A Project Proposal on

COMPREHENSIVE AND COMPOSITE INSTITUTE FOR EMPOWERMENT OF THE PERSONS WITH DISABILITIES (CCIEPD)

1. INTRODUCTION:
Rehabilitation services for the persons with disabilities in an organized manner started as a movement after independence, particularly with the influence of the urbanization and industrialization. In the subsequent times many developmental programs have been lunched in which both the government and non-government organizations have worked together to create facilities for the rehabilitation services for the persons with disabilities. Various acts, schemes and benefits have been implemented by the central government and respective state governments for the rehabilitation and empowerment of the persons with disabilities.

Most of the national institutes and NGOs working for the rehabilitation of the PWDs are specialized to cater services to a particular category of disability. As a result the persons with multiple disabilities (more than one disability), are not able to get the required services from one centre. Difficulty in transportation and lack of transport money prevail them from accessing services from multiple centers. To address this issue there is a need of establishment of multi rehabilitation centres which will have facilities to cater services to all categories of persons with disabilities.

2. RATIONALE:
Empowering the persons with disability has been the most neglected subject in the social development sector. Not many organizations have taken up the holistic approach of providing services to the persons with disabilities in which all types of services right from early intervention through education, vocational training and livelihood programs to independent living are designed in the programs. Similarly hardly there is any organization in the country worth the name that can cater to any type of disability. As a result, often the persons with disabilities have to go from one center to another. For example, a person with hearing impairment, landed in a rehabilitation center catering to the visual impairment, has to struggle to be told that it is not the proper place for him and he has to go to a center dealing with visual impairment. Such a person with hearing impairment will also not be able to get the right information as to what is this organization and where is it. She and/or her parents have to make lot of efforts to reach to a center of their requirement, which involve substantial expenditure and consume considerable time.

Realizing the need, Pragathi Charities, has taken a massive ambitious project to establish a Comprehensive and Composite Institute for Empowerment of
the Persons with Disabilities (CCIEPD) at Ambapuram, Nellor. This will place in a better position for creating an inclusive model for empowering the persons with disabilities. The project would be first of its kind and a comprehensive blend of Community Based Rehabilitation and Institute Based Rehabilitation models which will have tested benchmarks and strategies of sustainable nature to ensure transformation of the persons with disabilities from the current Below Poverty Line (BPL) to the Desired Prosperity Level (DPL) and that is the requirement of National Policy and the UN Convention for the Rights of the Persons with Disabilities which was ratified by Government of India.

3. ABOUT THE PROJECT:

As per the National Sample Survey Organization 58th round undertaken in the year 2002, 1.8% of the population is having disabilities and this figure is based on conservative calculations and taking into account only the impairment and not as per the international standards. World Health Organization (WHO) has estimated 7% of the population having one disability or other and based on this estimate, Nellore and adjoining districts which are served by our organization have about 9 lac persons with disabilities who do not have adequate and appropriate rehabilitation services. As of now, the capacities are not sufficient to meet the requirement of all the persons with disabilities. Presently, we are catering to a few thousands of persons with disabilities. It has, therefore, been proposed to create capacities to meet the needs of at least the people in the district of Nellore, if not including the adjoining districts.

For the purpose we have planned to construct buildings of 40000 square feet area and organize the services by deploying the required trained manpower and also appropriate equipments and machinery. The building will have facility to provide rehabilitation services to the persons with all types of disabilities.

4. OBJECTIVES OF THE PROJECT:

1. Build capacities in the communities of the districts in and around Nellore to service at least 4 lac persons with disabilities.

2. Scale up the therapeutic and other rehabilitation services to cater to the needs of at least 1000 persons with disabilities in a month.

3. Build Prosthetic and Orthotic Workshop to manufacture low cost and eco based assistive and augmentative devices for the PWDs.

4. Create awareness in the communities to enlist their support in the villages.

5. Create educational facilities for all types of disabilities including residential and day care services, to cater to nearly 2000 children with disabilities and promote inclusive education in the special settings.
6. Develop facilities to train at least 300 professionals to meet the Human Resource requirement of the disability rehabilitation area.

7. Undertake need based research studies which will provide answers to the problems and difficulties faced by the persons with disabilities and their families in the villages.

8. Develop and strengthen 1000 Self-Help Groups and Parent Associations in these villages.

9. Document the experiences, create data base and disseminate knowledge.

10. Contribute in the Public Policy formulation by actively participating in the State and Central level deliberations and also organize National and International level seminars and conferences.

5. INSTITUTIONAL CAPABILITIES:

5.1 About the organization

Pragathi Charities is a non-profitable registered voluntary organization established in 1985 and registered on 29th May 1995 vide Reg. No 144/95 under Society Registration Act of 1860 in Nellore District of Andhra Pradesh, South India. Pragathi Charities aim to provide comprehensive and holistic rehabilitation services to transform the lives of the persons with disabilities towards empowerment on rights mode through its three major programs viz., Full Life Cycle Needs (FLCN), Holistic Development (HD) and Access to enabling and empowering environment (A2E). FLCN covers programs of prevention, identification, early intervention, education, vocational training, livelihood and independent living services, while holistic development programs will provide physiotherapy, occupational therapy, speech therapy, audiological services, psychological therapy, family support etc. Our organization also works on creating enabling and empowering environment by building capacities in the community towards barrier free environment, community mobilization and self-help group formation and activation.

The organization is catering the needs of various categories of persons with disabilities as per the classification of the Persons with Disabilities (Equal Opportunity, Protection of Rights and Full Participation) Act, 1995 and the National Trust for the Welfare of the persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act 1999, irrespective of caste, creed and sex. We have special schools with hostel facilities for the children with mental retardation and hearing impairment. Our organization not only provides them therapeutic or educational rehabilitation but also takes effective measures to engage them in sustainable livelihood programmes, if they are not able for that
we train them in income generative vocational skills such as screen Printing, offset printing, Candle Making, Tailoring and Computers etc. We also help them in getting disability certificate, pension, bus pass, loans through Microfinance Schemes and other government benefits. We are running two human resource development courses (DCBR and B.Ed-Special education) approved by Rehabilitation Council of India. Pragathi Charities is the first NGO which has taken up the responsibility to care and concern the needs of the persons with disabilities. We focus on community based rehabilitation (CBR). We have adopted some villages from the district where we organize parents meetings, create employment generation activities like Mahila Podupu Sanghalu (Self Help Groups) with the support of local banks. Now we have extended our services to mental health, old age homes, HIV/AIDS and various other rural development activities particularly for the weaker sections of the society.

5.2 Major services

School for the children with Mental Retardation:

This school has grown up in several ways to meet the increasing case load and developed as a full-fledged school. Out of 141 beneficiaries 80 are hostlers the remaining 61 children are day scholars. The organization has recruited 41 members of staff as per staff pattern and guidelines from by MSJE, GOI, during 2007-08 but the GOI has sanctioned only 31 staffs and the remaining 10 staffs has been met by the organization.

School for children with Hearing Impairment:

There are 147 students in the school out of which 75 are Hostlers the remaining 72 children are day scholars. The organization has recruited 30 members of staff as per staff pattern and guidelines from by Ministry of Social Justice, GOI during 2007-08.

Mental Hospital:

We have started a "Mental Hospital (psychiatric)" from June 2006 with the License of Andhra Pradesh State Government and running it separately in Nawabpet, Nellore-2, in a Rented Building with Qualified Staff, required equipment. This is the Hospital managed by our organization without Aid from any other organization and Government. We have surveyed the persons with mental illness, drug addicts, suicide tendency cases throughout the District and Nellore Town and giving Treatment with nominal, affordable charges to the urban poor, slum and villagers.

Community Based Rehabilitation Program:
Pragathi Charities has taken up C.B.R. Project (Comprehensive Rehabilitation project for children and youth with disabilities and their families in 2 Mandals of Nellore District. i.e. (1) Indukurpet and (2) T.P. Gudur mandals. Following are the achievements of the project:

**Human Resource Development:**

We are running the following courses recognized by Rehabilitation Council of India (RCI):
- B.Ed. – Special Education (Mental Retardation): This is a one year duration full time program with 25 intake capacities.
- Diploma in Community Based Rehabilitation (DCBR): This is a one year full time program with 20 intake capabilities.

**AIDS Care and Support Centre:**

The Project Director, A.P. State AIDS Control Board Hyderabad has sanctioned Intensive Care Unit (Care & Support Centre) vide RCNo.3307/AIDS/DDSTD-C&S 2007 dated 28-03-08 to Pragathi Charities, Nellore. We are running the Care and Support services for HIV/AIDS Patients through a small hospital with the capacity of 10 Beds. This Centre has been started with effect from 01-04-08.

5.3 Projects handled:

Over the Period of the existence of *Pragathi Charities*, it has successfully implemented the following projects / Programs in rural villages and Urban Slum's of Nellore district.

- Low Cost Sanitation Program supported by ZP funds, Nellore.
- School Bag Manufacturing program for women by DRDA, Nellore;
- Tailoring and Embroidery Program for women.( Own Funds)
- Early Childhood centers for Tribals (Own Funds).
- General Health Camps and Environmental awareness.
- AIDS/ TB/ Cancer and Malaria Awareness and control program.
- Child labour program/ Child Rights Program.
- Tie and Die Training Program for 30 SC women by Government of India.
- Photo lamination for 50 Disabled Children by DRDA, Nellore.
- Supply of Aids and Appliances to the persons with disabilities by ALIMCO.
- Vocational Training Center for AYJNIIHH, Mumbai.
- Pre-School for Hearing Handicapped Children, Mumbai.
- Integrated Education Training Program by DPEP, Nellore.


- Cycle Repairing Training Program for 25 disabled persons of Indukurpet (funded by NABARD).

- Comprehensive Package Project for disabled children, youth and their families in Indukurpet and T.P. Gudur Mandals of Nellore District under CAPART Scheme, New Delhi (since 01-03-2003) and now follow up programme.

6. PROJECT BENEFITS (OUTCOME)

The main function of the proposed project can be classified as:

6.1 Human resource development

6.2 Rehabilitation and empowerment services to the persons with disabilities

6.1 Human resource development:

Human Resource Development deals with creating conditions that enable people to get the best out of themselves and families. Development is a never ending process. As people develop themselves in new directions, new problems and issues arise enabling them to new competences to meet the changing requirements, aspirations and problems. There are however, some universal goals towards which all HRD efforts aims to achieve the most important and common objective at all levels being competence (capacity) building. It is a process of competency development in people and creation of conditions through public policy, programmes and intervention to help people to apply their competencies for their own benefit and for that of others. For human resource development few national institutes and NGOs are not adequate to provide quality training. Therefore, to meet the quality rehabilitation professional needs, Pragathi Charities is interested to run the following RCI (Rehabilitation Council of India) approved courses;

- M Phil courses
- PG courses
- UG courses
- Diploma courses
- Certificate courses
6.2 Rehabilitation and empowerment services to the persons with disabilities

There will be various departments/units with experienced multi-disciplinary team of professionals as follows;

6.2.1 Department of Early Intervention

Prevention, Early Identification and Early Intervention are of utmost important in the field of disability rehabilitation. Age zero to three years is very crucial period in the development process of a human being. Disability in any form in this early age limits children’s capacity to achieve the normal development in one or more areas and this limitation leads to lifelong handicapness. However, taking early measures on identification and intervention can reduce the extent of disability significantly.

The early intervention department will raise awareness about early identification of disability and the importance of taking early measures for rehabilitation while catering early intervention services to the needy infants and small children.

6.2.2 Department Of Psychology

Psychiatric Consultations: Psychiatric consultations will be provided to the clients at the centre as a support to strengthen client’s ability to maximize healing options. Experienced psychiatrists will provide a variety of services such as assessments, diagnosis, recommendations and suggestions for treatment.

Counseling Services - Achieving quality of life is one of the most important functional outcomes of rehabilitation for individuals. Counseling services are given to help individuals cope and to promote a personal sense of well-being. Both Individual and family counseling will be provided by the centre to address systemic issues.

Individual Psychotherapy: Individual psychotherapy offers a powerful setting for the disclosure of secrets, emotions and experiences that may be difficult to discuss. Individual psychotherapy involves regularly scheduled talks between the patient and a mental health professional such as a psychiatrist, psychologist, psychiatric social worker, or nurse. This intervention program focus on current or past problems, experiences, thoughts, feelings, or relationships.

6.2.3 Department of Physiotherapy

Physical therapy is concerned with identifying and maximizing quality of life and movement potential within the spheres of promotion, prevention, treatment/intervention, habilitation and rehabilitation. This encompasses physical, psychological, emotional, and social well being. This department will cater services to the needy clients with regular follow-ups and evaluation.
6.2.4 Department of Occupational Therapy

It is concerned with promoting health and well-being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. The department of occupational therapy will achieve this outcome by enhancing the individual's ability to participate, by modifying the environment, or by adapting the activity to better support participation.

6.2.5 Department Of Prosthetics and Orthotics

Study shows that 48% of persons with disabilities are in need of Assistive devices & mobility aids. The persons with disability residing in the villages are mostly below poverty line who are in due need of assistive devices for their independent movement and taking care of activities of daily living. This department will manufacture and provide appropriate customized assistive devices to the persons with disabilities.

6.2.6 Research and Development:

It would be a nodal agency for disability research and publication.

6.2.7 Department of Speech Therapy and Audiology

Communication includes speech (articulation, intonation, rate, intensity, voice, resonance, fluency), language (phonology, morphology, syntax, semantics, pragmatics), both receptive and expressive language (including reading and writing), and non-verbal communication such as facial expression and gesture. Swallowing problems managed under speech therapy are problems in the oral and pharyngeal stages of swallowing.

It will address people's speech production, vocal production, swallowing difficulties and language needs through speech therapy.

6.2.8 Department of Vocational Training

Vocational training is given to the adolescents as per their ability to perform. They are taught how to make pillow covers, stitching, stuff toy making, wall hanging, decorative items and many more. This department will provide appropriate vocational skills training to the adults with various categories of disabilities as per their strengths.

6.2.9 Department of Special Education – Mental Retardation

6.2.10 Department of Special Education – Hearing Impairment

6.2.11 Department of Special Education – Visual Impairment
7. PROJECT PLANNING:

7.1 INFRASTRUCTURE PLANNING:

7.1.1 Building plan:

The building will be designed and constructed in such a way that big halls will be available in each floor. This will provide flexibility to construct cubicles as per the need. For an example: a new equipment has been purchased for the physiotherapy department for which extra space is needed. If the physiotherapy section is firmly constructed with cemented walls then creating extra space means to break the walls and reconstruct. This involves high cost and consumes much time. Where as if cubicles are there then it can be easily modified within little time.

7.1.1.1 Specialized departments:

Patient consultation department:

Doctors/ therapist consultation cubicles: four - 6”X8”

Psychology department:

- Detailed Assessment (cubical) – three - 8”X 10”
- Counseling Room – (cubical) - one -10”X12”

Physiotherapy Department:

- Cubical – Detailed Assessment -- one- 10”X 12”
- Cubical – electrotherapy – one - 8”X 10”
- Cubical – Exercise therapy – two - 10”X 12”
- Cubical – Body fitness – two - 12”X14”
- Hydrotherapy pool – one -- 12”X 14”

Occupational Therapy department:

- Cubical – Detailed Assessment – one -- 8”X 10”
- Cubical – ADL – one -- 8”X 10”
- Cubical – Developmental therapy – one - 10”X 12”

Speech therapy department:

- Speech therapy room – Three – 10”X12”
- Audimetery -- Sound proof rooms – two – 8”X10”
- Ear mould laboratory (room) one - 8”X10”

Prosthetic and Orthotic workshop (cubicles):

- Mould Modification/ processing 12 x 14 ft.
- Workshop 25 x 20 ft.
- Measurement and casting 10 x 12 ft.
- Gait Training 25 x 15 ft.
- Store room 20 x 24 ft.
**Early intervention department:**

- Cubical -- Developmental therapy - one - 6”X8”
- Cubical -- Cognitive therapy - one - 6”X8”
- Cubical -- Sensory integration - one - 6”X8”
- Cubical -- Pre Academic unite - one - 6”X8”

**Vocational training department:**

- Workshop (big hall) - one
- VT units (rooms) - ten - 8” x 10”

**7.1.1.2 Special education department:**

**School of mental retardation**

<table>
<thead>
<tr>
<th>Room Type</th>
<th>Quantity</th>
<th>Size</th>
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<tbody>
<tr>
<td>Class rooms</td>
<td>40 nos.</td>
<td>8” x 10”</td>
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<tr>
<td>Principal’s room</td>
<td>01 no.</td>
<td>8” x 10”</td>
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<tr>
<td>Office</td>
<td>01 no.</td>
<td>8” x 10”</td>
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<tr>
<td>Staff room</td>
<td>01 no.</td>
<td>8” x 10”</td>
</tr>
<tr>
<td>Store for teaching aid</td>
<td>01 no.</td>
<td>8” x 10”</td>
</tr>
<tr>
<td>Computer lab</td>
<td>01 no.</td>
<td>10” x 16”</td>
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**Class rooms for school of hearing impairment**

<table>
<thead>
<tr>
<th>Room Type</th>
<th>Quantity</th>
<th>Size</th>
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<tbody>
<tr>
<td>Class rooms</td>
<td>25 nos.</td>
<td>8” x 10”</td>
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<tr>
<td>Principal’s room</td>
<td>01 no.</td>
<td>8” x 10”</td>
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<tr>
<td>Office</td>
<td>01 no.</td>
<td>8” x 10”</td>
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<tr>
<td>Staff room</td>
<td>01 no.</td>
<td>8” x 10”</td>
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<tr>
<td>Store for teaching aid</td>
<td>01 no.</td>
<td>8” x 10”</td>
</tr>
<tr>
<td>Computer lab</td>
<td>01 no.</td>
<td>10” x 16”</td>
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**Class rooms for school of visual impairment**

<table>
<thead>
<tr>
<th>Room Type</th>
<th>Quantity</th>
<th>Size</th>
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<tbody>
<tr>
<td>Class rooms</td>
<td>04 nos.</td>
<td>8” x 10”</td>
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<tr>
<td>Principal’s room</td>
<td>01 no.</td>
<td>8” x 10”</td>
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<tr>
<td>Office</td>
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<td>8” x 10”</td>
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<tr>
<td>Staff room</td>
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<tr>
<td>Computer lab</td>
<td>01 no.</td>
<td>10” x 16”</td>
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</tbody>
</table>
7.1.1.3 Hostel for children with disabilities:
Common kitchen

Hostel for children with mental retardation
- Hostel rooms: 20 nos.
- Dining hall: 01 no.
- Common room: 01 no.

Hostel for children with hearing impairment
- Hostel rooms: 20 nos.
- Dining hall: 01 no.
- Common room: 01 no.

7.1.1.4 Human resource development department (Training):
- Class rooms: 10 nos.
- Laboratories: 05 nos.
- Common rooms: 02 nos.
- Computer rooms: 02 nos.

7.1.1.5 Hostel for trainees:

Boy’s hostel:
- Boy’s hostel rooms: 15 nos.
- Dining hall for boys hostel: 01 no.
- Kitchen room: 01 no.
- Common room: 01 no.
- Store room: 01 no.

Girl’s hostel:
- Girl’s hostel rooms: 15 nos.
- Dining hall for boys hostel: 01 no.
- Kitchen room: 01 no.
- Common room: 01 no.
- Store room: 01 no.
7.1.2 BUILDING MAP: to be prepared.

7.1.3 FEATURES OF INFRASTRUCTURE:

Barrier free environment
Constructed building will be disabled friendly (barrier free) with the use of latest technologies. Following facilities will be there;

- Lift
- Ramp with hand rails
- Wide doors
- Accessible toilets
- Signboards with big letters
- Information and displays in Braille
- Auditory signals

The guiding principle for creating barrier free environment is given in the annexure.

Eco-friendly campus:
There are ample of natural resources available around us. We will use the latest technologies and optimally use the natural resources for various purposes which will enable us to reduce the cost of the project and forestall the future problems. Some of them are:

Natural Lighting:
Skylights will be installed in the roof. This will allow natural sunlight to illuminate rooms for free, especially over rooms that are the darkest. Sunlight is more powerful than any bulb, so the light will flow through much of the room where the skylight is installed or add in sun lights which will provide lights in the day time.

Utilization of solar energy:
Solar panels will be installed. Solar heating will provide energy for the building in many ways.
- Solar water tanks can heat stored water which can be used for various purposes.
- The surplus energy can be transferred to a battery and stored for later use.
- Solar lamps will be used for lighting purpose both inside and outside of the building.
Low wattage light bulbs:
Compact fluorescent light bulbs (CFLs) can be used for better lighting and energy saving. Use of low wattage light bulbs is a great way to save energy easily. They plug straight into any lighting unit and use less energy. Some are even brighter than standard light bulbs but are consuming a lot less energy.

Ventilation:
Wide windows will be provided for proper ventilation. Exhaustive fans will be provided in all the rooms where there is chance of generation of heat or gathering of crowd. Wide pathways will be provided inside the building.

Use less water: Saving water is important because it is a limited resource. High quality sanitary equipments will be used to reduce wastage of water. Water around the campus can be reused, such as using cooking water for plants, which may provide nutrients to the plant.

Green campus:
Trees will be planted in and around the campus. Planting a tree may not significantly reduce the amount of carbon dioxide in the air, but can provide shade to the clients. The natural and green campus of the institute can be a catalyst for the clients in accelerating the rate of recovery.

7.2 EQUIPMENTS AND FURNITURE:

Office equipments:
Computers, tables, chairs, fans, almirah, shelves and various other equipments and furniture.

Class room equipments:
Study desks, benches, fans, black/white boards and other equipments and furniture.

Laboratory Equipments
- Psychological tests
- Physiotherapy Equipments
- Speech therapy Equipments
- Teaching Learning Materials
- Early intervention Materials
- P&O Workshop tools and equipments
- Bio-chemistry laboratory equipments
7.3 HUMAN RESOURCE PLANNING:

Human resources are the integral part of an organization and without them nothing can be done. It is important to plan the tasks and responsibilities at each level of a project and to assign the tasks to the appropriate staffs. Following are various staffs needed for the project.

7.3.1 Professionals required:

- **Department of Early Intervention**
  - Pediatric specialist – 01 (Part time)
  - Early interventionist – 02

- **Department of Psychology**
  - Psychiatrist – 01 (Part time)
  - Rehabilitation psychologist – 02
  - Clinical psychologist – 01

- **Department of Physiotherapy**
  - Physiotherapist – 02 (including dept. Incharge)

- **Department of Occupational Therapy**
  - Occupational therapist – 01

- **Department of Prosthetics and Orthotics**
  - Prosthetist and Orthotist – 01
  - Prosthetic and Orthotic technician – 01
  - Leather technician – 01

- **Department of Speech Therapy and Audiology**
  - ENT specialist – 01 (Part time)
  - Speech therapist – 01

- **Department of vocational training**
  - Vocational trainers - 05

- **Department of special education – MR**
  - Lecturer in Special education (MR) – M Ed. – 02 (including dept. Incharge)
  - Special educators – 20
- **Department of special education – HI**
  - Lecturer in special education (HI) – 02 (including dept. Incharge)
  - Special educators – 15

- **Department of special education – VI**
  - Lecturer in special education (VI) – 01 (including dept. Incharge)
  - Special educators – 02

### 7.3.2 Other staffs:
- Administrative officer 01
- Programme officer/ Training coordinator 01
- Estate officer 01
- Accountant 01
- Computer operator 02
- Biochemist 01
- Social worker 01
- CBR workers 04
- Librarian 01
- Library support staff 01
- Music trainer 02
- Attendants 05
- Kitchen staffs (cooks etc.) 06
- Care taker 02
- Electrician 01
- Plumber 01
- Gardener 01
- Security guard 04
- Sweepers 04
8. IMPLEMENTATION PLAN:

In accordance with the objectives action plan has been drawn to provide rehabilitation services to all categories of PWDs, conduct both long term and short term training programmes, development of training packages, development of materials, improvement of assistive devices and creating infrastructure for providing rehabilitation to persons with disability while covering all necessary aspect to achieve the objectives.

A four phase model of proactive, interactive, active and reactive is adopted with distinct process to each of the phase as a sequence, in the form of exploration, experimentation, execution and expansion.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Process</th>
<th>Programs</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Proactive</td>
<td>Exploration</td>
<td>Identifying suitable location for comprehensive and composite institute for empowerment of the persons with disabilities (CCIEPD).</td>
<td>Drawing road map, preparation of Alliances Collection of essential inputs and involvement of donors, local administration, coordinators &amp; Persons with disabilities.</td>
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<td></td>
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<td>Drawing the SWOT Analysis.</td>
<td>Preparation of resource profile Preparation of catalog of materials.</td>
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<td>Fixing of physical arrangement.</td>
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<tr>
<td>Interactive</td>
<td>Experimentation through development</td>
<td>Establishing CCIEPD at Nellor, AP.</td>
<td>This center is expected to play the role of resource center for service delivery and research for the persons with disabilities</td>
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<td></td>
<td>Engaging project staff</td>
<td>Centre will have the responsibility to monitor and evaluate the programme and services</td>
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<td>Developing product catalog</td>
<td>The project staff will play the role of trainers, guides, developers of the material and documentation supervisors</td>
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<td>Developing project evaluation center</td>
<td>They will provide rehabilitation services to persons with disabilities</td>
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<td>They are the resource for sensitization and social change</td>
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<td>They are resource for identifying the need of the village/community in disability rehabilitation.</td>
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<tr>
<td>Activity</td>
<td>Action</td>
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<tr>
<td>Diagnose the type of severity</td>
<td>of severity and abilities of the persons with disabilities with the help of trainers</td>
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<td>abilities of the persons with</td>
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<td>disabilities with the help of trainers</td>
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<td>Make referral</td>
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<td>Distribute the assistive devices</td>
<td>to the needy people.</td>
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<td>Do periodical follow up of the</td>
<td>services</td>
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<td>Role clarity, identification of</td>
<td>key result areas</td>
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<td>key result areas</td>
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<tr>
<td>Capacity building of self help groups</td>
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<tr>
<td>Empowering women with disabilities</td>
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<tr>
<td>Active</td>
<td>Expansion through implementation</td>
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<tr>
<td>Orientation of grass root level workers</td>
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<tr>
<td>Disability identification &amp; assessment camps</td>
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<tr>
<td>Fabrication and procurement of aids and appliances</td>
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<tr>
<td>Establishing and equipping nodal center in mandal level</td>
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<tr>
<td>Availability of state of the art technology and skill</td>
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<tr>
<td>Dissemination of state of the art technology</td>
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<tr>
<td>Sensitization on disability, least expensive and foolproof identification of persons with disabilities</td>
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<tr>
<td>Monitoring</td>
<td>Feedback</td>
<td>Access to disability rehabilitation services</td>
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<tr>
<td></td>
<td>Review of activities schedules</td>
<td>Capacity building of Community</td>
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<td></td>
<td>Review of progress reports</td>
<td>Enabling the persons with disability with assistive devices, thereby enhancing there output</td>
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<td></td>
<td></td>
<td>Enhancing the psychological, sociological, physical and communication status to provide equal opportunities</td>
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<td></td>
<td></td>
<td>Improvement in quality of life</td>
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</tbody>
</table>

| Detail progress reports on quarterly basis are to be prepared |
| Annual progress report with action plan for the next financial year will be prepared |
| Preparatory work covering the project management information system (PMIS) |
| Implementing PMIS |
| Documentation of PMIS functioning |

| Timely appraisal of project implementation, ensuring required resources deployment, taking remedial action for effective implementation |
| Schedule of activities |
9. PROJECT MONITORING AND EVALUATION

Who will evaluate the project:  - - - - - - - - - -

9.1 COMPONENTS OF EVALUATION:

Project would be evaluated in the terms of Effectiveness, Progress, Impact, Efficiency and Relevance

<table>
<thead>
<tr>
<th>Component</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectiveness</td>
<td>To what degree have the project targets and object been achieved</td>
</tr>
<tr>
<td>Progress</td>
<td>Have the program activities been carried out according to schedule.</td>
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<tr>
<td>Impact</td>
<td>What has been the overall effect of the programme on people with disabilities, their communities and the society</td>
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<tr>
<td>Efficiency</td>
<td>What is the relationship between the effect of the programme and the resource invested in it? Have the result justified the investment in resources</td>
</tr>
<tr>
<td>Relevance</td>
<td>Did the programme objective prove relevance to the needs originally identified</td>
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<tr>
<td>Component</td>
<td>What to analyze</td>
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<td>-------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>Degree to which target and objective have been met</td>
</tr>
<tr>
<td></td>
<td>Compared to Planned objectives and targets. Special focus on persons with disabilities.</td>
</tr>
<tr>
<td>Progress</td>
<td>Schedules of programme activities implemented or in progress</td>
</tr>
<tr>
<td></td>
<td>Compared to Planned schedule</td>
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<tr>
<td>Impact</td>
<td>Overall effect on health and social development of person with disabilities</td>
</tr>
<tr>
<td>Efficiency</td>
<td>Impact of programme</td>
</tr>
<tr>
<td></td>
<td>Compared to Resources used</td>
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<tr>
<td>Relevance</td>
<td>Situational analysis, problems and programme priorities</td>
</tr>
</tbody>
</table>
10. RISK MANAGEMENT:

Anticipated risks can be:

- In sufficient donors
- Shortage of fund
- Improper monitoring system
- Improper communication among the staffs
- Lack of coordination
- Local leader/people

COST ESTIMATION:

Date: 05-06-09.  
(V. SREENIVASULU)  
SECRETARY

Place: Nellore