



सत्यमेव जयते



TRAINING MODULE

FOR



GRASSROOT LEVEL FUNCTIONARIES



Braille

**In-service Training and Sensitization
of Key Functionaries of Central &
State Governments, Local Bodies and
Other Service Providers**



Rehabilitation Council of India

**Department of Empowerment for Persons with Disabilities (Divyangjan)
Ministry of Social Justice and Empowerment
Government of India**



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Objectives of this Manual

This manual is designed to strengthen the grassroots level functionaries by providing the information and skills they need for empowerment of *divyangjan*, their families and the community. The objectives of this manual are:

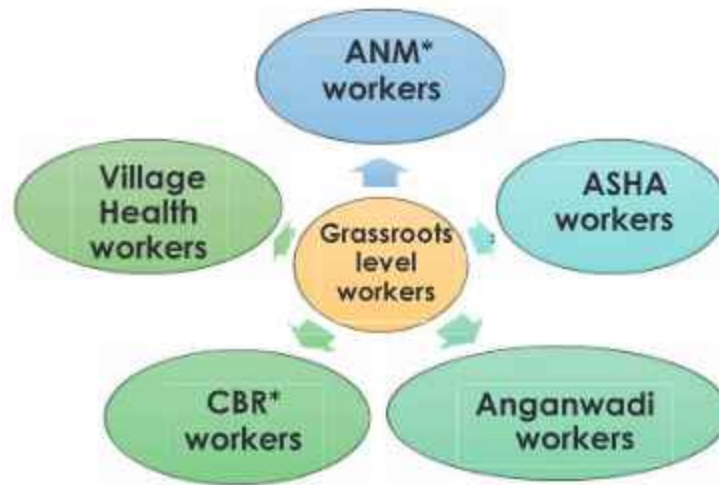
- To develop knowledge and understanding of disability prevalence.
- To build practical skills for creating awareness.
- To strengthen ability for guidance & counselling of families.
- To develop efficiency in screening and early identification.
- To dispel myths & misconceptions and know disability etiquettes.
- To enhance skills for empowering families.
- To develop competence in appropriate referral.
- To expand existing experience and knowledge on mobilizing community & its resources.
- To augment inclusive practices in the community.
- To generate awareness about schemes & policies related to early intervention.



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1. Who are Grassroots Level Functionaries?



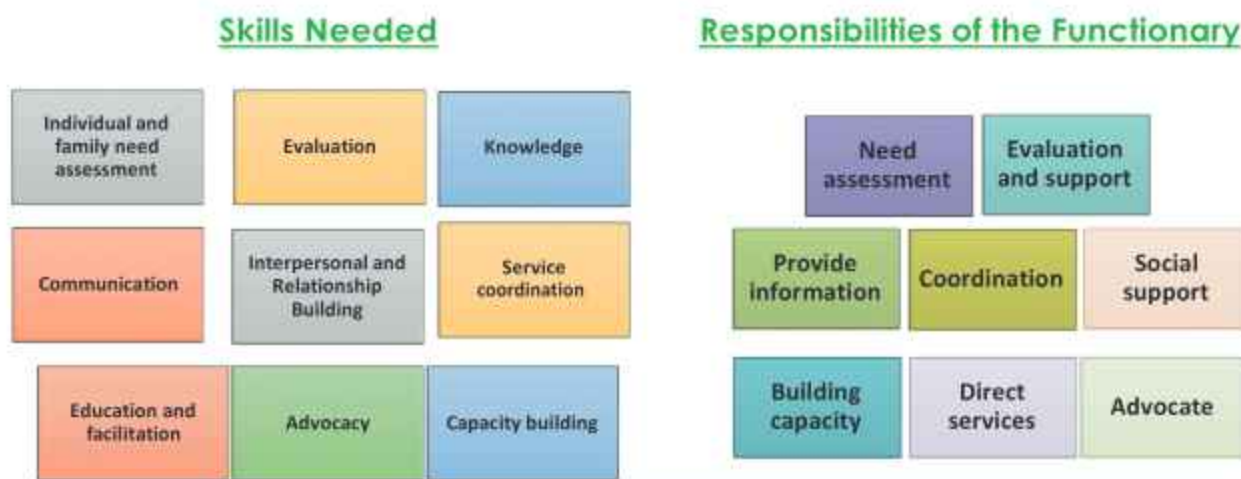
ANM = Auxiliary Nurse Midwife & CBR = Community Based Rehabilitation

They have a key role in:

- First level screening of a child at-risk; and
- Work closely with:
 - ✓ Individuals,
 - ✓ Families,
 - ✓ Health Care Providers.
 - ✓ Disability Service Providers, and
 - ✓ Community Partners.



2. Skills & Responsibilities of a Grassroots Level Professional



3. Grassroots Level Functionaries Can Help by Creating Awareness

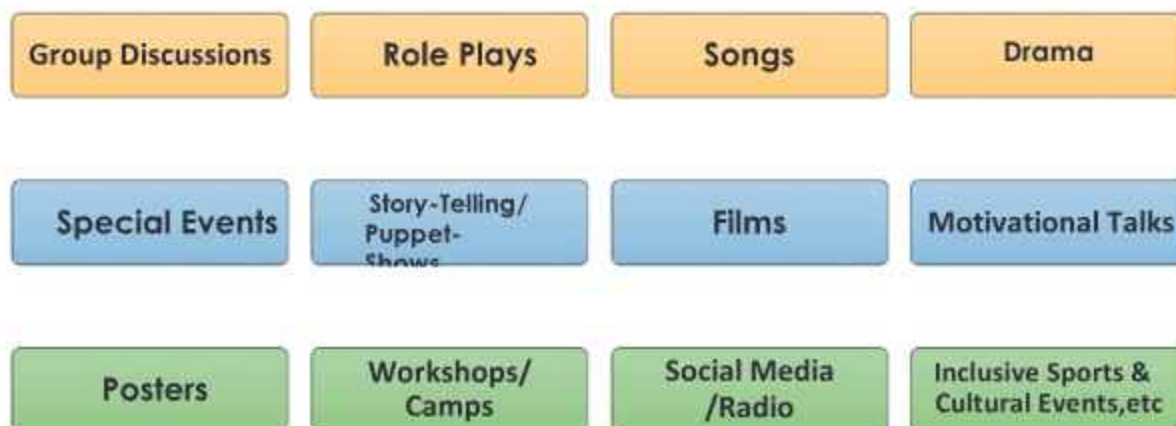
Raising awareness about disability issues is aimed at changing negative attitudes about *divyangjan* into positive recognition of their skills, needs and rights. As a society, we all are different, and must recognize the importance of acceptance.

Techniques for Creating Awareness

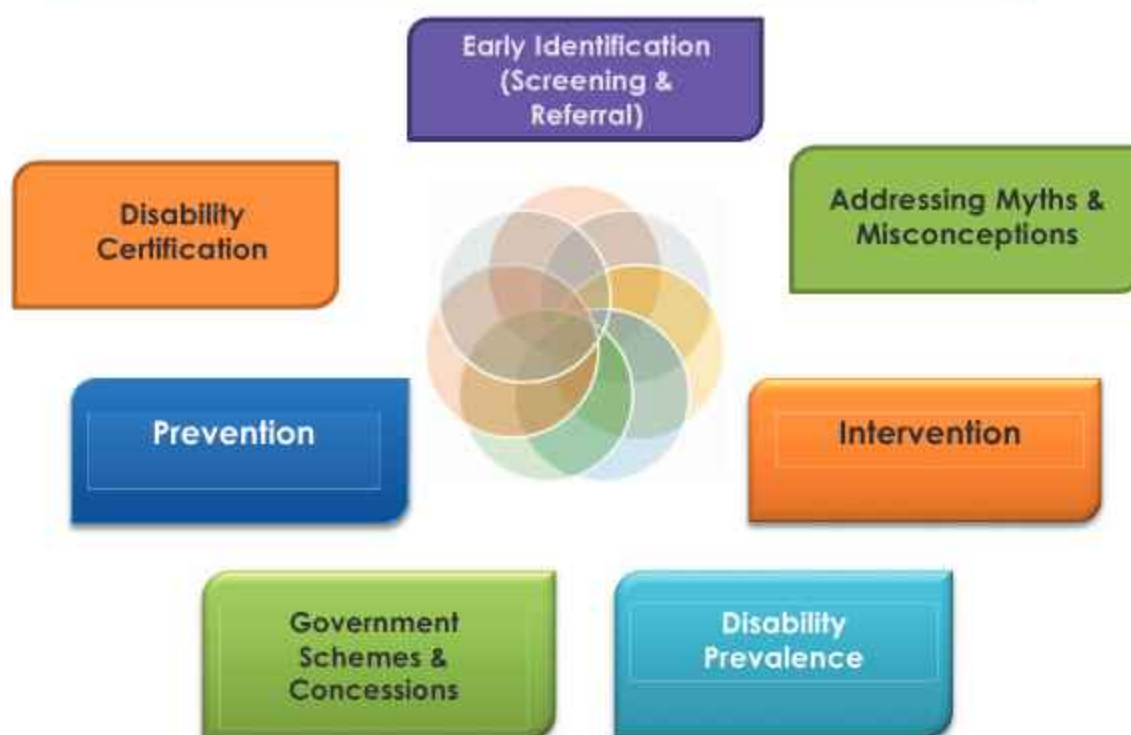
Creating awareness is a continuous process. Following are some techniques for the same



Some activities to Raise Awareness



What do we create awareness about?



4. Disability Prevalence

In India, out of 121 Cr. Population (2011 Census):

- 2.68 Cr. Divyangjan (1.50 Cr. M and 1.18 Cr. F)
- 2.21% of population are Divyangjan
- Age 10-19 years = 17% Divyangjan
- Age 20-29 years = 16% Divyangjan
- Age above 60yrs = 21% Divyangjan
- 69% live in rural areas; 31% live in urban areas

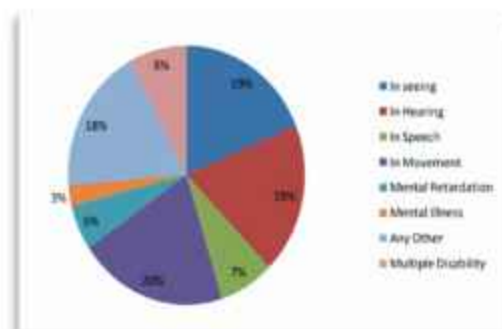


Figure 1: Population of Divyangjan, Census 2011

5. Early Identification: Screening and Referral

See the diagram below to highlight the difficulties that a child with disability faces:

Factors influencing children with disability:



[Image source: MAITS – A guide for CHW (WHO)]

Screening for Disabilities

- ✓ Identifying Problems in Learning of Development
- ✓ Know the Need for Detailed Testing
- ✓ Know the Need for Early Intervention Service

CAUTION

REMEMBER:

- Screening is not diagnosis of disability.
- It is not to know everything.
- Must refer for detailed testing.

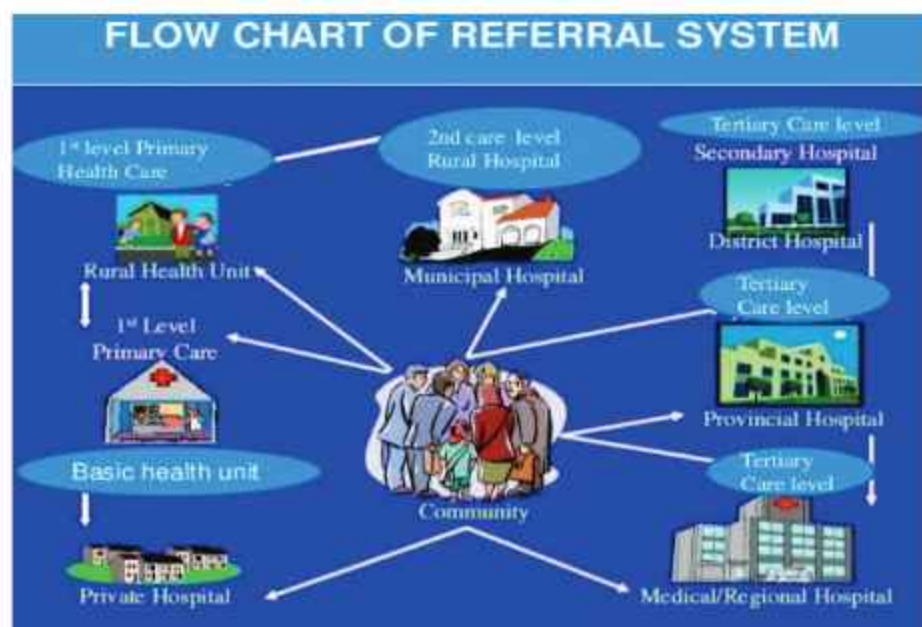
While Testing for Disabilities, REMEMBER:

- Place of screening
- Must not label
- Child's Age, gender, risk-factors, etc.
- Use of proper screening tool

Basis of Referral

While providing referrals, we must ensure:

- (1) **Prioritizing and Staging:** Assist in developing plans that -
 - prioritize services
 - sequence with some services being received first
- (2) **Coordinating Care:**
 - Inter-agency coordination
 - promote family partnership
 - promote family-driven care

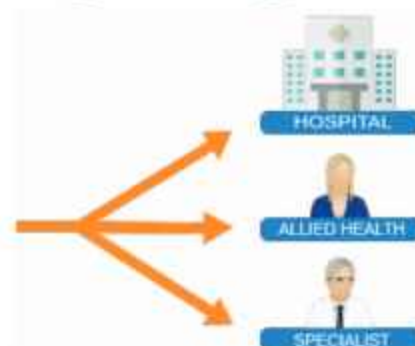


Availing UDID

Disability Certification and Issuance of the Unique Disability Identity Card (UDID) must be ensured at an early age. This universal ID will help deliver government benefits to *divyangjan*. For details about UDID, please visit: www.swavlambancard.gov.in



Referral:



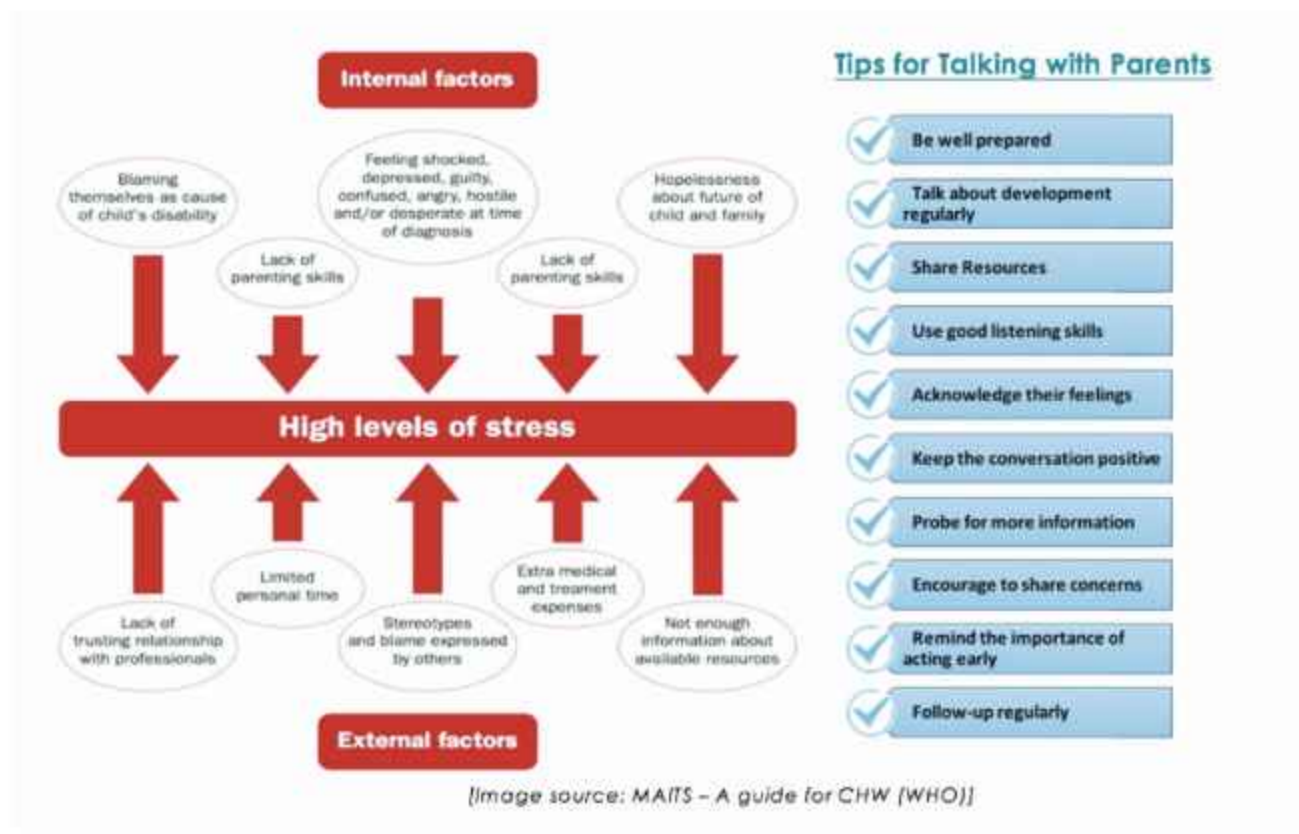
6. Addressing Myths & Misconceptions

We must remember there are **many myths or inaccurate assumptions** about *divyangjan*, most of which arise due to attitudinal barriers. Addressing these can help address common misconceptions and myths associated with disability. **The attitudes that surmount to common myths include:**

INFERIORITY	Belief that <i>divyangjan</i> is a 'second class citizen' as his/her/their disability impacts disability functioning.
PITY	Belief that <i>divyangjan</i> deserve pity or sympathy because of the 'misfortune' of their disability.
IGNORANCE	<i>Divyangjan</i> are often dismissed as incapable without the opportunity to display their skills.
STEREOTYPE	Generalised prejudice (eg. Many believe all people with blindness are great musicians, or all people who use wheelchairs can excel in Paralympics).
BACKLASH	Belief that <i>divyangjan</i> are given unfair advantages such as easier work requirements or behaviour standards, etc.
DENIAL	Belief that <i>hidden</i> disability such as learning or mental is not legitimate and does not need accommodation.
OBJECTS OF RIDICULE	The attitude that <i>divyangjan</i> are weird or objects to make fun of because of how they look, act, speak, eat or walk.
HOLY INNOCENTS	Belief that <i>divyangjan</i> should not be held accountable for their actions or choices because they cannot know better.

7. Understanding the Challenges of the Parents

The grassroots functionaries have a key role in supporting parents. We must understand the families and their challenges. The diagram below describes some concerns of parents:



WORKING WITH PARENTS

When working with parents we need to:



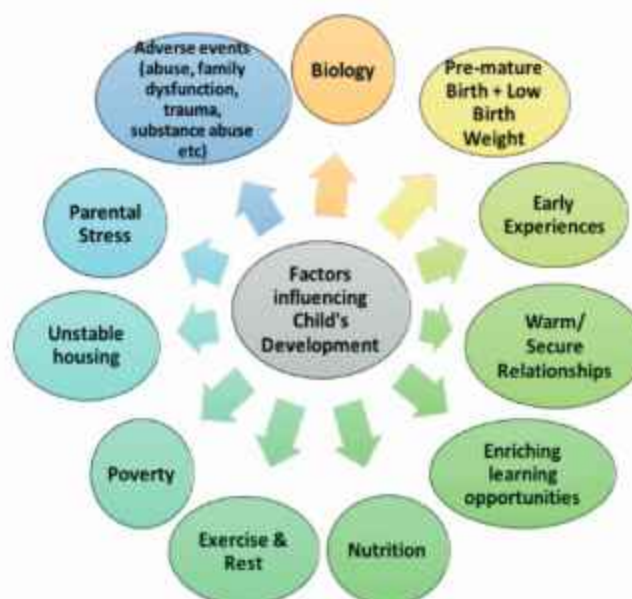
8. Early Intervention: Team and Services

Birth to 06 years of a child's life are crucial to development. Thus, identifying and linking children with and at risk of disability or developmental delays to support services as early as possible is essential to ensure child development, and also reduce the disability burden by early and proper identification and intervention.

For Whom?

Early intervention is directed for children:

- with disability
- with developmental delay
- at-risk for disability
- at-risk for developmental delays



Areas and Skills for Intervention

Early intervention focused on skills that develop during early years of life, namely:



Individual Needs for Intervention

Early intervention services must be individualized to meet the needs of every child.

Early Intervention Team/Services

Note: Parents must be made a part of each of these services.



Assistive Technology/Device
Audiology/Hearing Services
Speech & Language services
Vision services
Counseling and Training for family
Nursing Services
Nutrition Services
Occupational Therapy
Physical Therapy
Psychological Services
Special Education Services
Medical Management
Developmental Paediatrician
Surgical Management
P & O Services
Social Work Services etc

Early Stimulation:

Interaction of young children with caregivers & the environment from the earliest age.

Need for Early Stimulation?

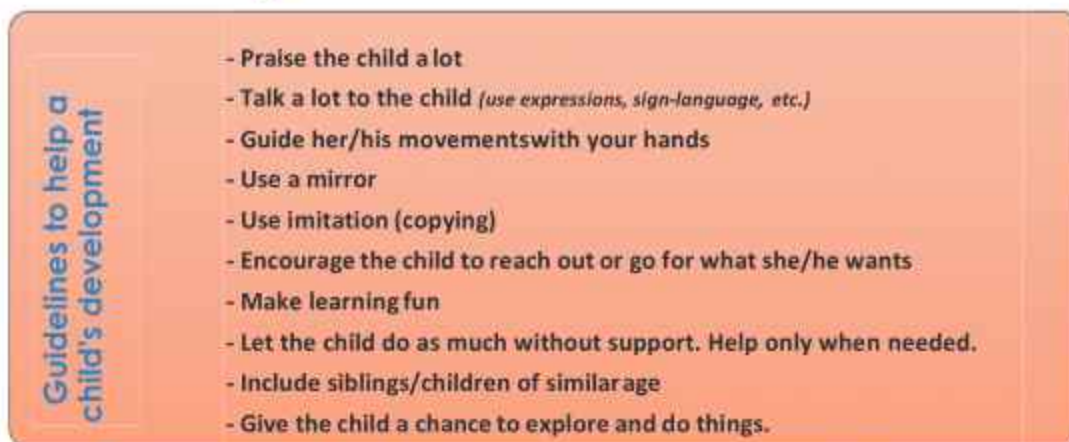
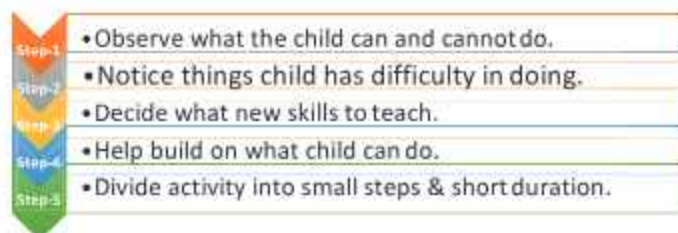


Focus of Early Stimulation



Things to consider for early stimulation?	Every child is different
	Consider parameters of child development
	Do not force the child
	Play with the child
	Ensure adequate nutrition
	Create enriching environment for child's exploration
	Interaction is better than observation
	Child's attentiveness is important
	Aim for Repetition, not habituation
	Use Variety
	Satisfy the child's Curiosity to keep her/him wanting more
	Be orderly and consistent
	Be expressive
	Be patient and observant
	Be practical
	Have a good time!

Steps in Designing a Program of Early Stimulation



The purpose of early intervention and early stimulation is to ensure child's inclusion in regular schooling. Thus, it is highly essential to work at skills that prepare him for the school.

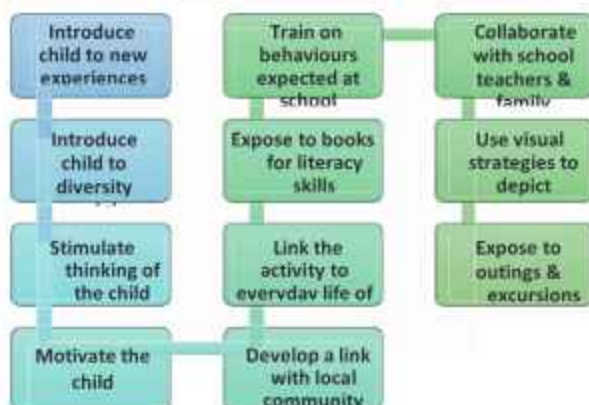
9. Developing School Readiness

What are the Goals of School Readiness?

Pre-Academic Skills	Physical & Motor Skills	Independence in Self-Care	Language Skills	Emotion Regulation	Play
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Delay or deviance in any of the above may be indicator of challenges for school readiness. Remember, there are resources all around that are useful to support learning.

How to Improve School Readiness?



Encouraging Low/Zero Cost Resources



10. Inclusive Practice in Early Childhood Education (ECE)

Early Years are a crucial foundation for the inclusion of the child in the community. Every family must be motivated to ensure that the child attends an inclusive school.



Play has a significant role in development of skill areas in ECE.

Benefits of Inclusive ECE

Benefits of Inclusive Early Childhood Education for children with special needs:

- Chances to learn by observing and interacting with other children
- Gets time and support to build relationships with other children & teachers/other adults
- Chances to practice social skills in real-world situations
- Exposure to a wider variety of challenging activities
- Chances to learn at their own pace in a supportive environment

Benefits of inclusive child care for typically developing children include:

- Acceptance of disability.
- Empathy towards disability.
- Preparation for adult life to support an inclusive society.
- Opportunities to master activities by practicing and teaching others

Families are benefitted by:

- Having access to quality child care
- Watching their children make friends with children from diverse groups
- Sharing hopes, needs, and concerns for their children with others
- Choosing a mainstream environment for their child - a positive preschool experience will often encourage parents to choose an inclusive primary school

11. Involving and Empowering Parents, Family and Community

Empowerment Principles promote the:



Involving family in education, skill, training and management: Home Based Programs – A positive connection between parents and service providers, influences children's achievements. Parents' collaboration is not only for the benefit of children, but for all.

The following strategies and suggestions can support and empower families of *divyangjan*:

- Display empathy for families
- Individualize family participation
- Recognize families as experts
- Value and support family decision making
- Engage families in open communication
- Enhance family access
- Engage family each stage of intervention
- Involve families in community collaboration

- Offer family networking
- Extend support systems
- Celebrate families successes
- Enhance families sense of self-efficacy
- Increase family coping skills
- Build family competencies
- Offer training to families
- Foster hope
- Assist families in expressing goals for child

12. Facilitating Stress Management and Coping Strategies

Raising a child with disability can affect parents, siblings and family members in various ways. We must be aware that families of a child with disability, may be at risk of:

- Financial Hardship
- Strained Relationships
- Change of Family Activities and Goals

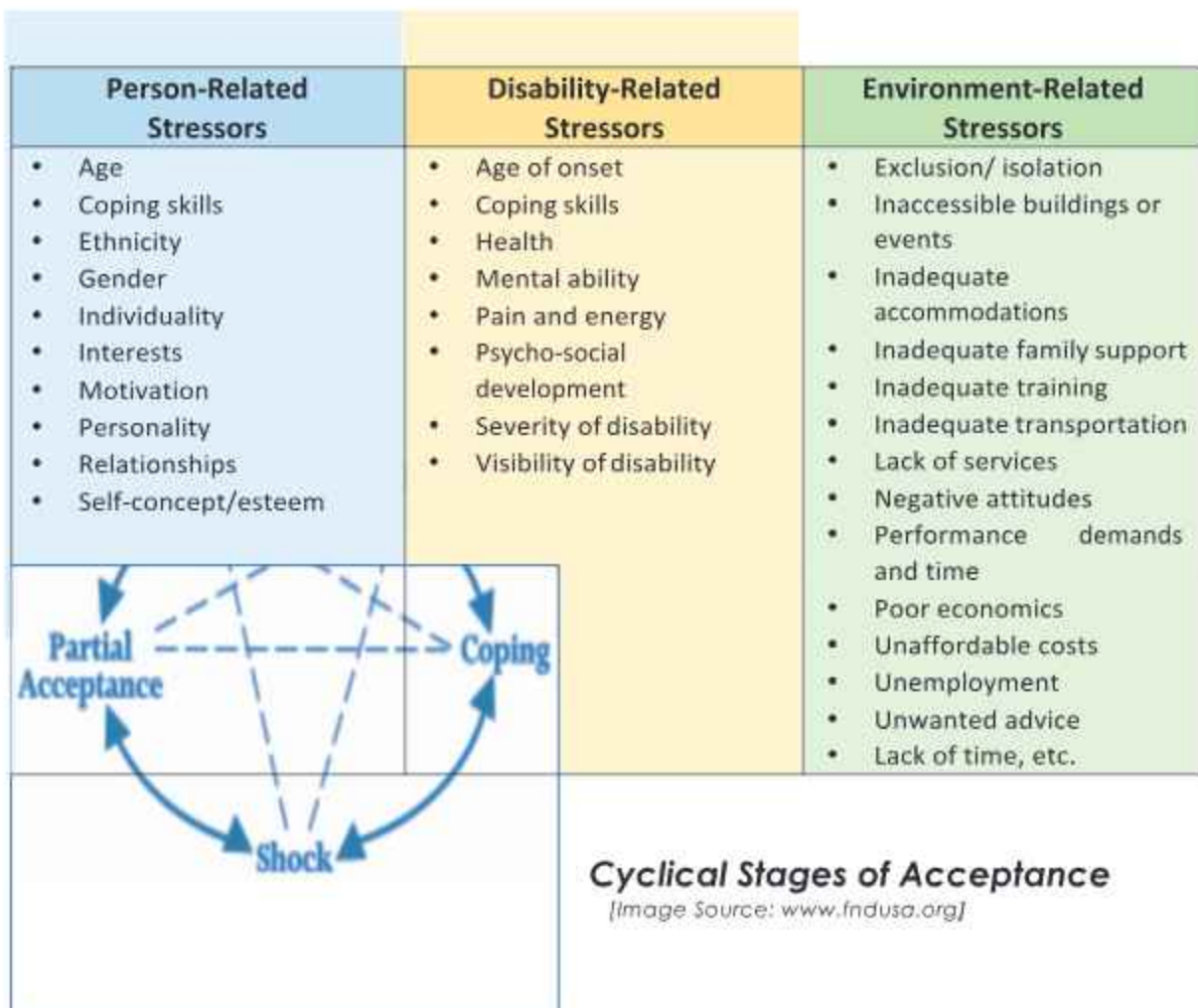
- Higher Stress Levels
- Restricted Social Life
- Time Restrictions due to Care Demands

Additionally, families may experience, sleep deprivation, lack of baby-sitters/caregivers, socio-economic disparities, negative effect on employment, effect on siblings, and social isolation and stigma among several others.

Physical Stress Signs	Mental Stress Signs
<ul style="list-style-type: none"> ■ absenteeism/tardiness ■ blushing ■ crying ■ drinking ■ headaches ■ rocking ■ running away ■ scratching ■ sickness ■ silences ■ slamming doors ■ sleeplessness ■ sloppiness ■ smoking ■ stammering ■ throwing ■ yelling/screaming 	<ul style="list-style-type: none"> ■ arguing ■ confrontation ■ confusion ■ depression ■ disorganized ■ disoriented ■ distracted ■ dullness ■ forgetfulness ■ mistakes/errors ■ poor logic ■ short attention span ■ sloppy work ■ slow thinking ■ talkativeness ■ withdrawal

Image Source: www.fndusa.org

Adjustment to disability is a complex interaction of coping with three main types of stressors:



Cyclical Stages of Acceptance

[Image Source: www.fndusa.org]

There are two main types of strategies that help mediate a person's stress.

Emotion –Based Strategies	Problem-Solving Strategies
<ul style="list-style-type: none"> • Maintaining optimism & resilience • Emotional regulation • Taking care of parental physical & mental health • Building sense of parental coherence • Building informal support networks • Advocacy and Assertiveness • Having family and individual leisure time • Learning positive parenting styles/strategies • Learning time & stress management strategies etc 	<ul style="list-style-type: none"> • Gathering information • Making decisions • Performing task-oriented actions • Planning • Family involvement • Resolving conflicts • Seeking social support • Seeking spiritual and professional support • Seeking clinical interventions • Getting formal education & training • Subscribing to newsletter/support groups • Networking with parent associations etc

13. Prevention of Disabilities

The main focus of awareness creation of disability is to generate knowledge, skills and interests towards prevention and inclusion of disabilities. Primary prevention and health promotion can reduce the burden of disease and disabilities.

What can we do to Prevent Disabilities?



Promote healthy lifestyles



Ensure Immunization, Nutrition, Clean Water and Sanitation



Facilitate Maternal & Child Healthcare



Facilitate Assistive Devices, Rehabilitation Services, etc



Build Capacity of Families & affected person



Facilitate Inclusion

3-Level Disability Prevention

PRIMARY PREVENTION

Preventing the disability from occurring.
For example: wearing a seatbelt & helmet to prevent accident.

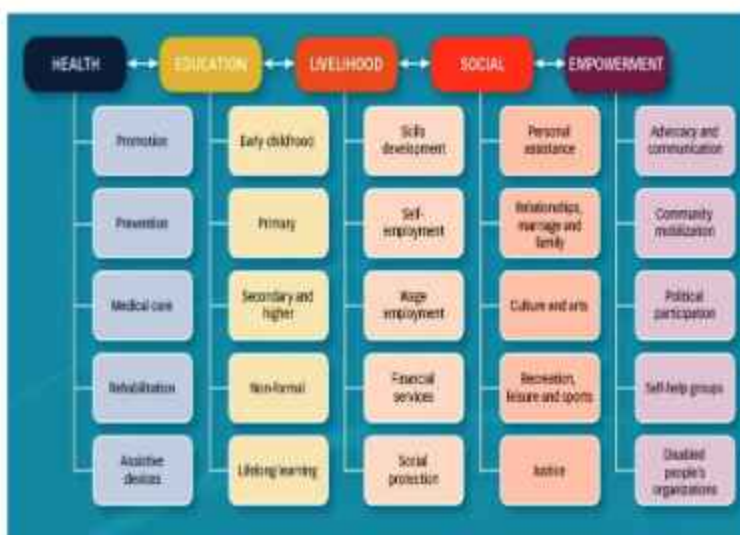
SECONDARY PREVENTION

Early intervention to reduce or stop impact of disability.
For example: Early identification and intervention of hearing loss.

TERTIARY PREVENTION

Reduce severity, stop/reduce associated conditions by therapy, medicine, surgery, etc.

14. Towards Community Based Inclusive Development



The image on the left shows the CBR matrix (WHO, 2010), that depicts the multi-sectoral strategy for long term inclusive development in collaboration with *divyangjan*, their families, other stakeholders and the community.

Community mobilization is the process of bringing together as many stakeholders as possible to empower communities.

15. Mobilizing Community and its Resources

Cooperation among community people is important to not just support individuals and families with disabilities, but also to develop the community's self-sufficiency and self-reliance. Community mobilization allows people in the community to:

- Identify needs and promote community interest
- Promote good leadership and democratic decision making
- Identify specific groups for undertaking specific problems
- Increase ownership, support and responsibility
- Identify all the available resources in the community
- Plan the best use of the available resources
- Enable the community to better govern itself
- Establishing collaborative partnerships
- Having increased community participation and sustainability
- More cost-effective programming
- Increase advocacy of concerns and services

Key Steps in Community Mobilization Cycle

Image Source: USAID
Strategies for
Community
Mobilization



Mobilization of Community Resources and Collaboration

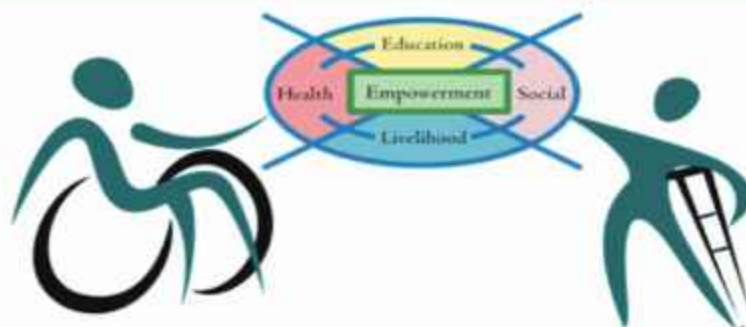


Why to Mobilize Community Resources?

Types of Resources for Community Mobilization

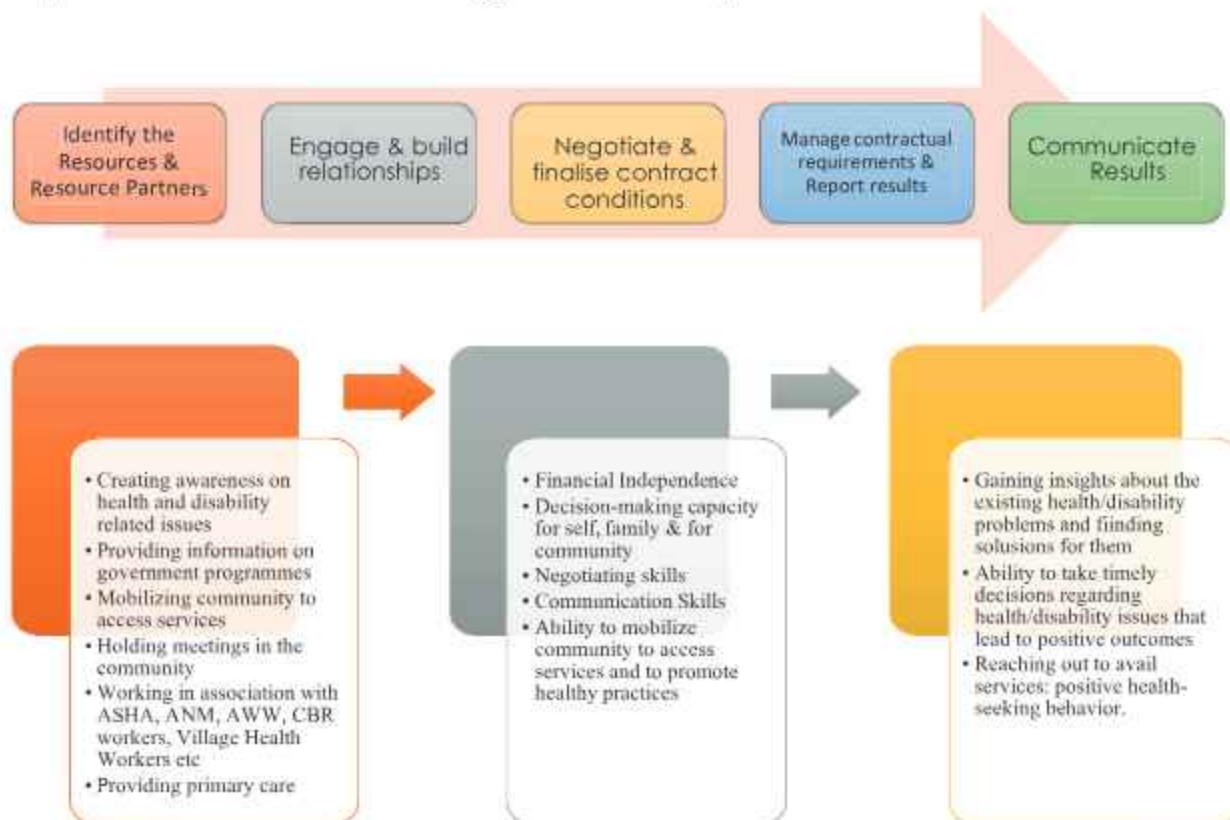
There are six types of resources available in the community:

- (1) **Moral:** Solidarity support, legitimacy and sympathetic support.
- (2) **Cultural:** Celebration of festivals, rituals, customs, etc.
- (3) **Financial:** Government budget, loans, bank, foundations, private sector, corporates, or individual philanthropists.
- (4) **Material:** Infrastructure and physical capital like office space, equipment and
- (5) **Human:** Volunteers, labour, experience, skills and expertise in a certain field.
- (6) **Goods & Services:** Transport services, computer equipment, office space, event venues, communication facilities, airtime (radio or TV), training, etc.



Planning for Resources and Collaboration

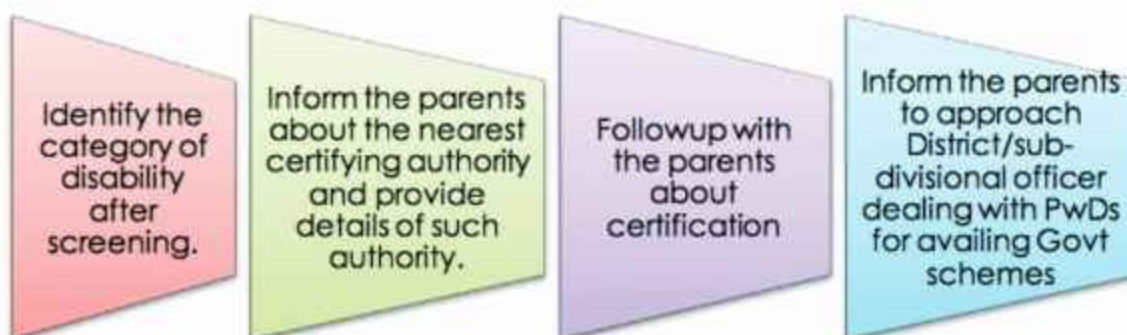
When developing the strategy for resource mobilization and collaboration, it is helpful to consider the following **process for implementation**:



Role at grass-roots level and Empowerment in Society (Illustration adapted from: Health and Population Perspectives, Issue 37(1&2), 55-56, 2014.

Professionals at grass-root level work exclusively in community settings and serve as a link between beneficiaries and service providers. This position helps them to identify the problems of the community people in a better way and to find solutions for these problems with community involvement and participation.

16. Disability Certification



17. Schemes and Policies Related to Early Intervention

The following are the Early Intervention schemes and policies of the Central Government. Every state may also have their own schemes and policies. You are advised to refer to the respective department's website for further details.

1) Disha – Early Intervention and School Readiness Scheme

An early intervention and school readiness scheme for age group of 0-10 years (Autism Spectrum Disorder, Intellectual Disability, Cerebral Palsy, Multiple Disability) covered under National Trust Act. For further details: http://thenationaltrust.gov.in/upload/uploadfiles/files/disha_eng.pdf

2) Rashtriya Bal Swasthya Karyakram (RBSK)

Rashtriya Bal Swasthya Karyakram (RBSK) is an initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. For further details, please visit: <https://rbsk.gov.in/RBSKLive/>

3) District Early Intervention Centres (DEIC)

The early intervention centers established at the District level across the country as DEIC to provide referral support to children detected with health conditions during health screening, primarily for children up to 6 years of age. For further details, please visit: http://www.nhmmp.gov.in/WebContent/RBSK/01-08-16/OG_DEIC.pdf

4) Deendayal Disabled Rehabilitation Scheme (DDRS)

Model projects of Pre-Schools & Early Intervention and training are funded under the scheme of Department of Empowerment of Persons with Disabilities, MSJ&E. For further details, please visit: [http://disabilityaffairs.gov.in/upload/uploadfiles/files/ddrs\(1\).pdf](http://disabilityaffairs.gov.in/upload/uploadfiles/files/ddrs(1).pdf)

5) Early Intervention Centres are being established at the National Institutes and the Composite Regional Centres under DEPwD, MSJE. This is a new initiative of the Department.

For your easy reference, following are the **website details** of concerned Central Government agencies:

Ministry of Social Justice of Empowerment (MSJ&E), Government of India

<http://socialjustice.nic.in/> | Twitter: @MSJEGO1

Ministry of Health and Family Welfare (MHFW), Government of India

<https://mohfw.gov.in/> | Twitter: @MoHFW_INDIA | Facebook: @MoHFWIndia

Ministry of Women and Child Development (MWCD), Government of India

<http://www.wcd.nic.in/> | Twitter: @MinistryWCD | Facebook: @ministryWCD

Ministry of Human Resource Development (MHRD), Government of India

<http://mhrd.gov.in/> | Twitter: @HRDMinistry | Facebook: @HRDMinistry

Department of Empowerment of Persons with Disabilities, MSJ&E, Govt. of India

<http://disabilityaffairs.gov.in/content/> | Twitter: @socialpwds | Facebook: @DoEPWDs

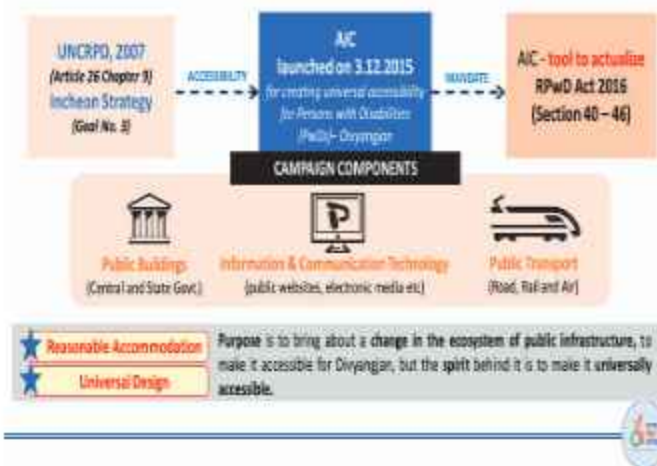
Rehabilitation Council of India, DEPwD, MSJ&E, Govt. of India

<http://rehabcouncil.nic.in/> | Facebook: @Rehabilitation



Building a Culture and Ethos of Accessibility Towards Universal Accessibility

Accessible India Campaign



Features of Accessibility in Built Environment

OUTDOOR FEATURES	INDOOR FEATURES
i. Accessible route/approach;	iv. Accessible reception;
ii. Accessible Parking - Reserved parking near entrance	v. Accessible corridors and tactile flooring;
iii. Accessible entrance to building - ramp;	vi. Accessible lifts with braille; auditory commands;
	vii. Staircases with durable handrails;
	viii. Accessible toilets;
	ix. Accessible drinking water provision;
	x. Auditory and visual signage

10 Key Accessibility Features in Buildings





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