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Useful Links:
2. www.disabilityindia.org/disabilityStatus.com
3. www.censusindia.net
11. www.independentliving.org
15. www.worldenable.net/escapstats/presentationunsd.htm - 13k
17. http://www.independentliving.org/docs3/pfeiffer95.html
18. www.independentliving.org
B. GLOSSARY

A

Above the Poverty Line [APL]: According to Government of India the families whose income per month is more than Rs. 12000/- in rural area and Rs. 60000/- per month in urban area.

Accessibility, environmental: Buildings, structures, transportation services, public services, etc., which are designed or modified to enable Persons With Disabilities (physical, sensory, and/or cognitive) to utilise them without undue difficulty. This term includes accommodations or practices such as ramps to enter and exit buildings, TTY relay services for telephone use, lifts on public transportation, the provision of personal assistance, the provision of Braille print or otherwise adapted documents, and other accommodations consistent with the requirements of the Americans with Disabilities Act (ADA).

Acquired brain injury (ABI): An injury to the brain that has occurred after birth and which may result in mild, moderate, or severe impairments in cognition, speech-language communication, memory, attention and concentration, reasoning, abstract thinking, physical functions, psychosocial behaviour, or information processing.

Advocacy: A process of amplifying the voices of voiceless or resisting the unequal and unjust poor relations in a just manner.

Assistive technology: The systematic application of technology, engineering methodologies or scientific principles to meet the needs of and address the barriers confronted by Persons With Disabilities in areas including education, employment, supported employment, transportation, independent living, and other community living activities.

Assistive device: Any item, piece of equipment, or product system, whether acquired commercially, modified, or customised, that is used to increase, maintain, or improve the functional capabilities of individuals with disabilities. Examples of assistive technology devices include computerised communication boards, automated readers, augmentative hearing devices, toys with adapted switches, modified household gadgets, wheelchairs, tricycle, artificial limbs, mobility aids, hearing aids, white cane and computer-based devices that give enhanced images to people with vision loss or that translate voice input into writing for people with hearing loss or deafness.

Attitudes: A set of behaviours manifested in various forms viz. empathy, sympathy, antipathy, apathy, negligence, over protection, prejudices, over estimation, under estimation, superior or inferior complex.

At risk: Refers to infants and young children (generally up to 36 months of age) who do not have a diagnosis of a developmental disability but
1) have a physical or mental condition which usually results in a developmental disability,
2) for whom there is documented evidence of familial, prenatal, neonatal, or post-neonatal factors which are associated with developmental delay or atypical development.

Attention deficit disorder (ADD): A condition characterized by difficulty paying attention, being easily distracted, and the inability to focus more than a few moments on mental tasks. People with attention deficit disorder may also be physically active and behave impulsively. (See attention deficit hyperactivity disorder.)

Attention deficit hyperactivity disorder (ADHD): A condition characterized by
1) difficulty in focusing one's attention and effort to tasks;
2) difficulties in impulse control or delay of gratification;
3) increased activity unrelated to the current task or situation.

Autism: A developmental disability substantially affecting communication and behaviour which typically appears during the first three years of life. This disability significantly affects development of social attachments, acquisition of speech and language skills, and range of interests.

B

Barrier free: Building, facility, or areas that are fully accessible to persons with mobility limitations; may be used more generally to refer to programs and services which are readily accessed by persons with any type of disability.

Brain injury: Any level of injury to the brain often caused by an impact to the skull. Mild symptoms include persistent headaches, mood changes, dizziness, and memory difficulties. Severe head-injury

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symptoms are more obvious: loss of consciousness; loss of physical coordination, speech, and many thinking skills; and significant changes in personality. (Also see traumatic brain injury.)

**Below the Poverty Line [BPL]:** According to Government of India the family whose monthly income is less than Rs. 12000 in rural areas and Rs. 60000 in urban areas.

**C**

**Cerebral palsy:** Decreased muscular power and coordination due to an injury to the brain, occurring before, during, or after birth. This developmental disability results in difficulty in walking, speech problems, difficulties with balance, and/or loss of or decreased control over voluntary movements.

**Community Alternatives Program (CAP MR/DD):** This Medicaid-waiver funding stream provides rehabilitative and support services in the community to individuals of all ages with disabilities who meet its eligibility requirements. People who are eligible for institutional programs under the Medicaid "Intermediate Care Facilities" program for people with mental retardation or other developmental disabilities (ICF-MR/DD) are eligible to receive individualised, community services and supports under CAP-MR/DD as an alternative to ICF-MR/DD. CAP-MR/DD provides services reimbursable under Title XIX, as defined and authorized by the state's Medicaid Home and Community Based Services (HCB) waiver. This waiver funding stream assists eligible individuals in securing the services and supports necessary for living in their homes and communities.

**Community Based Rehabilitation [CBR]:** A strategy within community development for rehabilitation, equalisation of opportunities and social integration of all Persons With Disability.

**Community inclusion:** The full participation by an individual in chosen, meaningful, local activities, organisations, and groups in his/her community.

**Community rehabilitation program:** A facility that serves Persons With Disabilities through the use of supervised work and various rehabilitative activities (e.g., vocational evaluation, basic education, personal-care training, etc.). The goal of the service is two fold:

1) to assist individuals in becoming employed in regular employment in the community,
2) to employ persons who are viewed as not capable of competitive employment in the near future.

**Congenital disability:** A disability present at birth.

**Consumers:** A term sometimes used for Persons With Disabilities, or parents or guardians of Persons With Disabilities, who may use or need services or supports. More current terms in use include "participants" or "customers."

**Cystic fibrosis:** An inherited condition characterised by chronic respiratory and digestive problems due to excessive mucus production.

**D**

**Deaf:** Refers to hearing loss so severe that communication and learning is primarily by visual methods. Deaf (with a capital D) indicates a cultural identification with members of the Deaf community and the use of American Sign Language as the primary communication method.

**Deaf-blind:** Auditory and visual impairment so severe that the combined sensory disability causes the individual extreme difficulty in the attainment of independence in activities of daily living, psychosocial adjustment, or in the pursuit of a vocational objective.

**Deafness:** Having complete or partial loss of the sense of hearing. The loss may be congenital or acquired, temporary or permanent. It may be caused by disease or injury to the auditory nerve.

**Deinstitutionalisation:** The reduction of the number of individuals residing in institutions and larger group homes. Deinstitutionalisation may be effected by enhancing the abilities of families, professionals, and/or communities to provide appropriate services and supports for individuals who have been institutionalised or by "institutional avoidance." Institutional avoidance is the initial provision in the school, workplace, home, or community of those services and supports necessary for community life for those with disabilities.

**De-mystification:** Simplification of rehabilitation services so that community will be able to provide these services.

**De-professionalisation:** A process through which minimally trained community members will be equipped to provide rehabilitation services to Persons With Disabilities.

**Day care centre:** A centre-based, day program providing individualised habilitative services to children with disabilities. Services are designed to build self-help skills, fine and gross motor coordination, language and communication, cognitive and social skills, and to facilitate continued education in a less restrictive environment.

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Developmental disability (DD): North Carolina General Statute 122C-3 (12a) defines a developmental disability as a severe, chronic disability of a person which is attributable to a mental or physical impairment or combination of mental and physical impairments; is manifested before the person attains age 22, unless the disability is caused by traumatic head injury and is manifested after age 22; is likely to continue indefinitely; results in substantial functional limitations in three or more of the following areas of major life activity: (a) self-care, (b) receptive (understanding) and expressive language, (c) learning, (d) mobility (ability to move), (e) self-direction (motivation), (f) the capacity for independent living, (g) economic self-sufficiency; reflects the person's need for a combination or sequence of special interdisciplinary services which are of a life long or extended duration and are individually planned and coordinated; or when applied to children from birth through four years of age, may be evidenced as a developmental delay.

Developmental evaluation centre: A centre staffed by a multidisciplinary team that provides examination and evaluation of a child or adult suspected of having a developmental disability. Habilitation and treatment plans are usually developed and follow up is provided.

Discrimination: The term 'discrimination on the basis of disability' shall mean any distinction, exclusion or restriction which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on a basis of equality with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.

Disease: Any thing abnormal within the individual aetiology gives rise to change in structure or function at body level.

Down syndrome: Results from an extra chromosome, or extra part of 21st chromosome, in each cell of the body. Common physical and developmental features of Down syndrome include congenital heart disease, mental retardation, small stature, decreased muscle tone, short, broad hands and upward slant to eyes.

Dual diagnosis: Broadly used to refer to people with diagnoses of both mental retardation and substance abuse or of mental retardation and substance abuse; may refer to a person with mental retardation who also has significant behavioural and/or emotional disabilities.

Early Detection: Identification of children with disabilities or children at risk and referring them to concerned professional for further intervention as early as possible. There is no time period specified. It can be right at birth.

Early intervention: A related group of services for children with or at risk for disabilities, delays, or atypical development. Professionals work in partnership with parents and children to help the children reach their maximum potential in communication, motor, cognitive, self-help and social-emotional development. Early intervention also includes assisting families in fully accessing community resources such as child service coordination, assistive technology, and speech, physical, and occupational therapy.

Empowerment: The act of enabling individuals with disabilities and the families of children with disabilities to exercise control in their lives by becoming the primary participants in decision making about the services and supports they are to receive, where they will live, where they will work or go to school, etc.

Epilepsy: A group of neurological conditions characterized by unusual electrical-chemical patterns in the brain. These patterns are manifested in various forms of physical activity called seizures.

Family-support services: Services, supports, and other assistance provided to families of individuals with disabilities. Such services are designed to strengthen the family's role as primary caregiver, prevent inappropriate out-of-home placement, maintain family unity, and reunite families with members who have been placed out of the home. Family support programs may offer families affected by disability a variety of assistance, including flexible funds or vouchers to purchase the supports they deem necessary and the opportunity to participate in family-directed approaches to support provision.

Fatal alcohol syndrome (FAS): Identifiable pattern of atypical physical, cognitive, and behavioural characteristics displayed by children of women who consumed substantial amounts of alcoholic beverages during pregnancy.
G
Generic services: Services, businesses, organisations, or agencies which serve the general population rather than a select disability group. The use of generic resources and their reasonable accommodation to the needs of Persons With Disabilities can encourage community inclusion more readily than the sole reliance on specialised services. Examples of generic services include transportation, health care, and higher education.

Group home: A small, community-based residence. Group-home programs for people with disabilities may assist in the development of the individual’s personal, social, and community skills.

H
Habilitation: Training, care, and specialised therapies undertaken to assist a person with a disability in achieving or maintaining progress in a developmental skill.

Half way home: A temporary arrangement centre where people live and receive treatment and other essential services, which will be in between hospital and actual residence/home.

Handicap: Refers to when physical and social barriers put people with disabilities at a disadvantage and hinder their ability to fully participate in society. A person with a disability is not "handicapped" but is handicapped by attitudinal, physical, and other barriers that society fails to remove.

Hard of hearing: Refers to some degree of hearing loss, ranging from mild to profound, which can benefit from the use of hearing aids or other assistive listening devices and depends primarily upon spoken or written language in communicating.

Health: Physical, psychological, spiritual and social well being of a person.

Hearing impaired: Refers to all people with hearing loss. It includes people who are deaf, late-deafened, and hard of hearing with no regard to severity of loss, age at onset, communication methods, and use of technology or socio-cultural factors.

Hearing impairment: Refers to the loss of auditory functioning, ranging from deaf to hard of hearing.

Hobli: A geographical division in Karnataka for the purpose of collection of revenue and development. It is the further division of block which is similar or equal to Mandal concept in Andhra Pradesh.

Impairment: Any loss or abnormality of anatomical, physiological and psychological structure or function at organ level.

Incidence: Refers to number of people born or acquired disabilities in a given period and time. Normally incidents rate is calculated per 1000 per year.

Inclusion (often referred to as full inclusion): Full participation by Persons With Disabilities in settings and activities with persons who do not have disabilities; includes the provision of services and supports necessary to achieve this outcome.

Inclusive education: An approach which facilitates schooling of children with disabilities in regular education system with appropriate modification of physical environment of the school, teaching methodology, curriculum and evaluation systems.

Inclusive recreation: The provision of opportunities in settings where people of all abilities can recreate and interact together. It may involve the provision of supports and accommodations to ensure personally satisfying and valued participation.

Independence (as defined by federal law): The extent to which Persons With Disabilities exert control and choice over their own lives.

Independent living: Having the ability and opportunity to make choices, resulting in control over one’s own life. This reduces dependence on others in making decisions and performing everyday activities. Living independently includes managing one’s affairs, participating in the day-to-day life of the community in a manner of one’s own choosing, fulfilling a range of social roles including productive work, and making decisions that lead to self-determination.

Individualised Education Program [IEP]: A written statement for each child with a disability who qualifies for services under the Individuals with Disabilities Education Act (IDEA). The IEP must be in place at the beginning of each school year and developed, reviewed, and revised in a meeting that includes the parents of the child, the student (when appropriate), one regular-education teacher of the child, one special-education teacher of the child, a representative of the local education agency, an individual who can interpret evaluation results, and others with special expertise about the child. The IEP must include:

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(a) a statement of the child's present level of performance including how the child's disability affects his/her involvement and progress in the general curriculum;
(b) a statement of measurable annual goals, including benchmarks or short-term objectives related to meeting the child's needs that result from the disability to enable the student to be involved in and progress in the general curriculum;
(c) a statement of special education and related services and supplementary aids and services to be provided to the child or on behalf of the child;
(d) a statement of the program modifications or supports for school personnel that will be provided for the child;
(e) an explanation of the extent, if any, that the student will not participate with non disabled children in the regular education class and in extracurricular and other non academic activities;
(f) a statement of individual modifications in the administration of to state- or district-wide assessments of student achievement;
(g) the projected date for the beginning of the services and modifications and frequency, location, and duration;
(h) when a student reaches 14, transition planning must be a component of the IEP.

**Individualised Family Service Plan (IFSP):** A written plan as required by law for providing early intervention services to preschool children with developmental disabilities, preschool children at risk for developmental disabilities, or preschool children experiencing a developmental delay and to their families. The plan must:
1) be developed jointly by the family and appropriate qualified personnel involved in the provision of early intervention services;
2) be based upon the multidisciplinary evaluation and assessment of the child and the assessment of the child's family;
3) include services necessary to enhance the development of the child and the capacities of the family to meet the special needs of the child.

**Individual habilitation plan:** A written plan of action developed jointly by the person for whom the plan is established, family members or guardian (when appropriate), and the service coordinator stating long-range goals and short-term objectives to be achieved by the individual and/or other parties; specifies the services and supports to be rendered, who will provide them, how they are to be delivered, dates for provision, and procedures for evaluating accomplishment.

**Individual Plan for Employment:** An action-oriented plan developed by the individual with a disability, the vocational rehabilitation counsellor, and others as needed, stating long-term goals and short-term objectives that will enable the individual to be successful in preparing for, obtaining, and keeping a job; specifies the types of rehabilitation services to be provided for achieving successful vocational rehabilitation.

**Integration:** As defined by federal law,
(a) the use by Persons With Disabilities of the same community resources that are used by and available to other citizens,
(b) the participation by Persons With Disabilities in the same community activities and integrated employment in which citizens without disabilities participate, together with regular contact with citizens without disabilities,
(c) the use of the same community resources by Persons With Disabilities living, learning, working, and enjoying life in regular contact with citizens without disabilities,
(c) the development of friendships and relationships with citizens without disabilities, and (e) the residence by Persons With Disabilities in homes which are in proximity to community resources, together with regular contact with citizens without disabilities in their communities.

**Integrated education:** It is an approach promoted by Government of India in the national policy on education of 1986 where children with disabilities are facilitated to study in regular schools with the help of a resource teacher and resource room. It specifies that there should be one resource teacher for 8 children. If one school has less than 8 children a group of schools are taken care of by one resource teacher.

**Intelligence:** The global capacity of an individual to think rationally and act purposefully.

**Intermediate Care Facilities for Persons with Mental Retardation/Developmental Disabilities (ICF-MR/DD):** Residential facilities certified as having met federal requirements which provide 24-hour personal care, habilitation, and developmental and support services to persons with mental retardation or other developmental disabilities who may have intermittent recurring needs for nursing
services but who have been certified by a physician as not requiring continuous skilled nursing care. The ICF-MR/DD program may be provided in a private group home or in a public mental retardation centre. Individuals must receive active treatment (e.g., an aggressive effort to fulfill each person's functional capacity) to be eligible for this Medicaid program. Some people who are eligible for ICF-MR/DD programs may be able to receive services funded through CAP-MR/DD which would allow them to stay in their own communities rather than going to an intermediate care facility (see Community Alternatives Program).

Job coach: A person who provides one-to-one support in securing and maintaining competitive employment for individuals with disabilities. Before the person with a disability begins the job, the job coach becomes thoroughly familiar with the job. To do this, he/she will work at the job, list the steps involved in doing it, and assess its physical and social demands. When training begins, the job coach will evaluate the worker's performance. As the worker's performance increases in both speed and quality to a level satisfactory to the employer, the job coach gradually decreases his/her presence. Eventually, only periodic checking of the worker's situation will be necessary. (A job coach is frequently called an employment specialist or "trainer." Job coaching is a type of supported employment.)

Late deafened: Refers to profound hearing loss occurring after the development of speech and language which can usually benefit from the use of visual display technology (but very little from hearing aids or other listening technology) and usually depends upon visual representations of signs and speech in communicating.

Learning disability (LD): A group of neurological conditions (e.g., dyslexia, dysgraphia, dyscalculia) which affect a person's ability to receive, interpret, and use information. A person with a learning disability may have normal intelligence; however, there is a significant discrepancy in intelligence level and his/her ability to learn and perform certain tasks. Individualized instruction assists the person in improving his/her learning and performance abilities. A learning disability is life long.

Least-restrictive environment (LTR): The Individuals with Disabilities Education Act requires that, to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are non-disabled and that special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Legal blindness: Corrected visual acuity of 20/200 or less in the better eye or visual field contraction of 20 degrees or less.

Locomotor Disability: Locomotor Disability means a person's inability to execute distinctive activities associated with moving, both himself and objects from place to place, and such inability resulting from affliction of either bones, joints, muscles or nerves.

Mainstreaming: Purposeful, planned efforts to integrate Persons With Disabilities into the "mainstream" of society. This term is usually used in a school setting to refer to the integration of students with disabilities in classrooms of students without disabilities (See inclusion.)

Mental disability: The term mental Disability refers to a wide range of conditions which are related to brain or mind as the result of brain damage, brain infections, arrested or incomplete development of brain, mental disorders, chemical imbalance of neurons and other disturbances to mind or brain and cause disturbances in thinking, feeling, relating, motor, cognitive, memory, orientation, behaviour and other bodily or mental functions.

Mental retardation (MR): Refers to substantial limitations in present functioning, usually resulting in a developmental disability. It is characterized by significantly sub average intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work. Mental retardation manifests before age 18. (American Association on Mental Retardation, 1992) Use of this term is generally confined to the context of medical diagnosis. People with cognitive disabilities frequently see the term as negative.

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Multiple disability: Multiple disability means who suffers from more than one kind or a combination of two or more disabilities. E.g. Visual disability with locomotor disability or locomotor disability with mental disability or Communication disability with locomotor disability etc.

Muscular dystrophy (MD): A hereditary, progressive degeneration of the muscles with accompanying weakness.

Multiple sclerosis (MS): An unpredictable, potentially disabling disease of the central nervous system caused by hardening of patches of the brain and spinal cord. Onset usually occurs from age 20 to 40, resulting in difficulties in walking, talking, sensing, seeing, and grasping.

Negative attitudes: A set of behaviour manifested due to ignorance and falls notions about Persons With Disabilities which limits or prevents Persons With Disabilities in their holistic development process. Generally this term refers to negligence, antipathy, sympathy, over protection, apathy and over estimation or under estimation of the abilities of Persons With Disabilities.

Occupational therapy (OT): Therapeutic use of self-care, work, and recreational activities to increase independence, enhance development, and prevent disability; may include adaptation of tasks or environment to achieve maximum independence and optimum quality of life.

Perinatal: The period during birth and lasts till three weeks is generally known as perinatal/neonatal.

Person centred: Approach to planning services and supports for an individual with disabilities which supports the person in identifying choices, making decisions based upon those choices, and then honouring those decisions. In North Carolina, person-centred planning is required by statute.

Physical therapy (PT): Treatment provided by therapists or trained individuals using bio-chemical and neuro physiological principles and devices to assist in relieving pain, restoring maximum body function, and preventing disability. For persons with developmental disabilities, the primary focus is on enhancing body function and prevention of secondary disability.

Postnatal: The period of after three weeks of actual birth of the child which lasts till the death of the individual is generally known as postnatal.

Prenatal: The period before actual birth of the child, which lasts from the conception till labour pain is generally known as prenatal.

Prevalence: This term refers to total number of Persons With Disabilities live in a given period. The prevalence rate is generally calculated as number of Persons With Disabilities live in a given period per 100 population.

Prevocational training: The attitude, skills and knowledge provided before any kind of vocational or job training in order to equip the person to undergo the particular vocational training.

Principle care giver: The person who is mainly involved in caring process of Persons With Disabilities. Generally the principle care giver is parents especially mother of the child.

Productivity: As defined by federal law, (a) engagement in income-producing work by a person with a developmental disability which is measured through improvements in income level, employment status, or job advancement, or (b) engagement by a person with disability in work which contributes to a household or community.

Psycho social counselling: A process through which the person is helped to help him/her self. This is also called talking therapy or counselling. Persons with depression, mental illness, persons with problems and other mental disorders are provided a series of counselling sessions in order to help to come out of the problem.

Rehabilitation: A process of enabling a Person With Disability to reach or maintain, optimum; ophthalmic, sensory, physical, intellectual social and self actualisation levels with appropriate education, training and assistive devises

Relay NC: Relay North Carolina is a dual-party relay system that provides 24-hour access to public telecommunications services for people who are deaf, hard of hearing, deaf/blind and/or speech impaired. Trained specialists receive calls and then relay messages through teletypewriters or orally.

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according to the needs of the person sending or receiving the call. For more information, contact Relay North Carolina's customer service office at 800-735-0341 (voice) or 800-735-0533 (TTY).

**Respite care:** Temporary, periodic care of an individual with a disability by a person other than a family member; designed to assist families in supporting their family member. Respite care may be provided in a center-based licensed facility, in the private home of a volunteer or paid caregiver, or in the individual's own home.

**Secondary conditions:** Those conditions which are a direct or indirect consequence of a primary disability.

**Seizure:** An involuntary muscular contraction symptomatic of injury to the brain; a symptom of epilepsy.

**Self-advocacy:** On an individual level, self-advocacy is speaking and/or acting on one’s own behalf through decision making and exercising one’s individual rights as a citizen of a community. When self-advocates work together, self-advocacy becomes an organized movement of Persons With Disabilities to unify their individual voices for social and political action, to advocate for their rights as citizens of this country, and to work for services and supports which will assist them in reaching their full potential.

**Self-determination:** Infuses the core principles of freedom, authority, support, and responsibility into new and existing configurations of services and organizational structures. In practice, it offers individuals who are eligible for disabilities services the opportunity to gain control over their lives by gaining control over a significant amount of the funds and other resources available for their support and the freedom to exercise real choice.

**Self Help and Advocacy Group (SHAG):** a group of Persons With Disabilities and their family members formed at village or cluster of villages level to promote self development and empowerment and advocate for their own rights. The main motive is mutual or self help but the ultimate aim is holistic community development. It is a self advocacy/pressure/credit/savings and other activities group.

**Service coordination:** Assistance provided to persons in gaining access to needed social, medical, vocational, and educational services or supports. It is also called "case management."

**Social security schemes:** A set of schemes planned by the state for the development of marginalized communities to ensure social security of this marginalized group in the state. Pension, insurance, unemployment allowance and other measures are in existence.

**Speech impairment:** A disability that significantly impairs the verbal or language skills necessary to effective communication.

**Speech-to-Speech (STS) Service:** Enables a person with speech impairment to use his or her own voice or voice synthesizer to call another person through Relay North Carolina. STS provides trained operators who function as live voices for users with speech disabilities who have trouble being understood on the telephone. The operator will repeat the words of the person with the speech impairment to whomever that person is calling. The service also works in reverse so that anyone may initiate a call to a person with a speech disability using the Speech-to-Speech Service. STS users may also make relay calls to TTY users through STS.

**Spina bifida:** A condition, occurring during foetal development and characterised by incomplete enclosure of the spinal cord by the backbone, which often limits motor activity to varying degrees.

**Stakeholder:** The party who is responsible for the development of Persons With Disabilities: generally state, family, Persons With Disabilities, NGOs and other parties who are involved in the developmental process of Persons With Disabilities.

**Supported employment:** Employment of a person with a significant disability in the competitive labor market with support provided to assist the worker in sustaining and continuing in employment. Wages may range from slightly below the statutory minimum to above the minimum wage. Supported employment includes individual job coaching, mobile work crew, industrial enclave and entrepreneurial models.

**Supported living:** Services and supports designed to assist an individual in activities of daily living which enable that individual to live in the individual's own home, family home, or rental unit.

**Surveillance:** This term refers to a process through which the situation of an individual or individuals with diseases or disabilities are controlled or kept under constant check through keeping a watch on the situation.

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T

**Taluk**: A geographical division for the purpose of revenue collection and development in Karnataka which is equivalent or bigger than a block and similar to concept of Tehsil in north Indian states.

**Target area**: This includes a group of villages or wards or slums selected by an agency to carry out its operation. This is also called project area or operational area where the planned activities are actually implemented.

**Target group**: This term refers to a group of people to whom the entire planned activities are focused and implemented in order to facilitate the holistic development of that group. Persons With Disabilities, Daliths, Adivasis, women, children and aged are some of the examples of target group.

**Telecommunication device for persons who are deaf or hard of hearing (TDD)**: A device similar to a computer keyboard, either with a cradle to rest a telephone handset on or connected directly to the telephone. A TDD allows the user to communicate by typing messages on the keyboard and receiving messages on the screen above the keyboard. This tele text device typewriter is usually referred to as a TTY by members of the deaf and hard of hearing community.

**Therapeutic recreation**: The provision of purposeful treatment or therapy (health restoration, remediation, rehabilitation, habilitation, education) which uses recreation and activities to promote improved functioning and to enhance optimal health and well being of persons who are limited in their functional abilities due to illness, disability, or other conditions.

**Tourette Syndrome**: A condition characterised by involuntary, multiple motor movements and one or more vocalisations, usually referred to as tics. Motor tics usually involve the head, but may affect other parts of the body. Vocal "tics" may include the uttering of obscenities in rare cases.

**Traumatic brain injury (TBI)**: An injury to the brain caused by external physical force and which may produce a diminished or altered state of consciousness resulting in an impairment of cognitive abilities or physical functioning. These impairments may be either temporary or permanent and cause partial or total functional disability or psychological maladjustment.

**Tuberculous sclerosis**: A condition involving lesions of the skin and brain. Its three main features are lesions of the skin (e.g., butterfly-like rash on the face), seizures that begin in infancy, and mental retardation.

**Visual disability**: Visual disability means a person who suffers from any of the following conditions:
- Total absence of sight
- Visual acuity is not exceeding 6/60 or 20/200 (Snellen) in the better eye with the correcting lenses and other corrections.
- Limitation of the field of vision subtending on angle of degree 20 or worse

**Universal design**: An approach to accessibility that concentrates on making all aspects of an environment accessible to all people, regardless of their level of ability. Examples of universal design include lever handles rather than round door knobs for doors; lower light switches; water controls located towards the outside of the tub; adjustable closet rods and shelves; dual-height water fountains; playground equipment accessible to all children, including those who use wheelchairs; and household items (e.g., microwave ovens, televisions, radios) with touch-sensitive controls.

C. ACRONYMS

<table>
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<th>Acronym</th>
<th>Description</th>
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<td>AA</td>
<td>Access Audit.</td>
</tr>
<tr>
<td>A&amp;A</td>
<td>Aids and appliances.</td>
</tr>
<tr>
<td>AAI</td>
<td>Action Aid India.</td>
</tr>
<tr>
<td>ABI</td>
<td>Acquired Brain Injury</td>
</tr>
<tr>
<td>ADA</td>
<td>Americans with Disabilities Act.</td>
</tr>
<tr>
<td>AD</td>
<td>Assistive Devices.</td>
</tr>
<tr>
<td>ADD</td>
<td>Action on Disability and Development.</td>
</tr>
<tr>
<td>ADHD</td>
<td>Attention Deficit Hyperactivity Disorder.</td>
</tr>
</tbody>
</table>

APPENDIX
ADIP: Assistive Devises for Impaired persons.
ADLS: Activities of Daily Living Skills.
ADVP: Adult Developmental Vocational Program.
AFA: Action for Autism.
AICD: All India Confederation of Deaf.
AICB: All India Confederation of Blind.
AIDS: Acquired Immune deficiency Syndrome.
AIFO: Association of Italian Felereo Organisation.
AIISH: All India Institute of Speech and Hearing.
ALIMCO: Artificial Limb Manufacturing Corporation.
APD: Association of Persons With Disability.
APC: Assistant Project Coordinator.
APL: Above the Poverty Line.
BPL: Below the Poverty Line.
CADD: Community Approach to Disability and Development.
CAHD: Community Approach to Handicap in Development.
CAN: Concerned Action Now.
CAT: Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment.
CBM: Christopher Blinden Mission.
CBO: Community Based Organisation.
CBR: Community Based Rehabilitation.
CBS: Community/Centre Based Services.
CBRW: Community Based Rehabilitation Worker.
CCD: Chief Commissioner Disabilities.
CD: Communication Disability/Commissioner Disabilities.
CEDAW: Convention on the Elimination of All Forms of Discrimination Against Women
CI: Communication Impairment.
CIL: Convention of International Labour Organisation
CO: Community Organiser.
COD: Community Organisation and Development.
CP: Cerebral Palsy.
CRC: Convention on the Rights of the Child
CRRC: Composite Regional Rehabilitation Centre.
CWD: Child/Children with Disabilities.
DA: Development Area/Agency.
DD: Developmental delay, Developmental Disabilities.
DFID: Department For International Development.
DI: Development Initiative/Developmental Impairment.
DDRC: District Disability Rehabilitation Centre
DPI: Disabled People International.
DPO: Disabled peoples organisation.
DRC: District Rehabilitation Centre
DRG: Disabled Rights Group.
EQ: Emotional Quotient.
FGD: Focussed Group Discussion.
HI: Hearing Impairment/Handicap International.
HP: Hemi Plegia.
IBR: Institutional Based Rehabilitation.
ICCP: International Covenant on Civil and Political Rights (ICCPR)
ICESCR: International Covenant on Economic, Social and Cultural Rights
ICDS: Integrated Child Development Scheme.
IED: Integrated Education, Inclusive Education.
IICP: Indian Institute of Cerebral Palsy.
IDA: International Development Agency.

APPENDIX
IEP: Individualised Education Programme.
IMR: Infant Mortality Rate.
INGO: International NON Governmental Organisation.
IPH: Institute of physically Handicap.
ISH: Institute of Speech and Hearing.
ISC: Indian Spinal Injury Centre.
IQ: Intelligence Quotient.
HBR: Home Based Rehabilitation.
HBE: Home Based Education.
LCI: Leonard Cheshire International.
LD: Learning Disability, Locomotor Disability.
LI: Locomotor Impairment.
MC: Medical Certificate.
MCH: Mother and Child Health.
MD: Mental Disability, Multiple Disability, Muscular Dystrophy.
M&E: Monitoring and Evaluation.
MHA: Mental Health Act 1987.
MH: Mental Health/Hospital.
MI: Mental Illness/Mental Impairment/Mobility Impairment/Multiple Impairment.
MLP: Micro Level Planning.
MMR: Maternal Mortality Rate.
MP: Mono Plegia.
MR: Mental Retardation.
MS: Muscular sclerosis.
MTE: Mid Term Evaluation.
MTPA: Medical Termination of pregnancy Act.
MTR: Mid Term Review.
NAB: National Association for the Blind.
NCD: National Commission on Disabilities.
NFE: Non Formal Education.
NGO: NON Governmental Organisation.
NHFDC: National Handicap Finance and Development Corporation.
NIHH: National Institute for Hearing Handicap.
NIMHANS: National Institute for Mental Health and Neuro Science.
NIMH: National Institute for Mentally Handicap.
NIOH: National Institute for orthopaedically Handicap.
NIRTAR: National Institute of Rehabilitation for Training and Research.
NIVH: National Institute for visually Handicap.
NPRPD: National Programme for the Rehabilitation of people with disabilities.
NTA: National Trust for the welfare of Cerebral palsy, autism, mental retardation and multiple disabilities Act 1999.
CH: Orthopaedically Handicap.
O&M: Orientation and Mobility.
OT: Occupational Therapy/therapist, Orthotic technician.
PC: Project Coordinator.
PD: Project Director.
PH: Project Holder.
PCG: Principle Care Giver.
PH: Project Holder/Physically Handicap.
PLA: Participatory Learning and Action.
PP: Para Plegia.
PPRP: Post Polio Residual Paralysis.
PRA: Participatory Rural Appraisal.
PT: Physiotherapy/therapist.
PWD: Persons With Disability.
RCH: Reproductive and Child Health.
RCI: Rehabilitation Council of India
RD: Retina Detachment.
RP: Retinitis Pigmentosa.
RRA: Rapid Rural Appraisal.
RRTC: Regional Rehabilitation Training Centre.
SCI: Spinal Cord Injury.
SB: Spina Bifida.
SED: Special Educator/Education.
S&H: Speech and Hearing.
SHAG: Self Help and Advocacy Group.
SSK: Spastic Society of Karnataka.
SSNI: Spastic Society of Northern India.
SRMAB: Shri Ramana Maharishi Academy for the Blind.
ST: Speech Therapy/therapist.
SW: Social Worker.
TLM: The Leprosy Mission.
UNHDR: Universal Declaration of Human Rights.
VA: Voluntary Agency.
VI: Visual Impairment.
VHAI: Voluntary Health Association of India.
VO: Voluntary Organisation.
VSO: Voluntary Service Overseas.
VRC: Vocational Rehabilitation Centre.
VT&IG: Vocational Training and Income Generation.
VT: Vocational Training.
WHO: World Health Organisation.
WPO: World Programme of Action.
D. PROFORMAS AND GUIDELINES

D.1. Guidelines for formulation of proposal on CBR projects

I. Covering letter:
A good letter with attractive language clearly explaining the objectives of the project and how it falls in line with the purview of that funding agency.

II. Executive summary:
It is an attempt to summarise the entire proposal within one or two pages. It should be brief, crisp, accurate, clear and comprehensive.

III. Introduction of the organisation:
History and development
Vision
Mission
Aims and Objectives
Mile stones
Successes
Failures

IV. Introduction:
A general introduction about the issue at global, country, regional, state, district and project level
Situational analysis: A critical analysis of the situation of the project area which includes; Prevalence, incidents, surveillance, causative factors, resources, basic facilities and marginalization and denial of rights and entitlements of Persons With Disability.

V. Profile of the target area:
District/block
Panchayat
Villages
House holds
Population
Disability population
Resources

VI. Target group:
Primary group
Secondary group
Tertiary group
Disability data by type of disability, gender, age, degree

VII. Aims and objectives:
Goal
Objectives

VIII. Strategies:

XIII. Activity plan:
Activity plan with time frame for one year

X. Expected outcomes and Monitoring indicators:
Clear and tangible outcomes and monitoring indicators.

APPENDIX
XI. Organogramme [staffing pattern]:

XII. Project management:
A section about how the project will be managed effectively and who is the person responsible to funding agency.

XIII. Budget:
Salaries
Programmes
Over Heads
Capital Items

XIV. Monitoring and Evaluation:
A section describing the monitoring mechanism will be established to monitor the progress of the project and time frame of the evaluations will be carried.

XV. Potential obstacles: Internal and external risks which are anticipated and remedial measures to overcome these threats or minimise the risk factors which will affect the progress of the project.

XVI. Annexures
Society registration certificate
FCRA registration certificate
PAN Card
Bank Account
Income tax returns filed
Audited financial statements
Annual reports
List of assets

XVI. Perspective plan:
D.2. Proforma for the survey of Persons With Disabilities

Name of the surveyor: 
Date of survey: 

Name of the project: 

Name of the Person With Disability: 

Name of father/mother/guardian/spouse: 

Gender: Male 
Female 

Age/Date of birth: 

Educational qualification: 

Individual/Family Occupation: 

Individual/Family income per annum: 

Religion/caste: 

Marital status: [a] married [b] unmarried [c] deserted [d] widow [e] widower 

Postal address: 
Building No. ________, Flat No. ________, street ________, cross ________, main ________.
Area of city/town ________________, city ____________, PIN ____________

Disability details:
[d] Mental disability  [e] Multiple disability 

Condition of disability: 

Degree of disability:
[A] Mild (40-60%)  [b] Moderate (60-80%)  [c] Severe (80-90%) 
[d] Profound (90% above) 

Remarks: 

Name of the Informant: 

Signature of the surveyor  
Signature of the Informant 

APPENDIX
### D.3. Proforma for the needs assessment of Persons With Disabilities

**Name of the worker:**

**Date of assessment:**

**Name of the Person With Disability:**

**Individual Code No.:**

**Needs:**

<table>
<thead>
<tr>
<th>SL.</th>
<th>Activity</th>
<th>Needs</th>
<th>No need</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Clinical assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Medical certificate/ID Card</td>
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<td></td>
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</tr>
<tr>
<td>3.</td>
<td>Medication/Medicines</td>
<td></td>
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</tr>
<tr>
<td>4.</td>
<td>Treatment</td>
<td></td>
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<tr>
<td>5.</td>
<td>Therapeutic interventions:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Physio</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>b. Speech</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>c. Occupational</td>
<td></td>
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<tr>
<td>6.</td>
<td>Assistive devises</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Crutch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Calliper</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Wheel chair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Tricycle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. Artificial limbs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>f. Gaiter</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>g. Splints</td>
<td></td>
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<tr>
<td></td>
<td>h. Trolley</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>i. Brace</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>j. Spectacles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>k. Low vision aids</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>l. White Cane</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>m. Hearing Aids</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>n. Others Specify</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Self Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Orientation and Mobility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Use and Maintenance of appliances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Inclusive education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Special schools</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Home Based/Non Formal education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Functional literacy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Extra curricular activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Educational aids</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Coaching</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Teacher training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Prevocational training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Vocational training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Career guidance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Self employment loan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Job placement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Other skill training specify</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Counselling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Group membership</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Marriage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>Leadership training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>Recreation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>Awareness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>Advocacy training</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Signature of the worker**

**Signature of the person**

---

**APPENDIX**
D.4. Guidelines for studying Person With Disability

Name of the worker; Date of study started;

I. Face sheet:
Name of the disabled person:

Gender:

Age/Date of birth:

Educational qualification:

Occupation:

Income per annum:

Religion/caste:

Marital status:

Disabilities:

Condition:

Degree of disabilities:

Postal address:

Remarks:

II. Family constellation:

<table>
<thead>
<tr>
<th>SI</th>
<th>Name</th>
<th>Relationship</th>
<th>Age</th>
<th>Education</th>
<th>Occupation</th>
<th>Income</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ram</td>
<td>Father</td>
<td>40</td>
<td>X</td>
<td>Agriculture</td>
<td>5000</td>
<td>Encourages</td>
</tr>
</tbody>
</table>

III. Family background:
Heredity, consanguinity, disabilities in the family, socioeconomic conditions, attitude towards individual and other factors.

IV. Pre-medical history:
Duration of treatment, kind of treatment, place of treatment, doctor, impact of treatment and other information.

V. Personal history:
[a] Prenatal:
Heredity, consanguinity, RH factor, consumption of medicines, drugs, alcohol, smoking and other things during pregnancy, exposure to X ray during pregnancy, infections during pregnancy, accidents during pregnancy, medical check up, vaccination and nutrition.

[b] Perinatal history:

APPENDIX
Duration of gestation period, place of delivery, duration of delivery, person attended the delivery, forceps delivery; accidents during delivery, birth cry, birth colour, birth weight and other factors.

[c] Postnatal history:
Infections, vaccinations, nutrition, mental stress, accidents and other factors

[d] Educational history:
Time of admission, attitude of teacher and students, access, academic and non-academic performance and other factors

VI. Probable causes for disabilities:

VII. Problems:
[a] Physical;
Mobility, communication, functional, self-care, pain, sores and other problems.

[b] Psychological;
worries, depression, frustration, suicidal tendency and other factors.

[c] Social problems;
Respect, dignity, stigma, social participation, esteem, confidence and other factors.

[d] Economic;
Dependent, independent, vocational skills, interest for job, house hold chores and other factors.

[e] Political;
Decision making in family and community, participation in meetings of village, town and others groups and membership in groups.

[f] Cultural and religious;
Access to religious places, worship, prayer, participation rituals and religious ceremonies and other factors

VIII. Root cause for the problems:

IX. Action plan:

<table>
<thead>
<tr>
<th>SL.</th>
<th>Family/individual concerns</th>
<th>Long term objective</th>
<th>Activities</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>01.</td>
<td>Can not move properly</td>
<td>He will move correctly with the help of suitable aid for half a Kilo Meter after three months</td>
<td>Send to a doctor, refer to an orthotic technician, get an aid, train to walk with aid,</td>
<td>Agreed to go to doctor,</td>
</tr>
</tbody>
</table>

X. Follow up:

<table>
<thead>
<tr>
<th>Date of visit</th>
<th>Objective</th>
<th>Activity</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-6-02</td>
<td>School admission</td>
<td>Spoke to the parents</td>
<td>Convinced</td>
</tr>
<tr>
<td>25-6-02</td>
<td>School admission</td>
<td>Spoke to the teacher</td>
<td>Convinced</td>
</tr>
</tbody>
</table>

APPENDIX
D.5. Monitoring indicators

Name of the project
Total villages of operation
Total house holds
Total population
Total family of Persons With Disability
Total population of Persons With Disability
Total staff
Total staff with disability

A. Coverage indicators:

<table>
<thead>
<tr>
<th>Sl.</th>
<th>Activities</th>
<th>Unit</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Identification of PWD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>Referral services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05</td>
<td>Medication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06</td>
<td>Physio therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>07</td>
<td>Aids and appliances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08</td>
<td>Training in self care skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09</td>
<td>Training in orientation and mobility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Speech therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Occupational therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Inclusive education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Special education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Non formal education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Teachers training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Extra curricular activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Prevocational training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Vocational training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Self employment loan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Job placement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Formation of SHAGs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>PWDs in other groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Training for SHAGs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Exposure visits for SHAGs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Counselling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Marriages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Social security schemes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

APPENDIX
28. Training of volunteers.
29. PWDs contested for elections.
30. Issues raised in SHAGs.
31. Issues tackled by SHAGs.
32. Housing scheme.
33. Advocacy initiatives.

**B. Impact indicators:**

**I. Changes observed in the lives of Persons With Disability as a result of CBR interventions:**

<table>
<thead>
<tr>
<th>SL.</th>
<th>Areas of intervention:</th>
<th>Nil improvement</th>
<th>Partial improvement</th>
<th>Complete improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>Self care:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01.</td>
<td>Feeding.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02.</td>
<td>Drinking.</td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td>Identifying clothes.</td>
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<td>II.</td>
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<td>Communication:</td>
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<td>Speaking words.</td>
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<td>25.</td>
<td>Speaking sentences.</td>
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<td>IV.</td>
<td>Education:</td>
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<td>27.</td>
<td>Concept of shape and size.</td>
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<td>32.</td>
<td>Livelihood:</td>
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</table>

**APPENDIX**
33. Money concept.

V. Vocational skills.
34. Loss and profit.
35. Banking.
36. Accounting.
37. Project management.

VI. Social:
38. Social smile.
39. Recognising family members.
40. Respecting.
41. Behaviour.
42. Games.
43. Recreation.
44. House holds chores.
45. Companionship.
46. Married life.
47. Religious activities.
48. Cultural activities.
49. Attending meetings.
50. Attending public functions.
51. Decision making in the family.
52. Decision making in community.
53. Political participation.
54. Voting.
55. Contesting for elections.
56. Self advocacy.

II. Changes observed in family members as a result of CBR interventions:

<table>
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<tr>
<th>SL.</th>
<th>Areas of intervention</th>
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<th>Partial change</th>
<th>Complete change</th>
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<tr>
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<td>04.</td>
<td>Care.</td>
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<td>06.</td>
<td>Neglecting.</td>
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<td>07.</td>
<td>Apathetic.</td>
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<td>08.</td>
<td>Encouraging.</td>
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<td>Knowledge on disability acts.</td>
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<td>10.</td>
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<td>Early detection.</td>
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<td>15.</td>
<td>Prevention.</td>
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<td>17.</td>
<td>Knowledge on referral services.</td>
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<td>18.</td>
<td>Attending SHAG meetings.</td>
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<td>19.</td>
<td>Knowledge on GOVT facilities.</td>
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<td>20.</td>
<td>Empathy.</td>
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APPENDIX
### III. Changes observed in community as a result of CBR interventions:

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<th>Sl.</th>
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<th>Partial change</th>
<th>Complete change</th>
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<tbody>
<tr>
<td>01.</td>
<td>Sensitivity</td>
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<td>02.</td>
<td>Positive attitudes</td>
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<tr>
<td>03.</td>
<td>Empathy</td>
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<tr>
<td>04.</td>
<td>Encouraging</td>
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<td>05.</td>
<td>Supportive</td>
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<td>06.</td>
<td>Apathy</td>
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<tr>
<td>07.</td>
<td>Knowledge on disability</td>
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<tr>
<td>08.</td>
<td>Knowledge on basic rehabilitation</td>
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<tr>
<td>09.</td>
<td>Knowledge on disability legislations</td>
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<tr>
<td>10.</td>
<td>Knowledge on Government facilities</td>
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<tr>
<td>11.</td>
<td>Knowledge on resource for disability development</td>
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<td>12.</td>
<td>Skills of disability development</td>
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<td>13.</td>
<td>Work as volunteers</td>
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<td>14.</td>
<td>Contribute to programmes</td>
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<td>15.</td>
<td>Provide lively hood opportunities</td>
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<td>16.</td>
<td>Provide referral services</td>
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<td>17.</td>
<td>Help to avail social security schemes</td>
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<td>Provide equal opportunities</td>
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<td>19.</td>
<td>Provide opportunities</td>
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<td>20.</td>
<td>Respect</td>
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<td>21.</td>
<td>Help to get assistive devises</td>
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<td>22.</td>
<td>Rise issue in village meetings</td>
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<td>23.</td>
<td>Rise issues in Panchayat meetings</td>
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<td>24.</td>
<td>Providing couching</td>
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<td>25.</td>
<td>Provide skill training</td>
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E. RESEARCH TOOLS

Doctoral research on “Disability, challenges verses responses, a sociological study on CBR, an approach in Kanakapura taluk”

E.1. Questionnaire on disability and development for pioneers in the field

a). Name of the respondent:
b). Gender: Male/female.
c). Age/Date of birth:
d). Experience in the field in years:
e). Area of specialisation in the sector:
f). Address for correspondence:
g). Tel [office] [residence]
h). Email:

1. What is your understanding of CBR?
2. What according to you are the basic and fundamental underlying principles of CBR?
3. What according to you are the essential and desirable strategies of CBR?
4. What according to you are the essential and desirable components of CBR?
5. What according to you are the limitations/challenges of CBR?
6. CBR approach includes a set or combination of approaches to disability and development.
   Justify your argument:
7. Rank the role of various stakeholders in a CBR programme by putting appropriate numbers in the brackets in front of each of the stakeholders.
   [a] Persons With Disability. [-----]
   [b] Principal care givers/family members of Persons With Disability. [-----]
   [c] Community. [-----]
   [d] State. [-----]
   [e] NGOs. [-----]
   [f] DPOs. [-----]
   [g] Funding agencies. [-----]
   [h] Professionals. [-----]
8. A CBR programme must cover all categories of disabilities, all age groups and should not exclude a single Person With Disability in a given operational target area.
   Justify your argument:
9. CBR is not only a compulsion but also an option to a developing country like India due to its overarching advantages over any other approaches.
   Justify your argument:
10. A balance between the social and medical model of rehabilitation is effective and is a comprehensive model of CBR.
   Justify your argument:
11. IBR is supplementary and complementary to CBR.
   Justify your argument:
12. CBR must include community-based centres/institutions to provide care to persons with severe and profound disability who need constant care.
   Justify your argument:
13. Social or community mobilization and people centred advocacy must be an essential component of any CBR programme.

APPENDIX
12. The desirable life span of any CBR programme ranges from 7-10 years where the community takes over and manages the entire programme.
Justify your argument:

13. The Communities' taking over of a CBR programme does not refer to overall management of the programme independently like an NGO, with a full fledged team and with external funding support but equips better to meet the needs of Persons With Disabilities of that community.
Justify your argument:

14. The CBR approach emphasizes for integrated, concerted, coordinated, collective and collaborative efforts to disability and development.
Justify your argument:

15. CBR focuses on a social model of disability. This is a balanced approach of rights and basic services like primary rehabilitation, education, livelihood, social security and access to Persons With Disability.
Justify your argument:

16. Interest groups or disabled persons organisations [DPOs] have a key, major and prominent role in a CBR programme.
Justify your argument:

17. The basic, essential and fundamental underlying principles and components of a CBR programme are the same for any condition but the strategies may differ depending on diverse socio, economic, cultural, political and territorial conditions.
Justify your argument:

18. Intensive interventions of a CBR programme at micro level must have its extensive impact at macro level and long-term sustainability.
Justify your argument:

19. Disability is not just a rehabilitation issue but a development and human rights issue.
Justify your argument:

20. Poverty is both the cause and the consequence of disability.
Justify your argument:

21. Ignorance, fear, prejudices, discrimination, negative attitudes and environmental, institutional and attitudinal barriers are the root causes of issues of Persons With Disability.
Justify your argument:

22. Medical rehabilitation should be an essential and desirable component of health services of the state.
Justify your argument:

23. The state has a prominent role to play in the development of Persons With Disability in India.
Justify your argument:

24. The rights based approach is not an approach in itself but the means of an empowerment approach to disability and development.
Justify your argument:

25. A majority of children with disability can study in regular schools with a minimum modification of environment, systems and teaching methodology.

APPENDIX
Justify your argument:
28. Facilitating Persons With Disability to form exclusive Self-Help and Advocacy Groups (SHAGs) to trigger the Disability Movement does not hamper the process of mainstreaming and does not cause exclusion.
   [a] Strongly agree [b] agree [c] disagree [d] Strongly disagree
   Justify your argument:

29. Mainstreaming or social inclusion does not only mean integrating Persons With Disability into existing groups but also ensures their full participation and equalization of opportunities in all spheres of social life.
   Justify your argument:

30. Persons With Disabilities could engage in any dignified and gainful livelihood options depending on the category and degree of disability, going hand in hand with the interest and aptitude of the person.
   Justify your argument:

31. Listing of certain positions or jobs for Persons With Disability by the state narrows down the scope of livelihood options and can be dangerous.
   Justify your argument:

32. Any approach that aims at creating an enabling environment to empower Persons With Disability in order to secure, realize and exercise their rights and discharge their duties to a life of dignity is acceptable.
   Justify your argument:

33. Politicisation of the disability rights movement and the active participation of Persons With Disability in state politics brings about drastic and spectacular changes in the sector.
   Justify your argument:

34. Opportunities for Persons With Disability must be integrated within all departments, ministries, and institutions of the state as an essential and basic component.
   Justify your argument:

35. Disability must be integrated as the basic, essential and prime component of any policies in unilateral, bilateral, international development agencies, NGOs and CBOs.
   Justify your argument:

36. The decision of individual with disability should be final in his/her own rehabilitation process than the monopoly of professionals.
   Justify your argument:

APPENDIX
E.2. Guide for FGD with Persons With Disabilities and families

I. Details of FGD:

<table>
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<td>Victor John Cordeiro</td>
</tr>
<tr>
<td>B.</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td>Time</td>
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<td>D.</td>
<td>Place</td>
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II. Details of the village:

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<tr>
<td>B.</td>
<td>Name of the village panchayat</td>
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<tr>
<td>C.</td>
<td>Name of the post</td>
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<td>D.</td>
<td>Name of the hobli</td>
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<td>E.</td>
<td>Name of the taluk</td>
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<td>F.</td>
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III. Details of the respondents:

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<th>Income</th>
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IV. Questions:

1. Are you aware of Sourabha CBR project which initiated the process of empowerment of Persons With Disabilities in your village? Yes/No. What?
2. Did you undergo any interventions by the project? Yes/No. What?
3. Did they help you to empower yourself? Yes/No. How?
4. Do you think that you have been involved in the decision-making process of all interventions? Yes/No. What extent?
5. Do you think that these interventions have made significant changes in your life? Yes/No. What extent?
6. Did you notice any significant changes in your life after undergoing these interventions? Yes/No. What?
7. Are you aware of the causes, prevention and early detection for your own disability and services available to cope with this condition? Yes/No. What?
8. Are you aware of what schemes, concessions and programmes exist under social security by the state for the development of Persons With Disabilities in your region?  
Yes/No. What?

9. Did you access services so far after Sourabha's interventions? 
Yes/No.

10. Are you aware of the legislations enacted for the development of Persons With Disabilities?  
Yes/No. What?

11. Do you think that family and community are positive towards you?  
Yes/No. What extent?

12. Did you contribute in the success of Sourabha project?  
Yes/No. What way?

13. Do you think that poverty had/has its impact in your life with regard to your disability? 
Yes/No. How?

14. Are you a member of any group? 
Yes/No. What?

15. Do you think that the issues that affect the lives of Persons With Disabilities are attitudes, ignorance, poverty, prejudices and discrimination?  
Yes/No. How?

16. Do you think that disability is not just a medical rehabilitation issue but a development and human rights issue?  
Yes/No. Why?

17. Do you think that state has a major role in the development of Persons With Disabilities? 
Yes/No. Why?

18. Do you think disability must be integrated with all the departments, ministries, schemes, programmes and plans rather than making disability division responsible for the development of Persons With Disabilities? 
Yes/No. How?

19. Do you think that CBR is the best and effective approach for the development of Persons With Disability? 
Yes/No. Why?

20. Do you think that you have equal opportunities like anybody else in your village to a life of dignity? 
Yes/No. What?

21. Do you participate in all affairs of social life like anybody else in the village? 
Yes/No. What extent?

22. Do you think that inaccessible structures and negative attitudes prevent you in your day to day social life?  
Yes/No. How?

23. Do you think that these barriers can be removed?  
Yes/No. How?

24. Do you think that Persons With Disabilities have issues which are multi dimensional and these can be dealt with a integrated approach? 
Yes/No. How?

25. Do you think that Persons With Disabilities need exclusive groups/forums to discuss their own issues? 
Yes/No. Why?

26. Do you think that politicisation of issue of disability and active participation of Persons With Disabilities in politics and decision making bodies of the state will bring about drastic changes in the sector and the lives of Persons With Disabilities? 
Yes/No. Why?

27. Do you opt for exclusive services rather than integrated service delivery if offered? 
Yes/No. Why?

28. Do you think that you have to advocate for your selves rather than by anybody else? 
Yes/No. Why?

29. Do you think that basic rehabilitation services are means to empower Persons With Disabilities? 
Yes/No. How?

30. Do you think that your decision should be final final in your development process? 
Yes/No. Why?

APPENDIX
31. Do you think the factionism, pragmatism and internal disputes are the causes for the set back of disability rights movement in India?
   Yes/No. How?
32. Do you think that you can manage CBR with the support of community once it is withdrawn by a NGO?
   Yes/No. What extent?
33. How many years do you expect a NGO to support you to take over and manage a CBR project?
   5, 7, 10, 13, 15, indefinite years
34. Do you think that intensive interventions of Sourabha had their extensive impact on larger community and geographical area?
   Yes/No. How?
35. Do you think that availing services is your right but not as charity or pity?
   Yes/No. Why?
36. Do you make decisions in your family, village and on your own life?
   Yes/No. What extent?
37. Do you have access to all places like anybody else in the village?
   Yes/No. What extent?
38. Do you think that you should have a say in the development of your village?
   Yes/No. Why?
39. Did you contribute for the development of your village?
   Yes/No. How?
40. Do you think that community based institutions/centres are required to take care of profoundly disabled who needs intensive and constant care since CBR and IBR are complementary to each other?
   Yes/No. Why?
E.3. Guide for FGD with community

I. Details of the FGD:

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<tr>
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<td>Victor John Cordeiro</td>
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<tr>
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II. Details of the village:

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<td>B.</td>
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<td>C.</td>
<td>Name of the post</td>
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<tr>
<td>D.</td>
<td>Name of the hobli</td>
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<td>E.</td>
<td>Name of the taluk</td>
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<td>F.</td>
<td>Name of the district</td>
<td>Bangalore rural</td>
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III. Details of the respondents:

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<th>Income</th>
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</table>

IV. Questions:
1. Are you aware of Sourabha’s interventions implemented in your village? 
   Yes/No. What?
2. Since when you have been associated with the project? 
   Right from the beginning, 3, 5, 10, 13 years
3. Did you notice any changes in the lives of Persons With Disabilities as a result of Sourabha’s interventions in your village? 
   Yes/No. What?
4. Do you know how many Persons With Disabilities are in your village? 
   Yes/No. How many?
5. Are you aware of what are the causes, prevention, early detection and of different disabilities? 
   Yes/No. What?
6. Are you aware what are the schemes, concessions and programmes exist in our region for Persons With Disabilities under social security schemes by the state? 
   Yes/No. What?
7. Are you aware of the legislations enacted for the development of Persons With Disabilities in our country? 
   Yes/No. What?
8. Do you think that Persons With Disabilities also talents and potentials? 
   Yes/No. What?
9. Did you contribute to the success of this project? 

APPENDIX
Yes/No. What way?

10. Did you have a role in this project?
   Yes/No. What?

11. Do you think that community is also responsible for the development of Persons With Disabilities?
   Yes/No. How?

12. Do you think that state has a major role in the development of Persons With Disabilities?
   Yes/No. Why?

13. Do you think that you can manage a CBR programme after the withdrawal by NGO?
   Yes/No. How?

14. How many years do you expect a NGO to support you to take over and manage a CBR project?
   5, 7, 10, 13, 15, indefinite years.

15. Do you think that Sourabha’s intensive interventions had their extensive impact on larger community and geographical area?
   Yes/No. What extent?

16. Do you think that CBR is the best and effective approach for the development of Persons With Disabilities?
   Yes/No. Why?

17. Do you think that Persons With Disabilities need exclusive groups to discuss their issues in their communities?
   Yes/No. Why?

18. Do you agree that poverty is the both a cause and consequence of disability?
   Yes/No. How?

19. Do you think that poverty, negative attitudes, ignorance and prejudices are the root causes of the problems of Persons With Disabilities?
   Yes/No. How?

20. Do you agree that disability is not just a rehabilitation issue but a development and human rights issue?
   Yes/No. How?

21. Did the Persons With Disabilities contribute in the development of your village?
   Yes/No. How?

22. Do you think Persons With Disabilities also have say in the development process in the village?
   Yes/No. Why?

23. Did you involve Persons With Disabilities in the development process of your village?
   Yes/No. How?

24. Do you think that decision of Persons With Disabilities should be the final in the rehabilitation process?
   Yes/No. Why?

25. Do you think that the disability should be integrated with all ministries, departments and other plans rather than making disability division responsible for the development of Persons With Disabilities?
   Yes/No. Why?

26. Do you think that the issues of Persons With Disabilities are multidimensional and an integrated approach is required to address the issues of Persons With Disabilities?
   Yes/No. Why?

27. Do you think that basic rehabilitation services should be the means to empower Persons With Disabilities?
   Yes/No. Why?

28. Do you think that Persons With Disabilities of your village are taking part in all aspects of social life?
   Yes/No. What extent?

29. Do you think that all the places in the village are accessible to Persons With Disabilities?
   Yes/No. What extent?

30. Do you think that community based institutions/centres are required to take care of profoundly disabled who needs intensive and constant care since CBR and IBR are complementary to each other? Yes/No. Why?

Signature of the Researcher

Signature of the Respondents

APPENDIX
### E.4. Guide for FGD with members of SHAGs of PWDs and families

#### Details of FGD:

<table>
<thead>
<tr>
<th>Sl.</th>
<th>Particulars</th>
<th>Details</th>
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<td>Victor John Cordeiro</td>
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<tr>
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<td>Date</td>
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<td>C.</td>
<td>Time</td>
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<td>D.</td>
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#### Details of the village:

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<td>B.</td>
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<td>F.</td>
<td>Name of the district</td>
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#### III. Details of the respondents:

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#### IV. Details of the group:

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<td>G.</td>
<td>Total money of the group</td>
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</table>
V. Questions

1. Do you think that self advocacy, lobbying, organizing, generating awareness, fighting for your own rights, empowering disabled and other marginalized groups and community development are the objectives of your group?
   Yes/No. Why?

2. Did you meet your objectives?
   Yes/No. What extent?

3. Do you think that you should not only work for Persons With Disabilities but other marginalized groups of your village?
   Yes/No. Why?

4. Do you think you have larger goal rather working only with Persons With Disabilities?
   Yes/No. Why?

5. Did you address larger issues of the community?
   Yes/No. What?

6. Are you aware of Sourabha CBR project which initiated the process of empowerment of Persons With Disabilities in your village?
   Yes/No. What?

7. Did you undergo any interventions by the project?
   Yes/No. What?

8. Did they help you to empower your self?
   Yes/No. How?

9. Do you think that you have been involved in the decision making process of all interventions?
   Yes/No. What extent?

10. Do you think that these interventions have made significant changes in your life?
    Yes/No. What extent?

11. Did you notice any significant changes in your life after undergoing these interventions? Yes/No. What?

12. Are you aware of the causes, prevention and early detection for your own disability and services available to cope up with this condition?
    Yes/No. What?

13. Are you aware of what schemes, concessions and programmes exist under social security by the state for the development of Persons With Disabilities in your region?
    Yes/No. What?

14. Did you access services so far after Sourabha’s interventions?
    Yes/No. What?

15. Are you aware of the legislations enacted for the development of Persons With Disabilities?
    Yes/No. What?

16. Do you think that family and community are positive towards you?
    Yes/No. What extent?

17. Did you contribute in the success of Sourabha project?
    Yes/No. What way?

18. Do you think that poverty had/has its impact in your life with regard to your disability?
    Yes/No. How?

19. Are you a member of any group?
    Yes/No. What?

20. Do you think that the issues that affect the lives of Persons With Disabilities are attitudes, ignorance, poverty, prejudices and discrimination?
    Yes/No. How?

21. Do you think that disability is not just a medical rehabilitation issue but a development and human rights issue?
    Yes/No. Why?
22. Do you think that state has a major role in the development of Persons With Disabilities?
   Yes/No. Why?
23. Do you think disability must be integrated with all the departments, ministries, schemes, programmes and plans rather than making disability division responsible for the development of Persons With Disabilities?
   Yes/No. How?
24. Do you think that CBR is the best and effective approach for the development of Persons With Disability?
   Yes/No. Why?
25. Do you think that you have equal opportunities like anybody else in your village to a life of dignity?
   Yes/No. What?
26. Do you participate in all affairs of social life like anybody else in the village?
   Yes/No. What extent?
27. Do you think that inaccessible structures and negative attitudes prevent you in your day to day social life?
   Yes/No. How?
28. Do you think that these barriers can be removed?
   Yes/No. How?
29. Do you think that Persons With Disabilities have issues which are multi dimensional and these can be dealt with a integrated approach?
   Yes/No. How?
30. Do you think that Persons With Disabilities need exclusive groups/forums to discuss their own issues?
   Yes/No. Why?
31. Do you think that politicisation of issue of disability and active participation of Persons With Disabilities in politics and decision making bodies of the state will bring about drastic changes in the sector and the lives of Persons With Disabilities?
   Yes/No. How?
32. Do you opt for exclusive services rather than integrated service delivery if offered?
   Yes/No. Why?
33. Do you think that you have to advocate for your selves rather than by anybody else?
   Yes/No. Why?
34. Do you think that basic rehabilitation services are means to empower persons with disabilities?
   Yes/No. How?
35. Do you think that your decision should be final in your development process?
   Yes/No. Why?
36. Do you think the factionism, pragmatism and internal disputes are the causes for the set back of disability rights movement in India?
   Yes/No. How?
37. Do you think that you can manage CBR with the support of community once it is withdrawn by a NGO?
   Yes/No. What extent?
38. How many years do you expect a NGO to support you to take over and manage a CBR project?
   5, 7, 10, 13, 15, indefinite years.
39. Do you think that intensive interventions of Sourabha had their extensive impact on larger community and geographical area?
   Yes/No. How?
40. Do you think that availing services is your right but not as charity or pity?
   Yes/No. Why?
41. Do you make decisions in your family, village and on your own life?
   Yes/No. What extent?
42. Do you have access to all places like anybody else in the village?
   Yes/No. What extent?
43. Do you think that you should have a say in the development of your village? 
   Yes/No. Why?
44. Did you contribute for the development of your village? 
   Yes/No. How?
45. Do you think that community based institutions/centres are required to take care of profoundly disabled who needs intensive and constant care since CBR and IBR are complementary to each other? 
   Yes/No. Why?

* Signature of the researcher                  Signature of the respondents
E.5. Schedule on CBR for Persons With Disabilities and families

I. Details of the interviewer:

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II. Details of the respondents:

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<td>C.</td>
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<td>D.</td>
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iii. Questions:

1. Are you aware of the Sourabha CBR project which initiated the process of empowerment of Persons With Disabilities in your village?
   Yes/No.
2. Did you undergo any interventions by the project?
   Yes/No. What?
3. Did they help you to empower yourself?
   Yes/No. How?
4. Do you think that you have been involved in the decision making process of all interventions?
   Yes/No. What extent?
5. Do you think that these interventions have made significant changes in your life?
   Yes/No. What extent?

APPENDIX
6. Did you notice any significant changes in your life after undergoing these interventions? 
   Yes/No. What?
7. Are you aware of the causes, prevention and early detection for your own disability and services 
   available to cope up with this condition?  
   Yes/No. What?
8. Are you aware of what schemes, concessions and programmes exist under social security by the state 
   for the development of Persons With Disabilities in your region? 
   Yes/No. What?
9. Did you access any services from the GOVT so far after Sourabha's interventions? 
   Yes/No. What?
10. Are you aware of the legislations enacted for the development of Persons With Disabilities? 
    Yes/No. What?
11. Do you think that family and community are positive towards you? 
    Yes/No. What extent?
12. Did you contribute in the success of Sourabha project? 
    Yes/No. What way?
13. Do you think that poverty had/has its impact in your life with regard to your disability? 
    Yes/No. How?
14. Are you a member of any group? 
    Yes/No. What?
15. Do you think that the issues that affect the lives of Persons With Disabilities are attitudes, 
   ignorance, poverty, prejudices and discrimination? 
    Yes/No. How?
16. Do you think that disability is not just a medical rehabilitation issue but a development and human 
    rights issue? 
    Yes/No. Why?
17. Do you think that state has a major role in the development of Persons With Disabilities? 
    Yes/No. Why?
18. Do you think disability must be integrated with all the departments, ministries, schemes, 
    programmes and plans rather than making disability division responsible for the development of 
    Persons With Disabilities? 
    Yes/No. How?
19. Do you think that CBR is the best and effective approach for the development of Persons With 
    Disability? 
    Yes/No. Why?
20. Do you think that you have equal opportunities like anybody else in your village to a life of dignity? 
    Yes/No. What?
21. Do you participate in all affairs of social life like anybody else in the village? 
    Yes/No. What extent?
22. Do you think that inaccessible structures and negative attitudes prevent you in your day to day 
    social life? 
    Yes/No. How?
23. Do you think that these barriers can be removed? 
    Yes/No. How?
24. Do you think that Persons With Disabilities have issues which are multi dimensional and these 
    can be dealt with a integrated approach? 
    Yes/No. How?
25. Do you think that Persons With Disabilities need exclusive groups/forums to discuss their own 
    issues? 
    Yes/No. Why?
26. Do you think that politicisation of issue of disability and active participation of Persons With 
    Disabilities in politics and decision making bodies of the state will bring about drastic changes in the 
    sector and the lives of Persons With Disabilities? 
    Yes/No. Why?
26. Do you opt for exclusive services rather than integrated service delivery if offered? 
    Yes/No. Why?
27. Do you think that you have to advocate for your selves rather than by anybody else?

APPENDIX
28. Do you think that basic rehabilitation services are means to empower Persons With Disabilities?
   Yes/No. How?

29. Do you think that your decision should be final in your development process?
   Yes/No. Why?

30. Do you think that factionism, pragmatism and internal disputes are the causes for the set back of disability rights movement in India?
   Yes/No. How?

31. Do you think that you can manage CBR with the support of community once it is withdrawn by a NGO?
   Yes/No. What extent?

32. How many years do you expect a NGO to support you to take over and manage a CBR project?
   5, 7, 10, 13, 15, indefinite years.

33. Do you think that intensive interventions of Sourabha had their extensive impact on larger community and geographical area?
   Yes/No. How?

34. Do you think that availing services is your right but not as charity or pity?
   Yes/No. Why?

35. Do you make decisions in your family, village and on your own life?
   Yes/No. What extent?

36. Do you have access to all places like anybody else in the village?
   Yes/No. What extent?

37. Do you think that you should have a say in the development of your village?
   Yes/No. Why?

38. Did you contribute for the development of your village?
   Yes/No. How?

39. Do you think that Community based institutions/centres are essential and should be the integral part of any CBR programme to take care of profoundly disabled who needs intensive and constant care since CBR and IBR are complementary to each other?
   Yes/No. Why?

Signature of the researcher                Signature of the respondent