at par with other individuals. For them, the community is a backbone, a support

system which ensures their survival, growth, progress and complete integration. It is the root of a fruit tree which encourages their active and meaningful participation in all spheres of social life. It is the bridge which connects the individual to a productive social life. It implies that visually impaired persons are entitled to atleast such privileges which they would have been entitled to, had they been sighted.

3.2.2 Importance of Community: Most visual impairment is caused primarily by environmental factors - disease, lack of ophthalmic facilities, lack of public awareness, superstitions, wrong treatment, lack of early screening and eye check-up facilities. Thus most of visual impairment is acquired and not necessarily due to the fault of the individual. The family is the right place and community the base for creating a rightful place and enhancing acceptance of such individual. The family is the first social unit of the individual and it is essential that this unit is the place which accepts him totally and plans for his total development.

3.2.3 Rehabilitation - A Continuous Process: CBR programme initiates the process and provides individual need-based services with the active participation, involvement and understanding of the community. The prime responsibility of the CBR programme is to provide the technical expertise and training in the skills of rehabilitation to the visually impaired, the family and the community at large. The ultimate objective is that the community is expected to continue providing further training, support services, tangible as well as intangible inputs, and above all, accept the individual in its fold. Rehabilitation is a continuous process and the community takes the responsibility of providing further services.

3.2.4 Use of Community Resources: Considering community as foundation of CBR programme would help to sensitize any one to the existence and use of abundant community resources. It would help to utilize resource from within and render the programme cost effective, low cost and economical. The cost

to CBR programme would merely be provision of technical support, outside expert services and manpower for the promotion of the concept. Whereas community would be able to contribute all the tangible as well as intangible local resources already available there. Examples are place for imparting training, local trainers, raw material for local crafts, shed for income generation activities, marketing facilities etc.

The interesting part is that most community resources are easily available, accessible and affordable. The CBR programme needs to encourage community to use these resources for the integration and complete rehabilitation of its own members.

3.2.5 Outcome of CBR Programme: If community participates in programme planning and its implementation, the CBR approach would be sustainable and would ensure delivery of services for ever. It would also ensure involvement, understanding and participation of the community on a permanent basis. It would promote sense of belonging among the individuals and reduce dependence on outside inputs and services. It would bring about self-reliance and complete rehabilitation of the individual.

Community has plenty of resources, desire to support and potential to promote appropriate rehabilitation. What it lacks is appropriate information, skills, technology and support system which have to be organized by the CBR programme as inputs and service delivery.

3.3 Rehabilitation

The dictionary meaning of rehabilitation is to *"return or restore to previous state or condition"*. In other words, rehabilitation signifies restoring any individual to social, functional, economic status he/she enjoyed before the onslaught of impairment. It refers to all the measures which need to be taken to bring the individual to her/his functional capabilities which he possessed before his visual impairment.

The understanding of rehabilitation needs to be modified in

case of congenital visually impaired persons or those who were performing such activities which can not now be easily performed due to nature of activities. In case of congenital visual impairment, the term rehabilitation signifies restoration of an individual to a functional status which he/she might have attained if he/she were sighted in the same environment or family conditions. In case of such persons who can not perform the activities which they were performing prior to visual impairment, the term rehabilitation would mean performance of possible activities which are close to activities being performed earlier. Thus rehabilitation signifies restoration of any individual to previous, probable or possible activities which that person may perform despite visual impairment after certain training, retraining, other tangible or intangible inputs.

3.3.1 ILO's Definition: *"Rehabilitation involves the combined and coordinated use of medical, social, educational and vocational measures for training or retraining the individual to the highest possible level of functional ability"*.

3.3.2 Sight Savers' Definition: "Rehabilitation is a need-based, goal oriented, time limited process of providing a disabled person with the knowledge and skills required, together with the requisite special equipment and training in the use of that equipment, within an individually appropriate time frame, thus empowering him to change his life and to participate actively in his family and community to the fullest extent possible".

3.3.3E. Helander's Definition : "Rehabilitation includes all measures aimed at reducing the impact of disability for an individual, enabling him or her to achieve independence, social integration, a better quality of life and self-actualization".

Rehabilitation thus includes not only the training of disabled people but also intervention in the general systems of society, adaptations of the environment and protection of human rights. Disabled people should have the same rights to a life dignity as others, and there must be no exceptions. Special attention

may be needed to ensure access to health, social services, education, work opportunities, housing, transportation, information; culture, social life including sports and recreational facilities, and representation and full political involvement in all matters of concern to them.

3.3.4 Explanation of the Term: In the general sense, rehabilitation encompasses:

- medical rehabilitation i.e. cure of curable disability and lessening the disability to the extent possible
- complete social integration
- economic rehabilitation to the extent possible
- education of the children of the school-going age, and
- providing all the available concessions, benefits, guidance and counselling.

3.3.5 Outcome of Rehabilitation: All measures which aim at rehabilitation should ensure skill enhancement, independence, self reliance, self confidence, complete integration and empowerment of the individual. It should result into enhanced quality of life, enhanced work efficiency, gainful occupation economic independence of the individual. It should enable the individual to lead a normal, productive and contributory life of dignity, respect and social acceptance.

3.4 Definition of CBR

CBR is an extension of the term rehabilitation with the major difference in the mode of delivery of services and the venue for imparting training and other inputs leading to comprehensive rehabilitation. When the term CBR is expatiated, it means imparting training and providing services to the individual in community itself with the active participation of the family and the community leading to comprehensive rehabilitation.

3.4.1 WHO Definition of CBR : *"CBR involves measures taken at the community level to use and build on the resources of the community, including the impaired, disabled and the handicapped persons themselves, their families and their community as a whole"*.

3.4.2 Modification of the Definition: In the context of developing countries, the definition of CBR can be modified. It should:

- be cost effective, low cost individual need-based and result-oriented; and
- result into the complete integration of the individual into community.

Once rehabilitated, a person should lead a more productive life, thus helping the community economically.

3.4.3 Helander's Description: *"CBR is a strategy for enhancing the quality of life of disabled people by improving service delivery, by providing more equitable opportunities and by promoting and protecting their human rights"*.

It calls for the full and coordinated involvement of all levels of society: community, intermediate and national. It seeks the integration and intervention of all relevant sectors - educational, health, legislative, social and vocational - and aims at the full representation and empowerment of disabled people. CBR should be sustained in each country by using a level of resources that is realistic and maintainable.

Referral services are needed to cater to those disabled people who need more specialized interventions than the community can provide. There are certain interventions which require medical specialists, para-medical professionals or the services of rehabilitation personnel. These services necessitate the involvement of professionals as all skills cannot be transferred to community volunteers or the family.

3.4.4 Comprehensive Definition : *"CBR is a goal-oriented, individual need based, cost effective and result-oriented strategy of providing time bound and appropriate services within the community, with its active participation, involvement and with fullest use of its resources. CBR strategy aims at confidence building of the community, bringing out efficiency of individual and promoting active participation, involvement and integration of the individual in community life. It seeks community participation at the planning, execution, management and monitoring of CBR programme. It ensure community's support to protection of human rights, equal participation, equity, social justice, equal participation and complete development of the individual".*

3.5 Characteristics of CBR

Experience gained in various countries confirms the importance of integrating the CBR services into primary health care. The level of integration, however, is dependent upon availability of medical and non-medical personnel in the community. CBR is a creative application of primary health care approach in rehabilitation services. It involves measures taken at community level to use and build on the resources of the community, including the persons with disabilities themselves, their families and their community as a whole. The following characteristics are common to CBR programmes (Wadhwa, 1998):

- To establish the local communities to create awareness about persons with disabilities, recognize their rights and accept at least part of responsibility for their rehabilitation.
- To motivate the local communities to mobilize their own resources - human, material and financial, including persons with disabilities themselves, their families and friends to take an active part in rehabilitation training.
- To organize training for personnel at different levels and to use appropriate training material.

- To deliver services built upon existing community, organizational infrastructure, especially primary health care services.
- To establish a referral network to meet needs which cannot be met locally and work in conjunction with other sectors viz. education, vocational, employment etc.
- To ensure strong political commitment for the promotion of CBR.

As such, CBR is an integrated rehabilitation programme based on trained community action with appropriate referral support at all levels of national health infrastructure. Similarly, transfer of skills and technology is the most important step for CBR to succeed.

3.6 Understanding CBR

The basic concept inherent in the multi-sectoral approach to CBR is the decentralization of responsibility and resources, both human and financial, to community level organizations. In CBR approach, governmental and non-governmental, institutional and outreach rehabilitation services must support community initiatives and organizations.

3.6.1 Multi-sectoral Approach: The Working Group on CBR (1997) considers that the starting point for understanding CBR is the following approach agreed to in 1994 by ILO, UNESCO and WHO:

"CBR is a strategy within community development for rehabilitation, equalization of opportunities and social integration of all people with disabilities. CBR is implemented through the combined efforts of persons with disabilities themselves, their families and communities, and the appropriate health, education, vocational and social services".

This approach to CBR is multi-sectoral and includes all Governmental and non-Governmental services that provide assistance to persons with disabilities are not traditionally

considered relevant to CBR programmes and persons with disabilities. Examples include community developmental organizations, agricultural extension services and water and sanitation programmes.

3.6.2 CBR Programme Criteria: The CBR Working Group (1997) has proposed 7 following criteria for the development and implementation of CBR programmes:

a. People with disabilities should be included in CBR programmes at all stages and level, including initial programme design and implementation.

b. The primary objective of CBR programme activities should be the improvement of the quality of life of people with disabilities.

c. One focus of CBR programme activities is working with community to create positive attitudes towards people with disabilities and to motivate community. members to support and participate in CBR activities.

d. The other focus of CBR programmes is providing assistance for people with all disabilities; and for people of all ages, including older people.

e. All activities in CBR programmes should be sensitive to the situation of girls and women.

f. CBR programmes must be flexible so that they can operate at the local level and within the context of local conditions.

g. CBR programmes must coordinate service delivery at the local level. As far as possible, services should be available at the local level in a comprehensive manner. These services may include medical intervention, education & training, provision for income generation, care facilities and prevention of causes of disabilities.

The CBR Working Group (1997) advocates provision of specialized outside services, comprehensive package of services and its delivery at the local level with the active involvement and participation of community at all level of planning, implementation, management, monitoring and evaluation.

3.6.3 Outcome of CBR: CBR programme should restore the functioning and participation of the individual to the normal level. It should grant equitable opportunities of social integration, participation and progress in the normal stream of social life.

The CBR should enable the individual:

- to stay within the fold of the family and contribute towards the family income.
- to function and perform as he used to function and perform prior to disability, that is restoring the fullest use of the senses to compensate for the loss of vision.

In other words, CBR programme is goal-oriented, need-based, time bound activity which envisages community participation, ensures use of community resources and brings out fullest efficiency of the individual in a cost effective and environment friendly manner, that too within the community.

3.7 Extent of Coverage

From the experience of implementing CBR programmes exclusively for the visually impaired persons at 130 locations in India, it has been established that a group of 8 Field Workers, 2 Itinerant Teachers and one Supervisor can easily cover 200 visually impaired persons in one block or population of 2,00,000 within a period of two years.

It has also been established that the per capita cost of such services is less than Rs.1500 which is one-tenth as compared to institutional programmes. Thus CBR is the only alternative available at present for the comprehensive rehabilitation of the visually impaired, particularly in the developing countries.

The components, technical transfer of skills, training of fuctionaries, appropriate strategy and coverage of CBR is still a matter of debate. Every CBR agency has a tailor made approach which is designed to meet the needs of that particular region.

3.8 Components of CBR

Due to cost constraint, commonality of services, scattered target group and State policy, it is essential that the CBR should:

a. cover persons of all age groups
b. be cost effective and result oriented
c. be realistic and need-based
d. be in consonance with the State policy
e. include all aspects of:
   - prevention and cure of curable blindness
   - certification of incurable blindness
   - social integration
   - integrated education
   - economic rehabilitation
   - support services and concessions
   - advocacy for the rights of persons with disabilities
   - acting as a pressure group for influencing State policies
   - community empowerment and participation
   - use of community resources

3.9 CBR Service Spectrum

CBR programme for the visually impaired should encompass all aspects of prevention, cure, rehabilitation, child preparatory services, integrated education, and support services. The nature of services, however, would vary with the type of target group as listed below:

3.9.1 For the General Population

a. Eye check-up
b. Child screening
c. Refraction

d. Public awareness
e. General health care

3.9.2 For Curable Visually Impaired

a. Diagnosis
b. Eye treatment
c. Eye surgeries
d. Provision of glasses, low vision aids, etc.
e. Follow-up

3.9.3 For Incurable Visually Impaired

a. Identification
b. Eye check-up
c. Certificate of visual impairment
d. Individual assessment
e. Individual counselling and family counselling
f. Provision of training in:
   - orientation & mobility
   - activities of daily living
   - home economics

g. Social integration
h. Integrated education
i. Economic rehabilitation
j. Support services and concessions
k. Community awareness and involvement
m. Advocacy, counselling and empowerment

In the case of medical rehabilitation,the CBR programme should confine its role in referral in the respective specialist agencies. The integrated education is handled by Itinerant Teachers by admitting children to accredited educational institutes in the same village preferably. Similarly, prevention and cure activities are exclusively handled by the Ophthalmic Surgeons or Eye Hospitals or such other institutions.

3.10 Range of Services under CBR

CBR programme should aim at providing individual need based services to the general public, persons with eye problems and the incurable visually impaired. The project will extend all services which will result into public awareness, prevention and cure of visual impairment and complete rehabilitation of the visually impaired.

a. Identification of the visually impaired and their felt needs.
b. Providing services of O&M and activities of daily living.
c. Encouraging eye care agencies to provide eye care services.
d. Promoting integrated education for visually impaired children.
e. Counselling the parents and creating public awareness.
f. Involving other developmental agencies in service delivery.
g. Ensuring economic rehabilitation.
h. Providing work counselling to facilitate their self-employment.
i. Enabling them to avail various concessions and benefits.
j. Creating awareness about the rights of the disabled, legal advise, creation of self-help groups.

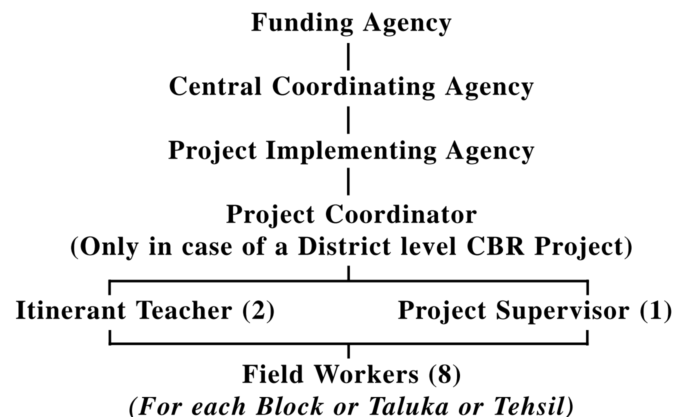
4. Organizational Structure

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:



4.1 Tier I: Role of Funding Agency :

a. Providing financial assistance for admissible expenditure.
b. Providing technical inputs for implementation of the project.
c. Providing consultative inputs and services of experts.
d. Analyzing and providing feed-back on progress reports.

e. Mobilizing resources for the expansion of the projects.
f. Convincing other developmental agencies to adopt CBR projects.
g. Creating public and institutional awareness
h. Convincing the Government to encourage and finance such projects.
i. Periodic evaluation of the projects through suitable means.

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

4.2 TierII: Central Coordinating Office (CCO)

a. Sending project proposals and mobilizing resources.
b. Identification of project locations and implementing agencies.
c. Helping in selection and training of the field staff
d. Liaison between the funding and implementing agencies.
e. Formulating policy guidelines for ensuring:
   - proper implementation;
   - monitoring and evaluation of the projects;
   - securing regular reports from implementing agencies; and
   - submit reports to the funding agencies.
f. Implementing recommendations of the funding agencies.
g. Organizing training of the supervisors and other officials.
h. Creating appropriate public awareness through mass media.
i. Motivating other organizations to implement such projects.
j. Mobilizing resources for the expansion of the project.
k. Promoting networking among pro-CBR organizations.

l. Disseminating information and creating a database.
m. Organizing seminars for popularizing the concept of CBR.
n. Encouraging standardization of course curricula, development of training material and publication of material.

4.3 Tier III: Project ImplementingAgency

As per the project ideology, the CBR project is implemented by a local organization working for the visually impaired, rural development, social development organization, service club, or a group of motivated individuals.

4.3.1 Legal Status:It should be a registered under

- Public Trust Act, or
- Indian Society Registration Act, 1860
- Section 25 of the Indian Company's Act.
- Foreign Contributions Regulation Act, 1983
- Section 51 of Persons with Disabilities Act, 1995
- Section 12 of the Income Tax Act, 1961

It should have a duly constituted, functional and democratic Managing Committee or Governing Board as per its constitution. It should maintain regular accounts, getting the same audited and fulfilling such other statutory requirement.

4.3.2 Nature of Implementing Agencies

- State Branch of the National Association for the Blind
- Blind welfare agency
- Disabled welfare agency
- Eye Hospital or local hospital
- Rural development agency
- Social welfare organization
- Service clubs

- Educational institutions
- Local administration
- Prominent social worker

4.3.3 Required Characteristics

a. Sound track record of rehabilitation or development work.
b. Willing to promote CBR and avail local support for eye care.
c. Adequate infrastructure like office, telephone and vehicles etc.
d. Experience of working in rural areas or for disabled persons.
e. Dynamic management and willing to implement new projects.
f. Good contacts with health and eye care agencies, development administration and community leaders.
g. Sound financial position to ensure expansion of the project.
h. Willing to assign personnel to manage the project.

4.3.4 Roles of Project Implementing Agency: This Agency will implement the project and perform the following responsibilities:

4.3.4.1 As An Administrator

a. Providing services of Project Director and other staff.
b. Providing establishment, conveyance, and office infrastructure.
c. Following guidelines set by the Central Coordinating Office
d. Maintaining strict adherence to budgeted heads.
e. Selecting project area, forming clusters, selecting field staff

f. Organizing training, assigning work to the field team.
g. Organizing weekly review meetings.
h. Arranging supervision of the working ofthe field staff.
i. Ensuring proper utilization of the project vehicles.
j. Sending regular physical and financial reports to CCO.
k. Involving Panchayat, district and development administration.
l. Tapping local media for creating public awareness.
m. Encouraging other agencies to take up CBR projects.

4.3.4.2 As a Change Agent

a. Approaching health authorities to provide health care.
b. Arranging eye screening and eye-checkup for complete population
c. Ensuring admission of visually impaired children to village schools.
d. Arranging services of Itinerant Teachers such for children
e. Providing them braille and educational material.
f. Creating public awareness about achievements of the project.
g. Ensuring continuity of the project on completion of funding.
h. Developing local leaders for the cause.
i. Adapting philosophy to suit the local conditions.
j. Networking with other agencies for mutual sharing of expertise

4.3.4.3 As a Resource Mobilizer

a. Mobilizing community resources needed for economic resettlement.
b. Raising funds for need-based items viz. white canes, braille aids

4.3.4.4 As a Human Being

a. Winning confidence and seeking involvement of the field staff.
b. Having a genuine concern and devotion for the visually impaired.
c. Building rapport and solving the problems of the field staff.
d. Being patient with field staff and the visually impaired alike.
e. Motivating field staff in the faces of conflicting situations.

4.4 Tier IV: Field Staff

4.4.1 Field Workers: It is essential to provide appropriate rehabilitation services at the door step as per individual felt needs of the beneficiaries. For this purpose, a team of eight Field Workers is required.

4.4.2 Itinerant Teacher: As integrated education requires specialist inputs, it should be handled by qualified Itinerant Teachers. 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.

4.4.3 Field Team: The field team for each block would thus consist of one Project Supervisor, two Itinerant Teachers and eight Field Workers.

4.4.4 Project Coordinator: Wherever the Project Implementing Agency plans 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.

5. 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 all the incurable persons into three groups viz. the children for integrated education, the adults for economic rehabilitation and the aged for social rehabilitation.

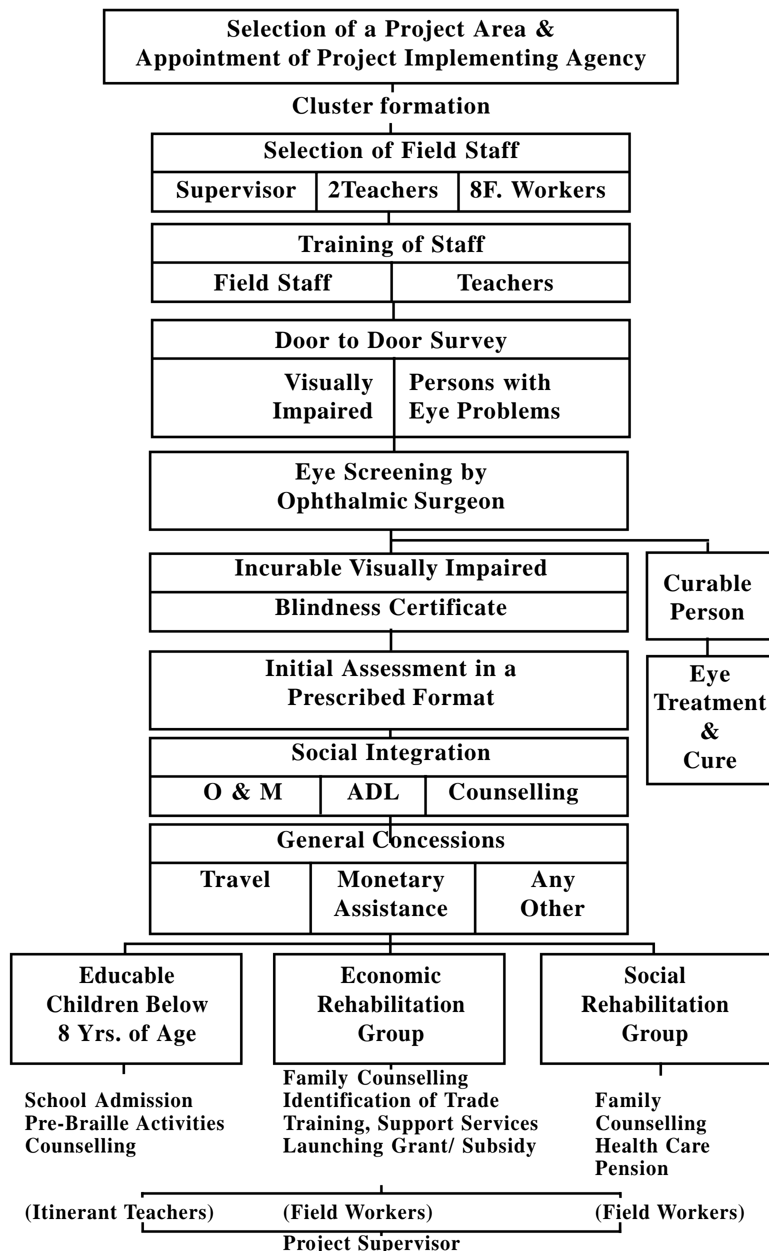
6. Appointment of a Project Implementing Agency

6.1 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 134 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.

CBR PROCESS



6.2 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.

6.3 Selection of Project Area

The parameters for selecting the area are enumerated below:

a. Predominantly rural area
b. Remoteness of the area (20 k.ms. or more from a city or town)
c. Backwardness of the area - The parameters for classifying an area as backward are:
   - Low per capita income (below national average)
   - Low literacy rate (below 40 percent)
   - Drought proneness of area
   - Low irrigation facilities
   - Large percentage of dry land
   - Paucity of medical facilities
d. Existence of a rural-based hospital or a development agency
e. Higher prevalence and incidence rate of visual impairment of more than 525 and 25 respectively in the area.

e. Availabilityoftransport facilities
f. High density of population results in a comparatively lower cost of reaching the rural visually impaired. The density of persons per square kilo-meter should ideally be 300 or more.

6.4 Formation of Clusters

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

6.4.1 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.

6.4.2 Formation of Clusters: Club the nearby 10-12 villages or Panchayats based on proximity of villages and geographical locations for the formation of the clusters. Thus the entire taluka/tehsil should preferably be divided into eight clusters.

6.4.3 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
g. Rural development, land development or a cooperative bank
h. Producer cooperative society etc.

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

7. Selection of Field Staff

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 withteacher training course

The services of the Project Director and Joint Director will be provided by the Project Implementing Agency on an honorary basis. The last three categories of personnel will be paid workers who will work exclusively for the project.

The surest way to ensure success of the project is to take the Field Workers from the target area itself. The Field Workers should be sons 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 any village of each cluster. The Itinerant Teachers should be recruited from the project area itself.

7.1 Inviting Applications

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

a. Approaching the *Sarpanch* and the school headmaster/ teachers.
b. Contacting opinion leaders of the villages.
c. Collecting addresses from the local schools of the students who have completed their secondary school education recently.
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 an interview at the head-quarters of the Project Implementing Agency. Representatives of the Central Coordinating Office may also be present at the interview.

7.2 Criteria for Selection

Since the target is to select 16 Field Workers and one Supervisor, a minimum of 80-90 applications are needed to arrive at the best in the lot. Select suitable candidates 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 or have work experience in rural crafts.

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 visually impaired persons 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 information to the community and do a lot of talking, prefer persons who are good orators.

7.3 Rationale for Selecting Two Candidates from Each Area

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. The rationale for selecting two candidates is given below:

a. *Stand by*: As the training is very intensive, should the selected candidate leave half-way, 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 thus 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 one 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.

7.4 Importance of Proper Selection and Training of Field Staff

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 can not 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.

7.5 Inputs for Imparting Training to the Field Staff

a. Select the appropriate location.
b. Provide class-room 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.

7.6 Role of Central Coordinating Office (CCO) in Training

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 courses.

7.7 Course Curriculum

The six-week training consists of class-room 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
- Introduction to low vision and low vision aids
- 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, 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 braille
- Components of integrated education
- Concessions available to the visually impaired
- Process of economic rehabilitation and its importance
- Introduction to various inputs of economic rehabilitation
- General introduction to agriculture, crafts, and trades
- General introduction to loan 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

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

7.8 Nature of Faculty

For conducting the training, the following faculty is required.

7.8.1 Local faculty: For all the topics which 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. Craft Instructor
e. Ophthalmologist
f. Resource persons from leading voluntary agencies
g. Representative of Department of Social Welfare
h. Representative of Financial Institutes
i. Representative of Rural Development Agencies
j. Representative of local administration
k. Specialist in agriculture, dairying or other local agro-based activities

7.8.2 Visiting faculty: Invite the visiting faculty only for the specialized topics for which the faculty may not be available locally. The Central Coordinating Office 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

7.9 Training Methodology

a. *Emphasis on case studies*: Use the case method for both illustrating the principles of rehabilitation and encouraging the trainees to come forward with solutions to problem situations.

b. *Distribute material*: Ask the lecturers to prepare a note on their subject. Cyclostyle 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.

8. Identification of Target Group

8.1 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 fool- proof 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.

8.2 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.

8.3 Eye Screening

It is essential that every person with an eye problem or who complains of loss of vision of any degree be examined by a qualified Ophthalmologist (not by the Field Worker) or an Ophthalmic Assistant. 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.

8.4 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 regards 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 on Baseline Data- Curable cases and proforma 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.

8.5 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 aids, etc. After preparing baseline data on curable blindness, the project should extend the following services:

8.5.1 Organizing Eye 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 should 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 Societies (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

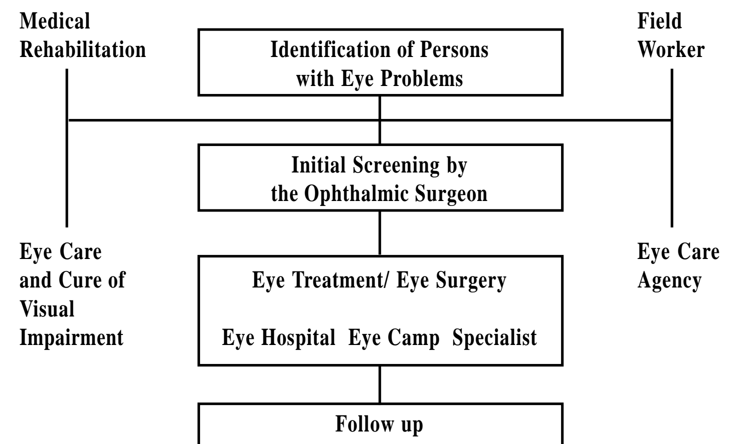
eye surgeries. Generally, District Collector of a respective district who is the Chairman of the DBCS should be approached for this purpose.

8.5.2 Importance of Involving Eye Hospitals: The NAB RAC's experience of implementing CBR at 134 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 whole concept is easily accepted by the beneficiaries.

8.5.3 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 a 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.

8.5.4 Cure of Visual Impairment Process



8.5.5 Certification of Incurable Visual Impairment: Ensure that every visually impaired or low vision person identified 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 every incurable visually impaired person be certified by the appropriate authority as a visually impaired 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, such disability certificate is issued by the Civil Surgeon on the recommendation of the Ophthalmologist.

9. 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:

9.1 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:

9.1.1 Identification: The Field Worker should use the following proforma for identification of the target group:

a. Door-to-door survey in the prescribed format
b. Vision screening by ophthalmic personnel

c. Summary of vision screening
b. Baseline data in the prescribed format
- Curable cases
- Incurable cases
- Summary of baseline data

c. Individual case file for each case
d. Initial assessment form

9.1.2 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

9.1.3 Extension of Direct Services:

a. Select and provide services to five cases at any point of time
b. Schedule of services in the following sequence:
- Individual and family counselling
- Orientation & mobility
- Daily living skills and home economics
- 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

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

9.1.4 Referral Services: Refer all the persons:

- with eye ailments to 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.

9.2 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

b. *Introduction of self & agency*: Give a brief introduction of the project, Project Implementing Agency and himself.

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 usingvisual 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.

9.3 Completing Initial Assessment Form

The Field Worker is required to 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. Details of family in terms of other such incidence, family occupation, income and number of family members.
e. Extent of dependence in respect of mobility, self care, daily living skills, social acceptance and economic aspects.
f. Availability of concessions and facilities.
g. Economic status of the individual.
h. Willingness of the individual to avail training.

The Field Worker must complete this proforma for every visually impaired person. The details should be verified by the Supervisor and the Project Director. This assessment should serve as a base for the planning of further extension of services.

9.4 Assignment of Initial Cases

The Project Director will collect the Initial Assessment Proforma and assign five beneficiaries for service delivery to each Field Worker. As a Field Worker is required to put in eight hours of field work daily, he/she can put in one and half hours for each beneficiary. These five cases should be selected on the basis of following criteria:

9.4.1 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.

9.4.2 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 bonafides of the project.

9.4.3 Taking up Challenging Cases: 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

9.5 Scheduling of Services

On the basis of the individual felt needs of each visually impaired person, the Field Workers should prepare an individual plan for each person under the guidance of the Project Supervisor. The services should be provided in the following sequence:

9.5.1SocialIntegration

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

9.5.2 Concessions: All visually impaired persons 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 etc.
- Other concession or facilities available in the area

9.5.3 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 12 years)
- Economic rehabilitation for working age (18 to 65 years)
- Social rehabilitation for persons above 65 years age

9.5.4 *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 should go on also.

10. 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 need to 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.

The Field Workers should be provided age-specific training in orientation & mobility as per details given in Chapters IV and V on O&M and Daily Living Skills. They also assist the beneficiaries to avail various support services and concessions etc.

10.1 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. 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.

10.2 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.

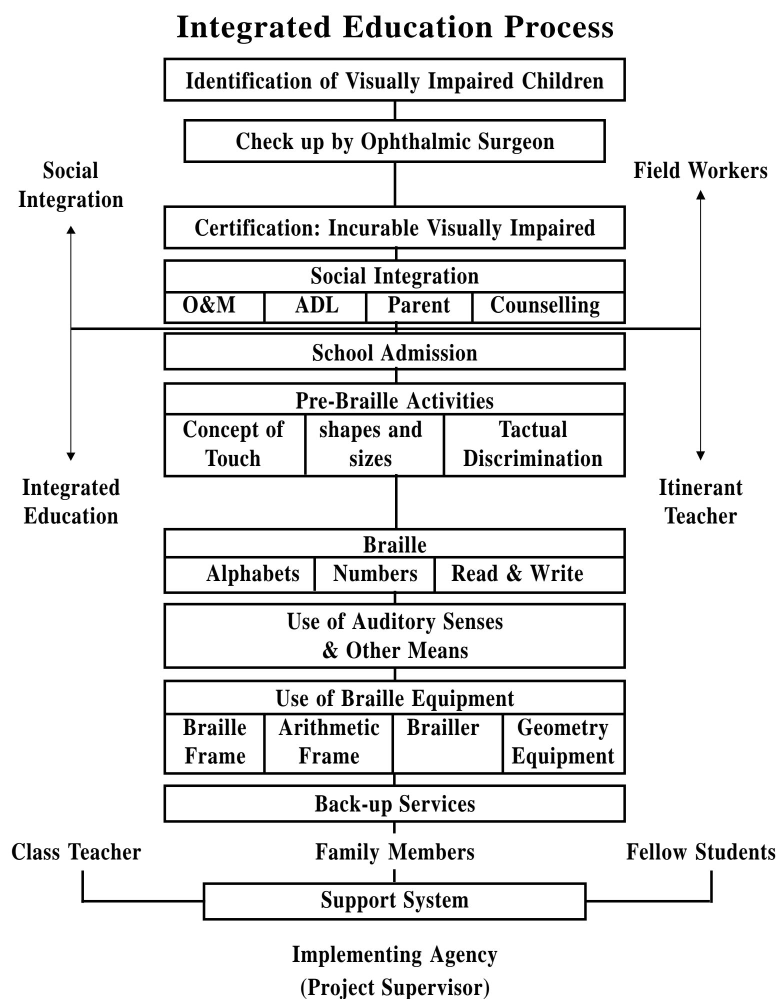
10.3 Type of Support Services

For enhancing social integration, reducing the cost incurred on account of 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 persons with disabilities. The Field Workers must enable the visually impaired persons 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 and keep the field staff apprised of the same.

11. 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.

Integrated Education Process



Role of Field Staff: 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
- Promoting their social rehabilitation, and
- Parent counselling.

With the admission of the child into the village school, the role of the Itinerant Teacher begins. (Refer to Chapter VIII on Integrated Education for details)

12. Economic Rehabilitation

12.1 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 year 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.

12.2 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

12.3 Useof 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.

12.3.1 Examples of local resources are:

- Agriculture extension services
- Local craftsmen such as weavers, basket makers, potters
- Existing co-operatives of craftsmen
- Co-operatives banks and rural development banks
- Nationalized banks and other loan giving agencies
- National Handicapped Finance & Development Corporation
- Technical & craft training institutes
- Labour and employment agencies
- Community development, health and agriculture workers
- Various rural and community development and subsidy schemes

12.3.2 Illustration: Examples of various traditional rural crafts or activities currently being pursued by visually impaired persons around the country are:

- carpentry
- poultry keeping
- farming
- bread making
- forestry
- pottery / selling pots
- bone setting
- rope making
- preaching
- bicycle repair
- duck keeping
- foot-wear making
- sericulture
- rice husking
- rice processing
- water hut
- Hide processing
- coir products
- vegetable selling
- candle making
- 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

12.4 Role of the Field Worker

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

12.4.1 Selection of Activity: Most visually impaired persons would find the above mentioned activities appropriate. It is essential that the Field Worker makes 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.

12.4.2 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. Also, the market must be researched to ensure that the activity is viable and income generating.

12.4.3 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 undertake 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.

12.5 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 undertaken 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.

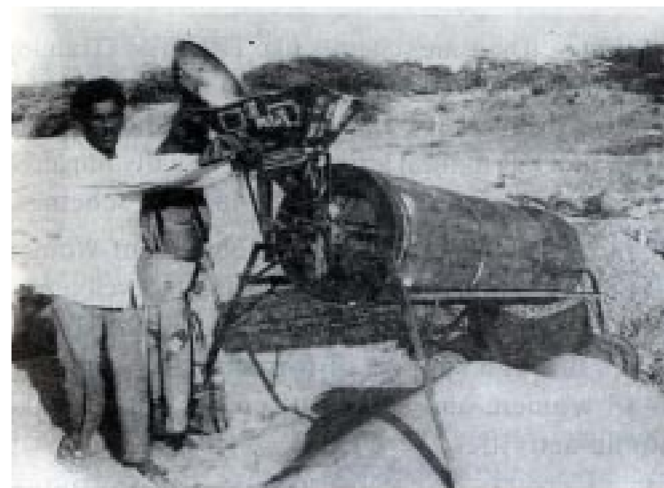
12.6 Facilities for Economic Rehabilitation

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 upto 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 upto 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.



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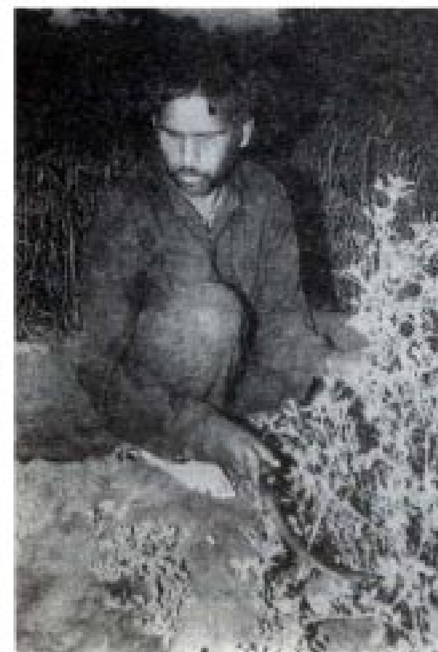

Agriculture

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, pisciculture, 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.

13. 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 monitory assistance
- Health care

13.1 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.

13.2 Orientation & Mobility

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

13.3 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 varies from State to State. Application has to be made in a prescribed form to the respective Social Welfare Department through the revenue authorities.

13.3.1 Role of the FieldWorker:

- 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 the concerned authorities
- Follow-up with the concerned authorities regularly
- Keep the family informed about the progress in this regard.

13.3.2 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 of release of pension regularly.

13.3.3 Role of Project Director

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

13.4 Other Monitory Assistance

In some States, a part from the aged persons, other individuals 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.

13.5 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.

14. 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.

14.1 Check List

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

Table: Check list - Rehabilitation Services

Services/ Age Gropu	Medical Check-up	O&M	ADL	Parent counselling	Bus pass	Pension	Scholar-ships	Eye restoration	Intergrated education	Vocational training	Bank loans/ subsidy	Financial assitance
1	2	3	4	5	6	7	8	9	10	11	12	13
0-5 yrs	Yes	Training to parents	Yes	Yes	-	-	-	Yes	-	-	-	-
6-15 yrs	Yes	Yes	Yes	-	Yes	-	-	Yes	-	-	-	-
16-50 yrs	Yes	Yes	Yes	-	Yes	for those above 45 years	-	Yes	-	Yes	Yes	Yes
50 and abouve	Yes	Yes	Yes	-	Yes	Yes	-	Yes	-	-	If person is Physi-cally fit	-

14.2 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 ofmetal 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 check list, 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.

14.3 Case Completion Report

Whenever any person has been dropped as a completed case, the proforma on *"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

This proforma should be completed by the Field Worker, checked by the Supervisor and verified by the Project Director. The proforma should be filed in the individual case file of each individual.

14.4 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 further services would be provided by the community and the family.

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 is located on the route of the Field Worker, possibility of follow-up 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.

15. 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.

15.1 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.

15.1.1 Persons who should attend the meetings

- Field Workers
- Project Supervisors
- Project Coordinator
- Project Director
- Representative of the Central Coordinating Office
- Concerned officials of the local administration

15.1.2 Agenda for Weekly Review Meeting

- Review of previous week's performance and action taken
- Items discussed
- Decisions taken
- Plan for the next week
- Conclusion

15.2 Attendance Card

An attendance sheet will be kept at the home of 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.

15.3 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.

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

15.3.1.1 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. 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 visually impaired
- Orientation and mobility
- Daily living skills

- Bus pass
- Economic rehabilitation
- Pension
- Loan/subsidy
- School admission
- Any other.

15.3.1.2 Integrated education: As integrated education requires intensive and systematic inputs, the monthly performance report in this respect should be more elaborate. 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 CCO or the Funding Agency etc.

15.3.2 Financial Report: The Project Implementing Agency is also required to submit the financial performance report every month in the prescribed proforma to the CCO 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 and that of integrated education component should be submitted to the CCO.

As the Central Coordinating Office 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.

15.4 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.

15.4.1 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.

15.4.2 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.

15.4.3 Language: All the formats have already been evolved in English. All the formats as per paragraph 15.4.6.1 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 Central Coordinating Office or the Funding Agency must be maintained in English only. As the CCO or Funding Agency has to receive and analyze these formats from across the country, it is essential that these reports are provided in English only.

15.4.4 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.

15.4.5 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.

15.4.6 Recommended Formats: For effective monitoring of the programme, the following formats are essential. There are three categories of reporting formats. The first categories of formats would be used by the field staff for recording progress and performance of the project. 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 Central Coordinating Office or to the Funding Agencies.

15.4.6.1 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

15.4.6.2 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

15.4.6.3 Reports to be submitted to the CCO 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.

For details of these proforma, kindly refer to;

Punani; Bhushan; and Rawal; Nandini (1990) *Mannual : Community Based Rehabilitation (Visually Impaired)*, Mumbai : National Association for the Blind, Rural Activities Committee, P. 247-264

15.5 Case Studies

It has been established that the reporting formats may enable the Central Co-ordinating 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.

15.6 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. Individual 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 incurable visually impaired individual. It should be updated regularly enlisting all the services rendered and results achieved. The information in each case file must be verified by the Project Supervisor and the Project Director regularly.

16. Evaluation of CBR Projects

16.1 Conventional Approach

Most rehabilitation projects at present are evaluated on the basis of the following parameters:

a. Subjective descriptions of the project
b. Expenditure pattern
c. Systems of release of funds
d. Objective evaluation
   - Extent of training of personnel
   - Coverage of disabled
e. Financial allocations
f. Adherence to time table
g. Mass media coverage, etc.

16.2 Limitation of Conventional Approach

The evaluation of the project on the basis of these indicators ignores the following vital indicators:

- Direct benefits to the disabled
- Impact on environment, physical and financial
- Sustainability of programmes
- Extent of replicability of the project
- Extent of community involvement

16.3 Guidelines for Evaluation

The following guidelines for evaluation of CBR projects are based on E. Helander's publication *"Dignity and Prejudices"*

Table: Guidelines for evaluation of CBR projects

Factor	What to look for	Comment
Relevance	Meeting needs of the disabled, family and community	Rehabilitation is a on-going process
Effectiveness	Benefits for the disabled and population coverage	Coverage should be target oriented
Efficiency	Use of resources in most efficient way	Management of personnel, training, budget, provisions
Sustainability	Continuity of programme on withdrawal of assistance	• Community own programme and feels responsible. • Components which cannot be maintained should not be introduced.
Impact	Institutional, technical, economical & social settings	• Social acceptance • Equal participation • Removal of physical barriers • Attitudinal changes
Shift	• Charity to opportunity • Institutions to community • Segregation to integration • Dependence to contribution • Diffidence to self confidence	Intangible and tangible gains to the disabled and community
Replicability	Different geographical locations, different age groups	Mechanism and regional modifications
Comprehensive	Medical, social, economic, educational & support services	Coordinated approach Simultaneous Coverage
Political Will	• Change in State policy • Nature of schemes	Level of acceptance and support

16.4 Important Aspects of Evaluation

The project should be evaluated on the basis various aspects as listed.

Table: Important aspects of evaluation

Aspect	Alternatives
WHOM	Community Government Donor Agency Coordinating Agency Academic & Research Purpose
WHO	Internal External Evaluators - (Preference)
WHEN	Quarterly Annual At the end of project period Periodical Continuing
WHERE	In the field Through records Collecting disabled people Community
WHY	Continuity Modification Contractual obligation In-built system
KIND	• Technology *(Progress of individual services)* • Delivery *(Programme effectiveness)* • Management system *(Resource utilization)* • Empowerment to community

Remember: Evaluation is a Means - not the End.

16.5 Frequency of Evaluation

The periodic and on-going evaluation should be done by the Project Implementing Agency. The Project Director may consistently monitor the progress of the project. He may evaluate the performance in context of above mentioned parameters. The CCO may plan an periodic systematic evaluation of the project in context of these indicators. The CCO may organize evaluation of the project before its completion.

REFERENCES:

Murthy, S.P.; and Gopalan, Lyn (1992): *Work Book on Community Based Rehabilitation Services, Bangalore*: Karnataka Welfare Association for the Blind, P.135

Mani, M.N.G. (1991): *Ingredients of IED*, Yedakad: *ovis Publishers*,P.79

Wadhwa (Dr.), Sanjay; and Athani (Dr.), B. D. (1989): *Draft Action Programme for Inclusion of CBR in Health Care Delivery System for States in India*, Delhi, (assistance of) World Health Organization, P. 104

The Persons with Disabilities Act, 1995 recognises "rehabilitation including community based rehabilitation" under Section 48 and desires the appropriate Government and local authorities to promote and sponsor research in this area as well. Due to this mention of the CBR in the Act, the Ministry of Social Justice and Empowerment has already evolved a national scheme on promotion of CBR.