

DIPLOMA IN COMMUNITY BASED REHABILITATION

Syllabus

Norms, Regulations & Course Content

2016



REHABILITATION COUNCIL OF INDIA

*(Statutory Body under the Department of Empowerment of Persons with Disabilities,
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1.1. Preamble

The magnitude of the problem of disability is vast and its impact is very severe on the individual, family and the community. People with disability exist in every society and a part of everyday life. They bring diversities and abilities to their communities. They are entitled to human rights as every other person and should be included equitably in all aspects of the society.

India is moving ahead in the 21st century in diverse areas of development. As a part of its global and national commitments, India has signed and ratified the UN convention on the rights of person with disability in 2006. This shows India's commitment to provide equal rights to persons with disabilities.

The World report on Disability released in 2011 identifies 15% of the global population as consisting of people with disability, with five people living in poverty in developing countries having disability. India is a home for a vast number of persons with disability which ranges between (70-100) million. Majority of them live in rural /tribal areas of India.

There are many programs launched by the governments such as DRC, SSA, NPOP, NPERDP and IEDC, IEDSS, RMSA which needs well-trained grassroots functionaries to work at the community level to prepare and include persons with disabilities in all the mainstream development programs. NGO's implementing CBR is also in need of well-trained grass root CBR functionaries. Besides, UNCRPD makes a paradigm shift on adopting rights based inclusive and holistic approach. This has to be translated in training programs such as in CBR. This approach calls for re-thinking and moving away from disability centered approach to sect-oral approach as stated in UNCRPD. This further requires training of generic Rehabilitation workers to work at grass root levels both at rural and urban (impoverished) to prepare people with disabilities for inclusion in the mainstream development program.

In India, Disability is a state subject and Panchayath subject, so many State Governments and Panchayath may take appropriate action to develop inclusive policies. In order to implement policies into action there is a need for huge army of trained Rehabilitation personnel to work at the grassroots. The proposed program aims to fulfill this requirement of the country. There is also a need for CBR trained personnel in other developing countries.

Therefore, it is necessary to develop basic rehabilitation services with cross disability focus to provide rehabilitation services without disintegrating children/persons with disabilities away from the families and their communities. In spite of all the previous efforts, there still exists a huge gap between the need and actual availability of services.

India has taken many policy related steps towards developing sustainable inclusion.

For example:

1. Signing and ratification of UNCRPD in the year 2006 and redesigning the existing policies and legislations to align with UNCRPD principles.
2. Inclusion of children with disabilities under Right to Education.
3. Inclusion of persons with disabilities in the National rural employment Guarantee scheme.
4. Inclusion of children with disabilities under special programs such as DPEP, Sarva Shiksha Abhiyana.
5. Inclusion of community based rehabilitation services for senior citizens under policy in the national policy for older persons through/by the recruitment of community based rehabilitation trained personnel in all community health centers (CHC) in India.
6. Inclusion of children with disabilities in ICDS under Udisha portage program a world bank assisted program for the capacity building of ICDS.
7. Inclusion of persons with disabilities under UGC acts at university level education.
8. Establishment of DRC/DDRC/CRC in rural areas and many programs other Programs to develop rehabilitation services for persons with disabilities in the rural areas.
9. Inclusion of persons with disabilities in 2001 and 2011 population census.
10. Grant in aid to Panchayath Raj institutions and NGOs to start strives for persons with disabilities with a focus on rural, tribal areas.

1.2. UNCRPD and CBR

Disability has always been a part of the human experience and an estimated 600 million people experience disabilities around the world. Each generation had a different approach towards people with disabilities although people with disabilities have often been excluded from mainstream society and denied their human rights. A person with a disability can experience various forms of discrimination, ranging from denial of educational opportunities, to segregation and isolation because of the imposition of physical and social barriers in the society. Such exclusion has severe effects on education, employment, housing, transport, socio-cultural and political life, access to public places and services, and on personal physical and mental health. The UN Convention of the Rights of People with Disabilities (CRPD) ratified in April 2008 by 20 countries provides a new instrument in ensuring equal opportunities for disabled people. It also may form a powerful tool to ensure further CBR development. In spite of some opposition towards CBR from Disabled Peoples' Movements - who see CBR personnel as much as an enemy as rehabilitation professionals at times - the CRPD makes room for Community-Based Rehabilitation (article 26) where it is stated "Support participation and inclusion in the community and all aspects of society, are voluntary, and are available to persons with disabilities as close as possible to their own communities, including in rural areas".

UNCRPD makes a paradigm shift on adopting a rights based inclusive and holistic approach. This has to be translated in training programs such as in CBR. This approach calls for re-thinking and moving away from disability centered approach to sect-oral approach. This further requires training generic Rehabilitation workers to work at grass root levels both

at rural and urban (impoverished) to prepare people with disabilities for inclusion in the mainstream development program.

In India, Disability is a state subject and Panchayath subject, so many a State Government and Panchayath may take appropriate initiative to develop inclusive policies. India passed a disability legislation popularly known as disability act of 1995 in which 3% of poverty alleviations funds must be allocated for persons with disabilities. Many pro-active state governments in India have adopted policies to expand the scope to reserve 3% of reservation of funds in all the development budgets for effective inclusion of person with disabilities into mainstream development programs.

In order to implement policies into action there is a need for huge army of trained Rehabilitation personnel to work at the grassroots. The proposed program aims to fulfill this requirement of the country. There is a need for CBR trained personnel in other developing countries.

As per Census 2001, there were 2.19 Crores (2.13% of the Population) persons with disabilities. The National Sample Survey Organization (NSSO) in its 58th rounds during July-December 2002 estimated that the number of persons with disabilities in India was 1.85 Crores (1.85% of Population). As per 2011 census data the population of India is 1210 millions.

This shows a growth percent of 1.64% (<http://censusindia.gov.in/>) We need at least one person for 100 persons with disabilities to deliver basic rehabilitation services in community based rehabilitation or two persons one male and one female rehabilitation workers to work in each village Panchayath of 5000 population. As per this calculation we need thousands of community based rehabilitation personnel to work at the grass root level to identify, prepare and include person with disabilities into mainstream development programs to ensure they lead a life with dignity and respect.

1.3. The development of CBR at global and national levels

In India CBR is implemented since 70s. The unique feature of development of CBR is: it is constantly rediscovering itself to align with socio cultural and economical development of Indian Society. In India CBR works closely with Panchayath raj system as a majority of people with disabilities live in remote rural and tribal areas. Understanding the lack of referral services in the rural areas, CBR builds on simple locally appropriate technologies, which is based on indigenous knowledge and skills of the community. The major strength of India is its well-knit family system and communities. CBR in India has a special focus on partnership with families and people with disabilities in planning and management of CBR through strategies such as self help mutual groups, micro credit activities, self and group advocacy forum, Citizen Charters, CBR partnership markets, tele-medicine and tele-rehabilitation so on and so forth.

In Indian context CBR is a community driven, community owned, community based inclusive development strategy, which identifies, enables, empowers and prepares for sustainable inclusion of persons with disabilities into the community leading to life of dignity

and meaningful inclusion into the mainstream development. CBR is not an end in itself, but it is an approach or means to ensure inclusion and equal rights and opportunities.

India has well-knit communities with strong families, which acts like a backbone to CBR. The propose program aims to trains to persons from the community to work at the community level to identify, prepare and include persons with disabilities in the mainstream development programs though which persons with disabilities enjoy their rights as citizens and contributive as valuable0 members of the nation.

CBR operating within community development must adopt a rights based participatory approach to disability inclusion through rehabilitation, poverty reduction, social inclusion and equity of opportunities

In order to make the above a reality, the need of the hour is to develop skilled CBR professionals in the community level equipped with knowledge on CBR philosophy, skills and right oriented action towards persons with disabilities and disabling barriers, able to address the causes of disability and bring people with and without disabilities together equally with an overarching contribution to poverty reduction and improved quality of life for all.

The Diploma in CBR aims to meet this need in the society with an emphasis on rural communities.

2.1. Aims and objectives

Vision: Protection of rights of person with disabilities and inclusions of persons with disabilities in all the mainstream development programs through community based rehabilitation strategies.

Goals: The goal is to develop adequately trained and rightly oriented personnel to facilitate effective and sustainable inclusion of person with disabilities in the mainstream development program including poverty alleviation programs.

Objectives:

- a) To understand the concept of disability as stated in UNCRPD.
- b) To analyze the causes of disability genetic, prenatal, and pre- natal, post natal and environmental.
- c) To understand the association between poverty and disability and further discuss the primary and secondary causes.
- d) To understand the concept of Community based Rehabilitation built on rights based approach.
- e) To identify, assess, plan individual rehabilitation program and train the person to make optimum use of the potential in each person.

- f) To build strong partnership with members of disability and promote advocacy groups of individuals with disability/ families with members with disability, ensure rights are protected.
- g) To build the capacity of learners to understand the association of ageing and disability, plan, provide services for older persons/ senior citizens at the community level.
- h) To enable learners to understand the specific issues concerning/ girls/women with disabilities and plan gender specific programs using CBR strategy.

2.2. Expected competencies and skills

It is expected that “the aspiring CBR professional shall acquire the following competencies and skills at the end of training to work at community level in a population of approximately 5000 or in a village Panchayath level. The list of skills and competencies are enlisted to address the critical needs of all persons with disability across all age groups .The CBR professional is basically a grass root level generic worker who is expected to address the needs of most vulnerable groups of persons with disability without showing any discrimination. Therefore the training is planned to provide necessary basic knowledge, skills and attitudes, which is inclusive, rights based, holistic and generic.

1. Can demonstrate Skills necessary for identification of all disabilities (as stated in UNCRPD) through adopting methods such as surveys ,village disability registers etc. across all age groups in (a community of 5000 population) Village Panchayath or urban ward level).
2. Can explain various causes for incidence, prevalence of disability and identify programs to prevent primary and secondary disability.
3. Can demonstrate skills necessary for mapping community resources.
4. Can understand the role of therapeutic support in arresting the impairment and augmenting the human capacities with the support of assistive technology.
5. Can demonstrate skills necessary to plan individual rehabilitation plans/individual educational plans and implement the same.
6. Can demonstrate skills necessary to plan CBR program for all persons with disabilities across different age groups.
7. Can demonstrate skills necessary for effective inclusion of persons in all the mainstream development programs.
8. Can demonstrate skills and competencies required to create a community awareness programs to eliminate barriers and promote disability friendly and discrimination free society.
9. Competency to develop activities to address the most vulnerable groups of persons with disabilities in the community.
10. Can demonstrate skills to develop specific activities for the empowerment of women with disabilities and inclusion of girls and women with disabilities in the mainstream development programs within a community.

11. Can demonstrate skills necessary to plan skill training, ability training to Include persons with disabilities in the mainstream employment through diverse strategies such as self employment, small group employment micro-credit, self -help mutual support groups and placements in public and private enterprises.
12. Can demonstrate skills necessary for effective communication and documentation in the Indian languages, English and computer skills/ICT.
13. Can develop self-advocacy and group advocacy for the protection of citizen rights and human rights of persons with disabilities.
14. Can demonstrate skills, competency in applying social work, principles and methods.

2.2A-Career Opportunities

- a. After completion of DCBR course a student can work in both private and government sectors.
- b. There are many private and public supported rehabilitation programmes.
- c. A student can also work in rehabilitation programmes initiated by NGOs.
- d. The Panchyath Raj institution (PRI) allocates 3% of the development budget for the rehabilitation of people with disabilities. This gives vast employment opportunities for students to work within PRI system at the panchayath level.
- e. Candidates after completion of DCBR can also work at Community Health center under NPOP (National Policy older persons) programme (No. T .20112/0'1/2012-NC, Ministry of Health and Family welfare).
- f. Persons with disabilities are included under the existing policies and schemes of states/central government, some of the programs are: Under Mahatma Gandhi Rozgar Yojana (NAREGA)/rural BPOs/ parliament members Adarsh Gram Yojana/ and other right to work programs. Candidates after completion of DCBR can work as rehabilitation/vocational trainers for effective inclusion of persons with disabilities in the existing programmes. Similarly many corporate companies', IT industries, Private Companies are employing Persons with Disabilities under the inclusion policies and CSR activities. DCBR trained persons are required to extend support as vocational trainers at pre service and in-service level.
- g. There is also a huge demand for trained professionals to work at Primary health care, private hospitals. Rehabilitation centers/tele rehabilitation grassroots level support services/ Home based services, care centers for elderly managed by government /private agencies.

3.1. Eligibility for admission to the Course: A candidate shall be eligible for admission to the Diploma Course in Community Based Rehabilitation provided the candidate has passed 10+2 years of schooling (completed minimum 18 years of age) at the beginning of the academic year. Preference will be given to Parents of people with disability, teachers, diploma nurses, health workers, CBR workers, special teachers.

3.2. Students who have completed RCI recognized Diploma/PG Diploma of one year and above duration are eligible for entry at the second year. Those who have completed B.Ed., Medicine and other allied health professionals such as physiotherapists, Speech therapists, psychologists, occupational therapists and graduate nurses are eligible to lateral entry. However there is no paper exemption given and students must appear for all papers in both theory and practical examination.

3.3 Modes of Offering: Face to face mode

4. Duration- Two academic years (including 3 months internship in the community under the supervision of Panchayath or urban level authority.

5.1 Infrastructure at the study centre/course offering institution applicable to both modes of education

- Miniature models of assistive devices.
- Assistive technology and ICT for persons with disabilities.
- Computers, internet, white board, LCD projector, PS.
- A library with CBR resource kit, Portage manuals, Disabled village children and other publications given in the references under each paper.

5.2 Faculty –

Group A: Subjects - Theory

Paper Code	Title	Recommended Qualifications & Experience
DCBR-1	Introduction to Disability	1)Master Degree in Social Sciences, Medicine, Psychology, Social work, Sociology, Economics, Education, Allied health sciences such as Physiotherapy, Occupational therapy, Speech therapy with Degree/Diploma in Disability. 2)MDRA/MSW/PGDCBR/PGDDT/BMR/BRS(MR)/BRSc./BRT/B.Ed(sp ecial education) or equivalent qualification, Bachelor degree in speech and hearing, physiotherapy, degree or diploma in occupational therapy and with 5 years of CBR experience.
DCBR-2	CBR and Approaches	1)Master Degree in Social Sciences, Social work, Sociology, with Degree/Diploma in Disability/ CBR with 5 yrs experience in Disability Rehabilitation 2)MDRA/MSW/PGDCBR/PGDDT/BMR/BRS(MR)/BRSc./BRT/B.Ed(sp ecial education) or equivalent qualification.
DCBR-3	Early identification and intervention	1)Master Degree/ Diploma in Early Intervention or Degree in Medicine, physiotherapy, occupational therapy, Speech therapy with Degree/Diploma in Disability. 2) M.Sc(DS.EI),PGDEI, BPT, B.Sc ASLP/ PGDCBR/ PGDDT/ BMR/

		BRS(MR)/ BRSc./BRT/ with 5 years experience in Disability Rehabilitation
DCBR-4	Therapeutic interventions, Assistive Devices, Assistive technology & ICT for persons with disabilities	1)Master Degree in Social Science, Medicine, Psychology, Social work, Sociology, Economics, Education, Allied health science such as Physiotherapy, Occupational therapy, Speech therapy 5 years experience in Disability Rehabilitation. 2)MDRA/MSW/PGDCBR/PGDDT/BMR/BRS(MR)/BRSc./BRT/B.Ed(special education) or equivalent qualification, Bachelor degree in speech and hearing, physiotherapy, degree or diploma in occupational therapy, Prosthetics & Orthotics with 5 years experience in Disability Rehabilitation
DCBR-5	Inclusive Education	M.Ed –Special Education/ M.A or M.Sc Psychology with B.Ed in Special Education/D.Ed in Special Education with 5 yrs experience in Disability Rehabilitation
DCBR-6	Skill Development and Mainstream Employment	Master Degree in Social Sciences with Diploma in Vocational Training with 5 yrs experience in Disability Rehabilitation
DCBR-7	CBR for older person with disabilities including other vulnerable groups	Master Degree -MDRA/MSW/MBA with degree or Diploma in Disability Rehabilitation/Disaster Management with 5 yrs experience in Disability Rehabilitation
DCBR-8	Social work principles and documentation	Master Degree -MDRA/MSW/MBA/MHRD/LLM with degree or Diploma in Disability Rehabilitation/ with 5 yrs experience in Disability Rehabilitation
DCBR-9	Social Inclusion – Support systems, special instruments /treaties	MSW/Master Degree in Social Sciences with degree or Diploma in Disability Rehabilitation/ with 5 yrs experience in Disability Rehabilitation

Group B: Subjects - Practicals:

Paper Code	Title	Recommended Qualifications & Experience
DCBR	A study of mainstream development	Course Supervisor

PRAC-1	programs	
DCBR PRAC-2	Early identification and intervention or special or inclusive education	1) Master Degree/ Diploma in Early Intervention or Degree in Medicine, physiotherapy, occupational therapy, Speech therapy with Degree/Diploma in Disability. 2) M.Sc(DS.EI), PGDEI, BPT, B.Sc ASLP/ PGDCBR/ PGDDT/ BMR/ BRS(MR)/ BRSc./BRT/ with 5 years experience in Disability Rehabilitation
DCBR PRAC-3	A study on assistive technology & therapeutic interventions	1) Master Degree in Social Science, Medicine, Psychology, Social work, Sociology, Economics, Education, Allied health medical science such as physiotherapy, occupational therapy, Speech therapy/ MTech/BTech/M.Sc IT with Degree/Diploma in Disability or 5 years experience in Disability Rehabilitation.
DCBR PRAC-4	A study on right to work/livelihood opportunities and vocational/job related skill development and inclusion into mainstream employment programs	Master Degree in Social Sciences with Diploma in Vocational Training with 5 yrs experience in Disability Rehabilitation
DCBR PRAC-5	Project report based on internship	Course Coordinator and course Supervisor jointly networking with NGO/GO/Institutes for 3 months placement. Internship report has to be submitted along with agency certificate.

5.5. Staff Requirements:

Core Faculty: Minimum Two faculty members with the following qualification:

Qualification: 1) Masters in allied discipline - Disability Rehabilitation Administration, Disability Studies- Early Intervention, Psychology, Social work, Sociology, Economics, Education (special and inclusive), Medicine, Allied Health Science such as Physiotherapy, Occupational therapy, Speech therapy.

Supervisor: Supervisor must have a post graduate qualification in any disability discipline/Social Sciences with Degree/Diploma in Special Education & 3 years of experience in CBR.

Guest Faculty (part time): Guest faculty must have a specialization in Disability Areas and CBR as per Subject Specialist for DCBR Programme.

6. Course Structure:

Title of the papers and scheme of examination

Theory Paper No.	Title	Theory marks			Practical marks			Hours
		Internal (min/Max)	External (min/max)	Total (max)	Internal (min/max)	External (min/max)	Total (max.)	
1	Introduction to Disability	30 (12/30)	70 (12/30)	100	-	-	-	60
2	CBR and Approaches.	30 (12/30)	70 (12/30)	100	-	-	-	60
3	Early identification and intervention.	30 (12/30)	70 (12/30)	100	-	-	-	60
4	Therapeutic interventions, Assistive Devices, Assistive technology & ICT for persons with disabilities	30 (12/30)	70 (12/30)	100	-	-	-	60
5	Inclusive education	30 (12/30)	70 (12/30)	100 max	-	-	-	60
6	Skill Development and mainstream employment.	30 (12/30)	70 (12/30)	100 max	-	-	-	60
7	CBR for older person with disabilities including other vulnerable groups	30 (12/30)	70 (12/30)	100 max	-	-	-	60
8	Social work principles and documentation	30 (12/30)	70 (12/30)	100 max	-	-	-	60
9	Social Inclusion – Support systems, special instruments /treaties.	30 (12/30)	70 (12/30)	100 max	-	-	-	60
Practical 1	Practical paper-1 (A study of mainstream development programmes)	-	-	-	50 (25/50)	100 (50/100)	150	100 hrs
2	Practicum paper-2 (Early identification and intervention and	-	-	-	50 (25/50)	100 (50/100)	150	100 hrs

	special and inclusive education)							
3	Practical paper -3 (A study on assistive technology & therapeutic interventions)	-	-	-	50 (25/50)	100 (50/100)	150	100 hrs
4	Practical paper 4 A study on right to work/livelihood opportunities and vocational/job related skill development and inclusion not mainstream employment programs	-	-	-	50 (25/50)	100 (50/100)	150	100 hrs
5	Project report based on internship report				200 (100/200)	-	200	3 month s

The DCBR consists of nine theory papers and five practical papers followed by a three month internship. The total marks for theory papers are 900 and total marks for practicum including internship report are 800.

Grand total marks 1700 for two years.

Scheme of Examination

As per RCI Scheme of Examination

THEORY

PAPER I - Introduction to Disability

60 Hours.

Course Content & Objectives:

After completion of this paper, the trainee will be in a position:

- To demonstrate skills necessary for identification of all disabilities.
- To discuss the causes of association between poverty and disability
- To create awareness on primary prevention of disabilities.
- To able to explain the stages of disability concept and its nature.

Unit 1 - Disability and development -15 hours

Sl. No	Topics
1.1.1	Concept of disability, definitions and classification.
1.1.2	Bio psycho social status of the persons impairment
1.1.3	Role of institution (family, religion education etc)
1.1.4	History of rehabilitation and philosophy –charity mode, rights mode
1.1.5	Service providing agencies - (Government /Nongovernment)

Unit 2 –Magnitude and prevalence of Disability-15 Hours

Sl.No	Topics
1.2.1	Incidence and prevalence of disability.
1.2.2	Enumeration methods and door to door survey
1.2.3	Screening tools (Needs assessment staircase – WHO manual)
1.2.4	Categories of disability, poverty and disability relationship
1.2.5	Myths and misconceptions about disability

Unit -3- PREVENTION OF DISABILITIES-15 Hours

Sl. NO:	Topics
1.3.1	Nutrition and disability.
1.3.2	Nutrition supplement programs
1.3.3	Community sensitization program and cultural factors

1.3.4	Importance of various factors causing disability
1.3.5	Role of puppet shows, street plays in creating awareness

Unit -4- UNCRPD - Indian context-15 hours

Sl.No.	Topics
1.4.1	Constitutional provisions/legislation concerning with persons of disability
1.4.2	Rights of persons with disabilities
1.4.3	Polices & programs
1.4.4.	UNCRPD comparative analysis with Indian legislations
1.4.5.	Incheon strategies

Summary of paper 1

Unit	Unit-1	Unit -2	Unit-3	Unit-4	
Title	Disability and development	Magnitude and prevalence of Disability	PREVENTION OF DISABILITIES	UNCRPD - Indian context	Total
Number of hours	15	15	15	15	60

Paper 2- CBR and Approaches

60 Hours.

Course Content & Objectives:

After completion of this paper, the trainee will be in a position:

- To understand the basic concept, principles, philosophy and genesis of Community Based Rehabilitation (CBR).
- To understand and analyze the relevance of Community Based Rehabilitation for different socio cultural and economic conditions such as urban, rural, tribal, hilly regions
- To demonstrate competency in developing CBR programs for all age groups of disabled people

Unit 1 - Introduction to CBR-15 Hours

Sl.No	Topics
2.1.1	Basic principles, philosophy and genesis of Community Based Rehabilitation.
2.1.2	Community Based Rehabilitation and Institutional Based Rehabilitation.
2.1.3	Community Based Rehabilitation for different socio cultural and economic conditions such as urban, rural, tribal, hilly regions.
2.1.4	Different approaches in Community Based Rehabilitation (such as single disability, multi disability, and single sectoral, and multi sectoral approaches.)
2.1.5	Community Based Rehabilitation strategies- steps in safe guarding the rights of persons with disabilities

Unit 2 - Independent /interdependent Living -15 Hours

Sl.no	Topics
2.2.1	Philosophy of independent living
2.2.2	Interdependent living –importance of social support.
2.2.3	Activities of daily living and domains of independent management.
2.2.4	Multidisciplinary support – independent living
2.2.5	Vocational training – on the job training– liasing with self -help groups/DPO's

Unit-3 Barrier free aspects -inclusive environment -15 Hours

Sl.No.	Topics
2.3.1	Barriers in the physical and social environments. Attitudinal barriers.
2.3.2	Concept of Empowerment envisaged under UNCRPD
2.3.3	Adaptation of environment to facilitate inclusion by removing or minimizing the barriers Programs for inclusion of Persons with disabilities social /cultural/sports and other activities
2.3.4	Role of social network in empowerment.
2.3.5	Universal Design – inclusive environment.

Unit-4 Schemes and Agencies -15 Hours

Sl.No.	Topics
2.4.1	Benefits/concessions –State/Central
2.4.2	Schemes/Programs/CSR activities – PMAGY,NAREGA,DDRS,ADIP & ICDS
2.4.3	Microcredit Groups/SHG's/NHFDC
2.4.4	service providing agencies govt/non govt
2.4.5	Placement agencies/Employment exchanges

Summary of Paper -2

Title	Introduction to CBR	Independent /interdependent Living	Barrier free aspects - inclusive environment & Empowerment of disabled people through CBR	Schemes and Agencies
Hours	15	15	15	15
Total	60			

Paper-3 Early Identification and Intervention

60 Hours

Course content and objectives:

After completion of this paper, the trainee will be in a position:

- To understand the basic principles of early identification, and early intervention.
- To understand the use of assessment scales in portage - the functional development of the child and use locally available materials for intervention.
- To screen developmental mile stones with reference to functional development of the child and delay in development and able to council family.

Unit-1 - Early Identification and Intervention -15 Hours

Sl.No	Topics
3.1.1	Early Identification – Screening at PHC level, hospital, community. Rural Health Mission
3.1.2.	Early intervention methods – (Upanayanam)
3.1.3.	Domains in child development- normal child development and deviations
3.1.4.	Basic Principles in Portage Early Childhood development.
3.1.5	Role of ICDS, PHC and pre- schools in early intervention.

Unit-2 - Skills used in Early Intervention-15 Hours

Sl.No	Objectives
3.2.1	Screening tools/Formats/Assessment
3.2.2	Usage of Indian Portage.
3.2.3	Techniques in teaching and learning.
3.2.4	Handling skills for parents/caregivers
3.2.5	Identification of residual potential in child and planning intervention

Unit- 3 Intervention with reference to specific disabilities-15 Hours

Sl.No	Objectives
3.3.1	Early identification and intervention with children with visual impairment.
3.3.2	Early intervention with children with Autism spectrum disorder , children with epilepsy, ADD ,ADHD disabilities, Multiple disabilities& intellectual disabilities
3.3.3	Early intervention with children with hearing and communication disabilities.
3.3.4	Early intervention with children with Neuro- muscular/ motor /movement disabilities.
3.3.5	Early intervention with children with children with learning disabilities.

Unit-4 Counseling -15 Hours

Sl.no	Topics
3.4.1	Counseling principles and methods
3.4.2	Partnership with families in planning early intervention.
3.4.3	Formation of parents self help, mutual aid groups for early intervention.
3.4.4	Preparation and resource support for Inclusion of children in Anganwadi /pre schools.
3.4.5	Care givers Burden- Support groups

Summary of Paper -3

UNIT – No:	Unit -1	Unit - 2	Unit -3	Unit -4
Title	Early identification and intervention.	Skills used in early intervention.	Intervention with reference to specific disabilities	Counseling
Hours– (60)Theory	15	15	15	15

Paper-4 Therapeutic Interventions, Assistive Devices, Assistive Technology & ICT for Persons with Disabilities

60 Hours

Technology lies at the heart of most aspects of inclusive development and the fulfilment of rights for persons with disabilities. Without technology, basic rights such as access to education and employment and participation in social, cultural and political aspects of society cannot be realized for persons with disabilities. The current draft of the Sustainable Development Goals (SDGs) provides special attention to persons with disabilities in a number of areas and includes references to technology and access to the benefits of technologies throughout as a mechanism for the achievement of the post-2015 goals and targets. (ICT conference 2014 –UN DESA concept note).

ICT can make significant contribution in changing the quality of life of persons with special /diverse needs. ICT includes computer assisted, mobile assisted technologies. The use of computers, tablets, and smart phones in assisting people with disabilities is increasing across the globe. Assistive devices are aids, which are helpful to improve the activities of daily living to increase the functional ability.

Assistive technologies, which are enabled by machine applications, can improve the quality of performance of persons with disabilities from home environment to work environments. ICT is a great support to further enhances the performance of persons with disabilities in divers environments. The above technologies must be seen complimentary and supportive to the overall goals of rehabilitation rather seeing in isolation.

Course Content & Objectives:

After completion of this paper, the trainee will be in a position:

- To acquire basic knowledge about structure & function of human body necessary in practice of rehabilitation therapy.
- To acquire knowledge on the role of assistive technology in early intervention, education, vocational training and employment and inclusion into social/cultural activities
- To understand the basic principles and scope of AT, AD and ICT for persons with disabilities
- To understand and apply principles required in use of computers, tablets, smart phones for persons with disabilities to enhance the performance and quality.
- To understand the use of existing ICT, AD and AT available in the context of CBR and inclusive education.

Unit 1-Tenets of Rehabilitation Science - 15 hours

Sl. No	Topics
4.1.1	Introduction to human body, difficulties/limitations arising due to disability.
4.1.2	Common medical conditions leading to disability
4.1.3	Identification problems/disability and referral
4.1.4	Uses of development aids
4.1.5	Preparation of simple low cost development aids using locally available materials
4.1.6	Training parents to use development aids for early stimulation

Unit-2 Assistive devices for persons with disability -15 Hours

Sl.No	Topics
4.2.1	Introduction to concept of assistive devices. Anthropometric measurement and making simple assistive devices with locally available materials
4.2.2	Assistive devices for persons with visually impairment
4.2.3	Assistive devices for the hearing impaired persons
4.2.4	Assistive devices for persons with locomotor disability
4.2.5	Assistive devices for persons with mental retardation
4.2.6	Assistive devices with persons with multiple disabilities.

Unit-3 Assistive technology and ICT-15hrs

Sl.No.	Topics
4.3.1	Introduction to ICT and AT for persons with disabilities
4.3.2	Introduction and use of computers ,tablets and smart phones
4.3.3	Hands on training in using ICT and AT for persons with disabilities
4.3.4	Role of assistive technology in early intervention, education, vocational training and employment and inclusion into social/cultural activities
4.3.5	Quality of performance of persons with disabilities from home environment to work environments.

Unit-4 Physiotherapy, Occupational Therapy and Speech Therapy -15 hours

Sl.No	Topics
4.4.1	Basic concepts and principles in Physiotherapy.
4.4.2	Assess functional problems
4.4.3	Basic concepts and principles in Occupational Therapy.
4.4.4	Basic concepts and principles in Speech Therapy.
4.4.5	Basic programs to improve activities of daily living.

Summary of the Paper 4:

Unit	Unit -1	Unit-2	Unit-3	Unit-4
Title	Tenets of Rehabilitation Sciences.	Assistive Devices for persons with disability	Assistive technology and ICT.	Physiotherapy, Occupational and Speech Therapy
Hours-60 Theory	15	15	15	15

Paper-5 Inclusive Education

60 Hours

Course content & objectives:

To demonstrate skills necessary to plan and implement individual plans for the disabled under inclusive education and special education.

General learning Objectives:

- To enable the students to understand the global policies and national commitments on protection of educational rights of children with special needs and principles of inclusive education.
- Preparation of children with special needs for effective inclusion in the mainstream schools / special schools.
- List various approaches to be adopted in teaching learners with special/diverse needs.
- Demonstrate expertise in teaching plus curricular skills to learners with special/diverse needs.
- Demonstrate techniques of teaching language skills to learners with special/diverse needs.
- Demonstrate methods of teaching mathematics to learners with special/diverse needs.
- Demonstrate methods of teaching any two subjects in the general core curriculum to learners with special/diverse needs.
- Demonstrate methods of ICT based learning for children with special needs in inclusive and special classrooms settings.

Unit-1 Introduction to inclusive education-15 Hrs.

Sl.No:	Topic
5.1.1	Philosophy, goal and national policies concerning inclusive education.
5.1.2	Factors that affect learning.
5.1.3	Important difference between integrated education and inclusive education.
5.1.4	Developing curriculum based criterion referenced schedules.
5.1.5	Special Education on –history, philosophy & current status.

Unit-2 Basic principles in Inclusive Education and Special Education-15 Hrs.

Sl.No:	Topics
5.2.1	Basic principles of learning theories and holistic development of the child.
5.2.2	Application of cooperative learning skills in classrooms.

5.2.3	Modification of establishing base line/current curriculum with SOMA features.
5.2.5	Individual educational programs.
5.2.6	Educating parents, siblings and individuals with disability.

Unit-3 Inclusion into Co-curricular/Open Curricular activities-15 Hrs.

Sl .No:	Topics
5.3.1	Inclusion of children with disabilities into music activities.
5.3.2	Inclusion of children with disabilities into arts activities.
5.3.3	Inclusion of children with disabilities into sports activities
5.3.4	Inclusion of children with disabilities into other creative activities such as debates/essay/etc.

Unit-4 Content cum Methodology-15 Hrs.

Sl .No.	Topics
5.4.1	Learning stage -sensory motor, concrete operation and abstract thinking (logical operations).
5.4.2	Compensatory instruction for concept development and learning. Pedagogy of Inclusive Education.
5.4.3	Methodology in two subjects (general curriculum) classes 1-7th std.
5.4.4	Learning approaches in inclusive, special /open school system.
5.4.5	ICT in education and its application for persons with special needs.

Summary of the Paper- 5

Unit	Unit -1	Unit- 2	Unit -3	Unit-4
Title	Introduction to inclusive education.	Basic principles in inclusive education and special education.	Inclusion into co-curricular/open curricular activities.	Content cum Methodology
Hours- 60 Theory	15	15	15	15

Paper-6 Skill Development and mainstream employment

60 Hours

Overall objectives:

- To demonstrate competency in planning and implementing skill training for the disabled people and finding placements in the community.
- To demonstrate the ability to plan skill training activity, organize successful and gainful employment for the disabled people.
- To demonstrate the ability to conduct vocational assessment, identify and find suitable jobs and train the disabled accordingly.
- To know about various employment prospects and it could be of any type such as self-employment, small group employment, small scale business, large scale business, placement in private sectors and public sectors.

Unit-1 Key issues and principals involved in developing successful and gainful Employment-15 Hrs.

SI. No	Topics
6.1.1	Implement pre vocational skills in different domains such as hygiene, money concept, social relationships, prehensile coordination, and time management by using pre vocational curriculum such as TALC (Training adolescence to live in the community) and other similar PVS/ability training curricula with adaptation to the individual needs and socio-cultural and economic conditions.
6.1.2	Community mapping for employment resources from family trades, local trades and marketing opportunities.
6.1.3	Identify trades in which the person can be gainfully employed.
6.1.4	Vocational assessments and programming.
6.1.5	Tapping community resources for employment.

Unit -2 Planning and training of persons with disability-15 Hrs.

SI.No.	Topics
6.2.1	Planning and management of SHGs of adults with disabilities.
6.2.2	Train youth with disabilities in planning and management micro- credit activities.
6.2.3	Plan vocational training in the chosen trades by using neighborhood resources.
6.2.4	Placements, marketing linkages, bank loans to start self and group employments to set-up micro credit groups of persons with disabilities, and or to include persons

	with disabilities in the existing self help micro credit groups.
6.2.5	Understand key principles involved in developing an IRP (Individual rehabilitation plans) and the implementation of IRPs with necessary documentation.

Unit-3 Different ministries/Departments and other service providers -15 Hrs.

Sl.No:	Topics
6.3.1	National Trust
6.3.2	Ministry of Labour and VRC's.
6.3.3	Ministry of Social Justice and Empowerment – NI's
6.3.4	Ministry of Rural development/MHRD
6.3.5	NGO's/DPO's /Parent organizations

Unit 4: Employment market, types of employment and Avenues-15 Hrs.

Sl. No.	Topics
6.4.1	Labour and employment – definition, under employment, over employment and unemployment.
6.4.2	Employment – Sectorial categorization–primary, secondary, tertiary.
6.4.3	Types of employment – open, supported, self, sheltered and group
6.4.4	Apprenticeship ACT /on the job training/EPF contributions
6.4.5	Entrepreneurship / NHFDC schemes

Summary of Paper-6

Units	Unit -1	Unit -2	Unit-3	Unit-4
Title	Key issues and principals involved in developing successful and gainful employment.	Planning and training of persons with disability.	Different ministries and service providers	Employment market, types of employment and Avenues
Hours(60) Theory	15	15	15	15

Paper-7 CBR for older Person with Disabilities including other vulnerable groups

60 Hours

General learning Objective

- To enable the learners to understand the basic issues concerning ageing and disabilities experienced by older persons and plan CBR services for older persons within the community.
- To learn about the services required by older persons with disabilities including mobility training, Alzheimer's, Dementia, Management of Arthritis, Back Pain, Management of Fractures, Management of Hearing and Seeing difficulties, post operative care, home nursing for elderly Persons with Severe Disabilities, arrangement of social security, development of senior citizen forums and self help groups for mutual support, focus on women with disabilities in older population.
- To train the learner to understand to address the needs of most vulnerable groups of persons with disabilities living in difficult environments.

Unit-1 Ageing and disability-15 Hrs.

Sl .No.	Topics
7.1.1	To understand the association between aging and disability.
7.1.2	Disabling condition that affects elderly population.
7.1.3	Social security for older persons. Senior citizens care and protection act /NPOP
7.1.4	Women/girls with disabilities and planning CBR strategies.
7.1.5	Aging and planning CBR strategies.

Unit -2 Home Care Assistance and Rehabilitation for elderly population with Disability -15 Hrs.

SL.NO:	Topics
7.2.1	Introduction to Home care for elderly persons with disability.
7.2.2	Home care assistance and First aid.
7.2.3	❖ Functional Assessment ❖ Needs assessment ❖ Daily living skills

7.2.4	<ul style="list-style-type: none"> ❖ Mobility training ❖ Use of assistive devices - crutches, wheel chairs, cane. Etc.
7.2.5	<ul style="list-style-type: none"> ❖ Behavior modification techniques ❖ Epilepsy Care ❖ Incontinence ❖ Pressure sores

Unit-3 CBR for most vulnerable groups in the Community-15 Hrs.

Sl. No.	Topics
7.3.1	<p>Person with disability and HIV/</p> <p>Introduction:</p> <ul style="list-style-type: none"> ❖ Prevention & Primary care for HIV infected individuals. ❖ Psychosocial issues and support
7.3.2	Understand the reasons for abandonments of Children/Persons with Disabilities.
7.3.3	Create sensitizations on the evils of abandonments of Children/Persons with Disabilities.
7.3.4	Develop community based support groups for abandoned persons. Refer abandoned persons to shelter care provided by government and non-government organizations
7.3.5	Disasters manmade/natural Arrange help /aid.

Unit-4- Empowerment of women with disabilities -15 Hrs.

Sl. No.	Topics
7.4.1	Awareness on the rights of girls/women with disabilities.
7.4.2	Create awareness on the prevention of abuse /violence against girls / women with disabilities.
7.4.3	Form special self-help groups/advocacy groups of women with disability for the protection and empowerment.
7.4.4	Develop gender sensitive CBR services for women with disabilities without disintegrating from families.
7.4.5	Facilitate communities for effective inclusion in the mainstream development programs.

Summary of Paper -7

Units	Unit 1	Unit 2	Unit 3	Unit 4
Title	Ageing and disability.	Home care assistance and rehabilitation for elderly population with a disability.	CBR for most vulnerable groups in the community.	Empowerment of women with disabilities
Hours(60) Theory	15	15	15	15

Paper-8 Social Work Principles and Documentation

60 Hours

General learning objectives:

- To understand Social work philosophy & social work values.
- To understand and apply the basic principles of social work in the context of CBR
- To undertake CBR work documentation.

The paper shall focus on the following topic during the training programs

- Communication cycle
- Type of communications
- Levels of communication
- Factors that influence communication
- Models of communication
- Techniques required for effective communication
- Channels or lines of communication in an organization
- Communication network in an organization
- Goals and skills required for effective therapeutic communication
- Barriers of communication
- Advantages of effective communication
- Purpose of documentation
- Common documents used in CBR and special education
- Various methods of documentation
- Cross cultural communication
- Communication in rural and tribal areas

UNIT -1-Introduction to Social work -15 Hrs.

SL.No.	Topics
8.1.1	Social work philosophy and tenets.
8.1.2	Social work methods (primary & secondary)
8.1.3	Social Stigma towards disability & social work view
8.1.4	Social work goals & Social work values
8.1.5	Social case work and group work

Unit-2 Introduction to Advocacy & Rights – 15 Hrs.

SL.No.	Topics
8.2.1	Social work principles in safeguarding the human rights of persons with disabilities.
8.2.2	Social work principles in the community organization and mobilization.
8.2.3	To critically analyze the existing strategies such as self-help groups and develop self-help groups of persons with disabilities, aged persons with disabilities, families with a member with disability.
8.2.4	Self-advocacy, group advocacy strategy and apply the same in community based rehabilitation.

Unit-3-Communication -15 Hrs.

SL.No.	Topics
8.3.1	Basic principles in building collaborative relationships that emphasize trust and respect
8.3.2	Key principles required to Communicate effectively using simple, concise and direct language
8.3.3	Enhance the ability for active-listening skills to anticipate and avoid common misunderstandings
8.3.4	Different modes of communication using print electronic, internet, social media etc...
8.3.5	Communication in rural and tribal areas.

Unit-4 Documentation – 15 Hrs.

Sl. No.	Topics
8.4.1	Purpose of documentation, various methods of documentation
8.4.2	Common documents used in social work and CBR
8.4.3	Genogram/pedigree chart and interpretation
8.4.4	Audio-visual documentation
8.4.5	Scales in documentation – SOAP, SOMA, Family support /resource scale.

Summary of Paper 8

Units	Unit-1	Unit 2	Unit-2	Unit-3
Title	Introduction to Social work	Introduction to Advocacy & Rights	Communication	Documentation
Hours Theory – Total (60)	15	15	15	15

PAPER-9 Social Inclusion – Support systems, special instruments / treaties

60 Hours

Overall objectives:

- To understand the importance of social inclusion, legal framework back up and importance of special instruments /treaties.
- To understand and be competent with the Indian laws and Acts for the disabled.
- To be able to access statutory safeguards/legal provisions to safe guard the rights of the disabled people.
- To be able to liaise effectively with the legal/local institution for effective rehabilitation of the disabled people.

UNIT – 1 Institutions/Cells implementing legal provisions-15 Hours

SI. No.	Topics
9.1.1	Family court and legal cells
9.1.2	Chief Commissioners in disability- Central & State
9.1.3	District level & Block level (e.g. Local level committee under National Trust)
9.1.4	State human rights commission – Introduction and functioning.
9.1.5	State District functionaries e.g. Commissioner, Director Disability Welfare

UNIT -2 Establishing Societies /NGO's as per law-15 Hours

SI. No.	Topics
9.2.1	Society registration
9.2.2	Advantages/Importance in Disability Rehabilitation.
9.2.3	Networking of NGO's under CBR
9.2.4	Role of NGO's /Strategies/Procedures to be followed
9.2.5	Collateral agencies, Charitable Institutions , Trusts and planning and management of District CBR societies & CBR Units

Unit- 3 Statutory Provisions-Incentives related Acts-15 Hrs.

SI. No.	Topics
9.3.1	Rules and Norms for disabled people & non PWD's marriage encouragement and mainstreaming
9.3.2	Scholarships – Procedures /Pensions, Education, nonworking allowance
9.3.3	Legal guardianship-NT Act
9.3.4	Property rights & Tax benefit concessions
9.3.5	Special Instruments e.g. Writer support, preferential transfers.

Unit -4 Human Rights and Organizations working with the disabled people-15 hrs

SI.No:	Topics
9.4.1	UN framework on human rights
9.4.2	Quality of life – envisaged under human rights
9.4.3	Sexual abuse and protection
9.4.4	Parivaar/DPI- National federation of parents associations.
9.4.5	International organizations such as Rehabilitation International, GPDD, etc

Summary of Paper 9

Units	Unit-1	Unit-2	Unit-3	Unit-4
Title	Institutions/Cells Implementing legal provisions	Establishing Societies /NGO's as per law	Statutory Provisions-Incentives related Acts	Human Rights and Organizations working with the disabled people
Hours Theory – Total (60hrs)	15	15	15	15

Group B – Subjects – Practicals**Practical Papers**

Sl. No.	Title of the practicum paper	Marks	Number of Hours
DCBR-P1	A study of mainstream development programs	150	100
DCBR-P2	Early identification and intervention or special or inclusive education	150	100
DCBR-P3	A study on assistive technology & therapeutic interventions	150	100
DCBR-P4	A study on right to work/livelihood opportunities and vocational/job related skill development and inclusion into mainstream employment programs	150	100
DCBR-P5	Project report based on Internship	200	3 Months

Practical record must contain

- Name, student ID, address, phone no., email, fax
- Title of the assignment, Objectives, methodology, place, date of field study stated for each assignment.
- Data, photos, videos, questionnaire samples must be enclosed for each assignment. (Students are welcome to enclose a CD of the field videos)
- A case study must include the following: name, age, challenges, nature of disability, impact of disability on daily living skills, education, mobility, communication, social relations, etc.
- To prepare public awareness program using format given by CBR network. (DCBR - format A, (format should be added)
- To plan interventions, which are locally, appropriate to develop a barrier-free community using DCBR and Portage manual.
- Practical record can be prepared in the regional languages. The course supervisor must enclose a summary of the report in English.

The student must prepare each assignment after fieldwork. Endorsement from the panchyath or head of the institution is compulsory for each assignment as a proof that a student has actually conducted field study. This should contain name of the person, designation, data of study, signature.

**Practicum Paper-1 A Study of mainstream development programmes
-100 Hrs.**

Sl. No	Content
1	Prepare discussion reports (any of the 3) with community members, service providers such as special schools, integrated schools, inclusive schools, policy makers such as Panchayath Raj, elected representatives, district disability welfare officers, PHC doctors, to understand their attitudes towards persons with disabilities and critically analyze and report the attitudinal differences.p-1.
2	Prepare discussion reports (any of the 3) with the organizations of persons with disability, self help organization of persons with disability, organization of women with disability, organization of aged disabled persons, organization of parent's organization and document the vision, mission, goals, objectives and activities and impact. P-1
3	To visit rural development programs/poverty alleviation programs and report the number of persons with disabilities who are included in the poverty reduction program and critically analyze why people with disability are not fully included in poverty alleviation programs.p-1
4	To conduct mapping of a community with 1000 population and document the prevalence of disability using door to door survey and village disability registers approaches.p1
5	To visit one Primary health care centre and document the programs initiated for the prevention of disability and the number of people benefited under these programmes.p-1
6	To critically document the cultural factors in a given community on various issues concerning prevention of disability such as child rearing practices, consanguineous marriages, faiths and beliefs in managing early childhood illness, age of marriage of girls, attitudes towards safe motherhood practices etc.p-1
7	Visit inclusive Anganwadi centers, schools and special schools and document the program planned by the schools for children with disabilities.
8	To conduct a village based survey to understand the problems addressed by senior citizens with disabilities
9	Visit three public buildings and document various measures taken in order to make the environment barrier free.p-1
10	Visit CBR program

Sl.No	Content
1	Visit CBR program,
	a. Critically document: the vision, mission, goals, objectives, budgets and strategies of the program and critically analyze to what extent persons with disabilities are included in the developmental programs (could be anywhere urban or rural).
	b. Critically document the awareness of persons with disabilities and families of persons with disabilities on their rights to be included into the mainstream society namely primary health care, primary education, rural developmental programs, employment opportunities using the existing facilities etc.
	c. Critically analyze the relevance of single disability, cross disability, single and multi Sectoral approach in CBR.
	d. To document the referral services used by the CBR programme and list the strength and weaknesses of the resources available.
	e. To analyze various strategies adopted by the NGOs to mobilize resources for CBR and various measures taken to sustain CBR.
	f. To study and document to what extent women with disabilities, children with disabilities in the age group of 0-5 and 6-14 years and disabled persons are included in the CBR programme.

Practicum Paper-2 Early Identification and Intervention and Special and Inclusive Education)

100 Hours

Sl.No.	Content
1.	To develop data base on disability in a village panchyath using door to door survey or Village disability register approach, Prepare a need assessment staircase for at least for 10 persons with disability referring to Helander needs assessment staircase or Village disability registers.
2	To conduct a screening of children in an Anganwadi center using WHO screening forms or Portage and Denver Development screening tools of 10 children in the age group of 0-6 years
3.	To establish base lines and plan half yearly, quarterly, monthly, weekly and daily individual educational program using Portage CRD in 5 areas of development for a minimum of 6 children below 5 years of age (a. 3 below the age of 0-3 years; b. 3 below the age of 3-6 years).
4	To prepare Individual rehabilitation plan using the IRP tools developed by cbr network for 10 persons
7	<p>To teach 5 activities in any domain to six persons with different disabilities using the teaching and learning techniques.</p> <p>Take one persons from each of the following disabilities: Mental retardation, Hearing and communication difficulties, visual impairment, locomotor disability, learning disability, autism, and mental illness.</p> <ul style="list-style-type: none"> • Reward assessment • Reward training • Task analysis • Prompting-verbal, gestural, physical • Shaping • Imitation • ABC Analysis
8	Visit a CBR program and document various programs/activities planned to rehabilitate mentally ill persons.
9	Prepare a community awareness program on rights of persons with disabilities as stated in UNCRPD using street play or puppet shows.
10	Conduct counseling sessions for 2 adults with a disability or families with a member with a disability to enhance the acceptance and completion of IRP for the inclusion into normal daily living activities.

Practical Paper-3 A Study on Assistive Technology & Therapeutic Interventions

100 Hours

- To prepare a developmental aid, a miniature kit –p3
- To develop a practical record with photographic technical designs of different orthosis including instructions.
- To develop a practical record with photographic technical designs of different prosthesis (enclose the actual picture of a child using mobility aids in the community)
- To prepare a practical record explaining various therapeutic supports provided by the students in a community (physiotherapy, yoga)
- Develop loco-motor training devices by using local resources (prepare miniatures)

Sl. No.	Content
1	Visit a special schools/rehabilitation centers for different types of disabilities (including deaf blind, low vision and cerebral palsy) as stated in UNCRPD and prepare a visit report
2	Prepare a brief report minimum 2 persons applying the following skills: <ul style="list-style-type: none"> • Precane skills • Sighted guide techniques • Use of clues and landmarks for efficient orientation and mobility training • Use of long cane techniques • Preparation of tactile and auditory maps • Stimulation under blind fold
3	Collect and transcribe 2 stories/poems/episodes into Braille.
4	Visit inclusive school /CRC /BRC and prepare a report on various adaptations, teachers have made in the contents, methods, materials and evaluation for effective inclusion of person with different disabilities.
5	Prepare, plan and implement the following skills for three persons with different types of disabilities in the community: <ol style="list-style-type: none"> a. Toilet training b. Bathing c. Dressing d. Personal grooming e. Eating skills f. Posture and gait collection
6	Observe under supervision in a special school/ inclusive school /resource centre/CBR /rehabilitation centers and prepare a record on all the assistive devices such as hearing aids, calipers, parallel bars, wheel chairs, prone boards, corner seats,

	Braille slates, Stylus, Abacus, Taylor frame, Thermoform machine, geometrical aids, magnifiers, simulating glasses, Montessori sensorial /, arithmetic and language development materials Jaws software, Trinetra software and other equipments and materials with their design, description and use of material.
7	Teach under supervision in a special school/ inclusive school /resource centre/CBR and prepare a record on all the assistive devices such as broilers, Braille scales, Stylus, Abacus, Taylor frame, Thermoform machine, geometrical aids, magnifiers, simulating glasses, Montessori sensorial /, arithmetic and language development materials Jaws software, Trimetric software and other equipments and materials with their design, description and use of material
8	Prepare a multi sensory learning material kit using locally available materials to teach children/persons with a disability. (Refer to TCPD play activities, portage materials)
9	Prepare a simple cardboard jointed body figure (flexion to measure the angle of deformity of the various joints.
10	<ul style="list-style-type: none"> • Demonstrate and document how to measure the muscle power of different grade spasticity as mild, moderate and severe. • Prepare a practical record on correct positioning and movements of a child with spasticity, a child with polio deformities, and a person with amputated limbs.
11.	Visit an orthotic and prosthetic workshop and prepare a practical session required on various machines and tools and its purpose.
12	Prepare miniature models of all the developmental aids such as gaiter, parallel bars, walkers, prone board, standing frames, corner seat, adapted spoons, tumblers etc (applying latest technique).
13	<p>Prepare a case study on individual needs and rehabilitation plans for at least 1 person for the following:</p> <ol style="list-style-type: none"> a. A person with cardiopulmonary problems. b. A person with HIV/AIDS. c. A person with cancer. d. A person with childhood diabetes. e. A person with autism. f. A person with attention deficit hyperactivity disorder. g. A person with learning difficulty. h. A person with muscular dystrophy. i. person with spinal injury

Practical Paper-4 A study on right to work/livelihood opportunities and Vocational/Job related skill development and inclusion not mainstream employment programs

100 Hours

Sl.No.	Content
1	To visit micro-credit groups and critically analyze to what extent persons with disabilities are benefited from the micro-credit groups.
2	Visit a counseling centre and prepare a report on various activities conducted in the centre for mentally ill persons.
3	Assess 5 persons above 14 years to understand the prevocational needs and plan a intervention and document the same using TALC.
4	To visit self-help groups of persons with disability, document and visit 5 families of an adult with disability, covering one in each disability. Document the participation of person with disability in supporting the family activities
5	Visit three families with a member with disability and document various measures taken to make home environment friendly in all the places including the toilets, kitchen, living rooms, bed room etc.p-1
6	To establish baseline and prepare a prevocational plan using packages such as TALC at least for 10 persons with different disabilities above 16 years.
7	To study five persons with disabilities integrated into family trades in the rural areas.
8	To visit national rural employment guarantee scheme and prepare 5 case studies of person with disabilities included in MNREGA
9	To visit Sreeshakthi self help groups organized by the women and child development departments and prepare 5 case studies of women with disabilities included in women self help groups.
10	To visit a village Panchayath and prepare case study of 4 senior citizens with disabilities (2 men and 2 women) on the challenges they have in leading life with dignity and respect
11	To prepare a 4 case studies of abandoned persons with disabilities in the community involved in street begging etc
12	Visit a village community and prepare a report on social stigma and misconceptions about disabilities

Project Report based on Internship

(Duration -3 months)

Internship Report

Overall objective: The internship gives an opportunity for the learner it implements all the knowledge skills in a consolidated and holistic way at the community level. The internship is conducted in the same village panchyath where in the students has conducted field work for assignments. The purpose of internship is developing CBR program to find solutions and address the challenges in a village panchyath based on the knowledge and skills. This needs cooperation of the panchyath members and training institute. The need for collaboration with NGOs is desirable.

The internship is conducted in student's own community or closer to his community. Most of the CBR interventions are of awareness creation nature and need to work in partnership with families, schools, primary health care, rural development programs and student is expected to build disability friendly communities .However to plan rehabilitation interventions social, educational, therapeutic there is a need for financial resources either given by a NGO or Village panchyath. Therefore there is a need to form a village level CBR action group(CBR KriyaSamithi) and seek support. Though we do not expect students to find solutions to all problems of persons with disabilities during internship we expect the internship will lay a firm foundation for the students to work as CBR personnel at grassroots level making the optimum use of mainstream development programs.

At the grassroots level planning CBR needs holistic and inclusive approach. This is a critically important for the effective implementation of CBR. This can be achieved by an internship of six month where in a student works closely in a village panchyath developing CBR program. During this period tremendous awareness and sensitization is created in the community. Internship is of two types:

1. Student chooses a NGO and implements CBR either by starting a new CBR programme or by strengthening the existing programme.
2. Students can also chose a village panchyath closer to their community and plan a new CBR and implement the same by the support of families, communities and Panchayath members.

Final Report must contain

- Name, address, phone no., email, fax name of the supervisor in the report
- Prepare a CBR project proposal for a village Panchayath with goals, objectives, planned activities, expected results, budget and resource mobilizations
- Brief case studies of Persons at least 50 (all disabilities) representing all disabilities, age group and gender.

- A case study must include the following: name, age, challenges, nature of disability, impact of disability on daily living skills, education, mobility, communication, social relations, etc.
- Prepare IRP for 50 persons with disabilities in a gram Panchayath or at a urban ward level of 5000 population for the following age groups 0-6, 6-18, and 60+
- Create public awareness, screening and identification of persons with disabilities and developing a needs assessment for people and IRP in rural or urban areas of 5000 people.
- Conduct mapping of a community of five thousand populations to identify the existing resources/development programs/policies.

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Other Resources:

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2. Care on the Cheap — a Video film on Community care of disabled people in Britain – TCHU, ICH, London.
3. CBR in Kenya — Reaching Out; a Video: TCHU, Institute of Child Health, 30 Guildford Street, London WC1N1EH.
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6. Child to Child Activities in Mexico — a 65 Slides set —includes many other activities for understanding disabled children and for testing seeing hearing —available from Hesperian Foundation, USA.
7. Family Care of Disabled Children — a 30 Slides set —Very simple ways in which families can help disabled children do more, using only what is available in the home - available from The Hesperian Foundation, USA.
8. Films available from Central Bureau of Health Education, New Delhi:
 - a) Accident Don't Happen (Film No.205)
 - b) Arrest Leprosy (Film No.140)
 - c) Protection against Leprosy (Film No.146)
 - d) It is curable (film No.148)
9. Health Care by the people - a Video film on David Werner's Community Health project in Piaxtal Mexico -TCHU, ICR, London.
10. Helping your Neighbor and a Disabled Child — 24 Slides —Skits by the Projimo Team and village children to show villagers how the rehabilitation programme started and how it works — Hesperian Foundation, USA.
11. It can be done — a video film on Action for jobs — TCHU, ICH, London.
12. More than care — a Video on a Home based rural programme of care, TCHU, and London.
13. Seva Trust Community — a Video Film about an Indian girl who goes to live in a Jacaranda Seva Trust Community for disabled people - TCHU, ICH, London.
14. Seva—in—Action — a Video film on a project for the treatment of rural disabled living

in Bangalore District — TCHU, ICR, London.

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CBR Manuals

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3. Disabled Village Children-David Werner.
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Dr.Indumathi Rao
5. Manual for teachers on inclusive education-Dr.Indumathi Rao
6. Nothing about Us without Us-David Werner.
7. Helping Health Care Workers Learn-David Werner.
8. Where there is no doctor-David Werner.
9. Ability Training-Helander .E
10. Inclusive Education-Johnson.T
11. From Panchayath Raj to Parliament-Helander.E and Dr.Indumathi Rao
12. IRP tools for CBR- Dr.Indumathi Rao
13. IEP tools for inclusive education- Dr.Indumathi Rao
14. Teacher made tests on reading ability – Dr.Indumathi Rao & Smrithi Swarup
15. Planning and management of NGOs- Dr.Indumathi Rao et al
16. UNCRPD Talking convention-CBR NETWORK
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