



ABSTRACT

Welfare of Differently Abled Persons Department – Budget Announcement – Constitution of State / District Convergence Committee – Framing of Standard Operating Procedure (SOP) – Orders – Issued.

WELFARE OF DIFFERENTLY ABLED PERSONS (DAP-3.1) DEPARTMENT

G.O. (Ms) No.30

Dated: 04.11.2022

**சுபகிருது, ஜப்பசி 18,
திருவள்ளூர் ஆண்டு 2053.**

Read:

1. Budget Announcement 2022-2023, Dated 18.03.2022.
2. From the Commissioner for Welfare of the Differently Abled, Roc. No.3111/GRH/2022, dated 27.08.2022 and 12.09.2022.

ORDER:

The Hon'ble Minister for Finance and Human Resource Management has made the following announcement during the Budget speech for the year 2022-2023 on 18.03.2022:-

"It is essential to diagnose and treat disabilities at an early stage to ensure that every child with special needs has the opportunity to grow well. At present, the Health and Family Welfare Department, Social Welfare and Women Empowerment Department, School Education Department the Welfare of Differently Abled Persons Department are performing these tasks in silos. The Government will take steps to coordinate the activities of these departments, facilitate the exchange of information and provide all services to children born with special needs through treatment centres at various levels".

2. In the letter second read above, the Commissioner for Welfare of the Differently Abled has requested the Government to constitute State / District level Convergence Committee under the Chairmanship of Chief Secretary at State Level and concerned District Collector at district level respectively and to frame the Standard Operating Procedure (SOP) to enable and facilitate identification, Screening and Rehabilitation of Children with Disabilities under the age of 18 years.

3. After careful examination of the proposal of Commissioner for Welfare of the Differently Abled, the Government have decided to accept and constitute the State Level Convergence Committee under the Chairmanship of Chief Secretary at State level and District Level Convergence Committee concerned District Collectorate at District Level so as to ensure the convergence activities among the Departments of Health and Family Welfare, Social Welfare and Women Empowerment and Rural Development and Panchayat Raj and in order to bring working frame work to enable and facilitate identification. Screening and rehabilitation of Persons with Disabilities in the age group of Birth to 18 years and further welfare activities envisaged by the Government and mandated by the Rights of Persons with Disabilities Act, 2016, from time to time.

i. The Member of the Committee are as follows:-

STATE CONVERGENCE COMMITTEE

Sl. No.	Designation	
1.	Chief Secretary	Chairperson
2.	Additional Chief Secretary / Principal Secretary / Secretary to Government, Social Welfare and Women Empowerment Department	Member
3.	Additional Chief Secretary / Principal Secretary / Secretary to Government, Finance Department	Member
4.	Additional Chief Secretary / Principal Secretary / Secretary to Government, Rural Development and Panchayat Raj Department	Member
5.	Additional Chief Secretary / Principal Secretary / Secretary to Government, Health and Family Welfare Department	Member
6.	Additional Chief Secretary / Principal Secretary / Secretary to Government, School Education Department	Member
7.	Additional Chief Secretary / Principal Secretary / Secretary to Government, Welfare of Differently Abled Persons Department	Member Secretary
8.	Director / Commissioner of Social Defence	Member
9.	Director Cum Mission Director, Integrated Child Development Scheme	Member
10.	Mission Director, National Rural Health Mission	Member
11.	Project Director, Tamil Nadu Health System Project	Member

12	Managing Director, Tamil Nadu Corporation for Development of Women	Member
13.	Executive Director, Tamil Nadu Corporation for Development of Women	Member
14	Managing Director, Tamil Nadu Arasu Cable TV Corporation Ltd	Member
15.	Regional Director, Regional Centre, National Institute of Open Schooling	Member
16.	Chief Executive Officer, Tamil Nadu e-Governance Agency	Member
17.	Commissioner / Director for Welfare of Differently Abled	Convener

DISTRICT CONVERGENCE COMMITTEE

Sl. No.	Designation	
1	District Collector	Chairperson
2	District Project Officer, Integrated Child Development Scheme	Member
3	Dean / Joint Director and Nodal Officer- District Early Intervention Centre	Member
4	Deputy Director of Health Service, Medical Officer, District Training Team, Rastriya Bal Swasthaya Karyakram (RBSK)	Member
5	District Project Officer, United India Insurance Company (UIIC)	Member
6	Chief Education Officer, Sarva Siksha Abhiyan	Member
7	District Child Protection Officer	Member
8	Project Director, Tamil Nadu Corporation for Development of Women	Member
9	Deputy Manager, Tamil Nadu Arasu Cable TV Corporation Limited	Member
10	District Differently Abled Welfare Officer	Member Secretary cum Convener

The role and functions of the Committees are as follows:-

- a. The Committees may meet once in 6 months or on suitable Periodical interval as the requirement arises.
 - b. Monitoring of the Online issue of Disability Certificate / Online generation of UDID through Nodal agency to be nominated by Health and Family Welfare Department and guiding the process.
 - c. Monitoring and guiding on the Issuance of Chief Minister Comprehensive Health Insurance Scheme (CMCHIS) cards and implementation of CMCHIS packages to persons with Differently Abled persons with Special Needs.
 - d. Monitoring collection of Aadhaar card number and maintenance of Differently Abled Persons deduplicated data base.
 - e. Monitoring the study of the existing IT application of HoDs and integration.
 - f. Monitoring the Development of Social Registry (RIGHTS) / State Family Data Base (Tamil Nadu e-Governance Agency) and online tracking of Children with Special Needs.
 - g. Monitoring the preparation of Standardisation of screening protocols and tools and providing convergence support to the successful implementation of World Bank supported RIGHTS Project.
 - h. To evolve a mechanism for periodical survey of Differently Abled Persons with special focus on Children with Special Needs.
 - i. Development Assessments Cards for differently abled persons
 - j. To ensure Children with Special Need for getting all benefit and Schemes.
 - k. Centralised Distribution Mechanism for supply of Assistive Devices
 - l. Resource mapping of existing service providers and rating and ranking of item.
 - m. Fund resources and Management.
- ii. The Standard Operating Procedure (SOP) for providing effective services on their appropriate jurisdiction / responsibilities are annexed to this order.

(BY ORDER OF THE GOVERNOR)

**R. ANANDAKUMAR,
SECRETARY TO GOVERNMENT.**

To
The Commissioner for Welfare of the Differently Abled /
Director for Welfare of the Differently Abled, Chennai – 5.
The Additional Chief Secretary to Government,
Social Welfare and Women Empowerment Department, Chennai – 9.

- The Additional Chief Secretary to Government,
Finance Department, Chennai – 9.
- The Principal Secretary to Government,
Health and Family Welfare Department, Chennai – 9.
- The Principal Secretary to Government,
Information Technology and Digital Services Department, Chennai – 9.
- The Principal Secretary to Government,
Rural Development and Panchayat Raj Department, Chennai-9.
- The Principal Secretary to Government,
School Education Department, Chennai-9.
- The Director / Commissioner of Social Defence, Chennai-10.
(through Commissioner for Welfare of the Differently Abled)
- The Director Cum Mission / Director Integrated Child Development Service,
Chennai. (through Commissioner for Welfare of the Differently Abled)
- The Mission Director / National Rural Health Mission,
Chennai. (through Commissioner for Welfare of the Differently Abled)
- The Project Director, Tamil Nadu Health Service Project,
Chennai (through Commissioner for Welfare of the Differently Abled)
- The Managing Director / Executive Director, Tamil Nadu
Corporation of Development of Women, Chennai
(through Commissioner for Welfare of the Differently Abled)
- The Managing Director, Tamil Nadu Arasu Cable Tamil Nadu Corporation Limited,
Chennai. (through Commissioner for Welfare of the Differently Abled)
- The Regional Director / Regional Centre,
National Institute Of Open schooling,
Chennai. (through Commissioner for Welfare of the Differently Abled)
- The Chief Executive Officer, Tamil Nadu e-Governance,
Chennai. (through Commissioner for Welfare of the Differently Abled)
- All District Collectors. (Through Commissioner for Welfare of the Differently Abled)
- All District Differently Abled Welfare Officers.
(through Commissioner for Welfare of the Differently Abled Communicate)
- The District Project Officer,
Integrated Child Development Scheme
(through Commissioner for Welfare of the Differently Abled)
- The Dean / Joint Director and Nodal Officer-District Early Intervention Centre.
(through Commissioner for Welfare of the Differently Abled)
- The Deputy Director of Health Service, Medical Officer,
District Training Team, Rastriya Bal Swasthaya Karyakram (RBSK)
(through Commissioner for Welfare of the Differently Abled)
- The District Project Officer, United India Insurance Company (UIIC)
(through Commissioner for Welfare of the Differently Abled)
- The Chief Education Officer, Sarva Siksha Abhiyan
(through Commissioner for Welfare of the Differently Abled)
- The District Child Protection Officer
(through Commissioner for Welfare of the Differently Abled)

The Project Director, Tamil Nadu Corporation for Development of Women.
(through Commissioner for Welfare of the Differently Abled)
The Deputy Manager, Tamil Nadu Arasu Cable TV Corporation Limited.
(through Commissioner for Welfare of the Differently Abled)

Copy to:-

The Chief Minister's Office, Chennai-9.
The Special Personal Assistant to Hon'ble Minister,
Finance and Human Resource Management, Chennai-9.
The Senior Principal Private Secretary to Chief Secretary to Government, Chennai-9.
The Private Secretary to Secretary to Government,
Welfare of Differently Abled Persons Department, Chennai-9.
Welfare of Differently Abled Persons (DAP-I /II) Department, Chennai- 9.
Stock File / Spare Copy.

// FORWARDED BY ORDER //

A.S. Abdul Malik
Section Officer *7/11/22*
8/11/22

G.O. (Ms) No.30, Welfare of Differently Abled Persons (DAP-3.1) Department,

Dated 04.11.2022

Annexure

Standard Operating Procedure for Screening and Rehabilitation for Children with Disabilities under the age of 18

Introduction

The concept of resource convergence was introduced and evolved to enhance qualitative sustainable outcomes. It was first discussed and documented in the early 1990s. The model and methodology advocated convergence of all the various departments, resources that are available either through data sharing, application/system modification to include more variables and trained human resources for effectively providing services to end users, in this case the Persons with Disabilities (PWDs).

The resource convergence ensures that every rupee spent is utilized productively, that however scant the resource, they are used to its optimum. This convergence envisions focused objectives and outcomes enabling positive and speedy decision making within a set timeframe for execution.

Standard Operating Procedures

Multiple State Convergence meetings were conducted for bringing Convergence and synergy among Health and Family Welfare Department, Education (Samagra Shiksha (SS)), Social Welfare and Women Empowerment (ICDS), Rural Development and Panchayat Raj Department (TNSRLM/TNULM) for bringing a working framework to enable and facilitate identification, screening and rehabilitation of PWDs in the age group of 0-18 years of age by developing Standard Operating Procedure by each department.

Definitions

1. Screening

Screening refers to the detection of unsuspected deviations from normal development that would not otherwise be identified in routine pediatric practice. The goal of screening is to identify, as early as possible, developmental disabilities in children at high risk so that a treatment or remediation can be initiated at an early age, when it is most effective.

2. Rehabilitation

A set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment.

3. Children with Special Needs

A child is commonly recognised as having special educational needs (SEN) if he or she is not able to benefit from the school education made generally available for children of the same age without additional support or adaptations in the content of studies. Therefore, SEN can cover a range of needs including physical or mental disabilities and cognition or educational impairments.

4. High Risk Pregnancy/ High Risk Infant

Pregnancy is considered high-risk, if the mother, foetus, or infant is more exposed to disability, sickness or death.

5. Development Delay

Developmental delay is a term that generally refers to children who do not show the expected developmental capacities (Milestones), according to their age.

6. Assistive Device

Assistive devices are external devices that are designed, made, or adapted to assist a person to perform a particular task.

Purpose of Standard Operating Procedures (SOP)

- Screening for Disabilities (21 disabilities as listed in the Rights of Persons with Disabilities Act, 2016).
- Capacity building and training programmes.
- Assessment and evaluation of disability, issuance of certificate of disability Unique Disability Identity Card (UDID) and Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS) Card.
- Provision of Comprehensive Rehabilitation Services.
- Common Data maintenance and sharing.

The Standard Operating Procedure for facilitating standards in screening and rehabilitation of PWDs in the age group of 0-18 years of age drafted, based on the feedback provided in the convergence meetings and SOP provided by the concerned Department, is a guidebook for the following stake holders:

- Department for the Welfare of Differently Abled Persons
- The National Health Mission-TN
- Directorate of Medical Education.
- Directorate of Medical and Rural Health Services.
- Directorate of Public Health and Preventive Medicine.
- Tamil Nadu Health System Project
- Department of School Education (Samagra Shiksha)
- Department of Social Welfare and Women Empowerment (ICDS)
- Department of Rural Development and Panchayat Raj (TNSRLM/TNULM)
- District Early Intervention Centres
- Block Resource Centres
- Early Intervention Centres
- Private Rehabilitation Services provided by Non-Government Organizations (NGOs) or private individuals

I. Screening for disabilities:

The screening will be carried out as follows:-

(i) Screening of high risk mothers:

- a. High risk pregnancy(Previous child born with CWSN, Gestational Diabetes Mellitus, Severe Anaemia, Pregnancy Induced Hypertension, Reactive to HIV, Syphilis, Tuberculosis, Malaria, Previous LSCS, Bad Obstetric History)should be maintained by the Village Health Nurse (VHN) / Urban Health Nurse (UHNs) through Reproductive and Child Health Identification (RCH ID)
- b. High risk mothers, given birth to child with genetic disorder should be counselled by Mentor OG obstetrician and Paediatrician at District level.

(ii) Delivery Point Screening (At Birth to 6 Weeks) for birth defects:

- a. All the new born babies should be screened by using the common screening tool both in Government and Private hospitals by Medical Officer Primary Health Centre (PHC), Government Hospital (GH), Maternal and Child Health (MCH) and Private Doctors.
- b. Infant RCH ID to be mentioned in all delivery point screening register for further follow up and Treatment by the District Early Intervention Centre (DEIC) under Directorate of Medical Education (DME) / Directorate of Medical Services (DMS) / Directorate of Public Health and Preventive Medicine (DPH&PM).
- c. Village Health Nurse/Urban Health Nurse (VHNs/UHNs),and Anganwadi Worker(AWW)/Accredited Social Health Activists (ASHAs) will screen the babies born at home and the institutions till 6 weeks of age during home visits.(HBNC)
- d. Further, VHN/UHN/AWW/ASHAs will mobilise children to attend the local Anganwadi Centres for screening by the RBSK Mobile Health Team.
- e. Both Government and Private Hospitals Should ensure the process.
- f. Line list of identified Newborn with 4 Ds during Delivery Point screening is to be shared to DEIC from all the delivery points.
- g. DEIC will maintain the delivery point screening data and identified children with 4 Ds in the digitalized Format.
- h. The identified data should be shared with VHNs/UHNs for further follow up.
- i. All the identified new born babies with disabilities shall be referred to DEIC for further follow up by VHN/UHN/AWW/ASHA, and the same to be shared to Rastriya Bal Swasthaya Karyakram (RBSK) mobile health team.

(iii) Screening of high risk Infants with 4Ds:

Screening of high risk infants through the "Pregnancy and Infant Cohort Monitoring and Evaluation" (PICME) number (Infant RCH Id) identified with 4Ds should be maintained by Village Health Nurse/Urban Health Nurse (VHNs/UHNs) for further follow up.

(iv) Screening of children 6 weeks to 2 years:

- a. Children in the age groups 6 weeks to 2 years of age will be screened by VHN/UHN during immunization sessions and Home Based Young Child Care(HBYC) visit and the same to be confirmed by RBSK Teams.
- b. All identified children with disabilities should be given a specific code in the PICME number for follow up and rehabilitation.
- c. All the identified children with disabilities shall be referred to DEIC by writing Infant RCH ID in the referral form for further follow up by VHN/UHN/RBSK Mobile Health Team.

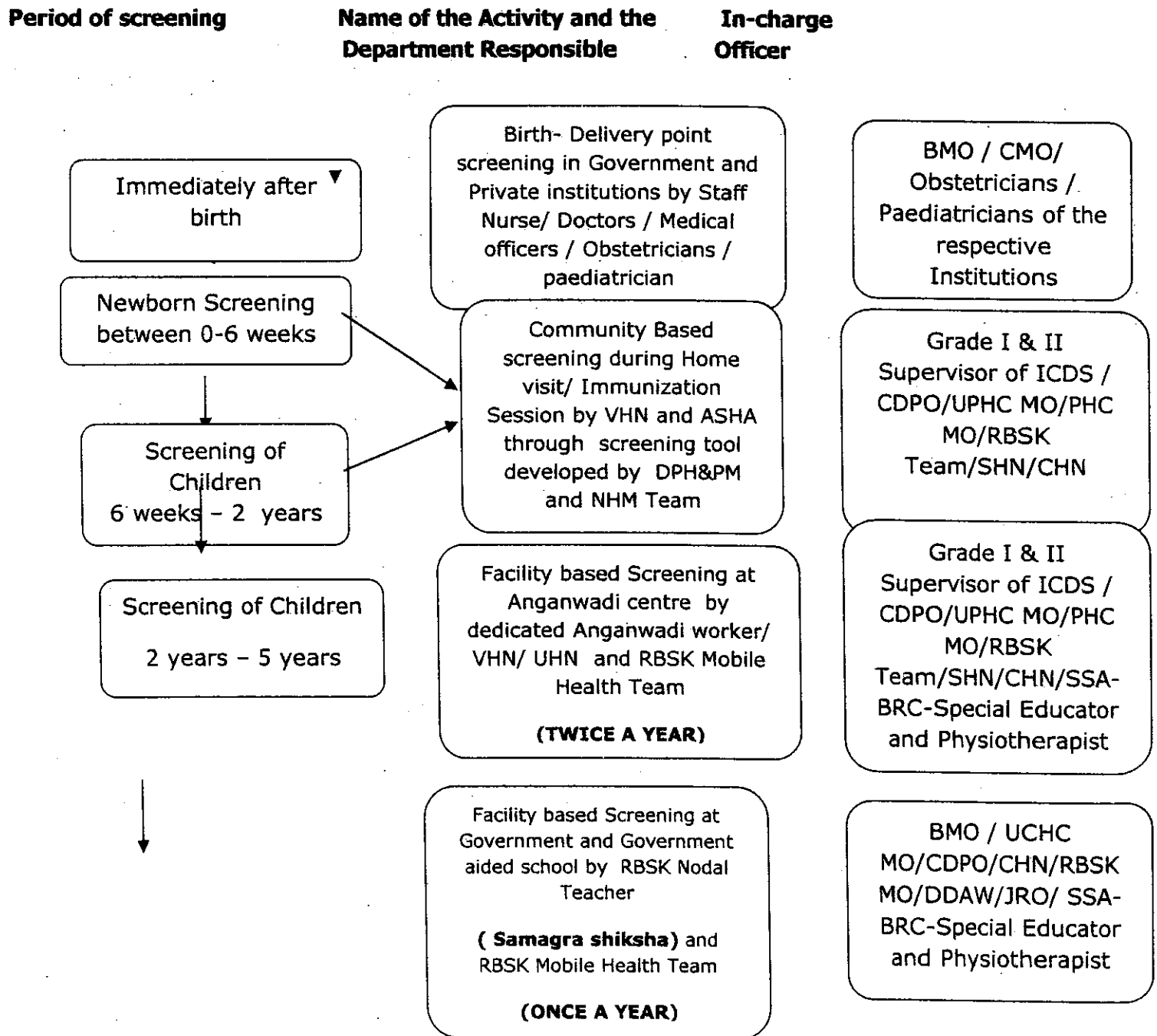
(v) Screening of children 2-6 years at anganwadi centers:

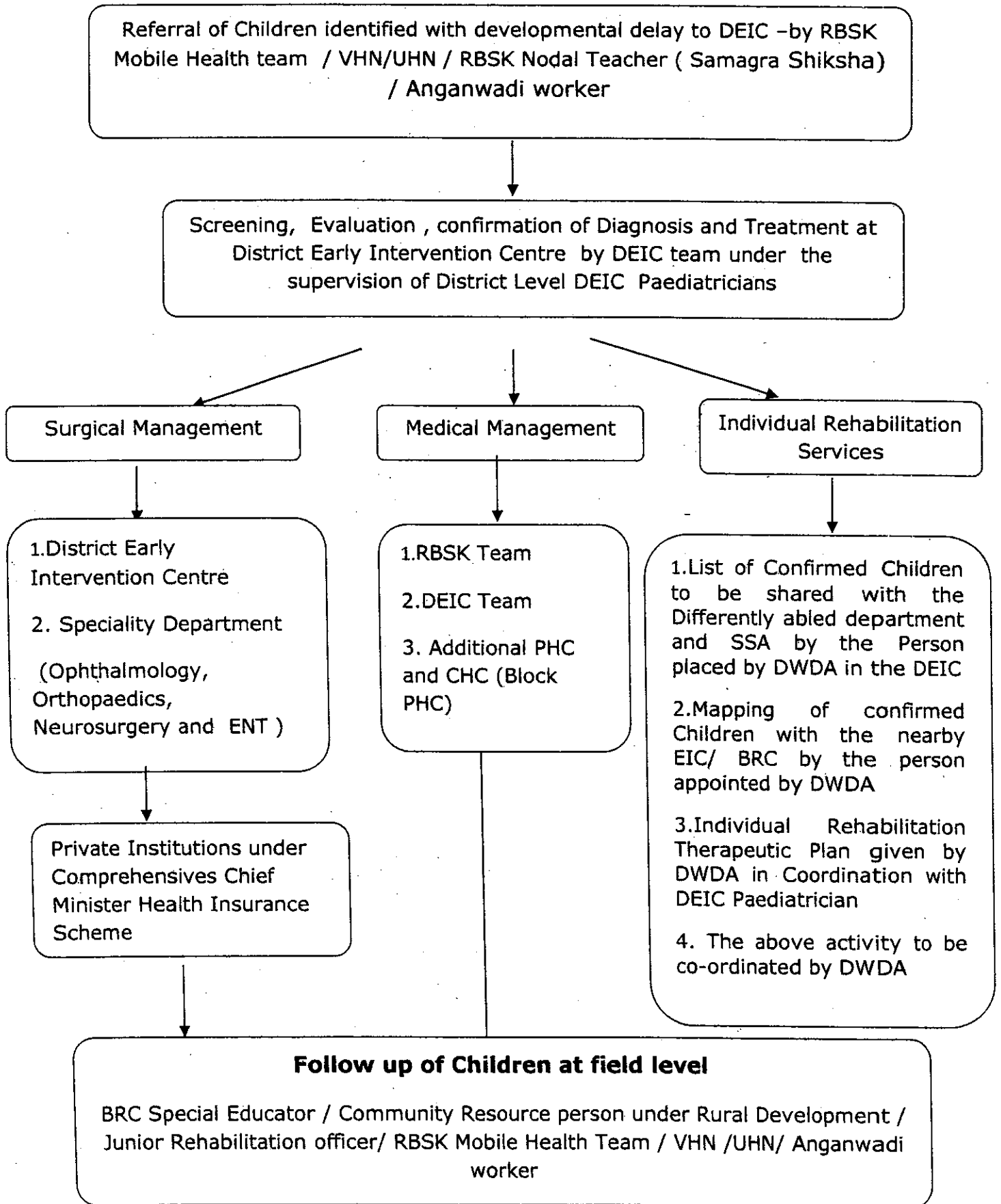
- a. All Children in the age groups 2 years to 6 years of age in Anganwadi Centre area (including Children availing Preschool at Private Organizations) will be screened in the Anganwadi Centres byAnganwadi Worker(AWW) with the use of common tool during their weighing sessions. AWW after screening should refer the identified child to RBSK team.
- b. The Screening of children in the Anganwadi Centres will also be conducted at least twice a year by RBSK Team.
- c. Identified children will be documented in the TN ICDS App and Govt of India RBSK application.

d. Identified children will be referred to DEIC by RBSK team.

(v) (A) Screening of children 3.6 -6 years at Schools:

- a. Children in the age groups 3.6 years to 6 years of age will be screened in the Kindergarten/ Play/ Nursery schools by the trained teachers.
- b. Identified children by the teacher will be documented in the Education Management Information System (EMIS).
- c. Identified children with 4Ds will be referred to RBSK Mobile Health Teams/ DEIC.





- b. All the Children in the age group of 6 to 18 years, will be screened in Government, Government aided schools, Unaided and Private schools by Trained nodal teachers during the admission procedure and rescreening should be conducted at every 6 months. RBSK team would screen the school children (Government and Government aid) once a year
- c. The drop out children should be captured through the SSA home based team/ RBSK team at Anganwadi centre in a systematic manner.
- d. The screening of children would be conducted every April and May along with the school admission procedure for both admitted children and drop out children.
- e. Identified children should be referred to RBSK team and the team would further refer to DEIC.
- f. The follow up should be documented.
- g. The data should be captured in the "EMIS".
- h. The Block Resource Centre (BRC) will follow up the children further for rehabilitation after back referral by DEICs.
- i. Monthly meeting on 3rd Saturday with DEIC should be conducted and the line list of such children referred to BRC should also be shared to RBSK Team for further follow up.

II. Certification and issuance of UDID/CMCHIS

- a) After screening, the identified risk population with 4Ds will be directed to District Early Intervention Centre (DEIC). The DME/DMS will be the nodal agency to facilitate the medical board/ specialists for assessment/ evaluation of disability and issuance of certification of disability/ UDID card weekly twice on a specific day (Wednesday and Friday) throughout the State. DEIC will serve as a place for this activity.
- a) Currently the Enrolment under CMCHIS is done at concerned District Kiosks placed in District Collectorate. Any one family member mentioned in Ration card can approach Kiosk with mandatory documents and will be enrolled under CMCHIS after due verification of documents and capturing photo and Biometric for Differently abled mandatory documents are Aadhaar card, Ration Card and Disability Certificate. CMCHIS card will be issued on the same day and the card should be issued to irrespective of economic status of the Child.
- b) Directorate for the Welfare of Differently Abled have also sent a proposal to enrol uncovered Differently Abled beneficiaries, based on UDID card issued by

Directorate for Welfare of Differently Abled. This card is handed over to District Differently Abled Welfare Office (DDWO) of the respective District, the same may be issued to beneficiaries by DDWO.

- c) The District DEIC to ensure the availability of specialists on Wednesday and Friday to provide disability certificate/UDID based on the instruction of Dean/JDHS/the HOD concerned.

Day	Disability
1- Wednesday(except on Government Holidays)	<ol style="list-style-type: none"> 1. Locomotor Disability 2. Leprosy Cured 3. Cerebral Palsy 4. Dwarfism 5. Muscular Dystrophy 6. Acid Attack Victims 7. Blindness 8. Low Vision 9. Deaf and Hard of Hearing 10. Speech and Language Disability 11. Sickle Cell Anaemia 12. Thalassaemia, 13. Haemophilia,
1. Friday (except on Government Holidays)	<ol style="list-style-type: none"> 1. Intellectual Disability 2. Specific Learning Disability 3. Autism Spectrum Disorder 4. Mental Illness 5. Chronic Neurological Conditions 6. Multiple Sclerosis, 7. Parkinson's Disease 8. Multiple Disabilities

- d) In case of scarcity or non-availability of specialists, the respective DEIC team will coordinate for arranging the alternate doctors from the neighbouring districts monthly twice.

- e) The Data Entry Operator under the control of DDAWO will be placed by the Department for the Welfare of Differently Abled in the DEIC and that person will be responsible for ensuring certification, generation of UDID cards and Individual Rehabilitation Plan (IRP) at DEIC.
- f) DEIC may also arrange special camps for this purpose. A Data Entry Operator and a person for coordinating the processes on the day of board will be given by Directorate for Welfare of Differently Abled Persons (DWDAP). The Individual Rehabilitation Plan (IRP) will be developed by WDAP in coordination with NHM/Health officials along with CMCHIS

III. Referral Service

- a) DEIC will refer PwDs for Therapy / Special Education through RCI certified / UGC recognised professional to geographically mapped EICs/BRCs. The PWD will be channelized for the intervention for specifying the place of rehabilitation based on many factors, including geographical location, availability of specialisation, functionality of PwDs and accessibility of PwDs.
 - a. EICs will provide Individual Rehabilitation Therapy from birth to 6 years. The parents' role in early intervention is very crucial. Parents will be involved in rehabilitation. They will be engaged in learning the rehabilitation, knowledge transition and service provision at EIC.
 - b. BRCs will provide Individual Rehabilitation Plan, Remedial training and special education, Parental Counselling, legal assistance. Counselling and social skill training for the 6 to 18 years of school going children through RCI certified/ UGC recognised professional. BRC will refer the child to the Special School, based on the need or choice of the caregiver.

IV. Rehabilitation

a. Early Intervention Centers

Children under the age of 6 years will receive therapy in the Early Intervention Center. Based on the Individual Rehabilitation Plan, the Individual Therapy Plan (ITP) and Individual Education Plan (IEP) will be prepared at EICs through RCI certified/ UGC recognised professional.

i. Individual Therapy Plan and Individual Education Plan

1. EICs will provide Individual Rehabilitation Therapy from birth to 6 years.

2. Baseline evaluation will be conducted in physical, cognition, communication, functional aspects based on the requirement of CwSN.
3. The education plan will be prepared based on the child's requirements.
4. For evaluation common standardized evaluation tools will be used. For that the DDWAP has to finalize the common standardized evaluation tools for each domain.
5. Therapy plans will be formulated based on the evaluation.
6. Every six months there will be a reassessment to find out the progression.
7. Based on the reassessment a new plan will be formulated.
8. Individual therapy will be provided for each child minimum of 30 minutes on an everyday basis by caregivers and monitored by the specialists at the center on an alternate day basis.
9. Caregivers will be trained in rehabilitation by the specialists.
10. Caregivers will follow the therapy regularly at their home.
11. Progression will be captured and will be available for the district monitoring committee.

ii. CwSNs Parents group.

1. The parents' role in early intervention is very crucial. Therefore, parents will be involved in making rehabilitation choices.
2. A Peer Support group will be formulated based on the disability.
3. There should be a meeting conducted on every first Monday to discuss the progression of their child and therapy updates.
1. Parents will receive individual/ group psychological counselling regularly through EICs.
2. The psychological counselling will be provided by DEIC psychologist.

b. Block Resource Centers

Children with the age of 6 - 18 years will receive therapy in Block Resource Centers. Based on the Individual Rehabilitation Plan (IRP). IRP consists of Individual Therapy Plan (ITP) and Individual Education Plan (IEP) will be prepared at BRCs.

i. Individual Therapy Plan and Individual Education Plan

1. BRCs will provide Individual Rehabilitation Therapy from 6 to 18 years or refer the child to the Special School based on the need or choice of the caregiver.

BRC and Special school will follow the given below procedures:

2. Baseline evaluation will be conducted in physical, cognition, communication and functional aspects, based on the requirement of CwSN.
3. The education plan will be prepared based on the child's requirements with the support of concerned school teachers.
4. For evaluation common standardized evaluation tools will be used. For that, the Department must finalize the common standardized evaluation tools for each domain.
5. Therapy plans will be formulated, based on the evaluation.
6. Every six months, there will be a reassessment to find out the progression.
7. Based on the reassessment, a new therapy plan will be formulated.
8. Individual therapy will be provided for each child minimum of 30 minutes on an everyday basis by caregivers and monitored by the specialists at the center on an alternate day basis.
9. Caregivers will be trained in rehabilitation by the specialists.
10. Caregivers will follow the therapy regularly at their home.
11. Progression will be captured and will be available for the District Monitoring Committee.

ii. CwSNs Parents group.

1. A Parent Support group will be formulated for each BRC.
2. There should be a meeting conducted on every first Monday to discuss the progression of their child and therapy updates.
3. Parents will receive individual / group psychological counselling regularly through BRCs.
4. The psychological counselling will be provided by DEIC psychologist.
3. Along with Individual Rehabilitation, BRC will arrange legal assistance and social skill training for the caregivers and required children.

c. Home Based Therapy

Children with Special Needs who are not able to reach the centers will receive therapy, at their home itself.

i. **Individual Rehabilitation Plan**

1. Home Based Therapy team will be formulated with a Physiotherapist, Special Educator and Speech trainer.
2. They will provide Individual Rehabilitation Therapy.
3. At least, one specialist will visit the child every week.
4. Baseline evaluation will be conducted in physical, cognition, communication and functional aspects based on the requirement of CWSN.
5. For evaluation common standardized evaluation tools will be used. For that, the Department has to finalize the common standardized evaluation tools for each domain. The tool has to serve the online evaluation purpose too.
6. Therapy plans will be formulated, based on the evaluation.
7. Every six months, there will be a reassessment to find out the progression.
8. Based on the reassessment, a new therapy plan will be formulated.
9. Everyday Individual therapy will be provided for each domain minimum of 30 minutes by caregivers.
10. The therapy plan will be recorded in the child's diary daily.
11. This should be confirmed and captured by the specialists, during their visits for the evaluation purposes.
12. Caregivers will be trained in rehabilitation by the specialists.
13. Caregivers will follow the therapy regularly at their home.
14. Caregivers may attend the Parents Monthly meeting, psychological counselling, Legal assistance or social skill training either at EIC or BRC
15. Progression will be captured and will be available for the district monitoring committee.

V. Assistive Devices

- A. Customised and need based assistive devices and appliances may be provided within the time frame. This will be prepared by the DDAWO.
- B. Identified or needy CWSN/ their caregiver can approach the district DDAWO with the prescription.
- C. Based on the interviews the device will be confirmed for the CWSNs.

- D. Orders will be collectively taken at stipulated time and will be placed to identified vendors.
- E. A caregiver of CwSN can avail the product through Government subsidy.
- F. Before issuing the device, DDAWO will arrange a trial with the CwSNs to confirm the adaptability and fitting of the device.
- G. DDAWO may issue the final product through camps.

The Health Department and School education department may utilize the service or follow their existing procedures.

➤ **Scholarship and entitlements**

All the provisions, concessions and entitlements to CwSN will be extended by the School education department and DWDAP as per the existing procedures

The School education and the DWDAP shall make efforts to provide information on the various provisions to parents/caretakers.

➤ **Integration of data**

Currently, the concerned Departments involved in the process are collecting the Data through their own Department application. TNeGA will lead the data collection & integration in line with Tamil Nadu Data Policy with the support of line Departments in a consolidated portal for sharing of Data from Line Departments.

Roles of Responsibilities of the Stakeholders

I. Department of Health and Family Welfare

- The Department shall ensure the utilization of common screening tool.
- The Government / Private Hospital shall do the screening for disabilities of new-born babies
- Screening of high-risk mothers and disability identification of the infant through the RCH number and "PICME" app already being done by Village Health Nurse/ Urban Health Nurse (VHNs/UHNs) for further follow up.
- Village Health Nurse/ Urban Health Nurse (VHNs/UHNs) and Anganwadi worker (AWW)/ Accredited Social Health Activists (ASHAs) will screen the babies born at home and the institutions till 6 weeks of age during home visits.
- VHNs/UHNs , AWW and ASHAs have been trained with simple tools for detecting gross birth defects. For performing the above additional tasks, they would be

- equipped with a tool kit consisting of a pictorial reference book having self-explanatory pictures for identification of birth defects.
- Children in the age groups 6 weeks to 2 years of age will be examined by VHN during immunization sessions and HBYC visit
 - a. AWW/ASHAs will mobilise 0-5 years children to attend the local Anganwadi Centres for screening by the RBSK Mobile Health Team.
 - b. Children in the age groups 3.6 years to 6 years of age will be screened in the kindergarten schools by the trained teachers and will be supported by the RBSK team, during the Anganwadi visits.
 - c. All the children in Government and Government aid school will be screened by RBSK team
 - All the Children in the age group of 6 to 18 years, will be screened initially by the Government, Government aided schools, Unaided and Private schools and refer the children with 4Ds
 - Identified infants and Children with Special Needs need to be referred to DEIC by RBSK team for further evaluation.
 - d. A monthly Review Co-ordination Meeting between RBSK Mobile Health Team Medical Officers and DEICs Medical Officers, Paediatrician, Dentist and DEIC Paramedical Staff should be conducted every 3rd Saturday of the month with the fixed Agenda. The DDHS of the respective HUD(Revenue HUD and other HUD), JDHS / Deans, RBSK Medical Officers, DEIC Medical Officer / Paediatrician / Dentist, DEIC Paramedical Staff, District Project Officer (CMCHIS), Asst. Programme Manager, DTT Medical Officer (Nodal Officer for Meeting and responsible to send minutes to SHS), Block Medical Officer, Corporation Health Officer(Urban), DMCHO, Asst. Director o/o DDHS, HoD Paediatric, Representative from ICDS Centre, Representative from School Education Department, District welfare of Differently Abled Officer, Deputy Director (Leprosy), Deputy Director (TB), District Psychiatrist (DMHP), District Tribal Welfare Officer, STEMI - Nodal Officer at the district, HOD Opthomology or NPCB district nodal officer and District ENT Surgeon/HOD/Nodal officer will be attended during the meeting:
 - The Government/ Private Hospital shall ensure the follow up of DEIC visits.
 - The DME/DMS will be the nodal agency to facilitate the medical board/ specialists for assessment/ evaluation of disability/, generation of UDID cards and Individual Rehabilitation Plan (IRP) at DEIC on weekly twice on a specific day throughout the State.

- District Project Officer of CMCHIS will be responsible for issuing the CMCHIS card to the beneficiaries.
- The DEIC will refer the certified children to the mapped BRC for further follow up and to share the list of the children to RBSK team..
- The department will arrange the necessary Capacity Building to the concerned staff and DDWDAP can support this.
- State Level Nodal Officer - Additional Director, NHM and from 3 Directorate viz Joint Director HEB, Joint Director CEmONC , Deputy Director DME ,
- District Level Nodal Officer-Deputy Director of Health Services and District Differently Abled Welfare Officer
- Block Level Nodal Officer- Block Medical Officer

II. Department of Social Welfare and Women Empowerment (ICDS)

- a. Anganwadi Workers do support VHN/UHN for the screening of high-risk mothers/ children and new-born babies with disabilities.
- b. Children in the age groups of 2 years to 6 years of age will be screened in the Anganwadi Centres by Anganwadi Workers who have undergone training.
- c. Screened high risk mothers or the high-risk infant/ children will be followed by the Anganwadi workers and ensure them to reach DEIC for further evaluation with the support of RBSK Mobile Health Teams/ DEIC.
- d. The screening and follow up of screening data will be documented in the TN ICDS app.
- e. The Department will arrange the necessary Capacity Building to the concerned staff and DDWDAP can support this.
- f. Deputy Director (Training) of ICDS Directorate will be the Nodal Officer of the State Level.
- g. District Project Officer (ICDS) will be the District Level Nodal Officer.

III. Department of Social Defence

- The children under 18 years of age in all homes under social defence department will be screened for disability by RBSK mobile team
- The Disability Homes will be under DWDA Department and screening will be done periodically
- All the Homes under Social Defence will appoint a Nodal Officer and should communicate with DEIC for UDID and other rehabilitation services

IV. Department of School Education

Block Resource Centre (BRC) under School Education Department will provide Rehabilitation services, which includes academics, and is entitled to receive therapeutic services for up to Rs.7000/- per month. The Services are divided into 3 categories

- (i) 0 to 6 years - Early Intervention Services
- (ii) 6 to 18 years - School-Based Services
- (iii) 0 to 18 years - High support needs services [Home-Based services]

The School Education department has 842 BRCs in primary, middle and secondary schools at all blocks of Tamil Nadu responsible for creation of a program that provides remedial, compensatory. Therapeutic, educational, and developmental intervention for children with special needs through individualised sessions for three to five hours per week or as per the requirement. Through these programs the BRCs will function as a one-stop centre for the last-mile delivery of all the development and support schemes provided by the state for children with disabilities, thus ensuring inclusive education and equitable progress.

The BRCs will also act as

1. A repository of teaching-learning materials
2. Maintenance and circulation of necessary teaching-learning materials for Children with Special Needs within the given block
3. Ensure the timely distribution of aids and appliances
4. Provision of financial assistance through Direct Benefit Transfer [DBT]
5. Data Management and Convergence.

SOP for the people involved in BRC

S.No	Responsibility	Activity	
1	State Nodal Officer	Commissioner of School Education State Project Director Samagra Shiksha	Complete incharge of BRC
	District Nodal Officer	Chief Education Officer District Coordinators	The CEO/DC will responsible for the overall management Responsibilities of the block resource centre. They will support the principal and act as a liaison between state, District block, professionals and parents
	Block Nodal Officer	Supervisor /BRTE	They will be supporting the special educators, therapists and parents.

			They will enter the data with the support of the EMIS person in the BLOCK. The special educators will give the data to the BEO/BRT and the entry will be done by the BEO/BRTE. The BEO/BRTE will ensure the parents are satisfied with the services provided at the BRC
	BRC	Headmaster of the BRC , School	Administrative Head of the BRC He / she will be incharge of overseeing Finance Data management, attendance (Through App Quality and monitoring, will act as nodal person with the other Headmasters of the other schools in the block.
	School	Nodal Teacher Every school shall identify a Nodal Teacher, (Existing RBSK teacher).	The Nodal teacher will oversee for identification of Disability, Bridge between BRC, Parent, Therapists towards program planning, IRP , Aids and appliances, TLMs, Assistive devices the time table of sessions in the school, BRC towards the details of financial transactions with CMBRC in their schools.
	Training of the Nodal teacher in schools	School Education Department	Orientation on Disabilities, inclusive education, BRC
0 to 6	Early intervention	Individualised Early Therapy Plan Assistive technology Audiology or hearing services Speech and language services Counselling Medical services Psychological services Pre-reading, pre-writing Child development activities physiotherapy occupational Therapy Behaviour Modification	Human Resource from DEIC and Department of Differently Abled. Special educator Physiotherapist, Speech therapist and Occupational therapist
6 to 18	SOP for School Going children at BRC	SPO DPO Special Educator Therapists and SMC	Purchase and development of TLMs
		Special Educators and Therapists and SMC	Orientation for Parents to visit BRC for services

		Therapists and Special Educators	Therapeutic services
		Special Educators Parents Therapists Nodal Teachers DEC	The IPP will have Academic, therapeutic, social and life skills enrichment goals Remedial education and special education program
	<p>SOP for High Support Needs - Home Management Program Birth -18 years</p> <p>The Government of India has notified amendments to the Disability rights rules 2017, setting out the criteria for those who will come under the "High Support Needs Category".</p> <p>Now, any child with benchmark disability (40% and above) and with a scores in the range of 60 to 100 on the set-out criteria under the newly included chapter in the rules under the Right to Persons with Disabilities Act will be eligible for "High Support Needs".</p> <p>All such eligible persons may be recommended to notified state authorities by a district-level assessment board for applicable benefits including support through relevant government schemes</p>	Individualised Academic, Therapeutic and leisure program	DPO District level Assessment Board, Department of Differently - Abled. Special Educators Therapists, SMC CBR workers from Differently Abled Welfare Department
0-6	PROGRAM PLANNING TEAM	Reporting the progress of students,	Special Educators Parents Therapists Class teachers Principal

[early intervention] 6-18 school based services 0-18 high support needs	The program planning process is a team approach towards planning an appropriate program for students with special needs. at BRCs.	IPP report cards. IPPs are reviewed by the program planning team at least twice a year.	District coordinators nodal teachers CBR workers
	Safety of children attending BRC EIC and High Support Needs	Prevention of Physical abuse, Sexual abuse of CWSN Harassment of parents	A team needs to be formed from various convergence departments and visit and talk to parents once a month

SOP FOR SPECIAL EDUCATORS AND THERAPISTS IN BRC

Services offered by BRCs

Name of the Service	Professional Responsible
Individual Rehabilitation Plan	School principal District coordinator Special educator Physiotherapist Speech therapist
Remedial training and special education	1. Special educator
Parental Counselling	1. School principal 2. Special educator 3. Physiotherapist 4. Nodal teacher 5. School counsellor
Auditory verbal therapy (AVT) Auditory training and Speech & Language Intervention Speech Correction Remedial speech therapy Sign language teaching for children with hearing impairment Augmentative and alternative Communication	1. Physiotherapist 2. Speech therapist 3. Special educator
Cognitive training, attention training and neuropsychological rehabilitation	Special educator

Neurocognitive assessments and Program planning assessments	Special educator
Applied Behaviour Analysis and other behaviour therapies	Special educator
Physiotherapy Exercises	Physiotherapist
Sensory Training	1. Physiotherapist 2. Occupational Therapist 3. Special educators
Disability benefits and legal assistance/counselling	District Coordinator, Block Co-ordinator, Special Educators
Social skill Training	Special educator

SOP for Aids, Adaptations, Assistive Devices, and TLMs

S.No.	Activities	Responsibility
1	<p>Aids and Appliances/ Assistive Devices and TLMs are the supporting devices used by Children with Special Needs to improve their quality of life in terms of mobility, communication and performing their daily activities. who avail the services in BRC.</p> <p>The list of requirements needs to be prepared according to the IRP/ IPP and submitted with the parent's signature.</p>	<p>State Project Director / Commissioner of School Education / Commissioner of Disability Welfare.</p> <p>State coordinator</p> <p>State consultant</p> <p>District coordinator</p> <p>Special educator</p> <p>Physiotherapist</p> <p>Speech therapist</p> <p>School principal</p> <p>Class teacher</p> <p>SMC Member</p>

SOP for Data Management of children with special needs in BRC at EMIS

Education management information systems will collect, integrate, process, maintain and disseminate data and information to support decision-making, policy-analysis and formulation, planning, monitoring and management at all levels of a child with special needs in the BRC. EMIS is an acronym for Educational Management Information System. So Basically, it is a central database that stores records of every student's basic information like name, age, educational qualifications, contact number, home address, staff, and schools across Tamil Nadu. The data management will look into all children with special needs in all boards, all types of schools, special schools, learning centers, therapy centers, mainstream schools both government aided, adi dravida schools, Schools Run by HR&CE, and other schools which are not mentioned here.

S. No	Activity	Responsibility
1	Data management of 0 to 18 years	EMIS Coordinator, at state, district and block level. collection of data, cleansing of data, from all the above mentioned and other convergence departments
2	APP Development and management	EMIS Coordinators at all levels.

Record Maintenance and Reporting

Government has the authority to monitor and evaluate the activities of the BRC. Any action found contravening the provision of RPWD Act, 2016, or State rules or regulations made there under, shall be punishable as per the provisions of RPWD Act, 2016. Each child enrolled in the BRC should have a separate document consisting of assessment results, therapy plan, progress reports, etc. Copies of all records and statistics shall be kept for at least 5 years or in accordance with the RPWD Act, 2016 or Government regulation

Sl.No	Activity	Responsibility
1	Individual Rehab plan	DEIC and BRC Team
2	Quarterly evaluation	BRC team

3	Annual evaluation	Teams from Differently Abled DEIC, Education Department and other qualified professional from RCI
4	Registration of CWSN at each CMEBRC	School Education Department

Maintenance of Therapeutic Equipment Assistive Devices Student related Data and TLMs at BRC

S. No.	Activity	Responsibility
1	Therapeutic Equipment Register	School principal
		District coordinator
		Physiotherapist
		Speech therapist
		Occupational therapist
		Special needs parent from SMC
2	Assistive Devices Register	School principal
		District coordinator
		Physiotherapist
		Speech therapist
		Occupational therapist
		Special needs parent from SMC
3	TLMs Register	School principal
		District coordinator
		Special educator
		Special needs parent from SMC
4	Student data register	School principal
		District coordinator
		Physiotherapist
		Speech therapist
		Occupational therapist

		Special educator
		Special needs parent from SMC
5	BRC Inspection Register	School Principal
6	BRC Attendance Register	School Principal
7	BRC Beneficiary Register	School Principal

- a. Children in the age groups 3.6 years to 6 years of age (Government, Govt aided, Private across all boards, Montessori, Kinder Gardens, Creches, play schools will be screened by the staff of BRCs.
 - b. All the Children in the age group of 6 to 18 years, will be screened in Government, Government aided schools, Unaided and Private schools across all boards by Trained Nodal teachers BRC team and RBSK team
 - i. The screened children will be referred to DEIC for further diagnosis and IRP
 - ii. The screening of children would be conducted at least once a year for school children and further referral to RBSK Mobile Health Teams/ DEIC.
 - iii. The Block Resource Centre (BRC) will be the Nodal office and the data will be captured in the "EMIS" for all schools across all boards in Tamilnadu.
 - iv. BRCs will be responsible for 6 – 18 years of school going children (both in special and other schools across all boards) in facilitating, monitoring, inspecting
 - c. Individual Rehabilitation Plan, remedial training and special education,
 - d. periodical evaluation of the child with standard evaluation tools,
 - e. parental counselling, legal assistance and social skill training,
 1. Access and inclusive classrooms, Human resource for children with special needs.
 2. The School Education Department Rehabilitation specialists may prescribe assistive or supportive devices and refer to DAAWO to issue assistive/ supportive devices for children across all boards.
 - The School Education Department will provide the scholarship for CwSN.
 - The Department will arrange the necessary Capacity Building to the concerned staff and DDWDAP can support this overall of maintenance
- V. **Department for the Welfare of Differently Abled Persons**
- DWDAP will effectively streamline the convergence of helplines for higher reach to PwD, Parents and community members for guidance and grievances redressal.

- DDWDAP will take the responsibility of Early Intervention Centers and Special Schools and provide assistive devices based on the needs of the CWSN.
- As the nodal department for safeguarding the rights of the Children with Special Needs, the Department will take the responsibility of tracking the identification and the early rehabilitation progress.
 - By collecting the screening data from the concerned Departments, DDAWO shall ensure the follow up of CWSNs to DEIC.
 - By collecting the registration data from the DEIC, DDAWO shall ensure the follow up of CWSNs to EICs/ BRCs.
 - The drop d-out child may be followed with support of community rehabilitation workers of TNRLM/TNULM.
 - This will be discussed during the District Monitoring Committee meeting
- The SOP will be made available for the other Departments (also in Tamil) and regular capacity enhancement programmes will be conducted
- A guideline for the rehabilitation to be evolved to support the CMCHIS rehabilitation.

VI. TNeGA

- The TN ICDS App will be enabled to document the screening of new born/children with disabilities. The data transfer to Anganwadi workers needs streamlining for continuous rehabilitation of children with disabilities.
- The TN ICDS App will be enabled to document the screening of children with disabilities. The Data transfer from TN ICDS App to "EMIS" application (School Education) will be facilitated for continuous follow up.
- TNeGA will integrate the Data from the Departments involved in the process of screening and rehabilitation.
- The Data shall be made available in the consolidated portal for evaluation.
- Welfare of Differently Abled Persons should coordinate with TNeGA to undertake an As-Is study with documentation of existing systems, schemes, Entry Relationship Diagrams of the data bases relating to Health, Education, Social Welfare, Rural Development and Department for the Welfare of Differently Abled Person./TNeGA will coordinate from there and start building the stack for Welfare of Differently Abled Persons.
- TNeGA will create short videos & training brochures and undertake capacity building through Training of Trainees approach.
- State Level Nodal Officer – Mr.Chochalingam

- District Level Nodal Officer – Respective e-DMs

VII. Department of Rural Development and Panchayat Raj- TNSRLM & TNULM

Under TNSRLM and TNULM, the following activities will be facilitated and monitored in rural and urban areas.

- a. Village Poverty Reduction Committee (VPRC), Panchayat Level Federation (PLF)/Area Level Federation (ALF) and Self Help Groups (SHG) will provide information on disability certificate / unique disability identity cards (UDID) to all the Differently Abled Persons through their Community Resource Persons (CRP) during their regular monthly meeting

VPRC and PLF/ALF will provide information to eligible differently abled who have UDID cards to enrol in the Chief Minister Comprehensive Health Insurance Schemes (CMCHIS) in their Notice Board, GB meeting, Grama Saba meeting, etc.,.

- a. VPRC and PLFs/ALF will also provide information on Assistive Devices, Maintenance Grant, Disability Pension, Aids and appliances to all eligible Differently Abled Persons.
- b. SHGs and PLF/ALF will facilitate social and financial inclusion by mobilization of eligible Differently Abled Persons/their family members into Self Help Groups/Special SHGs ensured through respective Community Self Help Group Trainer (CSTs)/ CRPs by the Block Mission Management Unit (BMMU)/Block Coordinator (Partnership & Convergence) in rural areas and Community Organiser (CO) in Urban areas.
- c. VPRC/ALF will ensure that 0 -6 years children with special needs (CWSN) attend the Early Intervention Center (EIC) periodically by providing information and peer mentoring through CRPs and Anganwadi centers.
- d. VPRC/PLF will ensure that all the eligible Differently Abled Persons in their village are enrolled under Mahatma Gandhi National Rural Employment Generation Scheme (MGNREGA) and jobs suitable for them have been selected and provided to them.
- e. The District Mission Management Unit (DMMU) will ensure mandate to provide priority to the Differently Abled persons in all the Housing Scheme like Chief Minister Solar Powered Green House, Prime Minister Awas Yojana (PMAY) and others through their BMMU.
- f. BMMU/Urban Local Body (ULB) will assist in the facilitation of self-employment schemes and provide skill development training to the Differently Abled Persons.
- g. DMMU will ensure mandate to provide priority to the Differently Abled Persons in any scheme pertaining to financial inclusion, livelihood, skill training, job placements, welfare benefits of all schemes and programs under the department.

- h. DMMU and BMMU will ensure mandate to create barrier free environment in all public buildings and places of the Anaithu Grama Anna Marumalarchi Thittam-II (AGAMT) villages.
- i. DMMU (APO P&C) and BMMU (BC PC & C) will facilitate and mandate priority through VPRC, PLF/ALF, CRPs for any other scheme which can be availed by Differently Abled Persons under the department.
- j. The Department will arrange the necessary Capacity Building to the concerned staff supported by the DDWDAP.
- At the State Level the Additional Director Rural Development and Assistant Project Officer, TNSRLM and Joint Director, TNULM will be the Nodal Officer
 - At the District Level Project Officer and Assistant Project Officer (P&C), TNSRLM and Assistant Project Officer, TNULM will be responsible as Nodal Officer

Monitoring Mechanisms and Grievance Redressal Systems

In order to ensure the above convergence activities, Government constituted the following Committees as detailed below

1. State Convergence Committee (SCC)
2. District Convergence Committee (DCC)

Monitoring Indicators:

S.No	Indicators
1	Number of High Risk mothers screened
2	Number of Infants Identified as disability
3	Number of identified infants and CwSN referred to DEIC
4	Number of CwSN facilitated for UDID card
5	Number of CwSN referred to DEIC
6	Number of CwSN facilitated for CMCHIS card
7	Number of CwSN between the age group of 2-6 years referred to DEIC
8	Number of CwSN screened and updated in app
9	Number of CwSN referred to BRC
10	Number of CwSN identified in Special Teachers in BRC
11.	Number of PwDs identified and facilitated for UDID cards,

12.	Number of PwDs identified and referred for medical intervention.
13.	Number of PwDs assisted for social security schemes/ housing.
14.	Number of PwDs facilitated for skill development and employment
15.	Number of identified CwSN provided rehabilitation

R. ANANDAKUMAR
SECRETARY TO GOVERNMENT

// True Copy //

A.S. Abul Mubeen
Section Officer 11/11/22
07/11/22

National Health Mission

Screening tool

Age- 4 months to 6 months

Months	No	Question	Normal observation	Abnormal observation
4-6 months Gross motor	1	Does the child hold head erect in sitting position without bobbing? (While sitting with support, head is held steadily) When child is pulled to sitting position what happens?	The child should be able to hold his or her head up straight in midline for longer time. The child will turn his or her head and look around. Head control is maintained	The child unable to lift head up. The child unable to maintain head upright even if he or she lifts head (wobble) Head flops or falls back on any one side Sudden dropping of head or sudden back thrust that topples his or her balance
Fine motor & Cognition	2	Does the child reach out for an object? Child should be lying on the back. Show a small rattle or a bright coloured toy just at an arm's length in front of his or her eyes.	The child will extend his or her elbow to reach for the toy. The child holds the toy with the outer part of the palm and retains for a while with the help of the little finger.	The child is unable to reach for the toy. The child does not regard the toy held above either due to visual problem or due to lack of understanding. The child only reaches with one arm and the other arm remains stiff with forearm pronated hand fisted
Hearing	3	Does the child respond to mother's speech by looking directly at her face?	The child will look at her and will vocalize with sounds like aaa, eee, uuu.	The child does not regard the mother's face or vocalize or there is no body

Months	No	Question	Normal observation	Abnormal observation
			There will be an exchange of smile.	movements
Speech	4	Does the child laugh aloud or make squealing sounds?	The child laughs and makes sounds aloud as you talk.	The child shows no response to interaction
Vision	5	Does the child follow an object with his or her eyes? (without any visible squint) Hold a bright red coloured toy (non-sound making) at a distance of 10-12 inches from the child's eyes to attract his or her visual attention for a while and then slowly move toy to the left and then to the right	. The child will look at the toy in front and as the toy is moved slowly to the sides, the child's eyes will keep moving fixing the gaze on the toy.	The child does not look at the toy due to visual deficit The child does not track the toy as it moved The child quickly shifts his or her gaze from the toy due to lack of understanding and motivation
Cognition	6	Does the child suck on the hands?	The child will bring his or her hands into his or her mouth and suck.	The child does only bring one hand into his or her mouth and other arm remains by the side or not bringing both hands to mouth

National Health Mission

Screening tool

Age - 6 months to 9 months

Months	No	Question	Normal observation	Abnormal observation
6-9 months Gross motor	1	Does the child roll over or turn over in either direction? In order to roll over, the child may require a toy to attract or requires a call by the mother	The child will spontaneously turn into both sides by turning his or head first and then shoulder, trunk and pelvis. The child will roll over into both sides.	The child does not roll over The child rolls over only from one side of the body and rolls over into one side only
Fine Motor	2	Does the child grasp a small object by using his whole hand? (secures it in the center of palm) Keep a block or a small toy on the palm of your hand	The child will pick the object from your hand by either hand. He or she will keep the block in the palm of his or her hand by flexing all the fingers.	The child is unable to pick up and keep the object The child keeps his or her hand all the time fistled or loosely open. The child has grasp only in one hand and the other hand remains fistled (hemiparesis)
Hearing	3	Does the child locate source of sounds? I.e. turns his head or eyes if you whisper from behind? The testing room should be absolutely free of any noise	Stand behind the child and call the child in a whispering voice. Do it from both sides. The child will immediately turn his or her head to locate the source of sound.	The child does not react at all The child reacts repeatedly on one side only The child changes his or her facial expression but does not turn head due to lack of head control
Speech	4	Does the child utter consonant sounds like "p" "b" "m"?	The child will utter sounds such as "p" "b" "m" while moving about the floor in play.	The child does not produce any sound
Vision	5	Does the child watch TV	This question is to be	The child habitually tilts

Months	No	Question	Normal observation	Abnormal observation
		or any toy without tilting his/her head?	asked to the mother and she needs to be explained that the question is related to visual abnormality.	his or her head while watching TV
Social	6	Does the child raise hands to be picked up by parents or raises hands to be picked up?	Tell her to hold her hands close to the child to be picked up The child raises hands to be picked up by parents	The child does not show any interest
Cognition +Vision	7	Does the child look for a spoon or toy that has dropped? The child is seated on mother's lap. While showing a soft toy to the child, suddenly drop the toy on the floor	The child will immediately lean forward to look for the toy which has suddenly disappeared from the line of vision.	The child does not mind or care to look for the dropped toy

National Health Mission

Screening tool

Age – 9 months to 12 months

Months	No	Question	Normal observation	Abnormal observation
9-12 month Gross motor	1	Does the child sit without any support? The child is made to sit on the bed with legs extended forward	The child will sit with her or his head and trunk extended and maintains balance while playing with toys in both hands.	The child cannot maintain sitting position without arm support
Fine Motor	2	Does the child transfer object from one hand to other hand?	Give him or her some toy to play with in sitting position. The child will transfer a toy from one hand to the other in a sitting position.	The child does not transfer a toy from one hand to the other
Hearing & Cognition	3	Does the child respond to his or her name?	In any position if you call the child by name he or she should immediately turn his or her head to you.	The child does not respond to call by turning.
Speech	4	Does the child babble example-"ba", "ba", "da", "ma", "ma"? Ask the mother if she or he babbles while playing	The child will utter syllables like ba", "ba", "da", "ma", "ma	The child does not utter syllables like ba", "ba", "da", "ma", "ma
Vision	5	Does the child avoid bumping into objects while moving?	The child will avoid bumping and will move away avoiding the objects while walking or crawling	The child bumps often against the doorways or against furniture while walking or

Months	No	Question	Normal observation	Abnormal observation
				crawling because of poor vision
Social	6	Does the child enjoy playing hide-and-seek? Cover the child's face with a towel or a handkerchief	The child will remove the cover. Similarly the mother can cover her face with the sari and the child removes by his or her hand.	The child will not remove the cover and will not play.

National Health Mission

Screening Tool

Age – 12 Months to 15 Months

Months	No	Question	Normal observation	Abnormal observation
12-15 months Gross motor	1	Does the child crawl on hands and knees? Leave the child on the mat.	Child will start crawling on his or her arms and knees on the floor.	Child will not crawl on his or her arms and knees on the floor and will remain in the same position. left
Fine Motor	2	Does the child pickup small objects using thumb and index finger like peas, kismis	Make the child sit on the mat. Keep some raisins or small beads in front of the child. The child will pick up a raisin with his or her index and thumb fingers.	The child may pick up small objects with palm rather than pincer grasp
Hearing & Cognition	3	Does the child stop activity in response to "No"	Ask the mother whether her child stops doing an activity if she says, "Do not do it." This is to find out whether the child understands the meaning of "No". Yes , will stop activity	The child does not stop the activity
Speech	4	Does the child say one meaningful word clearly like mama, dada?	The child says one meaningful word Names correctly "papa" only to his or her father.	The child cannot say one meaningful word
Social	5	Does the child imitate action like bye-bye/clap/kiss? (Wavegood bye or say Vanakkam)	The child imitates the actions like, "vanakkam", "bye-bye" as demonstrated to him or her.	

Months	No	Question	Normal observation	Abnormal observation
Social & Cognition	6	Does the child cry when a stranger pick him up? Differentiates familiar faces from strangers	The child understands and shows his or her anxiety when a stranger approaches to pick him or her up.	The child does not show his or her anxiety when a stranger approaches to pick him or her up
Cognition	7	Does the child search for completely hidden objects? Show the child a toy and then cover it with a handkerchief in front of him or her.	The child will remove the cover to find the toy.	The child will not make any effort to remove the cover and find the object

National Health Mission

Screening tool

Age - 18 Months to 24 Months

Months	No	Question	Normal observation	Abnormal observation
18-24 months Gross motor	1	Does the child walk steadily even while pulling a toy?	Give the child a wheeled toy and see if the can pull it by a string while walking.	The child will not be in a position to handle
Fine Motor	2	Does the child scribble spontaneously Give the child a drawing book and a crayon.	He or she will hold the crayon with his or her thumb, index and middle fingers and scribble.	He or she will not hold the crayon with his or her thumb, index, and middle fingers. The child will not scribble any thing
Speech	3	Does the child say at least five words consistently even if not clear?	Observe parent-child conversation. Child will say at least 5 words (clear or unclear)	Child will say less than 5 words (clear or unclear) or may not say any word
Cognition	4	Does the child imitate house hold tasks? (try to copy domestic chores like sweeping, washing clothes)	The mother will be in a position to answer this question. The child imitates her actions such as sweeping, washing clothes.	The child does not imitate mother's actions such as sweeping, washing clothes
Hearing & Cognition	5	Does the child point to 2 or more body parts? (e.g. show me your nose, child points to nose by using one finger)?	The child points to a body part named by using .one of his /her finger	The child does not point to a body part named or may be pointing wrongly.

National Health Mission

Screening Tool

Age- 24 Months to 30 Months

Months	No	Question	Normal observation	Abnormal observation
24-30 months Gross motor	1	Does the child climb upstairs and downstairs? Take the child to the steps and observe.	The child walks up and downstairs with alternate foot.	The child does not walk up and downstairs with alternate foot. May drag both feet in the same stair
Fine Motor	2	Does the child feed self either with hand or spoon?	The child will be able to self-feed, either with hand or with a spoon.	The child will be incapable to self-feed, either with hand or with a spoon.
Speech	3	Does the child join 2 words together like mama-milk, car-go?	Child will say 2 words phrases	Child will not say 2 words phrases
Social	4	Does the child play along with other children?	Ask the mother. We can also observe the child playing with other children.	The child will not play with other children. May stay aloof.
Cognition	5	Does the child enjoy simple pretend play like feeding a doll	Observe the child while playing with a doll. Will enjoy pretend play acts	Child may not enjoy or perform pretend play acts.

National Health Mission

Screening tool

Autism

Autism specific questionnaire 15 -18 months

No	Question	Normal response	Abnormal response
1	Does your child look in your eyes for more than a second or two?	Yes	No, poor eye contact
2	Does your child ever use his/her index finger to point to ask for something?	Yes	No
3	Have you ever wondered that your child is deaf or is not responding to his/her name when you call	No	Yes, Does not communicate even through gestures

Autism specific questionnaire 18- 24 months

1	Does your child take an interest in other children or play with other children?	yes	No
2	Does your child make unusual finger movements/ repetitive hand and body movements like finger Wriggling/ flapping/ spinning/jumping? (Repeated purposeless motor activity)	No	Yes
3	Does your child ever pretend play (talk on phone/take care of dolls)?	yes	no

Autism specific questionnaire 30 -72 months

Domain	No	Question	Normal	Abnormal
30 -72 months	1	Does your child have difficulty in seeing either during day/night? (without spectacles)	No	Yes
Vision				
Gross Motor	2	Compared with other children of his/her age, did your child have and	No	Yes

		delay in walking?		
Gross Motor	3	Does your child have stiffness or floppiness and/or reduced strength in his/her arms or legs?	No	Yes
Convulsive Disorder	4	From birth till date, has your child ever had fits, or became rigid, or had sudden jerks or spasms of arms, legs or whole body?	No	Yes
Convulsive Disorder	5	From birth till date, has your child ever lost consciousness?	No	Yes
Cognition	6	Compared to children of his age, does your child find it difficult to read or write or do simple calculations?	No	Yes
Speech	7	Does the child have difficulty in speaking (as compared to other children of his/her age)?	No	Yes
Speech	8	Is your child's speech in any way different from other children of his/her age?	No	Yes
Hearing	9	Does your child have difficulty in hearing? (Without hearing aid)?	No	Yes
Cognition	10	Compared with other children of his/her age, does your child have difficulty in sustaining attention on activities at school, home, or play?	No	Yes
Cognition	11	As compared with other children of his/her age, does your child have difficulty in learning new things?	No	Yes

R. ANANDAKUMAR
SECRETARY TO GOVERNMENT

// True Copy //

A S Abdul Malik
Section Officer
07/11/22

Abbreviation

AGAMT - Anaithu Grama Anna Marumalarchi Thittam-II
ALF - Area Level Federation
APO - Assistant Project Officer
ASHA - Accredited Social Health Activists
AVT - Audio Verbal Therapy
AWW - Anganwadi Worker
BEO - Block Education Officer
Block Resource Teacher Educator
BMMU - Block Resource Management Unit
BMO - Block Medical Officer
BRC- Block Resource Centre
CBR - Community Based Rehabilitation
CDPO - Child Development Program Officer
CEmONC - Comprehensive Emergency Obstetric and Newborn Care
CEO - Chief Educational Officer
CHC - Community Health Centre
CHN - Community Health Nurse
CMCHIS - Chief Minister Comprehensive Health Insurance Scheme
CMO - Chief Medical Officer
CO - Community Organiser
CRP - Community Resource Person
CST - Community Self Help Group Trainers
CwSN - Children with Special Needs
DAP - Differently Abled Person
DC - District Collector
DCC - District Convergence Committee
DDAWO - District Differently Abled Welfare Office
DDHS - Deputy Director of Health Services
DEIC - District Early Intervention Centre
DME-Directorate of Medical Education
DMMU - District Resource Management Unit
DMRS - Directorate of Medical and Rural health Services
DPHPM- Directorate of Public Health and Preventive Medicine
DPO - District Primary Education Officer
DWDA- Directorate for Welfare of Differently Abled
EIC - Early Intervention Centre
EMIS - Education Management Information System
ENT - Ear Nose and Throat
GB - General Body Meeting
GH - Government Hospital
HBNC - Home Based New-born Care
HBVC - Home Based Young Child Care
HIV - Human Immunodeficiency Virus

HOD - Head of the Department
HUD - Health Unit Districts
ICDS- Integrated Child Development Scheme
IEP - Individual Rehabilitation Plan
IRP - Individual Rehabilitation Plan
ITP - Individual Therapy Plan
JDHS - Joint Director Health System
LSCS - Lower Segment Caesarean Section
MCH - Maternal and Child Health
MGNREGS - Mahatma Gandhi National Rural Employment Generation Scheme
MO - Medical Officer
NFHS - National Family Health Survey
NGOs - Non-Governmental Organisation
NHM- National Health Mission
NPCB - National Program for Control of Blindness
PHC - Primary Health Centre
PICME - Pregnancy and Infant Cohort Monitoring and Evaluation
PLF - Panchayat Level Federation
PMAY - Prime Minister Awas Yojana
PWDs- Person with Disabilities
RBSK - Rastriya Bal Swasthaya Karyakram
RCH ID - Reproductive and Child Health Identification
RCI - Rehabilitation Council of India
RPWD - Rights for Person with Disabilities
SFDB- State Family Data Base
SCC - State Convergence Committee
SEN - Special Education Needs
SHG - Self Help Group
SHN - Sector Health Nurse
SHS - State Health Society
SMC - School Management Committee
SOP - Standard Operating Procedures
SPO - Special Program Officer
SS- Samagra Shiksha
SSA - Sarva Siksha Abiyan
STEMI - ST Elevation Myocardial Infarction
TB - Tuberculosis
TLM - Teaching Learning Materials
TN ICDS App - Tamilnadu Integrated Child Development Scheme Application
TNeGA - Tamilnadu e Governance Agency
TNHSP - Tamilnadu Health System Projects
TNSRLM- Tamilnadu State Rural Livelihood Mission
TNULM - Tamilnadu Urban Livelihood Mission
UDID - Unique Disability Identification Card

UDISE - Unified District Information System for Education
UGC - University Grant Commission
UHN - Urban Health Nurse
ULB - Urban Local Body
UNDP - United Nation Development Program
VHN - Village Health Nurse
VPRC - Village Poverty Reduction Centre