Ministry of Women & Child Development Government of India

Department of Empowerment of Persons with Disabilities Government of India

Ministry of Health and Family Welfare Government of India

POSHAN Abhiyaan
PM's Overarching Scheme for Holistic Nourishment
सही पोषण - देश रोशन

ANGANWADI PROTOCOL FOR DIVYANG CHILDREN

Anganwadi Protocol for Divyang Children

November 2023

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Index

1. Background: 2

2. 3 Step Protocol: Screening, Referral and Inclusion 3

2.1 Screening: How to find the early signs? 4

2.1.1 What are the common achievements (milestones) in development that parents should note in their children? 4

2.1.2 What are some early symptoms of different disabilities? 8

2.2 Inclusion: How can the AWC be more inclusive? 12

2.3 Referral: What should the AWW do for directing the family for specialised assistance? 15

2.3.1 Three Steps for Referral: 15

2.3.2 Benefits of Getting UDID for Divyang Children 16

3. Role and Responsibilities of Frontline Functionaries 16

3.1 Role of AWW 16

3.2 Role of ASHA 17

3.3 Role of Supervisor and CDPO 17

3.4 Role of District Administration (DPO and DM/DC/CEO ZP) 18

3.5 Role of Community 18

4. References 18

1. Background

The Anganwadi system is the world's largest public provisioning system for early childhood care. Through almost 14 lakh centres across the country, the Ministry of Women and Child Development is reaching out to over 8 crore children every day. For the first time in the history of this country, a protocol is being launched for Anganwadi Workers to screen, include and refer Divyang Children. Under this protocol, all children will be assessed for delays in their developmental milestones and screened for early signs and symptoms, their families will receive support and referrals, and their Anganwadi workers will work with them every day to do new activities that stimulate all their senses, and help them grow. This initiative is not just a protocol, but an attempt to sensitize society as a whole. It will outline how to identify and help Divyang children, whether they are experiencing disabilities that are visible or invisible, severe or mild. Anganwadi workers will receive appropriate training, and children's progress will be tracked via the Poshan Tracker. The initiative as a whole focuses on empowering Divyang children and families to live long, joyful and fulfilling lives.

The National Education Policy 2020 clearly lays down the principle of inclusion of Divyang students in regular schools, by making them more accessible, while also providing children with the option to enrol in special schools if required. The National Curriculum Framework for Foundational Stage 2022 further dedicates an entire chapter to Addressing Developmental Delay and Disability in schools, including measures family members and teachers should take to track the development of children in early years, and the support they should provide. The Department for Empowerment of Persons with Disabilities (DEPwD) runs District Disability Resource Centres (DDRCs), District Early Intervention Centres (DEICs) and nine National Institutes (NIs) for Persons with Disabilities. The Office of the Chief Commissioner for Persons with Disabilities is also required to take steps to safeguard the rights of persons with disabilities. Finally, the largest potential source for early screening and support is undoubtedly the Anganwadi System, which interacts with 8+ crore children from birth to 6 years on a day to day basis.

There is an urgent need for this protocol:

- As per Census 2011 there are about 20.42 lakh children (0-6 years) with disabilities comprising 7% of the child population in the country. With the launch of the Rights of Persons with Disabilities Act, 2016 which now recognises 21 disabilities, it is thought that the number of children with disabilities would increase.
- The DEPwD notes that "early intervention can provide specialized support and services for infants and young children at risk or with disability and/or developmental delay and their families to help their development, well-being and participation in family and community life." Offering timely help and treatment can make sure that a child gets better and feels healthier overall.
- As per research, one-third of most disabilities in India can be prevented, if they are caught early enough and adequately addressed.

2. 3 Step Protocol: Screening, Referral and Inclusion

1. SCREEN	2. INCLUDE	3. REFER
Ongoing	**Ongoing**	**Quarterly**
Assess children for delays in meeting milestones and displays of early signs and symptoms	**Multi-sensorial engagement, awareness-raising with caregivers and community**	**If a child is consistently behind milestones, work with ASHA/ANM for family to apply for Unique Disability ID**
a. Identify and **register** children with difficulties	a. Use **VAKT activities** (Visual, Auditory, Kinesthetic and Tactile) to engage all senses, through inclusive activities, peer interaction	a. Refer to **ASHA/ANM** to assist in escalation to PHC
b. Check children for **delays in meeting developmental milestones (green flags) and display of early signs and symptoms (red flags)** through quarterly assessments by age and domain	b. Keep **parents aware and informed** of their children's progress, including early warning signs	b. Support family to **apply for UDID and Disability Certificate** on www.swavlambancard.gov.in.
c. **Counsel parents** to seek out more information or visit a doctor	c. **Become a community champion for Divyang inclusion!**	c. Support family in **approaching CMO/DMO** for verification and assignment of specialists. After Medical Board decision, card is dispatched to the family.

2.1 Screening: How to find the early signs?

There are two types of signs to watch for - delays in meeting developmental milestones (key abilities, skills, or behaviors that most children tend to reach at certain ages) and display of early signs and symptoms. These can be checked through quarterly assessments domain-wise, depending on the age of the child.

2.1.1 What are the common achievements (milestones) in development that parents should note in their children?

Broadly, children should be meeting the following key milestones for language, cognitive, numeracy, social-emotional and physical/motor development. However, all children learn at their own pace. In case they are consistently behind on these milestones, there is a possibility of developmental delays. The AWW should advise parents to seek out more activities to help their child's development, conduct inclusive strategies in their Centres, and if necessary, refer the delay to the health and disability systems.

The AWW should also be aware of various categories of rehabilitation professionals, to refer children for early identification and intervention.

Age	Cognitive and numeracy	Language	Social-Emotional	Physical/Motor
0-6 months	•Watches you as you move •Looks at a toy for several seconds • Smiles at others by recognising faces •Moves head to direction of a voice •If hungry, opens mouth when sees breast or bottle •Looks at hands with interest	•Makes sound other than crying like "oooo", "aahh" (cooing) •Makes sounds back when you talk to him/her • Reacts to sound	•Calms down when spoken to or picked up •Looks at your face • Smiles when you talk to or smile at them •Smiles on their own to get your attention •Chuckles (not yet a full laugh) when you try to make them laugh •Looks at you, moves, or makes sounds to get or keep your attention •Soothed by parent's voice	•Holds head up when on tummy •Moves both arms and both legs •Opens hands briefly •Eyes track past the midline •Head control is attained between 3 to 5 months •Holds a toy when you put it in their hand •Uses their arm to swing at toys •Brings hands to mouth •Pushes up onto elbows/forearms when on tummy
6-12 months	• Cause and effect is developed. Babies begin to realize that they can cause interesting reactions • Babies can follow simple instructions, reach for toys that are out of reach but within sight, and show appropriate use of everyday items by acting	• Babies respond appropriately to their own name and simple requests (i.e. Bye-bye). • Babbling begins such as "ba, ba, ba" at this age and imitates non-speech sounds • Babies begin to shake head for "no" and nod for "yes" and say "da-da" and "ma-ma"	• Infants develop a beginning awareness of self, become more outgoing, laugh out loud, and begin to exhibit stranger anxiety (a form of worry that children experience when exposed to people unfamiliar to them) • Babies want parent/caregiver to be in constant sight, they offer toys and objects to others, repeat behaviors that get attention, and begin to make demands	• Gain control of head, trunk, and arm movements, and sit up alone • Reach for & grasp objects, begin to creep, and stand up holding on • Hand ability has evolved which allows a child to pick up objects bringing together the thumb and index finger

Age	Cognitive and numeracy	Language	Social-Emotional	Physical/Motor
13-18 months	• Identify an object in a picture • Laugh at silly actions (as in wearing a bowl as a hat) • Look for objects that are out of sight • Match the lid with the container	• Say first word (usually label for something) • Use hands or posture to express a feeling or idea. For example, shakes head to say "no-no" • Say 8-10 words you can understand • Focus on person who is talking	• Become worried when separated from parents • Seek attention • Engage in pretend play of routine activities like taking a bath • Play alone on the floor with toys	• Stand alone well, without support • Like to pull, push and dump things • Walk without help • Turn pages in book • Scribble (write) vigorously • Walk upstairs with help
19-24 month	• Able to solve problems without overt experimentation with action • Ability to find an object moved while out of sight (invisible displacement) • Imitate adult's action • Act like others during play • Sort objects into categories	• Use many two-word phrases • Has a vocabulary • Use 2-3-word sentences • Says names of toys • Understand one step instructions	• Likes to imitate parents • Sometimes get angry and may have a temper tantrum • Act shy around strangers • Take turns in play with other children	• Jump in place • Drink from a straw • Feed himself/ herself with a spoon • Wash hands with help • Put arms in sleeves • With help, build a tower of 3-4 blocks
25-34 months	• Recognize sounds in the environment • Pay attention for about 3 minutes • Remember what happened yesterday • Know what is food and what is not food	• Use 3-5-word sentences • Ask short questions • Use plurals • Repeat simple rhymes	• Copy household tasks or help with simple tasks • Talk about feelings and mental state (e.g. remembering) • Show shame when caught in wrongdoing • Try to make others laugh	• Feed himself/ herself (with some spilling) • Open door • Hold a glass in one hand • Hold a crayon well • Wash and dry hands by themselves

Age	Cognitive and numeracy	Language	Social-Emotional	Physical/Motor
3 years	• Is able to identify a number & associate a quantity with the number • Can put items in order and complete simple patterns • Identifies and compares two objects on the basis of observable properties, e.g. heavy/ light, tall/ short, more/less, big/ small	• Describes simple pictures by identifying people, places or objects shown in the picture • Expresses by scribbling and explains what they have drawn in one word • Identifies beginning sounds of common words with support	• Identifies feelings such as happy, angry, sad, fear and is able to associate these feelings with situations; understands how the body reacts to certain feelings • Shows knowledge of two to three classroom rules and follows them	• Shows increasing control and strength through paper-tearing and scrunching into a ball • Uses coordinated movements to complete complex tasks like cutting along a line, palmar grasp, pouring, holding and buttoning
4 years	• Compares between groups of objects based on attributes like shape, color, texture, size, weight, and position • Puts up to 4 objects in correct order • Matches objects with correct number (1-10)	• Enjoys and re-tells up to seven age -based short stories and answers simple questions • Describes simple pictures by communicating in short sentences about "what is happening in the picture" • Identifies common print words in environment (with support and real-life cues) For example, a labelled chair- when asked "where is chair written?" can point, associates the picture with text	• Shares name, age, gender, nationality, area of residence and likes and dislikes along with preferences • Guesses impact of his or her own behaviors	• Shows the use of prewriting / emergent skills (scribbling, stamping, finger-painting, using thicker crayons, markers and brushes etc.) for variety of purposes • Draws and traces straight, curved, and zig-zag lines

Age	Cognitive and numeracy	Language	Social-Emotional	Physical/Motor
5 years	• Identifies and shows positional concepts such as front-back, near-far, over-under, above-under, in-between, and in-out • Identifies and counts up to 10, Compares two numbers till 10 using words like greater than/ less than	• Enjoys and repeats up to seven familiar rhymes • Tweaks the ending of familiar stories based on their imagination and in their own words • Asks simple questions using the words "what," "how," and "why"	• Shares and practices some strategies of sharing • Identifies member of the family and understands their relation with the child and other members of family, encouraging their interpersonal relationships • Makes choices and expresses preference with reasoning	• Shows increasing control, strength, and coordination of small muscles through pincer grasp, picking, sorting, sieving and buttoning • Understands and demonstrates hygiene habits of washing hands before and after a meal or play session, covering mouth while coughing, sneezing

2.1.2 What are some early symptoms of different disabilities?

Disabilities can be visible and invisible. A child might show obvious signs of vision or hearing problems, Down syndrome, or cerebral palsy. Learning disabilities like speech delays, which then lead to literacy delays, may not be easily visible.

Anganwadi workers and parents should watch the child carefully, and take up activities to support their development across domains. Although 21 disabilities are mentioned in the RPWD Act, this document focuses on the conditions considered most relevant for Anganwadi Workers interacting with children under age 6. AWW/ASHA/ANM who notice these signs in the children may refer them to nearby District Disability Resource Centre, District Early Intervention Centre, Composite Regional Centre, National Institutes etc. for further identification and early support services.

Physical disabilities

Disabilities	Early symptoms
Locomotor (movement) disability • Cerebral Palsy • Dwarfism • Muscular Dystrophy	• Delay in development milestones • Abnormal muscle tone and posture • Signs of high risk (arched back, thumb in palm) • Frequent unexplainable tantrums or excessive crying • Struggle during feeding time for mother

Disabilities	Early symptoms
	• Unclear speech/problem in learning to speak • Unable to raise both the arms fully without any difficulties. • Unable to grasp objects without any difficulty. • Absence of any part of the limb. • Difficulty in walking • Structural deformity - e.g. Cleft Palate, Cleft Lip, problems with chewing, swallowing, positioning, sucking, blowing, problem learning to speak and unclear speech . Gastroesophageal reflux disease (GERD), rumination, aspiration, etc. overall leading to malnutrition in both macro and micronutrients.
Visual impairment (sight issues) • Blind vision • Low vision	• Does not follow an object moving before his eyes by 1 month's age. • Does not reach for toys and things held in front of him by 3 months of age. • One eye moves differently from the other; including squint • Eyes are either red or have a yellow discharge or the tears flow continuously. • Behaviour of bringing toys, pictures or books very near eyes
Hearing issues • Deaf • Hard of Hearing	• Malformation, discharge or high pain and irritation in ear • Trying to listen from a closer distance • Frequently asks to increase volume of TV/radio/phone • Frequently ask a classmate to show his workbook. • Problems in paying attention in the class • Use one ear more for listening. • Problems when anyone speaks from behind. • Has voice problem and mispronunciation • Use gestures to communicate. • Unable to respond when you call from the other room.
Speech and language disability	• Does not speak any words by age 2 years • Incorrect sound in speech • Stammering • Inability to learn correct sound and use incorrect speech • Speech that is not clear/understandable • Does not understand/follow instructions • Does not seem to understand other's speech

Intellectual Difficulties

Disabilities	Early symptoms
Intellectual and Developmental Disabilities	• Slow progress in developmental milestones like creeping, crawling, sitting, standing, walking, first word, etc. • Slow in response • Problem in reading, writing & numbers • Facing problem in Activities of Daily Living (ADL) • Difficulty in making friends • Lack of imagination • Poor memory and understanding
Autism Spectrum Disorder	• Making little or inconsistent eye contact • Not responding or being slow to respond to their name or to other verbal bids for attention • Displaying facial expressions, movements, and gestures that do not match what is being said • Plays with toys the same way every time - too repetitive • Difficulties sharing in imaginative play or in making friends • Flaps hands, rocks body, or spins self in circles • Head-banging, self-biting, and other extreme responses • Repeated anger, unable to regulate or self-soothe • Does not point to things when needed • Typically drags parents/others to the required object and sometimes makes others point to things • Tip toeing • Repeating words • Lack of gestures • Delay in speech and language • Poor social communication • More sensitive to sensory stimuli (tactile, visual, vestibular or auditory)
Attention Deficit Hyperactivity Disorder	• Cannot be reliably diagnosed before age 6 • Being unable to sit still, especially in calm or quiet surroundings • Difficulty sustaining attention • Impulsivity
Learning Disabilities: Dyslexia (difficulty reading)	• Poor attention span • Late talking • Learning new words slowly • Problems forming words correctly, such as reversing sounds in words or confusing words that sound alike.

Disabilities	Early symptoms
Learning Disabilities Dysgraphia (difficulty writing)	• Late holding of crayon/pencil • Writing new words slowly • Problems writing letter correctly • Mirrors the letters while writing, eg: “b” as “d”, “p” as “q” etc.
Learning Disabilities: Dyscalculia (difficulty with numbers)	• Have difficulty recognizing numbers. • Struggle to connect numerical symbols (5) with their corresponding words (five) • Have difficulty recognizing patterns and placing things in order. • Lose track when counting

Blood disorders

Disabilities	Early symptoms
Thalassemia	• Unexplained and excessive bleeding from cuts or injuries and have many large or deep bruises • Complaining of painful and extended headache • Tendency to bleed from the nose, mouth, and gums without a known cause • Pain, swelling or tightness in joints • Pale skin or nails and tired or fatigued most of the time
Hemophilia	• Excessive bleeding when cut or wounded • Slow blood clotting
Sickle Cell Anemia	• Painful swelling of the hands and feet • Fatigue or tiredness from anemia • A yellowish color of the skin, known as jaundice, or whites of the eyes

Other Behavioral Problems

Disabilities	Early symptoms
Thalassemia	• If the child does not: • sit (without help) later than 12 - 15 months • starts to walk or talk later than 2.5 years • Problems in eating, dressing, going to the toilet independently by the age of 6 years
Mental Health Problems in children (3-6)	**Emotional and behavioural signs:** • Doesn’t seem to enjoy things the way they used to • Has repeated tantrums or consistently behaves in adefiant or aggressive way • Seems sad, unhappy or cries a lot • Is afraid or worried a lot

Disabilities	Early symptoms
	• Gets very upset about being separated from parents or avoids social situations • Starts behaving in ways that they have outgrown, like sucking their thumb or wetting the bed • Has trouble paying attention, can't sit still or is restless **Physical signs:** • Isn't sleeping well or oversleeps • Has difficulty getting out of bed • Has trouble eating or overeats • Has lost or gained a lot of weight • Has physical pain that doesn't have a clear medical cause – for example, headaches, stomach aches, nausea or other physical pains **School and social signs:** • Isn't doing as well as usual at school • Is having problems fitting in at school or getting along with other children • Doesn't want to go to school • Isn't doing what their teacher asks • Has withdrawn from their friends • Doesn't want to go to social events like birthday parties or usual activities like sport Note: Signs continue for more than a few weeks.

2.2 Inclusion: How can the AWC be more inclusive?

AWWs should undertake diverse activities across domains of development, targeting all senses - seeing, hearing, moving, touching etc. This way, even before referral and formal diagnosis, children with delays and special needs, who may be lacking in one sense can participate through another. AWWs can take up strategies to infuse confidence in Divyang children. They help all children realize that they have the full right to participate in all activities, from sports to art to other events. AWWs can help children, parents and the community realize that Divyang children can be independent despite challenges, and grow and develop to live a fulfilling life.

a. Use regular assessments, i.e. observe the child carefully. Identify weak areas and use activities targeted to strengthen that domain, together with activities that include non-affected senses, i.e. strong areas. Assessments should include all development domains, as per National Curriculum Framework for Foundational Stage, such as physical (big and small muscles), language, social-emotional, cognitive etc. Focus on communication, sensory development, activities of daily living (ADL) etc.

b. Activities and Approach

- Use a multisensory approach for better learning: **Visual Auditory Kinesthetic and Tactile (VAKT).** For example, use action rhymes, i.e. speaking (auditory) and

doing hand and body movements (kinesthetic) at the same time. Teach a concept by showing pictures (visual), talking (auditory) and doing a related craft activity (tactile) with the hands. To teach patterns, use available objects like sticks and stones, toys, blocks, and then move on to paper-pencil tasks.

- Use diverse activities like prayers, songs, sharing games, group interaction activity (name calling, taking your turn), simple yoga asanas, dance and movement, music related activity/Action Rhymes, bratachari Song, Activities of daily living like buttoning, tying shoelaces, washing hands etc,
- Create opportunities for play and communication
- Understand child's strengths
- Praise the child and encourage them generously.
- Have the child sit close to you.
- Build self confidence and independence opportunities for children. Let them make decisions.
- Work at the child's level to facilitate development eg: sit in front of the child, at eye level, while speaking with them
- Encourage and support social and emotional development. Eg: help to name emotions like fear, happiness and anger, and help manage them.
- Describe the environment and name things in it.
- Encourage children to both listen and speak by asking questions and talking to them, even when they seem to not understand.
- Use the "Tell-show-do" training technique, and repeat this cycle as often as possible.
- Use simple, familiar language, speak clearly and slowly.
- Actively avoid the use of hurtful language or behavior towards the child.
- Support interactions with other children
- Explain when children get impatient, e.g., Can you wait till Nitin finishes talking? I know that he takes a long time to say some words and he repeats a lot of words; but can you be patient with him?
- Allow for plenty of practice, and plenty of time to complete a task.
- Give breaks from tasks whenever needed.

- If children have neuromotor conditions like cleft palate, they will face problems with chewing, swallowing, positioning, aspiration etc. overall leading to malnutrition in both macro and micronutrients. Special care can be provided to ensure nutritious mashed food.
- Do not keep Divyang children separate. Include all children while conducting activities in the Anganwadi Centre, playing in the park or playground, being part of community festivals, etc.

c. Toys as Teaching Learning Material:

- Explain to the parent about everyday activities and interacting with children during this time via play and communication and using household objects. Eg: naming vegetables that are purchased from the market, playing with a ball made out of paper or cloth available at home.
- Choose toys based on the child's needs.
- Use pictures, videos, and things to see for children who have trouble hearing. Use sound, like music or recordings, for children who can't see well. Eg: Pictures/photographs of parents, family members, great personalities, rare animals, plants, historical places, events etc. from newspapers, magazines, books etc. and sounds like songs, rhymes, lullabies, radio, clapping, clicking, musical instruments etc.
- Use real things or models that you can touch to help understand ideas better. Shapes, clocks, body parts inside us, toy kitchens, toy doctors' tools, and models of the solar system are easier to understand when we can touch them. Blocks that are big and small can help our hands and eyes work together better. Toys that stack on top of each other can teach us about sizes and how to grab things. Start drawing with thicker crayons and then try thinner ones later.
- Use real items if they are available easily, like a real flower to explain the petals and leaves, a real mango to explain taste, smell, size, shape, weight, etc., utensils to show cooking as an activity of daily life etc.
- Use story books to read to the children, and engage their imagination. Follow with your finger and go slower in case children are facing difficulties. Include pictures for the hearing impaired and do voices for the visually impaired.
- Use hand signs, pictures, flash cards, charts, cut outs, embossed (raised) pictures, verbal instructions, and hands on activities. For example, taking

children to the field/ playground and giving simple instructions like – go stand near the bicycle, keep the ball under the chair, hide the ball in the bushes etc.

- Use repeated phrases like rolly-polly, up-up-up, down-down-down, to clarify sounds and practice mouth muscle development.

d. Family counselling and guidance

- Ensure that Divyang children continue to attend the AWC if possible.
- Praise parents for their efforts to support their child's development and explain the science behind the activities they do. Eg: "I saw that you talk to your child while they are with you during mealtime and bathing. This will help your child's language development. Good job!" Show kindness and understanding to families, and provide help when needed.
- Remind parents that disabilities are not diseases to be "cured" and their children do not need to be "made normal". Disability is not just a health problem but a social problem. Society must adapt to include children with disabilities.
- Identify what various family members are already doing to support the child's development and encourage them to take more positive action, offering ways for them to build on these skills.
- Inform them that language delays are one of the most common invisible difficulties, and they should do 3 key things every day: talk to their child, play with their child and make their child laugh. This encourages listening and speaking, which helps later on with reading and writing.
- Keep them informed of their children's progress, including early warning signs.
- Advise families to seek out more resources online, like on Youtube, and through books and magazines, specifically for the delays their child is showing.
- Avoid saying bad things about the child or letting others do the same. Trying to change the way people see disabilities by highlighting positive things like including everyone.
- Do not use labels/terms that are hurtful and bad (e.g., lame boy, blind girl, dumb fellow). Do not allow others to do so.

- Work together with families to set goals for the child that are realistic, achievable and have meaning to them.
- Educate the parent and other family members about the child's condition and what they have to do further (getting therapy, consulting rehabilitation professionals, playing different types of games at home etc).
- Educate the parents about the cause of disability, so that they do not blame themselves.
- Educate parents about the benefits of availing disability certificates. They can then avail those benefits and support their child's development in a better way.
- Parents can be counselled one on one also, because they may restrict themselves from going to family functions, feel loneliness etc. Family members may blame them, others might avoid them. Support, encourage and remind them that their children's needs come first.
- Always encourage, support, and respect the child.

e. Community events on Divyang inclusion

- Understand each child's strength and try to support them to participate in events with their maximum potential. Eg: a child having difficulty in walking can be good at sitting in a chair and singing in a social event.
- Conduct activities that encourage the participation of all children, no matter their abilities. Group projects, games, and events can promote interaction and collaboration among children with and without disabilities, together. Adjust the activities if necessary, make small changes and be flexible, so that everyone can participate regardless of their disabilities.
- Ensure participation of Divyang children in all community events, local festivals, ECCE days, VHSNDs, etc. During vaccination and other events involving parents, developmental milestones and delays can be explained to parents. When planning any event, think about accessibility for children with disabilities, their parents, and adults with disabilities. For example, consider inviting an Indian Sign Language interpreter, check for ramps on stages, etc.
- Become a community champion for Divyang inclusion. Children with disabilities have the right to inclusion and support from their family, AWW and community, to help them live long, fulfilling lives.

2.3 Referral: What should the AWW do for directing the family for specialised assistance?

If children are regularly not meeting their milestones, or there are visible signs and symptoms of disabilities, the Anganwadi worker should support the parents and families in getting specialized support through referrals.

2.2.1 Steps for Referral:

a. Refer to ASHA/ANM to check and assist in escalation to Primary Health Centre, or Rashtriya Bal Swasthya Karyakram (RBSK) teams, if available.

b. Support family to apply on www.swavlambancard.gov.in for UDID and Disability Certificate. It can be issued by home district hospitals, as well as the hospital where the PWD is taking medical treatment, as per RPWD Act 2016.

c. Support family in approaching Chief Medical Officer (CMO) or District Medical Officer (DMO) for checking and assignment of specialists for assessment. After the Medical Board decision, the card is sent to the family via Speed Post.

d. Check again later and follow up - so that cases missed in early years are identified and for Early Intervention to prevent disability if possible.

2.2.2 Benefits of Getting UDID for Divyang Children

- **Health Support:** Free or subsidized assistive devices (crutch, wheelchair, hearing aid etc.), physical/mental therapy, counseling, healthcare can be provided.
- **Educational Support:** Reservation in school/college admission, scholarships, skill training assistance can be provided.
- **Financial Assistance:** Reservation in public jobs, or monthly or annual financial assistance etc. may be provided.
- **Single ID:** No need to make, maintain, or carry multiple documents as UDID is single document of identification, and verification of the disabled for availing various benefits
- **Streamline ID tracking:** Same card from village level, block level, District level, State level and National level
- **Access to Government schemes:** Other State and Central entitlements in future.

3. Role and Responsibilities of Frontline Functionaries

3.1 Role of AWW

- **Screening:** Identify/find and register children with difficulties. Check children for delays in meeting developmental milestones and display of early signs and symptoms, through regular observation and quarterly assessments by age and domain. Counsel parents to seek out more information on activities they can do to help their child develop, or visit a doctor.

- **Inclusion:** Make sure of adequate and appropriate nutrition, organize inclusive activities, encourage peer interaction and support and advise parents. Give each Divyang child one-on-one tailored attention, eg. using more music with a visually impaired child, and more tactile manipulatives with a hearing impaired child. AWWs educate parents and caregivers about disabilities, giving guidance on how to care for and support children with disabilities. They can provide information on available resources, therapies, and techniques to enhance the child's development. AWWs can also provide simple activities or exercises that help children with disabilities in gross and fine motor skills, sensory development, and speech-related activities like language listening, mouth muscle development etc.

- **Referral and Follow up:** Refer to ASHA/ANM to assist in escalation to PHC or RBSK team. Support family to apply for UDID and Disability Certificate on www.swavlambancard.gov.in. Support family in approaching CMO/DMO for verification and assignment of specialists. After the Medical Board decision, the card is dispatched to PwD. Initially, parents may be in the refusal or denial stage. So, after screening and referral, follow-up can be done to ensure parents are taking the child for consultation, giving therapy and following the advice of rehabilitation professionals.

3.2 Role of ASHA

- Support community awareness building and education about early signs of disabilities in children, give support and clarify importance of seeking timely intervention

- Support AWC registration of children with difficulties or developmental delays identified through the health system

- Support AWW in first referral to primary health centre, and early consultations with specialists

- Support parents in applying for Universal Disability ID and accessing scheme benefits
- Advise the parents and caregivers of children
- Give support for the inclusion and rights of Divyang children within the community and raise awareness about their needs and potential
- Visit the Divyang child at home along with AWW

3.3 Role of Supervisor and CDPO

- Support AWW in registering children with special needs
- Connect AWW/ASHA to CMO/DMO as required for UDID registration
- Identify and invite local disability experts for talks and training
- Go with AWW for home visits, and encourage parents towards inclusion, as well as specialized care for their children.
- Support AWW in getting additional information about how to include Divyang children, such as through Youtube channels of MWCD, NIPCCD, DEPwD, experts, content creators, other social media etc.
- Identify the local UDID certifying agency, as well as NGOs that are State Nodal Agencies under National Trust to help with the Niramaya scheme providing health insurance for children with disabilities.
- Make a list of local organizations, institutions, individuals and resources that can assist AWWs with supporting the family. NGO Darpan platform can be used, among other sources, to identify local organizations. These may include disability rehabilitation professionals (e.g., physiotherapist, speech therapist, special educator, occupational therapist etc.), research institutes, civil society organizations etc. Occupational Therapists have a major role to play in early intervention, sensory integration therapy for children with cerebral palsy, autism, learning disabilities etc. Therapists may help with starting medicines, using aids (e.g., hearing aid or crutches), simple speech and language activities or therapy, simple physical activities or therapy, cognitive exercises, and instructions for the classroom, or anything else that is necessary for the child.

3.4 Role of District Administration (DPO and DM/DC/CEO ZP)

- Include experts from DEPwD in the District Nutrition Committee, to take steps to safeguard the rights and facilities made available to the persons with disabilities.

- Find and build collaborations with Cross Disability Early Intervention Centres of National Institutes & Composite Regional Centre under DePwD. Also, work with local universities, institutes and organizations, colleges, start-ups, local NGOs, etc. to create local partner networks that offer specialized services for Divyang children so they receive comprehensive care.
- Organize programs and workshops to help people understand better the challenges and needs of children with disabilities.
- Maintain availability of ramps and handrails for easy access to the AWC.
- Paint door, window frames and handrails in a colour that is different from that of the nearby walls and handles, for improved visibility.
- Make sure of adequate space, as well as solid, non-slippery and non-reflective floor, and other ways for improving accessibility of AWCs.

3.5 Role of Community

- Create support groups and networks for parents and caregivers of Divyang children. These groups can provide emotional support, share resources, and exchange tips, activities and strategies. Encourage parents to seek out these groups online and in person.
- Participate actively in community-based events, like VHSNDs, ECCE Days etc. to support Divyang children and their families. Encourage all children to play together with kindness.
- Always encourage acceptance and support for Divyang children within the community. Do not use hurtful language or labels.
- Promote the understanding that diversity is a strength, and that every child has unique abilities and potential, and the right to a fulfilling life.

4. References

1. Department for Empowerment of Persons with Disabilities (DEPwD). (2022). Sub-Scheme under SIPDA for setting up of Cross-Disability Early Intervention Centres at National Institutes (NIs) and Composite Regional Centres (CRCs) under DEPwD https://disabilityaffairs.gov.in/upload//621492a6085d7SIPDA_sub-scheme-CDEICs%20final%208%202%2022.pdf

2. Department for Empowerment of Persons with Disabilities. (2021). Draft National Policy For Persons with Disabilities (Divyangjan). Ministry of Social Justice and Empowerment. https://disabilityaffairs.gov.in/upload/uploadfiles/files/Draft%20Copy%20New%20National%20Policy%20May%202022%20.pdf

3. Indian Academy of Pediatrics. (2022). Guidelines for Parents: Normal Development and When to Suspect Abnormal Development? https://iapindia.org/pdf/Ch-023-IAP-Parental-Guideline-Normal-Development.pdf

4. Ministry of Education (2020). National Education Policy. Ministry of Education. Government of India. https://www.education.gov.in/sites/upload_files/mhrd/files/NEP_Final_English_0.pdf

5. Ministry of Social Justice and Empowerment. (2016). RPWD Act. Government Of India https://disabilityaffairs.gov.in/upload/uploadfiles/files/RPWD%20ACT%202016.pdf

6. NCERT (2022). National Curriculum Framework for School Education. NCERT. Ministry of Education, Government of India. https://ncert.nic.in/pdf/NCF_for_Foundational_Stage_20_October_2022.pdf

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Women & Child Development
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Department of Empowerment of
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