



जिल्हा समाज कल्याण अधिकारी जिल्हा परिषद सांगली

पुष्पराज चौक, सांगली

ई मेल- dswozpsangli@gmail.com

दूरध्वनी क्र.- ०२३३-२३७२७१४,

जा.क्र/जिपसा/सकवि/ अवि/ जिल्हा दिव्यांग पुनर्वसन केंद्र /जाहिरातप्रसिध्दी /२२-२३/२४०१ दिनांक :- १२/०९/२०२२

प्रति,

व्यवस्थापक,
जिल्हा सुचना विज्ञान,
जिल्हा परिषद सांगली.

विषय :- जिल्हा दिव्यांग पुनर्वसन केंद्रा चालविण्याकरिता स्वयंसेवी संस्थांना कडून प्रस्ताव मागविण्याबाबत
जाहिरात <https://sangli.gov.in> या वेबसाईटवर प्रसिध्दी करणेबाबत.

संदर्भ :- मा.जिल्हाधिकारी, सांगली यांचेकडील दि.२३.०८.२०२२ मंजूर टिपणी.


वरील संदर्भकित विषयास अनुसरून कळविण्यात येते कि या कार्यालया मार्फत जिल्हा दिव्यांग पुनर्वसन केंद्र चालविण्याकरिता स्वयंसेवी संस्थांना कडून प्रस्ताव मागविण्यात येत आहेत. या सोबतच्या मसुद्या जाहिरात <https://zpsangli.gov.in> या वेबसाईटवर प्रसिध्दी द्यावी हि विनंती.

(बाळासाहेब कामत)
जिल्हा समाजकल्याण अधिकारी,
जिल्हा परिषद सांगली.

-: प्रसिध्दी पत्रक:-

सांगली जिल्हा दिव्यांग पुनर्वसन केंद्र चालविण्याकरिता स्वयंसेवी संस्थांना
प्रस्ताव सादर करणेचे आवाहन.

सांगली जिल्ह्यातील दिव्यांगांचे पुनर्वसन करण्यासाठी दिव्यांग पुनर्वसन केंद्रांची स्थापना करण्यात येणार आहे. सदर केंद्र चालविण्यासाठी इच्छुक संस्थांकडून अर्ज मागविणेत येत आहेत. दिव्यांग पुनर्वसन केंद्र चालविण्याबाबत सविस्तर अटी व शर्ती <https://sangli.gov.in/> जिल्हाधिकारी कार्यालय सांगली व <https://zpsangli.gov.in/> जिल्हा परिषद, सांगली. या वेबसाईटवर देण्यात येत आहेत. त्याचप्रमाणे सदरचे अर्ज समाज कल्याण दिव्यांग विभाग, तळ मजला, जिल्हा परिषद, सांगली येथे प्रत्यक्ष दिनांक २७.०९.२०२२ पर्यंत सादर करावेत असे आवाहन समाज कल्याण विभाग, जिल्हा परिषद, सांगली यांचेकडून करण्यात येत आहे.


जिल्हा/समाज कल्याण अधिकारी
जिल्हा परिषद, सांगली

जिल्हा दिव्यांग पुनर्वसन केंद्र स्थापन करणेकरिता अर्ज

प्रति,

मा.अध्यक्ष, तथा जिल्हाधिकारी,
जिल्हा व्यवस्थापन संघ,
जिल्हा दिव्यांग पुनर्वसन केंद्र, सांगली

विषय:- जिल्हा दिव्यांग पुनर्वसन केंद्र सुरु करणेस मान्यता मिळणे बाबत.

१) संस्थेचे नांव व पत्ता

:- _____

२) संस्थेच्या अध्यक्षांचे नांव व पत्ता

३) संस्थेचा दुरध्वनी क्रमांक व ईमेल आय डी

४) संस्था व विश्वस्त नोंदणी प्रमाणपत्र क्रमांक व दिनांक

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५) दिव्यांग पुनर्वसन क्षेत्रातील दिव्यांग आयुक्त
कार्यालयाकडून प्राप्त अनुज्ञाप्री प्रमाणपत्र क्र. दिनांक

:- _____

६) 'दर्पण' पोर्टल प्रमाणपत्र क्रमांक व दिनांक

:- _____

सही / शिक्का

पात्रता निकष

१. संस्थेला सामाजिक क्षेत्रातील कार्याचा व दिव्यांग पुनर्वसन क्षेत्रातील कामाचा खालील प्रमाणे अनुभव असलेस प्राधान्य.

- दिव्यांग सर्वेक्षण, नोंदणी, दिव्यांग प्रमाणपत्र काढणे, विविध सवलत प्रमाणपत्रे काढणे या कामांचा अनुभव.
- दिव्यांग बदल जाणीव जागृती करणे, दिव्यांग प्रतिबंधावर काम करणे, शीघ्र निदान व शीघ्र हस्तक्षेप करणे, याबाबत माहिती संकलित करणे तसेच दिव्यांगांच्या सक्षमीकरणाचा विविध क्षेत्रातील अनुभव.
- नॅशनल ट्रस्टच्या योजना राबविण्याचा अनुभव असावा उदाहरणार्थ निरामय आरोग्य विमा, कायदेशीर पालकत्व इत्यादी.
- दिव्यांगांना दिव्यांगत्व नुसार लागणारे सहाय्यभूत साधने, उपकरणे, कृत्रिम अवयव याबाबत दिव्यांगांचे समुपदेशन करण्याचा उपरोक्त साधने दिव्यांगांना मिळवून देण्यासाठी, बसवण्यासाठी, सहाय्यभूत साधना सोबत उदरनिर्वाहाचे प्रशिक्षण देण्यासाठी व कॅम्प आयोजित करण्याचा अनुभव.
- दिव्यांगांना आवश्यक असणाऱ्या फिजिओ थेरपी, ऑक्युपेशनल थेरपी, स्पीच थेरपी सेंटर चालविण्यासाठी साधनसामुग्री. तसेच अनुभवी मनुष्यबळ असावे.
- दिव्यांग सल्लामसलत केंद्र, हेल्पलाईन च्या माध्यमातून दिव्यांगांना तसेच त्यांच्या कुटुंबीयांना सेवा देण्याचा व कार्यालयीन व्यवस्था / अनुभव.

प्रस्तावासोबत जोडावयाची आवश्यक कागद पत्रे (स्वयंम प्रमाणीत)

१. संस्था नोंदणी प्रमाणपत्र.
२. विश्वस्त नोंदणी प्रमाणपत्र.
३. दिव्यांग पुनर्वसन क्षेत्रातील दिव्यांग आयुक्त, कार्यालयाकडून प्राप्त अनुज्ञाप्ती प्रमाणपत्र.
४. NGO 'दर्पण' पोर्टल प्रमाणपत्र.
५. संस्थेची घटना व उद्दिष्टे, कार्यकारी मंडळ तसेच सभासद इत्यादी बाबतची प्रत.
६. सक्षम प्राधिकारी यांचा मागील ३ वर्षांचा लेखापरिक्षण अहवाल.
७. आयकर विवरण पत्र मागील ३ वर्षांचे.
८. यापुर्वी शासकीय निमशासकीय विभागाने काळयायादीत समावेश न केले बाबतचे स्वयमघोषणापत्र.
९. पुनर्वसन क्षेत्रात कार्यकरण्यासाठी संस्थेकडे तज्ञ व्यक्तींचे मनुष्यबळ असलेबाबतची माहिती.
१०. संस्थेकडील स्थावर - जंगम मालमत्तेची माहिती.
११. शासकीय अनुदान न मिळाल्यास संस्था स्वबळावर प्रकल्प राबवेल, अशा प्रकारचे रक्कम रुपये १०० चे बंधपत्र.
१२. संस्थेमार्फत चालविले जाणारे सद्यस्थितीतील कामकाज / व्यवसाय यांचे विवरण.
१३. संस्थेची जागा असल्यास त्या बाबतचे विवरण.
१४. काळ्या यादीमध्ये नसल्याबाबत स्वयंघोषणा पत्र.

टिप:-१. पात्रता निकष अटी व शर्ती या बाबतची सविस्तर माहिती <https://sangli.gov.in/> व <https://zpsangli.gov.in/> या वेबसाईटवर उपलब्ध आहे.

२. सांगली जिल्हा दिव्यांग पुनर्वसन केंद्र चालविण्याकरिता स्वयंसेवी संस्थांनी आपले अर्ज जिल्हा समाज कल्याण अधिकारी, जिल्हा परिषद, सांगली या कार्यालयात सादर करावे.

SETTING UP
OF
DISTRICT DISABILITY REHABILITATION
CENTRE
IN THE
SANGLI DISTRICT

ESTABLISHMENT OF DISTRICT DISABILITY REHABILITATION CENTRES IN THE IDENTIFIED DISTRICTS

1. Background

During 1985-1990, District Resource Centres (DRCs) started as an outreach activity of the National Institutes/ALIMCO under the Ministry of Social Justice and Empowerment for providing comprehensive services to the persons with disabilities at the grass root level and for facilitating creation of the infrastructure and capacity building at the district level for awareness generation, rehabilitation and training of rehabilitation professionals.

From the year 1999-2000, the District Disability Rehabilitation Centres (DDRCs) were established with active support from the State Governments. While the National Institutes/ALIMCO/DRCs facilitated establishment through technical inputs and funds for 3 years, the State Governments provided a barrier free building and supervised and facilitated convergence of its activities with the State schemes through District Management Team headed by Collector. At that time it was planned to hand over these centres to the district administration after a period of 3 years, but as States were not inclined to take over on account of meeting the funding from their own resources, the funding of the Scheme was shifted under Scheme for Implementation of Provisions of Persons with Disabilities Act (SIPDA)/Deendayal Disabled Rehabilitation Scheme (DDRS). From 2018-19, the funding of the Scheme will be under Scheme for Implementation of Rights of Persons with Disabilities Act (SIPDA).

The District Disability Rehabilitation Centres are now set up and funded under the Plan Scheme "Scheme for Implementation of Rights of Persons with Disabilities Act, 2016 (SIPDA)" - an umbrella scheme under which grants-in-aid are provided to State Governments and various other bodies, set up by the Central and State Governments, including Autonomous Bodies and Universities, to support activities.

2. Objectives of setting up of DDRC

Setting up of District Disability Rehabilitation Centres (DDRCs) which would provide rehabilitative support to persons with disabilities through

- ❖ Survey & identification of persons with disabilities through camp approach; facilitation of disability certificate, bus passes and other concession/facilities for persons with disabilities; assisting in the issue of Unique Disability Identity Card (UDID) to divyangjan in the District;
- ❖ Awareness Generation for encouraging and enhancing prevention of disabilities, early detection and intervention

as well as maintaining data of organizations working for the empowerment of persons with disabilities in the district etc.,

- ❖ Early Intervention and facilitating Insurance Schemes launched by the National Trust/Department for Divyangjan;
- ❖ Assessment of need of assistive devices, provision/fitment of assistive devices, follow up/repair of assistive devices, assisting the ADIP/ALMICO camps for distribution of aids and assistive devices in the district;
- ❖ Therapeutic Services e.g. Physiotherapy, Occupational Therapy, Speech Therapy etc.;
- ❖ Referral and arrangement of surgical correction through Govt. & Charitable institutes;
- ❖ Arrangement of loans for self employment, through banks & other financial institutions;
- ❖ Counseling of persons with disabilities, their parents & family members;
- ❖ Promotion of barrier free environment and to play an active role in the Accessible India campaign of the department;
- ❖ To provide supportive and complimentary services to promote education, assisting students with disabilities for availing Scholarship Schemes of the Department, vocational training/ Skill Training of eligible Divangjan and employment for persons with disabilities through:-
 - Providing orientation training to teachers, community and families,
 - Providing training to persons with disabilities for early motivation and early stimulation for education, vocational training and employment.
 - Identifying suitable vocations for persons with disabilities, keeping in view local resources and designing and providing vocational training and identifying suitable jobs, so as to make them economically independent.
- ❖ Provide referral services for existing educational training, vocational institutions and to act as Outreach centre for the services provided by the National Institutes.

3. **Disabilities under the Rights of Persons with Disabilities Act, 2016:**

List of disabilities notified under the aforesaid Act are at **Annexure I**. Guidelines to determine the %age of disability are available on the portal of this Department.

4. **(i) Identified Districts approved for setting up of DDRCs**

310 identified districts have been approved for setting up of DDRCs under the scheme of the Department across the country. List of districts identified and DDRCs set up is at **Annexure II(a)**. In addition to these districts, States may approve DDRCs for remaining districts on the same pattern or otherwise but such DDRCs have to be funded under their own budget by the States. The left wing extremism affected districts notified by the Ministry of Home Affairs is at **Annexure II(B)**.

Each DDRC may also look after and provide rehabilitation services to persons with disabilities of the adjoining/neighbouring district if that district is not having a DDRC.

(ii) Procedure for formation of DDRC:

(a). Formation of the District Management Team(DMT):

Each DDRC is to be run under the supervision of a District Management Team headed by the District Collector and also to include district officials from Social Welfare, Health, Panchayati Raj, Women & Child Welfare Departments, nodal officer from implementing agency and representative from reputed NGOs/ public representatives for better coordination and monitoring. The State Government may notify the constitution of the DMT under the Chairmanship of District Collector. This team will also be the custodian of the assets of the DDRC.

Important functions of the DMT are as follows:

- Selection of registered implementing agencies
- Selection/Deployment of Manpower and finalizing their engagement conditions
- Monitoring, coordination of activities of DDRC,
- Convergence with other activities in the district relating to rehabilitation of Divyangjan.
- Security of assets of DDRC and material received under ADIP scheme of the Department, if any.
- The District Management Team may meet once in a month but not less than 4 times in a year.

(b). Coordination - Nodal officer (DDRO)

To facilitate better coordination, a nodal officer i.e., District Disability Rehabilitation Officer (DDRO) be identified among the district officials included in the DMT to monitor and coordinate the activities of DDRC.

DDRO will be responsible for coordination, management and administration of DDRCs on a day to day basis and will be paid honorarium @ Rs. 2000 p.m.

(iii) Identification of suitable Implementing Agency by DMT for running DDRC:

The implementing agency should preferably be

i) a Red Cross Society,

or

ii) any such autonomous /semi-autonomous bodies of State Govt.

or

iii) a reputed NGO with a good track record who should be capable of managing the DDRC right from its inception.

The functional District Red Cross Societies/registered agencies of State Health Department should be given priority over other NGOs. The DMT through local publicity could call for proposals from the interested registered organizations and then identify the most appropriate among them.

In addition to the existing mechanism, States may consider to set up a State level body/Society under the extant law to have branches in each district to run the DDRC (as implementing agency) effectively.

(iv) Accommodation for DDRC:

The District authorities should identify and allocate suitable rent-free accommodation for setting up of DDRC. The building should preferably be barrier-free and easily approachable by the disabled in addition to having electricity and water facility.

Minimum space required is 400 sqm approx.

In case of non-availability of rent free accommodation, suitable premises may be hired on rent as per the prescribed limits. The maintenance charges for the premises (rented or otherwise) will be met from the amount prescribed under the contingencies head of the grant.

(v). Staff for DDRC:

a) Implementing agency of DDRC to engage staff on contract

Each DDRC may have a maximum of 12 staff members having specified qualifications, who are paid fixed honorarium as per prescribed norms. The rehabilitation professionals should preferably be registered with Rehabilitation Council of India (RCI). The Scheme does not envisage creation of permanent posts, and staff has to be appointed on honorarium/contractual basis by the Implementing Agency/DMT as far as possible through the local resources in order of priority:-

- Existing professionals of Govt./District hospitals on honorary basis
- Existing professionals of Govt./District hospitals on payment of token honorarium
- Professionals and others on purely contractual basis.

b) The District Management Team (DMT) is authorized to adopt any of the above options as per the requirement as well as to recommend amount of token honorarium as per norms of the State Government.

c) The State Government may suitably supplement the honorarium and other requirements of the DDRCs for undertaking their various activities in an effective manner. State Govt. needs to issue necessary instructions and guidelines to the DMT regarding advance action, so that personnel are appointed as soon as the DDRC is sanctioned

(vi). Admissible manpower, amount of Honorarium and admissible grant

(a) Each DDRC may have the following manpower with fixed honorarium and predetermined qualifications to be engaged on contract basis. The rehabilitation professionals should preferably be registered with Rehabilitation Council of India (RCI). The service conditions of the staff of the DDRC will be the responsibility of the Implementing Agency and not of the central Government.

S. No	Posts & qualifications	Honorarium after using multiplication factor of 2.50 (Rs)	20% higher amount of honorarium for DDRCs in the specified areas/States as per note below.
1	Clinical Psychologist (M.Phil in clinical Psychology/MA in Psychology preferably with 2 years experience in the field of disability rehabilitation)	20500	24600

2	Sr Physiotherapist/Occupational Therapist. (Post Graduate in related field with 5 years experience	20500	24600
3	Orthopedically Handicapped Sr. Prosthetist/Orthotist - Degree in Prosthetic and Orthotic preferably from National Institute with 5 yrs experience or a diploma in Prosthetic & Orthotic with 6 years experience.	20500	24600
4	Prosthetist/Orthotist technician ITI trained with 2/3 years experience	14500	17400
5	Sr Speech Therapist/Audiologist (Post graduate in related field/B.Sc (Speech & Hearing)	20500	24600
6	Hearing Assistant/Junior Speech Therapist - Diploma in Speech. & Hearing with knowledge of hearing aids repair/ear mould making	14500	17400
7.	Mobility Instructor - Matriculation + Certificate/ Diploma in Mobility	14500	17400
8.	Multipurpose Rehabilitation Worker (10+2 with diploma in CBR/MRW course or one year diploma course in early childhood special education with two years of experience)	14500	17400
9.	Accountant cum clerk cum storekeeper (B.Com/SAS with 2 years experience).	14500	17400
10	Attendant cum Peon cum Messenger (VIII class Pass)	9500	11400
11	Field & Publicity Assistant. (Graduate)	14500	17400
12	Vocational Counselor cum Computer Assistant (Graduate)	14500	17400

Note:-

- i). Honoraria to the Rehabilitation professionals of DDRCs located in North-Eastern States, Andaman & Nicobar Islands, Lakshadweep, Puducherry, Daman & Diu, Jammu & Kashmir and Himachal Pradesh, Uttarakhand, Left Wing Extremism affected areas as well as the districts of any State adjoining the international borders of the country shall be entitled to 20% more than the honoraria prescribed in respect of the DDRCs of the rest of the country.
- ii) The DDRCs are proposed to be set up in identified districts where it may be difficult to find staff with matching qualification initially. Hence, in case qualified rehabilitation professionals are not available for a while, until such professionals become available, DMT may recruit persons having lower qualification. However, non technical persons should not be appointed against technical manpower.

- iii) DDRO/Nodal officer (One of the district officials included in the DMT to monitor & coordinate the activities of the DDRC) will be given Rs. 2000/- p.m. as honorarium.

(b) Admissible grant in aid

The break-up of recurring and non-recurring expenditure in respect of One DDRC under the SIRPDA is as follows:

(Rupees in lakhs)

Items	General States per annum	For special States/areas -20% additional
Total Honorarium	23.40	28.08
Office Expenses/contingencies	05.25	05.25
Equipments (for 1 st year only)	20.00	20.00
Total for 1st year	48.65	53.33
Total for 2 nd year	28.65	33.33
Total for 3 rd year	28.65	33.33

5(i) Funding under arrangement under the scheme

DDRCs would be funded under the "Scheme for the implementation of Rights of Persons with Disabilities Act, 2016 (SIRPDA). Online proposals may continue to be submitted in the DDRC Scheme on the portal till a separate portal is made for the purpose.

(ii) Submission of Proposal for grant in aid

Proposal for grant-in-aid may be sent by District Magistrate/Collector with the recommendation during the first quarter of every year (as at Annexure III). Release of grant will be made on the basis of estimates submitted by the DDRC for the year with the recommendation of DM/Collector. Remaining admissible grant may be released on receipt of State Govt. Recommendation & audited accounts & utilization certificate in respect of previous instalment/grant.

(iii) Norms relating to financial management

All transactions/payments under all Central Sector Schemes will be covered under Public Financial Management System (PFMS). All the NGOs/VOs seeking Grant-in-Aid have to mandatorily use Expenditure, Advance and Transfer (EAT) module of PFMS for disbursing funds received from Government of India.

- (a) In the cases where Central Financial Assistance (CFA) has been sanctioned, the grant will be released in one instalment upon the

Grantee Institutions/ Organisation providing complete evidence of achieving the specified objectives and expenditures incurred supported by Audited Statement of Expenditure.

(b) The Implementing Agencies of DDRCs seeking Grant in Aid under the scheme must register themselves in the NITI Aayog portal (NGO-Darpan) portal and obtain Unique ID of NGO-Darpan before applying for Grant under the scheme.

(c) In addition to the existing guidelines/procedures, any other guideline, instruction which may be issued subsequently including clarification or simplification, addition or deletion shall be incorporated in the scheme by the department with the approval of Secretary of the Department.

(iv) **Financial Arrangements to be followed by DDRC**

(a) **Maintenance of Project Accounts by DDRC**

Funding of Honorarium to staff members of the DDRC and the requisite equipment for the DDRC is provided under the SIRPDA scheme only while materials for fabrication and aids and appliances funds are provided under ADIP scheme, therefore separate accounts be maintained and submitted with the respective proposals.

(b) **Opening of Bank account in the name of DDRC**

A bank account in the name of DDRC to be opened and to be operated jointly by an Officer nominated by District Magistrate/Collector from the DMT and other official authorized by the implementing agency for the receipt of grants and meeting expenditure. The decision in this regard could be taken by DMT, based on the implementing agency identified for DDRCs.

(c) **Maintenance of accounts**

Proper account for the expenditure on supporting activities will be maintained by each implementing agency under the overall guidance & supervision of DDRO. In addition to the procedures already being followed for suitable account keeping, it must be ensured that: Each implementing agency will maintain a separate account for each of their DDRC. Nodal officers in each of the districts will submit half-yearly accounts on programme activities to the Department.

(d) Proposal for grant in aid for staff honorarium etc. under SIRPDA scheme to be submitted with DM recommendation during the first

quarter of the financial year. Grant in aid upto 75% of the estimated expenditure for the year may be released as 1st instalment. Remaining admissible grant may be released on receipt of State Govt. Recommendation & audited accounts & utilization certificate in respect of previous instalement/grant.

- (e) Proposal for grant in aid be submitted with prescribed documents 'on line' i.e. 'e-Anudaan' portal of the Department.

6. (i) Role of State Government

(a) State Governments are expected to play a more pro-active role in the effective working of DDRCs. In order to ensure greater involvement of State/District Administration, the State Government may suitably supplement the honorarium and other requirements of the DDRCs for undertaking their various activities in an effective manner.

(b) State Governments may authorize District Collectors in their capacity as Chairperson of DMT, to make minor modifications for effective functioning of DDRCs, considering the ground realities within the broad stipulation of the DDRC Scheme.

(c) State Government may also authorize the District Collectors to make interim advances out of the local funds placed at their disposal to tide over the difficulties caused in the field due to procedural delays in release of central funds.

(d) In addition to the existing mechanism, States may also consider to set up a State level body/Society under the extant law to have branches in each district to run the DDRC (as implementing agency) effectively.

6(ii) Role of ALIMCO and National Institutes of the Department - Equipments/Training of manpower

a) Equipments required for functional DDRC

The equipment for fabrication and fitment of assistive devices related to all kind of disabilities is to be purchased as provided under the equipment head of the scheme. These equipments will range from Electric oven, workshop anvil, physiotherapy equipments, clinical audiometer, speech trainer, workshop tools and some teaching material for the MR children, office equipment including equipment needed for the UDID project. The total equipment grant will be upto Rs.20.00 lakhs per DDRC in the first year only and further revision if any may be considered after 5 years. Details of equipments are listed at Annexure IV.

These equipments may be procured from the Artificial Limbs Manufacturing Corporation of India (ALIMCO), Lucknow Road, Kanpur - a central public sector enterprise under the Department. In case if ALIMCO is not in a position to procure/provide, the procurement of equipment may be done by the Implementing Agency under the supervision of the DMT as per procedure prescribed under provisions of General Financial Rules.

b) Raw Materials for fabrication of aids & assistive devices as well as prescribed appliances - for persons with disabilities

The assistive devices and the material for fabrication of aids and appliances shall be supplied under the ADIP scheme of the Department.

The DDRC should annually submit the proposals to the State Govt./UTs in the prescribed proforma along with utilization certificate, audited statement of expenditure, list of beneficiaries, details of aids and appliances procured, or distributed among persons with disabilities and calendar of activities through District Collector for availing grants under this scheme.

(iii). Role of National Institutes / Composite Regional Centres (as per states allocated to them)

(i) Training to Manpower of DDRCs, State Social Welfare department officials dealing with disability in Coordination with State Govt/District authorities/DDRC

(ii) National Institutes to draw annual training calendar with course module and submit the same to the Department for approval.

(iii) The staff of the Implementing Agency of DDRCs will be provided orientation and training through National Institutes (NIs) for capacity building so as to enable them to initiate activities as per the approved action plan.

(iv) National Institutes shall undertake the following training programmes in coordination with State / District / DDRC authorities:

- One day workshop of District collectors & State govt. officials -

Sensitization to disabilities issues, Main Provisions of PWD Act, DDRC scheme and effective delivery through them, sharing of best practices.

Department to increase State ownership, effective functioning and streamlining the processing of grants-in-aid to DDRCs under State/District authorities.)

7. Action plan of DDRCs

(i) Action plan of DDRCs should broadly be as follows

- Survey of the *PwDs* and their needs in the districts-10-15 villages per month
- Assessment camps at HQ/at Civil hospital once every week;
- Assessment cum distribution camps at block at periodical intervals
- Awareness generation activities like visits to school/awareness camp in villages for various target groups/training programme of grass root level functionaries at periodical intervals
- Follow up camps in villages/blocks at periodical intervals

7(i) **Survey of persons with disabilities**

For initial planning, the details of district data on disabilities, if available, could be transferred to DDRCs viz data could be available with anganwadi workers/other grassroots level workers like ASHA about the disabled persons in each village. The implementing agency should use its discretion in selecting the best possible arrangement for collection of data.

(ii) Assessment/Fitment/Follow-up and repair of assistive devices

Assessment/Fitment

Actual fitment of assistive devices would be one of the major activities of District Centre. A blend of camp approach and institutional approach should be used in fitment of assistive devices. The expenditure on materials/assistive devices should be met out of ADIP Scheme. The implementing agency would be responsible for making adequate arrangements and following proper procedure in account keeping, as per the ADIP Scheme. Following points may be noted for its implementation:

- The implementing agency must ensure precise assessment on the requirement of assistive devices:

- While the implementing agency provides the technical inputs, the organizational and logistics
- All persons with disabilities should be assessed on the number and type of assistive devices required.
- Assessment may be done both on continuous basis through District Disability Rehabilitation Centre and at discreet points of time through the camp approach.
- This should be done in collaboration with Anganwadi Workers (AWWs), Health Workers, *Parateachers* NREGA, Panchayati Raj Institutions, Local NGOs and other grass-root level functionaries.
- The implementing agency must ensure through rigorous *follow-up* of persons provided *with* assistive devices *their proper & early repair*.
- The district centre should provide for repair services, adjustment and *follow-up* of assistive devices. A nominal charge for repair of assistive devices should be charged, which can be different for different devices and types of repair.
- Persons with disabilities, who are provided assistive devices, should be categorically informed of the follow up/repair/training services available at the district centres.
- *PwDs* may also be provided training for effective & correct use of assistive devices and therapeutic services. They may also be given instructions in local language in the form of a pamphlet having sketches/pictures for use and upkeep of the device(s).

(iii). Promotion of Prevention

Prevention has been promoted through various National Health Programmes like programmes of Prevention of Blindness; Leprosy etc. as well as various *Routine* Immunization programmes like Pulse Polio etc. The orientation of these programmes needs to focus not only on prevention of mortality, but also on disability. The District Centres, therefore, need to modify the information dissemination on prevention to emphasize the linkage between Health Programmes & Schemes and prevention of disability.

Lack of appropriate nutrition is also known to be a major factor causing disability. Studies indicate that iodine deficiency impairs brain development significantly. Various micronutrient deficiencies account for a large percentage of low birth weight in babies in India. The inadequate gestational weight gain is associated with poor mental and mortal development of surviving infants. Malnutrition during infancy and early

childhood is believed to have adverse affects on both physical growth and intellectual performance in later life. Vitamin A deficiency is a major cause of blindness among children.

Another important aspect of prevention of disability that needs to be disseminated through the District Centre is environmental sanitation and hygienic living conditions. For example, polluted water can cause growth of poliovirus leading to poliomyelitis resulting in flaccid paralysis. Similarly, unclean water causes Rota virus infection which results in diarrhea. Diarrhea is known to cause growth retardation. Flaccid paralysis can also be caused by insanitary conditions, which propagate the growth of poliomyelitis. Insanitary conditions are known to cause trachoma in eyes which can lead to blindness. Even leprosy can be caused by unsanitary conditions. Unhealthy and unhygienic food has been found to be cause of poliomyelitis. *Thus, DDRCs need to synergize the inputs of Total Sanitation Campaign, Nirmal Gram & other such Central & State Programmes and Schemes on Sanitation with Prevention of Disability particularly School Sanitation Programmes.*

The District Centres need to collect and collate the information relating to different aspects of prevention of disabilities and disseminate information in the most suitable form and mode, depending on local conditions.

The District Centres should, therefore, promote prevention by doing following:

- Converge the activities of AWWs, Health Workers, NGOs in promoting prevention;
- Distribute and publicize the information available with the implementing agencies on prevention and early intervention in local language. The material available with DDRCs/National Institutes may be compiled/prepared within two months of launching of the Scheme.
- The implementing agency may undertake orientation of the grassroots level workers including ICDS workers, Health Workers, CBRWs with a focus on identification, prevention and early detection.
- The District Disability Rehabilitation Centre set up and functioning in the areas having high incidence of Japanese Encephalitis (JE)/Acute Encephalitis (AES) must have Multiple Disability Component from the National Institute for Empowerment of Persons with Multiple Disabilities, M/o Social Justice &

(iv) Early Intervention

Early identification of disabilities and early intervention is very important for avoiding secondary disabilities and ensuring successful integration of children with disabilities with other children at all levels. Hence each DDPC must set up an early intervention unit. Parents of children with disabilities must be encouraged to visit these. In addition, low cost intervention using locally available material should be suggested to them for continuing the intervention at place of their residence.

(v) Barrier Free Environment

- Provision of barrier free environment is the second important compliment of assistive devices for providing accessibility to persons with disabilities;
- All new buildings, especially public sector and public utility e.g. schools and hostels, Panchayat and other Govt. buildings, hospitals, markets, bus stands, parks, public toilets are to be made barrier free, as per the standard bye-laws circulated by Ministry of Urban Affairs and Employment.
- The basic responsibility should be of the local governments.
- Public buildings like Collectorate, District hospital, local bus stand, colleges and schools should be converted into barrier free, to begin with.
- The financial support for Conversion of the buildings into barrier free may be met out of local government funds and/or MPLADS.
- District Centres must be able to provide technical support to implementing agencies.

(vi). Promoting Education/Vocational Training/Placement

Education, training and employment are important components of rehabilitation.

- The implementing agency should organize orientation-training programme for teachers/communities/families.
- They may also provide information on suitable vocations, possible job placements and other facilities like soft credit through NHFDC, vocational training through VRCs etc.
- At least one orientation programme of 3 days to a week should be held once in 6 months.

23. Performance reports

- Monitoring & Evaluation of the implementation of the programme would be done in terms of the activities enlisted above and the targets laid down for them.
- Annual Performance Report (as per proforma at Annexure IV) with action plan for the next financial year be sent to the Department of Empowerment of Persons with Disabilities (Divyangjan), Min. of SJ&E,
- Ministry may get functioning of these District Centres evaluated by external agency on sample basis every year.