



**Government of Odisha**

Department of Social Security & Empowerment of Persons with Disabilities

No. 6680 /SSEPD  
SSEPD-DA-6-SCHM-0014/2019

Dt. 29-7-19

From

**Susanta Mohapatra, IAS**  
Director

To

**Collector, Balasore/Bhadrak/Jajpur/Kendrapara/Jagatsinghpur/ Cuttack/ Anugul/Keonjhar/Debagarh/Sundergarh/Jharsuguda/Baragarh/ Nuapada/ Bolangir/Sonepur/Boudh/Nayagarh/Puri/Gajapati/ Rayagada/Malkangiri**

**Sub: Setting up of DDRC in uncovered districts**

Sir,

In inviting a reference on the above subject, I am to say that proposal for setting up of new District Disability Rehabilitation Centre (DDRC) in your district may please be formulated to ensure comprehensive rehabilitation services to Persons with Disabilities on priority basis. The detailed guideline for establishment of DDRCs is enclosed herewith for ready reference. The district authority are required to form District Management Team (DMT), identify implementing agency, provide suitable rent free accommodation, opening of bank account etc. as per above guidelines. The Complete DDRC proposal along with enclosures may please be furnished to this department by 26<sup>th</sup> August 2019 for its onward transmission to Government of India for release of funds within stipulated time.

This may kindly be given top priority.

Yours faithfully,

**Encl: As above**

  
Director

Memo No. 6681 /SSEPD Dated 29-7-19

Copy forwarded to DSSO, Balasore/Bhadrak/Jajpur/Kendrapara/Jagatsinghpur/ Cuttack/ Anugul/Keonjhar/Debagarh/Sundergarh/Jharsuguda/Baragarh/Nuapada/Bolangir/Sonepur/ Boudh / Nayagarh/Puri/Gajapati/ Rayagada/Malkangiri for information and necessary action. They are instructed to ensure submission of proposal within stipulated time.

  
Director

## ESTABLISHMENT OF DISTRICT DISABILITY REHABILITATION CENTRES IN THE IDENTIFIED DISTRICTS

### 1. Background

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

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

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

### 2. Objectives of setting up of DDRC

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

- ❖ Survey & identification of persons with disabilities through camp approach; facilitation of disability certificate, bus passes and other concession/facilities for persons with disabilities; assisting in the issue of Unique Disability Identity Card (UDID) to divyangjan in the District;
- ❖ Awareness Generation for encouraging and enhancing prevention of disabilities, early detection and intervention as well as maintaining data of organizations working for the empowerment of persons with disabilities in the district etc..
- ❖ Early Intervention and facilitating Insurance Schemes launched by the National Trust/Department for Divyangjan;

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

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

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

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

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

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

**(ii) Procedure for formation of DDRC:**

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

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

Important functions of the DMT are as follows:

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

**(b). Coordination – Nodal officer (DDRO)**

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

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

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

The implementing agency should preferably be

i) a Red Cross Society

or

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

or

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

The functional District Red Cross Societies/registered agencies of State Health Department should be given priority over other NGOs. The DMT through local publicity could

call for proposals from the interested registered organizations and then identify the most appropriate among them.

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

**(iv) Accommodation for DDRC:**

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

Minimum space required is 400 sqm approx.

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

**(v) Staff for DDRC:**

**a) Implementing agency of DDRC to engage staff on contract**

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

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

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

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

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

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

S. No	Posts & qualifications	Honorarium after using multiplication factor of 2.50 (Rs)	20% higher amount of honorarium for DDRCs in the specified areas/States as per note below.
1	Clinical Psychologist (M.Phil in clinical Psychology/MA in Psychology preferably with 2 years experience in the field of disability rehabilitation )	20500	24600
2	Sr Physiotherapist/Occupational Therapist ( Post Graduate in related field with 5 years experience	20500	24600
3	Orthopedically Handicapped Sr. Prosthetist/Orthotist - Degree in Prosthetic and Orthotic preferably from National Institute with 5 yrs experience or a diploma in Prosthetic & Orthotic with 6 years experience.	20500	24600
4	Prosthetist/Orthotist technician ITI trained with 2/3 years experience	14500	17400
5	Sr Speech Therapist/Audiologist (Post graduate in related field/B.Sc (Speech & Hearing)	20500	24600
6	Hearing Assistant/Junior Speech Therapist - Diploma in Speech & Hearing with knowledge of hearing aids repair/ear mould making	14500	17400
7.	Mobility Instructor - Matriculation + Certificate/ Diploma in Mobility	14500	17400
8.	Multipurpose Rehabilitation Worker (10+2 with diploma in CBR/MRW course or one year diploma course in early childhood special education with two years of experience)	14500	17400
9.	Accountant cum clerk cum storekeeper (B.Com/SAS with 2 years experience)	14500	17400
10	Attendant cum Peon cum Messenger (VIII class Pass )	9500	11400
11	Field & Publicity Assistant. (Graduate)	14500	17400
12	Vocational Counselor cum Computer Assistant ( Graduate )	14500	17400

**Note:-**

- i) Honoraria to the Rehabilitation professionals of DDRCs located in North-Eastern States, Andaman & Nicobar Islands, Lakshadweep, Puducherry, Daman & Diu, Jammu & Kashmir and Himachal Pradesh, Uttarakhand, Left Wing Extremism affected areas as well as the districts of any State adjoining the international borders of the country shall be entitled to 20% more than the honoraria prescribed in respect of the DDRCs of the rest of the country.

ii) The DDRCs are proposed to be set up in identified districts where it may be difficult to find staff with matching qualification initially. Hence, in case qualified rehabilitation professionals are not available for a while, until such professionals become available, DMT may recruit persons having lower qualification. However, non technical persons should not be appointed against technical manpower.

iii) DDRO/Nodal officer (One of the district officials included in the DMT to monitor & coordinate the activities of the DDRC) will be given Rs. 200/- p.m. as honorarium.

**(b) Admissible grant in aid**

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

*(Rupees in lakhs)*

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

**5(i) Funding under arrangement under the scheme**

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

**(ii) Submission of Proposal for grant in aid**

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

**(iii) Norms relating to financial management**

All transactions/payments under all Central Sector Schemes will be covered under Public Financial Management System (PFMS). All the NGOs/VOs seeking Grant-in-Aid have to

mandatorily use Expenditure, Advance and Transfer (EAT) module of PFMS for disbursing funds received from Government of India.

(a) In the cases where Central Financial Assistance (CFA) has been sanctioned, the grant will be released in one instalment upon the Grantee Institutions/ Organisation providing complete evidence of achieving the specified objectives and expenditure incurred supported by Audited Statement of Expenditure.

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

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

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

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

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

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

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

**(c) Maintenance of accounts**

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

- (d) Proposal for grant in aid for staff honorarium etc. under SIRPDA scheme to be submitted with DM recommendation during the first quarter of the financial year. Grant in aid upto 75% of the estimated expenditure for the year may be released as 1<sup>st</sup> instalment. Remaining admissible grant may be released on receipt of State Govt. Recommendation & audited accounts & utilization certificate in respect of previous instalment/grant.
- (e) Proposal for grant in aid be submitted with prescribed documents 'on line' i.e. 'e-Anudaan' portal of the Department.

**6. (i) Role of State Government**

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

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

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

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

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

**a) Equipments required for functional DDRC**

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

These equipments may be procured from the Artificial Limbs Manufacturing Corporation of India (ALIMCO), Lucknow Road, Kanpur – a central public sector enterprise under the Department. In case if ALIMCO is not in a position to procure/provide, the procurement of equipment may be done by the

Implementing Agency under the supervision of the DMT as per procedure prescribed under provisions of General Financial Rules.

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

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

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

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

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

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

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

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

- One day workshop of District collectors & State govt. officials –  
Sensitization to disabilities issues, *Main Provisions of PWD Act*, DDRC scheme and effective delivery through them, sharing of *best practices*.
- 3 day training for Nodal officers of Implementing agency & Social welfare officers –  
DDRC Scheme, processing of proposals under ADIP, DDRCs etc, maintenance of accounts and other records, facilities, concessions & Schemes for *Persons with Disabilities* & and important referral addresses
- Up to 15 days *in-service* training for technical and professional manpower in DDRCs – focus especially on early intervention and follow up, New techniques of treatment & rehabilitation
- Special courses for *in-service* training – Courses which include bridge courses for under-qualified manpower of DDRCs- for 6 months to 1 year sandwich programmes
  - Workshop on Communication skills and preparation of educative material

- Repairs & maintenance of aids & appliances for Technical staff, multipurpose workers
- Exposure visits to Composite Regional Centres (CRC)/ National Institutes and DDRC doing excellent work.

The training programmes would range from one to three day sensitization workshops to one week to 15 days refresher training to 1 year sandwich courses for improving the skills of under qualified manpower in DDRCs, while the participants could vary from Senior Govt. officials like Secretary/Directors/District Collectors to District welfare officers/nodal officer to professionals and other manpower deployed in DDRCs.

The cost for training of manpower of DDRC would broadly be based as follow.

Travel, boarding lodging expenditure in respect of DDRC manpower deputed for training will be met from the contingency head of the grant in aid released to DDRC under SIPDA scheme while the training cost will be met by the concerned National Institutes.

Within the broad framework of the DDRC Scheme, DDRCs run by NGOs as implementing agency shall be free in the matter of manpower selection as per the provision of the scheme under the overall supervision of the District Management Team. In addition, minor modification in the conditions prescribed under the Scheme is also permissible in consultation with the Department to increase State ownership, effective functioning and streamlining the processing of grants-in-aid to DDRCs under State/District authorities.)

## 7. Action plan of DDRCs

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

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

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

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

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

### Assessment/Fitment

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

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

### (iii). **Promotion of Prevention**

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

Lack of appropriate nutrition is also known to be a major factor causing disability. Studies indicate that iodine deficiency impairs brain development significantly. Various

micronutrient deficiencies account for a large percentage of low birth weight babies in India. The inadequate gestational weight gain is associated with poor mental and mortal development of surviving infants. Malnutrition during infancy and early childhood is believed to have adverse effects on both physical growth and intellectual performance in later life. Vitamin A deficiency is a major cause of blindness among children.

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

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

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

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

(iv) **Early Intervention**

Early identification of disabilities and early intervention is very important for avoiding secondary disabilities and ensuring successful integration of children with disabilities with other children at all levels. Hence each DDRC must set up an early intervention unit. Parents of children with disabilities must be encouraged to visit these. In addition,

low cost intervention using locally available material should be suggested to them for continuing the intervention at place of their residence.

(v) **Barrier Free Environment**

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

(vi). **Promoting Education/Vocational Training/Placement**

Education, training and employment are important components of rehabilitation.

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

**23. Performance reports**

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

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

**I. Physical disability.—**

**A. Locomotor disability** (a person's inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculo skeletal or nervous system or both), including—

(a) "**leprosy cured person**" means a person who has been cured of leprosy but is suffering from—

(i) loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity;

(ii) manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;

(iii) extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation, and the expression "leprosy cured" shall construed accordingly;

(b) "**cerebral palsy**" means a Group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth;

(c) "**dwarfism**" means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimeters) or less;

(d) "**muscular dystrophy**" means a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterised by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue;

(e) "**acid attack victims**" means a person disfigured due to violent assaults by throwing of acid or similar corrosive substance.

**B. Visual impairment—**

(a) "**blindness**" means a condition where a person has any of the following conditions, after best correction—

(i) total absence of sight; or

- (ii) visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction; or
- (iii) limitation of the field of vision subtending an angle of less than 10 degree.

(b) "**low-vision**" means a condition where a person has any of the following conditions, namely:—

- (i) visual acuity not exceeding 6/18 or less than 20/60 upto 3/60 or upto 10/200 (Snellen) in the better eye with best possible corrections; or
- (ii) limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.

### C. Hearing impairment—

- (a) "**deaf**" means persons having 70 DB hearing loss in speech frequencies in both ears;
- (b) "**hard of hearing**" means person having 60 DB to 70 DB hearing loss in speech frequencies in both ears;

D. "**speech and language disability**" means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.

**2. Intellectual disability**, a condition characterised by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior which covers a range of every day, social and practical skills, including:—

- (a) "**specific learning disabilities**" means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia;
- (b) "**autism spectrum disorder**" means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and is frequently associated with unusual or stereotypical rituals or behaviours.

### 3. Mental behaviour,—

"**mental illness**" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub-normality of intelligence.

4. Disability caused due to—

(a) chronic neurological conditions, such as—

- (i) "**multiple sclerosis**" means an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged, leading to demyelination and affecting the ability of nerve cells in the brain and spinal cord to communicate with each other;
- (ii) "**parkinson's disease**" means a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement, chiefly affecting middle-aged and elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine.

(c) Blood disorder—

- (i) "**haemophilia**" means an inheritable disease, usually affecting only male but transmitted by women to their male children, characterised by loss or impairment of the normal clotting ability of blood so that a minor wound may result in fatal bleeding;
- (ii) "**thalassemia**" means a group of inherited disorders characterised by reduced or absent amounts of haemoglobin.
- (iii) "**sickle cell disease**" means a hemolytic disorder characterised by chronic anemia, painful events, and various complications due to associated tissue and organ damage; "hemolytic" refers to the destruction of the cell membrane of red blood cells resulting in the release of hemoglobin.

5. **Multiple Disabilities** (more than one of the above specified disabilities) including deaf blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems.

6. Any other category as may be notified by the Central Government.

Application form for grant-in-aid proposal for the first year for setting up of District Disability Rehabilitation Centre in the identified and approved district in the State

1. Unique ID Number allotted on the Darpan Portal of the Niti Aayog  
(If not already registered then register at <http://ngodarpan.gov.in>)
2. Name of the State and District where DDRC is to be set up/functioning : .....
3. (a) Whether District Management Team formed : Yes/No  
(b) If yes, please attach orders constituting DMT : Attached
4. (a) Whether suitable Implementing Agency Identified: Yes/No  
(b) Details of the Implementing agency :
  - (a) Name of the Agency
  - (b) Address
  - (c) Telephone/Fax No.
  - (d) E-mail ID
  - (e) PAN/TIN/TAN No. (any one) of IA
5. Whether the agency is registered : Yes/No
  - (a) If yes, the Name of the Act under which registered:
  - (b) Registration No. and date of registration
  - (c) Whether the agency has a valid PWD Certificate:  
(Attested Copy be enclosed)
6. Memorandum of Association & Bye Laws of the Agency (Please attach copy):
7. Details of accommodation for the DDRC:
  - (a) Proposed location of the DDRC building:
  - (b) Whether building is owned by State Government or rented:
  - (c) Built up Area:
  - (d) No. of rooms:
  - (e) Will the accommodation be used exclusively for this programme:
  - (f) Whether the building is barrier free:
  - (g) Whether easily approachable for the persons with disabilities:

- (h) Whether adequate water and electricity facilities are available:
8. (a) Whether steps for manpower deployment initiated:  
(b) If so, details:
  9. Whether Saving Bank Account in the name of DDRC/ Implementing Agency to be operated jointly opened: Yes/No
  10. Bank authorization letter in prescribed format (attached below) giving details
    - (i) of bank branch,
    - (ii) IFSC code.
    - (iii) MICR Code
    - (iv) Other details of Payee' particular like address, e-mail address, etc.
  11. To submit Indemnity Bond (as per format at **Annexure V**):

Authorised signat ry of the  
Implementing Agency of the DDRC

Recommendation of the DM  
( \_\_\_\_\_ )  
DM of the District/  
Social Welfare Department of the State