MANUAL FOR ESTABLISHMENT OF DISTRICT CENTRE FOR REHABILITATION OF PERSONS WITH DISABILITIES

DRC-CACU
MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT
GOVERNMENT OF INDIA

MANUAL FOR IMPLEMENTATION OF GRAMEEN PUNARVAS YOJNA

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PREFACE

The Ministry of Social Justice & Empowerment, Govt. of India, has taken several new initiatives for providing comprehensive rehabilitation services to Persons with Disabilities (PWDs) throughout the country. The extension of network of service delivery through establishment of District Centre is one of the important steps in this direction, with a focus on ensuring provision of comprehensive rehabilitation services at the district level, throughout the country.

This manual on establishment of District Centres for Rehabilitation of Persons With Disabilities GPY is to assist implementing agencies in operationalizing and implementing the Extension Programme. The Manual, however, only provides general guiding principles to the implementing agencies and leaves sufficient scope for improvement and innovation. The guidelines also provide adequate scope to the agencies, implementing the Programme, choice among various possible alternatives, so as to asymtotically move towards optimal solutions.

Several of the implementing agencies have also been given responsibility for implementing other new Programmes of the Ministry. It should be the endeavour of these agencies that the implementational arrangements of the Extension Programmes for District Centres produce a synergetic effect with the other programmes being implemented.

Views and observations for enhancing the effectiveness of GPY are most welcome.

(Gauri Chatterji)
Joint Secretary

INTRODUCTION

The enactment of the PWD Act has enjoined upon the appropriate Governments to provide comprehensive rehabilitation services to persons with disabilities. The extension of network of service delivery through establishment of District Centres is one major initiative of the Government of India, to commence rehabilitation services at the district level, throughout the country. The ideology behind the Extension Programme is on convergence with the activities of other Departments, optimal utilization of resources jointly (Govt. – Govt. & Govt.- Non Govt.) for service delivery system, +so as to produce a synergetic effect.

While no unique model could possibly be applicable for all the districts in the country, the manual provides general guiding principles to the implementing agencies for operationalization and implementation of the Programme. The manual, therefore, does provide fair degree of flexibility in terms of utilizing grass-root level manpower, utilization of services of professionals / technical personnel and in terms of collaborative arrangements between different departments and between govt. and non-govt. organizations. The underlying principle is achieving management arrangements which help in effectively realizing targets, laid down in the Manual. Hence, while there is flexibility in the means to achieve the target, there is no flexibility in the targets themselves.

This manual is supplementary to the Concept Paper on Extension Programme and not a substitute for it. The Manual is an elaboration on certain aspects of the 'Concept Paper' on Extension Programme to facilitate implementing the Scheme and the two should be read together.

As policy initiatives and implementational arrangements are a continuously evolving process, the implementing agency may provide feedback on observations and difficulties in implementing the Programme. Comments and views on improving on implementational arrangements and achieving greater optimality in resource utilization, so as to enhance the effectiveness, efficiency and economy in achieving the targets, would be highly appreciated.

(Rakesh Arora)
Project Director

1. Background:

One of the biggest challenges being phased by the policy planners and implementing agencies, is providing rehabilitation services to the unreached persons with disabilities, living in rural areas and small towns. It is estimated that in India, 5% or about 50 million persons suffer from some disability. Further, 75% of people live in rural areas and another about 15% in small or medium towns where no rehabilitation services have been provided. In other words, about 90% of persons with disabilities live in areas where no/little rehabilitation services have been provided. Even in the areas/locations where services have been provided, the coverage is limited, thereby leaving 95% of persons with disabilities not being provided any services.

1.2 Accessibility is being increasingly realized as a critical element in the process of rehabilitation. Without barrier free environment and assistive devices, many other services (vocational training, education, placement), loose their effectiveness. In fact, UN has declared this year as the year of Accessibility.

1.3 Accordingly, 107 districts throughout the country representing every State/UT (except Delhi) have been identified. The list of 107 districts alongwith the implementing agency is at Annexure-I.

2. Preparatory Stage:

The implementing agency must first map the existing resources in the district, who could support the activities and compliment the efforts of the implementing agency. The possible collaborating agencies should include both autonomous bodies and Government institutions – the NGOs working in the district, Red Cross Society, Lion Clubs, prominent individuals, professional training institutions, Anganwadi Workers, PHCs, other health institutions, Mahila Mandals, Panchayati Raj institutions, DRDAs, presently involved with rehabilitation services or potentially involvable with such services. This would give the implementing agency a starting point to know the existing potential/resources that would support their activities.

3. Providing Rehabilitation Services:

The major rehabilitation services that are expected to be provided through the Grameen Punarvas Yojna are:

1. Facilitation & provision of Disability Certificate.

2. Assessment on the need of assistive devices.

3. Provisiion/Fitment of Assistive Devices

4. Follow up/repair of assistive devices

5. Therapeutical services (OP, PT etc.)

6. Promotion of barrier free environment

7. Encouraging and enhancing prevention of disabilities, early detection and intervention.

8. To provide supportive and complimentary services to promote education, vocational training and employment for persons with disabilities.

    a) Providing orientation training to teachers, community and families.
    b) Providing training to PWDs for early motivation and early stimulation foı education, vocational training and employment

9. Identifying suitable vocations for PWDs, keeping in view local resources and designing vocational trainings.

    a) Providing vocational training and identifying suitable jobs, so as to make them economically independent.

10. Provide referral services for existing educational, training, vocational institutions.

4. Identifying Persons with Disabilities:

Before the enlisted services can be effectively, economically and efficiently provided and their long run impact felt, it is necessary to have a reasonably accurate idea on the number and type of disability the intended beneficiary group suffers from. For this, a reasonable idea on type and degree of disability in each of the identified districts should be available:

(a) As the implementing agencies may not have the resources to collect the information directly, it could be done with the support of existing grass-root level functionaries – AWWs, Health Workers, PRIs, Viklang Bandhus.

(b) The implementing agency should use its discretion in selecting the best possible arrangements for collecting the information.

(c) However, a minimum of 80% of the GPs in the identified districts should be covered through these grass-root level functionaries for collecting the information (use information if already exists). The implementing agency should however cross check the information collected of atleast 10% - 15% randomly selected GPs.

(d) The information may be collected within 2nd to 6th month of commencing of the programme. At the end of 6 months, information enlisted in Annexure-II should be available for all the 107 districts.

(e) However, the other services should begin before the complete information on number and type of disability is collected. This could start in GP's blocks when information on number of disabled has been collected.

5. **Issuance of Disability Certificates:**

In most of the districts Boards for issue of disability certificates already exist. However, in order to facilitate the issue of disability certificate, the implementing agency in collaboration with District Welfare Officers should ensure that-

(a) Boards are fully constituted and issue of disability certificates is not delayed due to non-constitution of the boards.

(b) The Boards meet at least once in a week at the district headquarters.

5.2 As some people with severe disabilities and economic constraints may find it difficult to reach the district level, a camp approach may also be initiated for issue of disability certificates. At least one camp in at least one of the blocks under the district should be held once in a month.

a) No additional amount has been provided for under the GPY for holding of disability certificate camps.

b) In case of need, the implementing agency may utilize the money under `honorarium' provided for in the scheme.

c) The camp for issue of disability certificates should be well publicized. This should be the responsibility of the District Welfare Officers. The certificates should be issued to 90 – 100% of the eligible persons with disabilities. The activity should be completed in one year at most.

6. Assessment/Fitment/Follow-up and repair of assistive devices:

6.1 Assessment, Early intervention:

a) The implementing agency to ensure precise assessment on the requirement of assistive devices.

b) While the implementing agency provides the technical inputs, the organizational and logistics responsibility would be basically of the District Welfare Officer (DWO). The implementing agency has to clarify to DWO at the beginning, the role expected of them.

c) At least 70% of persons with disabilities should be assessed on the number and type of assistive devices required. 30% of PWDs should be covered in the first year.

d) Assessment may be done both on continuous basis through the institutional approval and at discreet points of time through the camp approach.

e) The assessment camps should be held at least one in 3 months at Block level.

f) This should be done in collaboration with AWWs, Health workers, Panchayati Raj Institutiions and other grass-root level functionaries.

6.2 Fitment:

a) Actual fitment of assistive devices would be one of the major activities of GPY.

b) A blend of camp approach and institutional approach should be used in fitment of assistive devices.

c) Ensure services available for at least 7 hours a day 6 days a week at the district fitment centre.

d) Utilize professional/technical manpower in the following order of priority:-

- Existing professionals of Government/District hospitals on honorary basis.
- Existing professionals of Government/District hospitals on payment of token honorarium

*

- Young trained professionals to manage CFCs as enterprises.
- To higher professionals on purely contractual basis.

e) At least 70% of the eligible persons with disabilities may be provided assistive devices within two years broken up into 30% - 40% respectively in the first and second year (i.e. all assessed PWDs should be provided assistive devices).

f) The expenditure on materials/assistive devices should be met out of ADIP Scheme.

g) The implementing agency would be responsible for exact arrangements and following proper procedure in account keeping, as per the ADIP Scheme.

h) Expenditure on manpower under the scheme should not exceed Rs. 9.5 lakh at most per annum. Implementing agencies should ensure this. The broad indicative cost break-up is at Annexure-IV.

6.3 Repair/Follow up of assistive devices

a) The implementing agency must ensure proper repair through rigorous follow up of persons provided assistive devices.

b) The district fitment centre should provide repair services, simple adjustment and follow up of assistive devices. This service should be provided free at the district fitment centres.

c) Persons with disabilities provided assistive devices should be categorically informed of the follow up/repair/training services available at the district centres.

d) PWDs may also be provided training for use of assistive devices and therapeutical services.

7. Barrier Free Environment:

Provision of barrier free environment is the second important compliment of assistive devices for providing accessibility to persons with disabilities.

a) Ensure all new buildings, especially public sector and public utility are made barrier free, as per the standard bye-laws, already circulated by Ministry of Urban Affairs.

b) The basic responsibility should be of the local governments.

c) Ensure that at least 3 existing public buildings are converted into barrier free.

d) The financial support for conversion of the buildings into barrier free may be met out of local government funds and/or MPLADS.

e) Wherever possible, Local Government / District Administration may provide support for creating an audio-metry room for testing of hearing impairment.

8. Promoting Prevention:

Various studies have indicated that prevention of disability is socio-economically superior to rehabilitation. The implementing agencies should, therefore, promote rehabilitation services.

a) Converge the activities of AWWs, Health workers, NGOs in promoting prevention.

b) Distribute and publicise the information available with the implementing agencies on prevention and early intervention. The material available with RRTCs/DRCs/Nis may be compiled/prepared within two months of launching of the scheme.

c) 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.

9. Promoting Education/Vocational Training/Placement:

Education, training and employment are important components of rehabilitation.

a) The implementing agency should organize orientation training programme for teachers/communities/families.

b) They may also provide information on suitable vocations, possible job placements and other facilities like soft credit through NHFDC, vocational training through VRCs etc.

c) At least one orientation programme on 3 days to a week should be held once in 6 months.

10. Financial Arrangements:

Financial support for honorarium, equipment and travel would be provided by the implementing agency through their internal resources. Support for place / building, support of professionals to the extent possible, conversion of some existing buildings into barrier free, incorporating barrier free features in all new buildings, creation of an acoustics room (wherever possible) for testing of hearing impairment would be provided by the State Governments / District Administrations. However, the financial support tr DRCs as implementing agencies, should be provided by NIs. The support to DRCs by NIs may be equally shared.

(a) Each NI and ALIMCO should earmark funds in their Budgets, for supporting activities in the districts identified for them @ Rs.14 lakh / District / Annum.

(b) In addition to support for 'their' districts, NIs should provide funds for supporting DRCs.

(c) This may be divided equally among the 6 NIs. As DRCs are expected to provide services in 39 districts, each Ni would provide for additional funds for 6.5 districts.

10.2 Proper account for the expenditure on supporting activities under GPY will be maintained by each implementing agency. In addition to the procedures already being followed for suitable account keeping, it must be ensured that :

a) Each implementing agency has a separate account under GPY.

b) Nodal officers in each of the distsricts will submit half-yearly accounts on Extension Programme, to Directors of NIs, CMD, ALIMCO and PD-DRC, as the case may be, along with explanations for deviations, if any.

c) Annual account will be submitted by nodal officers to the Ministry, along with explanations for deviations, if any, with copies of accounts, to Director, NIs, CMD-ALIMCO and PD-DRC, as the case may be.

11. Monitoring & Evaluation

Monitoring & Evaluation of the implementation of the programme for establishing District Centres would be done in terms of the activities enlisted above and the targets laid down for them. The performance will be measured in terms of the targets laid down:

(a) The Nodal officers should send progress report every quarter, in terms of targets laid down (on each of the areas of service provision, with reasons for deviation, if any.

(b) Progress report on half yearly basis, with reasons for deviations, if any, may be sent to coordinator of the Extension Programme of establishing District Centres.

(c) Annual Progress Report may be sent to Joint Secretary in the Disability Division of the Ministry of SJ&E.

Setting up of Composite Fitment and Rehabilitation Centres in 107 selected districts

(Allocation of Districts)

State / District	Implementing Agencies	Location / Remarks
Andhra Pradesh		
1. Anantpur	DRC, Vijayawada	Govt. Headquarter Hospital, Anantpur
2. Krishna	-do-	State Guest House Campus, Gopal Reddy Road, Governorpet, Vijayawada
3. Vishakhapatnam	-do-	Rani Chandramati Devi Hospital, Pedwaltair, Visakhapatnam
Assam		
1. Dibrugarh	ALIMCO	
2. Guwahati	NIOH, Calcutta	
3. Kachhar	ALIMCO	
4. Tejpur	NIOH, Calcutta	
Arunachal Pradesh		
1. Itanagar	ALIMCO	
2. Dibang Valley	-do-	
Bihar		
1. Sahibganj	ALIMCO	
2. Champaran	-do	
3. Bhagalpur	-do-	
4. Muzzafarpur	-do-	
5. Gaya	NIVH, Dehradun	
6. Hazaribagh	ALIMCO	

(Remaining distt. Of Bihar on next pg.)

State / District		Implementing Agencies	Location / Remarks
7.	Ranchi	NIOH, Calcutta	
8.	Darbangha	-do-	
9.	Singhbhum	ALIMCO	
10.	Devgarh	-do-	
11.	Nawadah	-do-	
Gujarat			
1.	Ahmedabad	IPH, New Delhi	Ahmedabad has been taken in place of Gandhinagar on req. Of P.S., SJ&E Deptt. Gujarat.
2.	Baroda	-do-	
3.	Surat	NIHH, Mumbai	
4.	Rajkot	-do-	
5.	Jamnagar	-do-	
Goa			
1.	Panaji	NIHH, Mumbai	Goa Medical College, Bambolim
Haryana			
1.	Bhiwani	DRC, Bhiwani	
2.	Rohtak	-do-	
3.	Kurukshetra	-do-	
Himachal Pradesh			
1.	Shimla	IPH, New Delhi	Dharamshala
2.	Dharamshala	NIVH, Dehradun	Tanda Medical College, Dharamshala

State / District	Implementing Agencies	Location / Remarks
Punjab		
1. Patiala	IPH, New Delhi	Working Women's Hostel, Patiala
2. Jullandhar	ALIMCO	-
3. Ferozpur	ALIMCO	New Building, Old Civil Hospital, Ferozpur
Rajasthan		
1. Udaipur	IPH, New Delhi	
2. Ajmer	DRC Kota	
3. Jodhpur	-do-	
4. Bikaner	-do-	
5. Jhunjhunu	-do-	
Sikkim		
1. Gangtok	NIHH, Mumbai	
Tripura		
1. Agartala	ALIMCO	IVH, Bodharghat (Agartala) Prati-bandhi Punarwas Samiti (NGO) as Collaborating Agency.
Tamil Nadu		
1. Chengalpattu	DRC Chengalpattu	
2. Vellore	-do-	
3. Madurai	NIMH	
4. Selam	ALIMCO	
5. Tutikorin	NIMH	
6. Virudhunagar	ALIMCO	

State / District	Implementing Agencies	Location / Remarks
Uttar Pradesh		
1. Gonda	DRC Jagdishpur	
2. Mau	DRC Jagdishpur	
3. Gorakhpur	-do-	
4. Lucknow	DRC Sitapur	
5. Pilibhit	ALIMCO	
6. Almorah	NIVH, Dehradun	
7. Bareillyi	DRC Sitapur	
8. Tehri Garwal	NIVH, Dehradun	
9. Agra	DRC Sitapur	
10. Meerut	DRC Sitapur	
11. Varanasi	DRC Jagdishpur	
12. Allahabad	NIOH, Calcutta	
13. Kanpur	ALIMCO	
14. Farrukhabad	ALIMCO	
15. Jhansi	ALIMCO	
16. Haridwar	NIVH, Dehradun	
17. Balia	IPH	
West Bengal		
1. Jalpaiguri	NIHH, Mumbai	
2. South Dinajpur	ALIMCO	Red Cross Society, Balurghat Branch
3. Murshidabad	NIHH, Mumbai	
Andaman & Nicobar Island		
1. Port Blair	DRC Chengalpattu	

State / District	Implementing Agencies	Location / Remarks
Chandigarh		
1. Chandigarh	DRC Bhiwani	
Daman & Diu		
1. Diu	DRC Virar	
Lakshadweep		
1. Kavarati	NIMH, Secunderabad	
Dadra & Nagar Haveli		
1. Silvasa	DRC Virar	Vinoba Bhave Civil Hospital Silvasa
Pondicherry		
1. Pondicherry	DRC Chengalpattu	

Total : 107 Districts

1 a) Name of the District

- No. of blocks
- No. of Gram Panchayats

2. - Total Population –

   - Total Persons with Disabilities (Don't give est. on 5% basis)

   - Break-up if available on Male/Female, U/R

3. Main collaborative agencies

- Does District/other Health institutions have Rehab./Physical Medical Units.
- No. of PHCs, Sub-Centre
- Main Ngos (recognized) in the district
- Year of inception and area of the work

4. No. of Project officers
   Supervisors of AWWs
   Anganwadi Workers
   Helpers

5. Is there already fitment centre in Government Sector/NGO Sector

- Channelising agencies of NHFDC
- Is there any special educational institution run by Govt.
- School with integrated educational facilities
- Employment Exchange/Vocational Centre

ANNEXURE-I

The prescribed standard for hiring of professionals in the Composite Fitmen Centres, disablitywise is as under:-

S.No. Name of Post	Qualification	Consolidated Honorarium (per month)
MENTALLY HANDICPAPED		
1. Special Educator (MR) - 3	Graduate + 1 year diploma in Special Education	Rs. 5,000
2. Psychologist 2 [Adjustment of 1 Surplus person from BBSR DRC as per GOI instructions]	MA in Psychology preferably with 2 years experience in the field of disability rehabilitation	Rs. 5000
ORTHOPAEDICALLY HANDICAPPED		
1. Prosthetist/Orthotist 3	Degree/Diploma in P&O Engg Preferably from NI	Rs.10000
2. Prosthetist/Orthotist (Technician) 3	ITI Traind with 2/3 years experience	Rs. 5000
HEARING HANDICPAPPED		
1. Audiologist 3	B.Sc.(Speech & Hearing)/DHLS	Rs.5000/Rs.4000
2. Special Educator 3	B.Ed./D.Ed. (HH)	Rs. 5000/Rs. 4000
3. Earmould Technician-cum-hearing aid repairer 2 (1 Surplus from BBSR DRC)	DHLS + hearing aid repair	Rs.4000
VISUALLY HANDICAPPED		
1. Special Educator 3	10+2 + Diploma in Education of the VH	Rs.5000
2. Mobility Instructor 3	Matriculation + Certificate/	Rs. 5000

GENERAL STAFF

1. Clerk/Accountant-cum Storekeeper	3	B.Com./SAS	Rs.4000
2. Attendant/Peon/Messenger	3	VIIIth Pass	Rs.3000

56,000 p.m
x 12
6,72,000
x 3
20,16,000

COST BREAK-UP

CATEGORY	MANPOWER	EQUIPMENT	LAND	MATERIAL	TRAVEL	TOTAL
O.H.	612480	162000	To be given by district	To be financed under ADIP	100000*	874480
V.H.	120000	20000	- do -	- do -		140000
H.H.	100000	150000	- do -	- do -		250000
M.R.	120000	30000	- do -	- do -		150000
Total	**952480**	**362000**			**100000***	**1414480**

- **Rs. 100000 for travel for all categories.**

MANUAL FOR IMPLEMENTATION OF THE GRAMIN PUNARVAAS YOJANA (BRIEF SUMMARY)

ACTIVITY	IMPLEMENTING ARRANGEMENTS	TARGET	1st YR	2nd YR	REMARKS
Issue of Certificates		90-100% of eligible	70-80%	Rest	Camps for issue of certificates may be well advertised.
Institutional approach	Board Meeting - atleast once a week. DSW be made responsible. D/Health, Social Justice & WCD be involved.				
Camp approach	Camp at Block / lower level - atleast once a month. Sensitization of AWWs, ANMs, PRIs, on identification, definition and procedural requirements for issue of certificates 1/2 day training / sensitization by implementing agency.				
Fitment of Assistive Devices					
3 Steps : 1.Assessment/Early Intervention (Institutional approach)	CFC may undertake a precise assessment on requirement of assistive devices. Responsibility largely of DWO.	70% of PWDs	30%	Rest	
Camp Approach	Assessment Camps at Block level - atleast once in 3 months in each of the identified districts. In collaboration with AWWs,Health Workers & PRIs. Basic responsibility of implementing agency.				
2.Fitment of Assistive Devices	Ensure services available for atleast 7 hours a day 6 days a week. Basic responsibility of implementing agency. Utilizing professional / technical man power in the following order of priority: a) Existing professionals of Government / District hospitals on honorary basis. b) Existing professionals of Government / District hospitals on payment of token honorarium. c) Young trained professionals to manage CFCs as enterprises. d) To higher professionals on purely contractual basis.	70%	30%	40%	The implementing agency would be responsible for exact arrangements and following proper procedure in account keeping. Expenditure on manpower not to exceed Rs.9.5 lakh at most per annum. Implementing agency to strictly ensure this.

Camp Approach	Atleast 1 Fitment Camp in 6 months, in each of the identified districts, at the block level. Professional input & support by implementing agency. Logistic support by District Administration.		
BARRIER FREE ENVIRONMENT	Ensuring all new buildings (specially public sector & public utility) to be made barrier free. Responsibility - State / Local Governments, with technical support from the implementing agency. atleast 3 existing buildings	1	2 The financial support for thi conversion may come from MPLAD and / or Local Govt funds.