CRW TRAINING MANUAL-II

VILLAGE-BASED EARLY INTERVENTION REHABILITATION PROGRAMME

ABSTRACT

The primary objective of the Early Intervention (EI) Village-Based Rehabilitation (VBR) programme is to provide rehabilitation services to children with developmental delay to increase access to early identification and early intervention therapy to enhance their physical, cognitive, language, social and emotional development, reduce burden and empower families, and increase inclusion and participation of children with disabilities within their families, schools and communities.

Early Intervention

AMAR SEVA SANGAM

AYIKUDY

Contents

I. EARLY INTERVENTION

In India, the incidence of infant mortality is decreasing while the incidence of non-communicable diseases is increasing ─ this is the major cause for disability. (Kumar, Roy &Kar, 2012).

Early intervention (EI) program for children under the age of six with a developmental delay is vital to improving long-term function, including performance in primary school. (WHO, 2011).

Disability is a major barrier to access to education in India, more than 2.9 million children living with a disability. (UIS and UNICEF, 2015).

45% of children with disabilities in Tamil Nadu do not attend school compared to 3% of all children. (World Bank's 2009 Report).

A. NEED OF THE PROJECT

a. PROBLEM:

Early intervention remains inaccessible for most children in Tamilnadu due to

- ✓ Cost – mother has to engage an attendant, difficult with low income
- ✓ lack of services in the area – only trained people are involved
- ✓ Transportation - difficult to carry a child in the bus

b. SOLUTION:

Mothers are trained and enhanced by CRW.

CRW are provided with a custom made ‘TABLET’ application called mVBRI to facilitate communication with rehabilitation Specialists (Physio therapist, Occupational therapist, Special educators and Speech therapists) located remotely so that EI therapy could be provided at home and remote centers”

B. OUR EI PROJECT

a. Fixed schedule – CRW/ SPECIALISTS
b. Fixed schedule EIC.
c. 30 mins given for each specialty at center
d. 30 mins given for each specialty in home based rehabilitation.
e. 6 centers are equipped with therapy equipment's
f. Tablets/ computers with internet facility for online monitoring.
g. Safety measurement made for systems in the Centres

C. DIFFERENCE BETWEEN CENTER BASED AND HOME BASED TREATMENT

a. EI CENTER:

- ✓ Only 16 children can be treated in a year by center-based rehabilitation.
- ✓ Maximum resource required.
- ✓ Heavy financial requirement.

b. HOME BASED TREATMENT:

- ✓ 60- 80 children can be treated in a year by home based rehabilitation.
- ✓ Minimum resource required.
- ✓ Comparatively less financial requirement.

Total Benefits Reached 900 Children from 2017.

D. EI - TABLET PROPOSED PROCESS FLOW:

- ✓ Identifying the child through various awareness programs based on the software data by community based rehabilitation worker
- ✓ Base line and the problem list entered by our CRW at the child's home
- ✓ Reaches office executive at ASSA center, Ayikudi for approval
- ✓ Field team leader will assign a specialist for the General assessment.
- ✓ Based on the General assessment requirement Field Team Leader will assign concerned specialist for the required problem.
- ✓ Specialist team will assess and assign treatment. (Physiotherapy, Speech training, Special education, Occupational therapy)
- ✓ Project team lead confirm the treatment cycle.
- ✓ Field Team Leader will assign the CRW.
- ✓ CRW trains them other with the assigned treatment in the home for the target period. Specialists will supervise the CRW.

E. OUR COLLABRATIVE PARTNERS:

We are having two partners like Fund partners and Research partners

a. FUNDING PARTNERS:

- ✓ Grand Challenges Canada (GCC)
- ✓ Azhim Premji Philanthrapic Initiatives (APPI)
- ✓ Handi Care International (HCI)
- ✓ Government of Tamilnadu.

b. RESEARCH TIE UPS:

- ✓ ICDR – University of Toronto
- ✓ Kalasalingam University
- ✓ McGill University
- ✓ Queens University

F. MODULES AVAILABLE IN THE MVBRI APPLICATION:

In mVBRI application there are below modules are there:

- ✓ Screening Module
- ✓ Awareness Module
- ✓ Baseline Module
- ✓ Therapy Module
- ✓ Education Module
- ✓ Research Module
- ✓ Parents Training Module
- ✓ Monitoring Module
- ✓ Evaluation Module

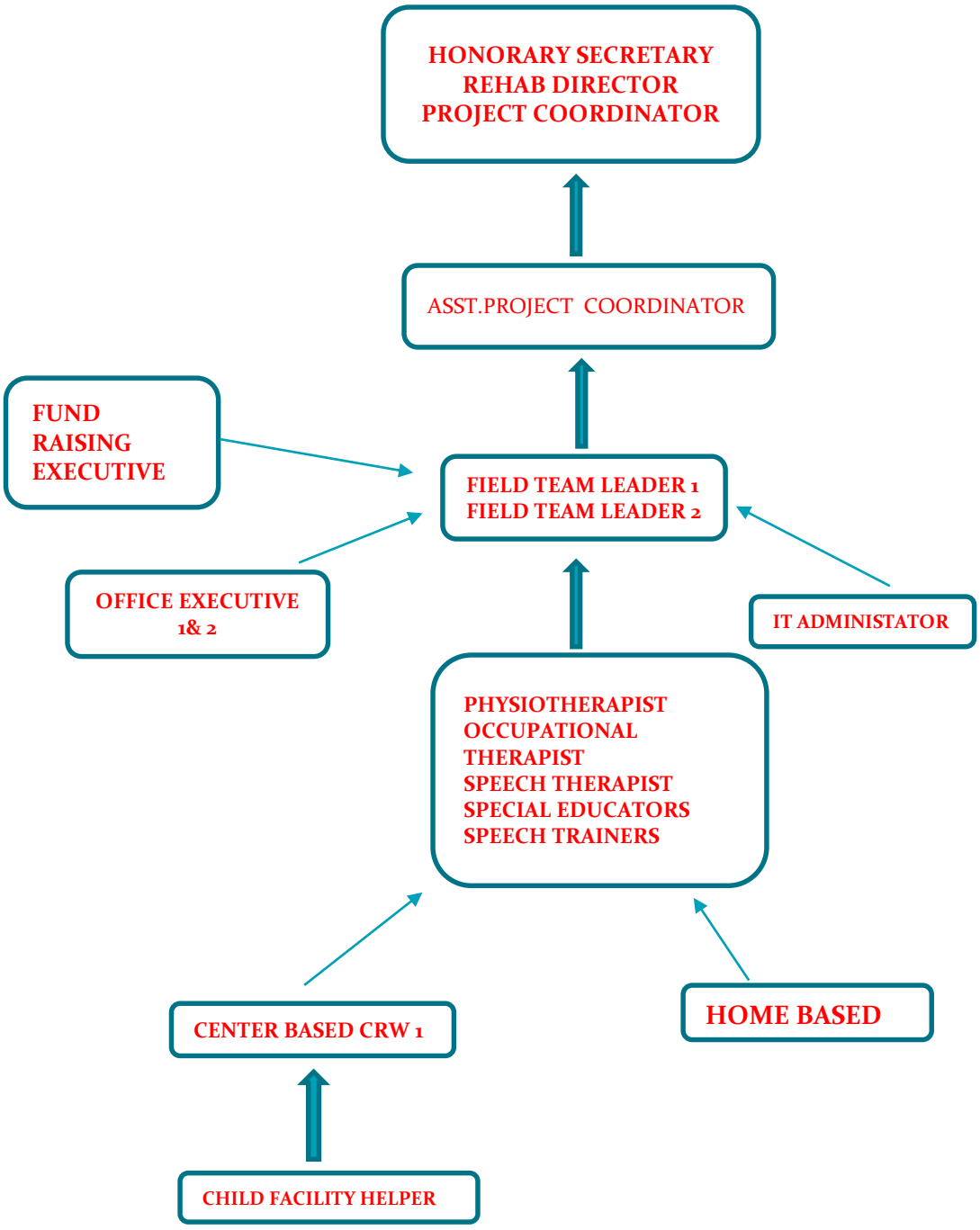
G. KEY INDICATORS OF THE PROJECT:

- ✓ Screening at PHC/ Sub centers, Anganwadi centers and Nursery schools.
- ✓ Routine Therapy (Center/Home Based Rehabilitation)
- ✓ Awareness Program - Women, Community, Students
- ✓ Parents Training once in every six months.
- ✓ One Medical and Surgical Awareness Program every Year
- ✓ Community Rehab Workers (CRWs) Trainings once in every six months.
- ✓ Rehab Specialists Training once in every six months.
- ✓ Presentations on Research findings of our Early Intervention project in Three Years in various platforms.
- ✓ Research Work Publications in International Open Access Journals
- ✓ 10% Improvement in Physical Development / Cognitive Development / Speech and Hearing Development in Children with Disabilities

H. SPECIAL FEATURES OF OUR EARLY INTERVENTION PROGRAMME:

- ✓ Mother Guided by the CRW and Specialist – Easily Adopted by The Child
  - Monthly Once by Specialist Team
  - Weekly Once by CRW – 30 minutes for each required specialty.
  - Daily at the convenient time by the mother.
- ✓ Fixed Schedule, Fixed Day and Fixed Time for CRW and Specialist Visit
- ✓ Mother – Child Flexible Time
- ✓ Every Six Months Evaluation by other block Specialists.
- ✓ Fixed Visit – Parents Will Wait for CRW/ Block Team
- ✓ CRW/ Specialist Can Easily Reach the Child with Treatment Kit.
- ✓ Time Management - Can Communicate Through Software
- ✓ Specialist will fix the Uniform Standardized Treatment based on the problems in the mVBRI application. Mother will learn and follow the CRW in the treatment. If consultation required, mother can avail the solutions through online/ phone calls.
- ✓ Easy Monitoring & Administration
- ✓ Environmental friendly application.

I. ORGANOGRAM:



II. ETHICS

It can sometimes be quite difficult to determine whether a particular action is or is not morally acceptable. However, if we can agree that a certain act is wrong, it will likely have similarities to other wrong actions.

A. PRINCIPLES UNDERLYING THE CODE OF ETHICS

- ✓ Every human being, regardless of race, religion, gender, age, sexual and gender diversity, or other individual differences has a right to maximize his or her potential providing it does not infringe upon the rights of others.
- ✓ Social inclusion is a human right where every individual has an active role to play in society and has the expectation of full social, educational and economic participation. An inclusive society is based on the fundamental values of equity, equality, social justice, and human rights and freedoms, as well as on the principles of tolerance and embracing diversity.
- ✓ Every society has an obligation to provide for and deal equitably with all its members and to make extra provision for those who are excluded or disadvantaged.
- ✓ Every person is legally protected against discrimination based on age, sex, race and disability and their universal human rights are inviolable.

B. COMMUNITY REHABILITATOIN WORKER ETHICS

In moral based on their own set of personal values and beliefs.

- ✓ Responsibility to clients
- ✓ Responsibility to employers
- ✓ Responsibility to colleagues
- ✓ Protecting the reputation of the profession

C. RESPECT FOR AUTONOMY:

a. BENEFICENCE

The term “beneficence” means kindness, charity and the doing of good.

It refers to a moral obligation to help other people, to avoid harming them, and to try and balance benefits with harms.

In the health care setting, it means an obligation to promote the health and wellbeing of the patient and to prevent disease, injury, pain and suffering.

b. JUSTICE

People are treated according to the principle of justice if they are treated according to what is fair, due or owed. The principle of justice concerns the question of what is due to whom, and how to distribute the costs and benefits of living in a society.

D. ETHICAL ISSUES IN COMMUNITY INTERVENTIONS:

1. What do we mean by ethics?

- ✓ Doing no harm.
- ✓ Respecting people's as ends, not means.
- ✓ Respecting participant's ability to play a role on what they need.
- ✓ Respect everyone's human, civil, and legal rights.
- ✓ Doing what is best for everyone.
- ✓ Not abusing your position

2. Why is ethical behavior important in community interventions?

- ✓ Program effectiveness.
- ✓ Standing in the community.
- ✓ Moral credibility and leadership.
- ✓ Professional and legal issues.

3. What Are the Ethical Issues That Need to Be Considered, And How Do They Play Out in Community Interventions?

E. CONFIDENTIALITY

i. PROGRAM POSSIBILITIES:

- ✓ No one will have access to records of a participant without her permission.
- ✓ Information may be shared among staff members for purposes of consultation.
- ✓ Information may be shared with other programs in which the participant is involved.
- ✓ Information is submitted to funding sources as documentation of services provided.

ii. CONSENT

- ✓ Consent to sharing of information.
- ✓ Informed consent for services, treatment, research, or program conditions.
- ✓ Community consent

iii. DISCLOSURE

- ✓ Disclosure to participants of the conditions of the program they're in.
- ✓ Disclosure of participant information to other individuals, agencies, etc.
- ✓ Disclosure of any conflict of interest.

iv. COMPETENCE

- ✓ The organization can accomplish its goals under reasonable circumstances.

v. CONFLICT OF INTEREST

- ✓ Point it out to whoever needs to know.
- ✓ Eliminate the conflict situation.

vi. GROSSLY UNETHICAL BEHAVIOR

- ✓ Sexual relationships, exploit, fraud, discrimination, criminal behaviour, etc.

vii. GENERAL ETHICAL RESPONSIBILITIES

- ✓ To funders
- ✓ To staff members
- ✓ To participants
- ✓ To the community

Has (7) recommends some guidelines for the screening process that promote justice for all patients who are evaluated. First, patients and families should be made aware of the availability of rehabilitation and the process by which patients are selected. In addition, patients. However, such a process has the potential should have the right to appeal a decision if they are rejected of being too expensive and unwieldy to be completely effective.

F. TEAM WORK:

There are two areas of possible conflict: within the team itself, and between the team and the patient.

a. BETWEEN THE TEAM AND THE PATIENT:

Conflicts between the team and the patient most often arise over the issue of goal setting, when the patient's goals and desires are not always consistent with those of the other members of the team. It is important that the team provide consistent information to the patient and his or her family.

If possible, patients should not be made aware of a disagreement within the team, as conflicting messages can be confusing and upsetting for a patient who is already trying to cope with a new disability.

b. BETWEEN TEAM MEMBERS:

Because each team member is likely to have his or her own set of moral codes and standards, it is unlikely that all members will agree on each ethical question that arises. Conflicts between two members should be dealt with and solved within the team context.

G. SOLUTION:

Professional standards and codes of conduct can be used to find common ground in setting up this framework around shared principles and beliefs common to all groups and specialty associations. When such a framework fails to resolve the conflict, a reasonable approach might be to gather all team members, excluding the patient. The issues can then be defined and debated, with all team members expressing their views and the rationale behind them. If common ground is found, a team consensus can be reached in this way.

Thomas suggests that in order "to bring about a concert of moral interests within a team", five steps must be followed:

- ✓ The team must develop a common moral language for discussion of moral issues.
- ✓ Team members must have cognitive and practical training in articulating their feelings about issues rationally.
- ✓ Value clarification exercises are needed. The team must have common experiences upon which to base workable moral policies.
- ✓ The team must develop a moral decision-making method for all to use.
- ✓ When conflicts arise between the patient and other team members in trying to determine which goals are realistic and desirable and which are not, the concepts of autonomy and beneficence are often at the forefront.

III. GUIDELINES

The Guidelines Will Provide Support, Direction and Assistance with the Development, Implementation, Management and Evaluation. Community Workers are being established in services that Deliver Community Rehabilitation. The guidelines provide a framework for community workers and to use within their workplace, with their colleagues and higher officials.

A. GOOD PRACTICE GUIDELINES:

a. ETHICAL PRACTICE:

- ✓ Applies the principles of social justice, equity, individual worth, human dignity, and self-determination in all day to day professional practice.
- ✓ Practices ethical behaviour in every situation in accordance with the Community Workers Code of ethics.
- ✓ Seeks advice when confronted with an insurmountable ethical dilemma.
- ✓ Challenges policies and practices that are unjust or fail to meet accepted community standards e.g. human and legal rights.
- ✓ Reflects on personal beliefs and values and identifies those that might adversely impact on the rights of others.
- ✓ Bases relationships with service users or groups on the principles of respect and human dignity regardless of a service user's own attitudes or behavior.
- ✓ Uses knowledge and skills for the benefit of the service user, the employing organization, and the common good.

b. PROVISION OF SERVICE AND SUPPORTS:

- ✓ Provides services that meet the needs of individuals and communities and facilitates their right to social inclusion or social justice
- ✓ Encourages service users to actively provide feedback on the effectiveness or otherwise of services
- ✓ Routinely advises service users of their right to complain and how to access the organization's complaints policy
- ✓ Does not discriminate against or disadvantage service users who make a complaint
- ✓ Uses appropriate research, planning and evaluation methodologies when providing community and human services
- ✓ Advocates for service users and needed services
- ✓ Recognizes the sometime imbalance of power between practitioners and service users and does not abuse that authority.

c. CONFIDENTIALITY IN THE WORKPLACE:

- ✓ Is familiar with the relevant legislation and the organization's policies relating to confidentiality and privacy
- ✓ Informs service users of who has access to his or her file and under what circumstances the information contained therein is or may be shared
- ✓ Provides service users with access to their own files and alerts them to the process to record or amend any representation, notation, or omission with which they disagree.
- ✓ Protects a service user's privacy through secure record keeping
- ✓ Seeks informed consent from service users before sharing confidential information, unless required by law.
- ✓ Advocates for non-disclosure of confidential information where a practitioner believes that disclosure would adversely affect a service user
- ✓ Provides privacy to service users who wish to discuss sensitive matters.
- ✓ Destroys obsolete confidential information or records in a secure manner
- ✓ Applies the principles of confidentiality to information that pertains to colleagues and employers
- ✓ Reminds colleagues who disclose confidential information of their obligation regarding the privacy of others

d. REGULATORY FRAMEWORK:

- ✓ Complies with legislation and statutory provisions which affect professional practice.
- ✓ Alerts their employer of relevant legislation not observed by the organization.
- ✓ Deals with service-user information in accordance with the principles and requirements of legislation including that which governs privacy, confidentiality and freedom of information
- ✓ Works within the legal limitations around the right to confidentiality.
- ✓ Informs service users about the legal limitations to their right to confidentiality and privacy

- ✓ Ensures information systems relating to service users, resources, programs and projects are in place, and kept in accordance with legislation and organizational policy and procedural requirements
- ✓ Ensures that the fundamental human rights of an individual are not ignored through the misuse of authority granted through law
- ✓ Understands which pieces of legislation govern organizational behaviors, for example, workplace health and safety.

e. DIVERSITY:

- ✓ Responds appropriately to diversity in all its forms.
- ✓ Acknowledges and promotes the rights of culturally and other diverse groups.
- ✓ Challenges organizational behaviour and services that discriminate on the basis of individual or group characteristics including ability, age, beliefs, economic, employment and housing status, ethnicity, faith, gender and gender identity, and sexuality.
- ✓ Recognizes personal values and bias and takes steps to safeguard against any adverse impact these might have on a service user's right to a service. Recognizes and declares any conflict of interest
- ✓ Gains information from relevant individuals and Indigenous and culturally diverse communities to ensure professional practice, policy, or service development is appropriate to community and service user needs.
- ✓ Engages in individual and collaborative knowledge building to ensure professional practice with culturally or otherwise diverse or minority groups is appropriate and effective.
- ✓ Adapts communication means and methods to effectively connect with a diverse range of people
- ✓ Uses culturally appropriate verbal and non-verbal communication when engaging with individuals and community members.

f. WORKPLACE:

- ✓ Understands and respects the nature and context of the workplace, which may also be the residence or home of service users
- ✓ Continuously develops and uses knowledge and skills within the workplace for the benefit of service users, colleagues, and employers
- ✓ Maintains professional boundaries with service users and colleagues.
- ✓ Acknowledges and protects confidential, sensitive or commercially valuable workplace information and intellectual property
- ✓ Treats colleagues with respect, honesty, and consideration
- ✓ Deals with conflict in a timely manner.
- ✓ Reports discriminatory, bullying or otherwise adverse behaviour of a colleague toward clients or another staff person.
- ✓ Recognizes and takes individual responsibility for workplace health and safety
- ✓ Understands and implements organizational policy and procedures.
- ✓ Takes up any areas of concern, either regarding policies, service provision or workplace behaviour with the appropriate supervisor, manager, or the employer.

g. PROFESSIONAL DEVELOPMENT:

- ✓ Identifies skill and knowledge gaps and remedies through training, supervision, or other mean
- ✓ Seeks appropriate professional support, mentoring or advice to address personal and professional limitations
- ✓ Critically analyses the profession, human service agencies and organizations, and social institutions in all aspects of the community work role
- ✓ Acknowledges personal responsibility and accountability for actions, decisions, and professional development

- ✓ Increases knowledge and information about the profession, the sector, or areas of practice through active engagement with research and enquiry.
- ✓ Keeps abreast of current research, models of practice, and theory

- ✓ Supervises students, staff, and volunteers in an ethical manner and from an appropriately qualified knowledge base
- ✓ Shares information and knowledge with colleagues

h. PROFESSIONAL STANDING:

- ✓ Knows, understands and works within the ethical norms of the profession
- ✓ Maintains appropriate professional and personal boundaries with service users and colleagues
- ✓ Seeks support and guidance when personal issues are affecting professional conduct or practice
- ✓ Recognizes and redresses inadequate knowledge and experience through professional development, training, support, or supervision.
- ✓ Promptly addresses the inappropriate, unethical or illegal behaviour of a colleague through appropriate means.
- ✓ Exhibits awareness of social, political, legal, cultural and organizational contexts and systems, and how they might impact on the community work profession.
- ✓ Acknowledges and supports the right of service users, careers, members of the public and colleagues to make a complaint against the unethical, unprofessional, or inept practice of a community work practitioner
- ✓ Demonstrates an understanding of relevant legislation and legal frameworks which specify responsibilities towards clients, colleagues, employers, or community members in the workplace
- ✓ Promotes, takes pride in, and advances the profession of community work

IV. SCREENING

In early intervention project the screening program plays major role on identification of child with disability in different villages.

A. NEED FOR SCREENING

KUMAR, RAY& KAR, 2012

"In India the incidence of infant mortality is decreasing while the incidence of non – communicable diseases is increasing –major cause for disability.

B. AIM OF SCREENING

- ✓ The aim of screening includes early identification of child with disability.
- ✓ Medically proven that 80% of brain development is achieved at the age of 6 years.
- ✓ Early detection of developmental delay is important for instituting community based intervention programs as early possible. In an effort to prevent onward progression to disability.

C. SCREENING PROCESS

- ✓ Screening by non-rehabilitation professional
- ✓ Trivandrum developmental screening chart used by CRW.
- ✓ 30 % children randomly verified by specialists to confirm the ability of CRW screening.
- ✓ Every Wednesday screening conducted – 52 screening programmes target
- ✓ Morning PHC/ Sub centres and afternoon Anganwadi centres
- ✓ Positive, negative and high risk babies are documented.
- ✓ Every Wednesday we are conducting screening programme at PHC and anganwadi with CRW and specialist team.

- ✓ Initially the CRW will assess every child subjective assessment, milestones by using TDSC.
- ✓ If the CRW found any positive child, they put the baseline.
- ✓ Identified child baseline should enter the mVBRI application.

D. MATERIAL REQUIREMENTS FOR SCREENING

1. MATERIAL REQUIRED:

- ✓ Trivandrum developmental screening chart

2. ACCESSARY MATERIALS:

- ✓ paper /pen
- ✓ Crayons
- ✓ Ball
- ✓ Brush
- ✓ Button frame
- ✓ Color toys
- ✓ Color shapes

E. THIRUVANDRAM DEVELOPMENTAL SCREENING CHART:

a. OBJECTIVE:

- ✓ The chart is developed and validated as a simple screening tool for identifying developmental delay among children 0-6 years of age in the community.
- ✓ The term developmental delay is used when a child's developmental lags behind the established normal ranges for the child in areas of motor, cognitive, language, behavioral, emotional and social development.

b. METHOD:

- ✓ TDSC (0-6) designed and develop at the child development center, Government medical college campus Thiruvananthapuram (tool items 51).
- ✓ Items were chosen by the expert of pediatrician, neurologist, child psychologist and clinical psychologist.

- ✓ For the tool to apply, the chronological age of the child is assessed first.
- ✓ Then a line is to be drawn vertically through the chronological age of the child (given in the bottom horizontally) marked in the tool.
- ✓ The items with the upper limit ending to the left of the line are expected to be attained by the child normally.
- ✓ If any item is not attained by the child by that age, the item is assumed as delay for the child.

If the child is identified with developmental delay (positive).
Identified child baseline should enter the mVBRI application.

V. AWARENESS

Every Monday awareness programme will be conducted except last Monday of every month. Each Block CRW (3/4) will arrange the programme and field specialists (3) will be the resource persons. With pre – post analysis for knowledge gain through awareness Programmes. The awareness also assists to reduce the extent of manifested childhood disability and to prevent or reduce complications of disability (physical and behavioural) that lead to a need for institutionalization. The awareness programs are done in three levels namely women awareness, student awareness and community awareness.

A. ROLE OF CRW IN AWARENESS:

- ✓ Making annual schedule for awareness
- ✓ CRWs will be before time taking permission for the awareness.
- ✓ Choose which place program contact, arrange all awareness material (banner, rope, pen, paper, awareness book,)
- ✓ Gathering people for awareness
- ✓ Conducting pretest and posttest contact for awareness participants test.

B. TYPES OF AWARENESS

- ✓ Women Awareness
- ✓ Community Awareness
- ✓ Students Awareness

i) WOMEN AWARENESS

The Women's Group Workshop consists of an educational session for young women and focuses the care and the procedure to be taken from the inception to delivery, major factors to be noticed at the time of birth as well as postnatal period. This may lead to prevention of disabilities and assist with early identification of developmental delays.

ii) COMMUNITY AWARENESS:

The awareness program for the community consists of early identification, preventive and curative measure, therapy and trainings and inclusive society.

iii) STUDENTS AWARENESS:

The Student Group Workshop consists of school and college students and focuses on topics of inclusive education, integration of people with disability into peer groups and gender equality.

VI. TAB TRAINING AND SOFTWARE USUAGE

- ✓ Smart Phone as a Tool
- ✓ mVBRI Mobile Application Entered with Salesforce Cloud Application

A. OBJECTIVES:

- ✓ Systems Controlled Processes
- ✓ Data Accuracy
- ✓ Data Storage & Security
- ✓ On Time Monitoring & Administration
- ✓ Cumulative and Standardized Reporting system
- ✓ Research
- ✓ Training The Champion Users and Treatment Kits
- ✓ Standardized Treatment and Evaluation Scales
- ✓ Resource Materials for Treatment, Campaigns

B. ORIENTATION TO SALESFORCE:

- ✓ Home Screen
- ✓ Manager Console
- ✓ Screening Data
- ✓ Awareness Data

- ✓ Daily Activity
- ✓ Service user
- ✓ Baseline

C. ORIENTATION TO TABLET:

- ✓ ATP module
- ✓ Screening Module
- ✓ Awareness Module
- ✓ Treatment ATP
- ✓ Daily Activities

D. ATP MODULE:

- ✓ Advance Tour Plan is expansion for ATP
- ✓ ATP is created once in a month for each activity
- ✓ ATP for screening, Awareness, Leave, Permission, Monthly Review meetings and Lunch should be created every month.
- ✓ CRW training, Parents Training and Surgical Awareness can be created when ever needed

E. SCREENING MODULE:

- ✓ All Screening basic should be send to Field Team Leader for assignment before 9.30 am of the screening day
- ✓ All screening Data should be entered within the day of screening
- ✓ All line items should be filled with exact value
- ✓ Avoid using '–' or '0' for unknown value.
- ✓ Confirm each value with Child's parent before entry

F. AWARENESS MODULE:

- ✓ All Awareness basic should be send to Field Team Leader for assignment before 9.30 am of the screening day
- ✓ All Awareness Data should be entered within the day of screening
- ✓ All line items should be filled with exact value
- ✓ Avoid using '–' or '0' for unknown value.
- ✓ Confirm each value with participants before entry
- ✓ Collect exact ID number/Contact number

G. TREATMENT ATP:

- ✓ ATP for all children treatment will be assigned to CRWs
- ✓ When doing treatment to children all should use the treatment ATP to create daily Activity
- ✓ CRWs can check the number of achievements against the target in treatment ATP
- ✓ Activities for treatment created other than from treatment ATP will not be considered as activity and it will affect the visit Compliance

H. DAILY ACTIVITIES:

- ✓ Daily activity should be created for every activities
- ✓ For treatment it should be created from treatment ATP
- ✓ For leave, permission and Lunch daily activity must be created whenever necessary
- ✓ Activities done without Daily activity will not be considered
- ✓ All activities should be closed or cancelled with due reasons within the particular day

I. PRACTICAL DEMO:

- ✓ ATP Creation
- ✓ Daily Activity Creation
- ✓ Daily Activity Closure
- ✓ Baseline Creation and Submission
- ✓ Screening, Awareness, Training Data
- ✓ Treatment ATP

J. DISCUSSION:

- ✓ Data Protection
- ✓ Do’s and Don’ts in Tablet
- ✓ Data Sync and Image Sync
- ✓ Mitigation Group Info

VII. GOAL AND TREATMENTS IN TAB

A. PHYSIO ORIENTATION:

PROBLEM:

- ✓ Unable To Lift The Head
- ✓ Neck & Head Control

GOAL*: Lift The Head Upright:*

Treatment:

- ✓ Face stimulation.
- ✓ Making sounds.
- ✓ Neck stroking.
- ✓ Upper limb activity.
- ✓ Using lighting toys.
- ✓ Using rattles.

PROBLEM:

- ✓ Unable To Roll To Back

GOAL: Able To Roll Prone.

Treatment:

- ✓ Rolling over blanket
- ✓ Rolling over sloppy surfaces
- ✓ Rolling over the ball.

PROBLEM:

- ✓ Prone On Fore-Arm:

***GOAL** – PRONE ACTIVITIES:*

Treatment:

- ✓ Fully extended arm &reaching.
- ✓ Reaching activity.
- ✓ Unilateral upper arm weight bearing.
- ✓ Weight bearing

PROBLEM:

- ✓ Prone Lying To Fore Arm:

***GOAL:** -CRAWLING:*

Treatment:

- ✓ Arms crawling (pelvis &leg off the ground).
- ✓ Bolster-one arm wt. bearing & other arm reaching....
- ✓ Four kneeling and rocking (left, right, forward, backward)
- ✓ Passive crawling...
- ✓ Supported 4point kneeling& alternate arm reaching....
- ✓ Suspended crawling....

PROBLEM:

- ✓ Unable To Lie Down From Sitting:

GOAL: Child Lowers To Prone With Control From Sitting:

Treatment:

- ✓ Forward pelvis weight shifting...
- ✓ Palm placing.
- ✓ Palm side lying...
- ✓ Pelvic rotation with cross leg sitting.

PROBLEM:

- ✓ Sitting

GOAL: *Child Sit With Support:*

Treatment:

- ✓ Overhead reaching. (bilaterally)
- ✓ Overhead. throwing
- ✓ Side reaching.
- ✓ Sit overlap rotation/side reaching

GOAL: Sits Without Support:

Treatment:

- ✓ Bolster activity.
- ✓ Forward reaching and placing inside to back.
- ✓ Forward reaching activity u/l
- ✓ Forward reaching placing in opposite to back
- ✓ Prone lying on pillow in thorax & overhead throwing
- ✓ Prone wedge sitting & overhead throwing.

GOAL: *Sitting Activity:*

Treatment:

- ✓ Head lifting with sustainability.
- ✓ Pushing opposite arm.
- ✓ Rolling to right side.
- ✓ Shoulder lift & trunk lift then sitting.
- ✓ Weight bearing right forearm.

PROBLEM:

- ✓ Unable To Stand

GOAL: child kneel independently:

Treatment:

- ✓ Alternate arm reaching.
- ✓ Overhead ball throwing. (supported kneeling)
- ✓ Trunk rotation

PROBLEM:

- ✓ Unable To Stand:

GOAL: Child Stands Independently:

Treatment:

- ✓ One arm diagonal teaching
- ✓ One arm –same side reaching (supported half kneeling)
- ✓ Rotation

PROBLEM:

- ✓ Unable To Walk Independently

GOAL: Able To Walk With Support (Using Aids)

Treatment:

- ✓ Bolster-side cross
- ✓ Bolster crossing
- ✓ Step up & step down
- ✓ Supported walking (using aids like sticks, parallel bar).

B. SPECIAL EDUCATION ORIENTATION:

i. TEACHING STRATEGIES:

- ✓ Motivation
- ✓ Demonstration
- ✓ Modeling
- ✓ Verbal Prompting
- ✓ Physical Prompting
- ✓ Practice
- ✓ Fading
- ✓ Reinforcement

ii. TEACHING MATERIALS:

- ✓ Concrete
- ✓ Miniature
- ✓ Visual images
- ✓ Flash Cards
- ✓ Charts
- ✓ Line Drawing
- ✓ Action Words

iii. TREATMENT AREAS:

- ✓ Personal
- ✓ Social
- ✓ Academic
- ✓ Occupational

iv. PERSONAL

Eating:

- ✓ Chews and swallow's solid food when placed in his mouth.
- ✓ Eats by self with fingers when food is mixed and given.
- ✓ Holds and drinks water or milk or juice from a glass or cup

Dressing:

- ✓ Takes off clothes (including under garments) when unbuttoned.
- ✓ Cleans nose with a handkerchief
- ✓ Wears undergarments

Grooming:

- ✓ Wipes hand and mouth with a towel after washing
- ✓ Pick up the towel
- ✓ holding the towel
- ✓ wiping the hand with towel

Toileting:

- ✓ Sits on spotty or squats to pass urine or stools.
- ✓ Indicates verbally or through gestures the need to go to the toilet.

v. SOCIAL

- ✓ Greets teachers or elders in school or at home.
- ✓ Smiles when other person smiles at him.
- ✓ Shares his things (Pencil, books, eraser, toys and eatables) when requested by his classmates or others.
- ✓ Identifies persons by pointing or naming upon request. (e.g. Uncle, aunty, sister, brother, etc.)
- ✓ Teaching through flash cards.
- ✓ Teaching to picture cards/photos.

vi. ACADEMIC

Points/shows body parts (head, nose, eyes, hands, legs) when requested.

- ✓ Imitation
- ✓ Demonstration
- ✓ Pointing

vii. READING:

Points to 10 common objects with which he has to interact in his/her home environment (e.g. Rice, Dall, chapatti, light, fan, mat, table, shirts/pants, etc.) when asked or when he wants.

- ✓ teaching by showing real objects teaching by showing flash cards
- ✓ teaching by showing pictures in the book

Names common colors. (red, green, blue, yellow)

- ✓ naming
- ✓ sorting
- ✓ grouping

viii. WRITING:

- ✓ Holds pencil and scribbles
- ✓ Colours with a crayon within a given diagram.
- ✓ Traces on the given diagram.
- ✓ Joins dots to form pictures.
- ✓ Holding pencil

- ✓ Connecting dots

ix. NUMBERS:

- ✓ Tells the size of the objects (big & small, long & short)
- ✓ Points to sets of objects to show more/less quantity.
- ✓ Rote counts up to 5

x. IDENTIFIES A CLOCK OR WRIST WATCH:

- ✓ Teaching by showing the clock/wrist watch.
- ✓ Identifies the clock/wrist watch

xi. OCCUPATIONAL:

Washes glass and plates before and after meals. Wipes glasses and plates with a cloth after washing.

- ✓ Pick up the washed plate
- ✓ Take a clean cloth
- ✓ wiping the plate

C. SPEECH TRAINING ORIENTATION:

i. THERAPY TECHNIQUES:

- ✓ Motivation
- ✓ Modeling
- ✓ Verbal Prompting
- ✓ Physical Prompting
- ✓ Reinforcement

ii. TRAINING MATERIALS:

- ✓ Flash Cards
- ✓ Ring Stand
- ✓ Picture Books
- ✓ Emotional Feeling Pictures
- ✓ Lighting toys
- ✓ Picture charts
- ✓ Talking toys

iii. VEGETATIVE SKILLS:

- ✓ Sucking
- ✓ Biting
- ✓ Blowing

- ✓ Chewing
- ✓ Swallowing

iv. DROOLING CONTROL:

- ✓ Thumb rolling on the cheek (Back & front)
- ✓ Move the Middle and Index Finger On the lips
- ✓ stroke under the lower jaw
- ✓ Close the mouth and raise from throat.

v. TONGUE MOVEMENT FUNCTION:

- ✓ Protrusion
- ✓ Elevation
- ✓ Rotation
- ✓ Lateral

vi. ATTENTION:

- ✓ Responds to own name by turning his /her head

vii. SOUND PRODUCTION:

To Produce vowel, sound such us

A

E

I

O

U

viii. IDENTIFICATION OF SOUND:

- ✓ Started when suddenand loud noise is heard.
- ✓ Started and search for the noise and sound and surrounding

ix. RESPONSE TO SOUND

- ✓ Listening to sound
- ✓ Responds to bell sound
- ✓ Responds to whistle sound
- ✓ Responds to rattle sound
- ✓ Responds to drum sound

x. SIX SOUND TEST:

- ✓ 'a' sound
- ✓ 'e' Sound
- ✓ 'u' Sound
- ✓ 'o' Sound
- ✓ 'm' Sound
- ✓ 'sh' Sound

xi. ONE WORD UTTERANCE:

Appears to recognize words like ‘daddy’ ‘bye bye’ mama etc.

- ✓ To make him/her understand by showing photos of parents and family members.
- ✓ Understand the normal words like (Ex. da-da’ , ‘ma-ma’, ‘bye-bye’)

xii. REDUCE THE ARTICULATION ERRORS:

- ✓ Substitution (ba/ma)
- ✓ Omission (parrot/pat)
- ✓ Distortion
- ✓ Addition (ball/baall)

xiii. COMMUNICATION:

Goes to a familiar person when asked to come near him.

- ✓ Look at the person.
- ✓ Identify the person.
- ✓ Watch the person’s gestures or listen to the Expression” come hear.”
- ✓ Goes to the person

Smiles when other person smiles at him.

- ✓ Look at the person.
- ✓ Understands the person smiles at him.
- ✓ Response by smiling at that person.
- ✓ By watching lip
- ✓ movement

xiv. TWO WORD SENTENCE:

- ✓ Flash cards are shown to the children and they are made to spell correctly by the children with help of the teachers. (Ex. Father, Mother)
- ✓ Children are made to repeat the words told orally by teacher.
- ✓ By the way of teachers lip movements. Ex. Amma Vaa, Amma Thaa

xv. PICTURE IDENTIFICATION:

Identify the names of pictures when they are shown to them

- ✓ Identify the pictures
- ✓ Listen to teachers when pictures are shown are their names are spelled.
- ✓ Make him understand and repeat the words told by the teacher.

xvi. PICTURE COMPOSITION:

- ✓ Picture related objects and flash cards.
- ✓ Picture related flash cards to objects.
- ✓ Teach the things and activities in the picture Teach the words in the picture which contains a few letters.
- ✓ To make the child speak one or two words.
- ✓ To make the children do specified activities in the picture.
- ✓ To make the child tell words in the picture which contains one or two letters and write it in the block board.
- ✓ To make the child read the words and activities in the block board with the help of teacher.

xvii. TEACHING MATERIALS FOR PICTURE COMPOSITION:

- ✓ Activity Picture
- ✓ Flash Cords
- ✓ Slate
- ✓ Family member's photos

VIII. CASE PRESENTATION FOR CRW

Date Of Assessment :

Subjective

Name :

Age / Gender :

Parents :

Address :

Location Of Child :

Complaints :

Medical Details :

Associated Problem :

Family History

Type Of Marriage :

Hereditary History :

Type Of Family :

Family Atmosphere :

How We Identified

Time Of Identification :

Reference :

Parent Interaction

Problem In Community :

Rectification :

Severity Of The Child

Objective

On Examination :

Status In Development Chart (Use TDSC)

Hearing :

Speech :

Adl :

Diagnosis :

Need Of Child:

Current Therapy (As Per mVBRI App)

Training Given To Parent :

Duration Of Therapy :

No Of Visit :

Duration Of The Visit :

IX. LEAVE, ESI & PF

A. TYPES OF LEAVES:

- ✓ Casual Leave – 8 Days per year
- ✓ Restricted Holiday– 2 days /year
- ✓ Medical Leaves
- ✓ Special Leave – 12 days per year.
- ✓ Maternity Leave.
- ✓ Compensated Holiday (CH)
- ✓ Loss of Pay
- ✓ Leave Travel Concession (LTC)

i. CASUAL LEAVE:

- ✓ 8 Days per year can be availed by the regular staff.
- ✓ Below 2 years of servicing employees can avail 1-dayCL on completion of every 45 days of working or else it will be treated as LOP. (Loss of Pay)
- ✓ Half day leave can be availed.
- ✓ 2 years of service completed staff can avail the CL at any time.
- ✓ At the time of CL cannot be availed for more than 3 days
- ✓ CL cannot be clubbed with SL, ML & Maternity Leave.

ii. RESTRICTED HOLIDAYS:

- ✓ This Restricted Holidays, 2 Days per year can be availed by the regular staff
- ✓ Half day leave can be availed.
- ✓ RHL – can be clubbed with CH and CL.
- ✓ This Holiday leaves can be availed during the Festivals, important family functions and religious oriented activities that is temple festivals etc. No other days the leave is not permitted.

iii. MEDICAL LEAVES:

ESI- Applicable staff: This leaves can be availed through ESI. Number of days as prescribed the by the doctors according to the illness.

The staff should collect all the bills related to the treatment and submit at the ESI Dispensary for reimbursement of the medical expenses.

ESI- Non-applicable staff:

- ✓ Below 2 years – No Medical Leaves
- ✓ On completion of 2 years upto 5 years – 5 Days per year.
- ✓ Above 5 years of service – 10 days per year
- ✓ It is accumulated to subsequent years
- ✓ Half day ML is not permitted
- ✓ It cannot club with SL, CL, RHL & CH
- ✓ 10 days can be availed at a time. For ML one should produce doctor certificate at the time of applying for leave and fitness certificate while joining duty.
- ✓ ML falls between weekly holidays treated as ML
- ✓ Proper medical leave and fitness certificates must be submitted at the time of leaving and joining duty respectively without fail. If anyone fails to submit the said both certificates in time, the leaves will be treated as LOP.

iv. SPECIAL LEAVES:

There is two categories.

a. Teaching staff – 4 days per year
b. Non-teaching staff – 12 days per year

- ✓ Only 5 years completed staff are eligible to avail the Special Leave
- ✓ Only full day can be availed.
- ✓ One day for every completed 25 working days in a month for non-teaching staff
- ✓ One day for every completed 60days in 3 months for teaching staff
- ✓ Special leave cannot have carried over. That year leave should be availed the same year.
- ✓ This leave can be availed 10 days at a time.
- ✓ Non-teaching staff 4 days encase the Special leave.

- ✓ Special leave falls between weekly holidays; it will be treated as special Leave.
- ✓ Up to three days this leave can be recommended and sanctioned by Section heads (SH) and Department heads (DH) If it exceeds three days the department head will submit the leave letter to the Secretary or in his absence to the Committee member who is their guide and in the absence of their respective guide to any Committee Member whoever is available.
- ✓ Non-Teaching staff can encase Special Leave up to 4 days in the year in which the leave arises
- ✓ Teaching staff cannot encase Special Leave
- ✓ Encashment expenses will be paid by concerned Section / Departments

v. MATERNITY LEAVE:

- ✓ Minimum 2 years of service in Sangam - Maternity leave 2 months will be sanctioned for one child only.
- ✓ In case of Stillborn child, this leave can be extended to one more child on production of proper medical certificate.
- ✓ In case of miscarriage after hundred days of pregnancy one month leave with half pay will be granted on production of proper medical certificate.

vi. COMPENSATION LEAVE: (CH)

- ✓ Some essential workers may need to work during their weekly holidays. Such employees can compensate the leave by taking leave on others weekly days. That is called Compensated Holiday.
- ✓ These weekly off working days must be compensated within the same month. However, any weekly holiday work falls at the end of the month that is 30th or 31st of a month, they can claim extra duty charges for that working day.

vii. LOSE OF PAY LEAVE: (LOP)

- ✓ Below 2 years of servicing staff: any leave availed before completion of 45 days will be treated as LOP.
- ✓ More than two permissions are treated as CL.

- ✓ LOP is not permitted without prior approval.
- ✓ LOP along with Maternity leave cannot be allowed for more than 3 months.
- ✓ Morning late coming time, Lunch late arrival time will be calculated up to 8 hours then it will be treated as loss of pay and deducted from salary.
- ✓ No half day Loss of Pay leave is permitted. If anyone avail ½ day loss of pay, it will be treated as full day loss of pay.

B. SUBMISSION OF LEAVE LETTERS:

- ✓ While taking leave, staff must submit leave letter to Inward section, after getting proper signature from their section and department heads. Without their signatures the leave letter will not be entertained.
- ✓ If an employee fails to submit leave letter in time, it will be treated as late leave minus marks will be awarded for the same.
- ✓ If an employee took leave without submitting leave letter, the leave will be treated as LOP and mentioned the attendance register as 'A' (absent)

C. UNPLANNED LEAVE:

- ✓ The urgently/ unexpectedly taking leave is called unplanned leave.
- ✓ Employee should inform the leave details to his/her Section Head, in his absence to his/her Dept. Head. who would submit the leave letter to Inward section immediately or in the same day itself.
- ✓ Both Section and Dept. Heads are not present any one responsible person should take care of the leave letter and obtain signature from the committee member and submit to Inward Section.
- ✓ The Section/Dept. Head and Committee Member have authorization to accept or reject the leave letter.
- ✓ As soon as arriving to duty the employee should sign in the leave letter which is available in HRD. If they fail to sign in the leave letter that leave will be treated as lose of pay.

- ✓ The rejected leave will also be treated as LOP. It will not be adjusted in the existing leaves.
- ✓ The unplanned leave should be sealed. The seal is available in HRD Section.

D. PERMISSON:

- ✓ Two permission is allowed in a month (Evening or Morning not in Middle)
- ✓ Only one permission can be availed in a day.
- ✓ More than two permissions are treated as LOP
- ✓ Those who availed ½ day leave are not eligible for any permission on that day.
- ✓ No emergency permission is allowed during the working hours except morning / evening.

E. ESIC – EMPLOYEE STATE INSURANCE CORPORATION:

ESI scheme applies to all establishments, like corporate organizations, factories, restaurants, cinema theatres, offices, medical and other institutions which are located in the scheme-implemented areas, where 10 or more people are employed. All employees of a covered unit, whose monthly incomes does not exceed Rs. 21,000 per month, are eligible to avail benefits under the Scheme. ESI fund provides cash and medical benefits to employees and their immediate dependents.

F. CONTRIBUTION RATE:

- ✓ The contributions under the ESI Scheme is raised from the employees & employers. The rates of contribution, as a percentage of wages payable to the employees are:
- ✓ Employees' contribution 1.75% of the gross pay
- ✓ Employers' contribution 4.75% of the gross pay
- ✓ Thus, 6.50% of the wages is to be paid as contribution to Scheme for each worker.

G. ESI Form

EMPLOYEES STATE INSURANCE CORPORATION

TEMPORARY IDENTITY CERTIFICATE

Insured Person :**Manjunatha K**
Insurance No :**4938098591**
Date of Registration :**16/05/2013**

YOUR REGISTRATION DETAILS

Employee Name :	Manjunatha K	**Type of Disability :**	None
Name of Father / Husband:	G Kariyappa	**Date of Birth :**	16/12/1978
Marital Status :	Married	**Gender :**	M
Present Address :	Vinayaka NAgara,Hebbagodi,Dist:Bangalore,Karnataka	**Permanent Address :**	H. No. 5, Yagachihalli,,Chikkanayakahalli (T),Dist:Tumkur,Karnataka
Dispensary / IMP :	Bommasandra, KA (ESIS Disp.)		

Current Employer Details		**Previous Employer Details**	
Employer's Code No. :	49000144340001001	**Employer's Code No. :**	None
Sub Unit's Code No. :	None	**Sub Unit's Code No. :**	None
Date of Appointment :	01/04/2013	**Previous Insurance No. :**	None
Name of Employer :	Cafe Coffee Day (A Division Of Amalgamated be	**Name of Employer :**	None
Address of Employer :	CAFE COFFEE DAY SQUARE,5TH FLOOR,VITTAL MALLYA ROAD,,BANGALORE,Dist:BangaloreKarnataka560001	**Address of Employer :**	None

Family Details:

Name	Relationship with the Employe	Date of Birth	Whether Residing with I	State	District
Renukamma	Dependant mother	22/06/1953	Yes	Karnataka	Bangalore
Navenakumari	Spouse	15/07/1989	Yes	Karnataka	Bangalore
Gore Darshan	Minor dependant son	06/10/2008	Yes	Karnataka	Bangalore
G Kariyappa	Dependant father	17/07/1942	Yes	Karnataka	Bangalore

Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee
G Kariyappa	Dependant father	100	H. No. 5, Yagachihalli,,Chikkanayakahalli (T),KarnatakaDist:Tumkur

Documents Uploaded:
none

Please Verify the Above Particulars.
Please Notify Your Employer or in the Branch Office Address Below Incase of Any Information Found Incorrect.
To get permanent ID card, employee is requested to visit the following branch office to get biometric & photo captured by this date 31/05/2013 , in the Below Branch Office : BO - **Peenya I,Peenya-I No.92, 6th Main Road,Near State Bank of Mysore,III Phase, Peenaya,Bangalore,560058** or any nearest ESIC Bio-metric Camp Locations.

Signature / LTI of Registered Employee / IP :

Affix Your Family Photograph Here.(Attested and Stamped by Employer / ESIC Official)

Mobile Number :

NOTE:
1. Please Keep this Printout for Future Reference and Bring this Along with Your Photo ID Card for All Your Claim Benefits and Medical Benefits .
2. This Copy Should be Retained with You until the Biometric Card is Dispatched .
3. Employer to please affix employee and his family photo here and attest with official stamp across .

Signature / Stamp of ESIC Officer / Employer

H. BENEFIT TO IP UDDER ESIC:

a. Medical Benefit– for self & Family
b. Sickness Benefit– for self
c. Maternity Benefit- for self
d. Disablement Benefit
    i. Temporary Disablement Benefit – for self
    ii. Permanent Disablement Benefit – for self
e. Dependents' Benefit – for dependents in case of death due to employment injury
f. Funeral expenses

a. MEDICAL BENEFIT:

- ✓ Insured persons and their dependants are entitled to full medical care
- ✓ The package covers all aspects of healthcare from primary to super-specialist facilities as detailed below:
- ✓ Outpatient treatment
- ✓ Domiciliary treatment
- ✓ Super specialty treatment
- ✓ Specialist consultation and diagnostic facilities
- ✓ In-Patient treatment
- ✓ Free supply of drugs and dressings
- ✓ X-ray and laboratory investigations
- ✓ Vaccination and preventive inoculations
- ✓ Ante-natal care, confinement and post-natal care
- ✓ Family welfare services and other national health programme services
- ✓ Free supply of artificial limbs, aids and appliances for physical rehabilitation
- ✓ Medical certification

b. SICKNESS BENEFIT:

- ✓ Sickness Benefit is paid in cash to the insured persons to compensate their loss of wages in the event of sickness certified by an authorised medical officer. It is admissible for 91 days in a year and the cash benefit is equal to 70% of the wages.

c. MATERNITY BENEFIT:

Maternity Benefit is admissible to insured women in the event of confinement or miscarriage etc. for 6 months and the rate of about 100 percent of the wages.

d. DISABLEMENT BENEFIT:

- ✓ Temporary Disablement Benefit – for self
- ✓ Temporary Disablement benefit is paid in cash till the incapacity due to employment injury lasts at the rate of 80% of the wages.
- ✓ Permanent Disablement Benefit – for self
- ✓ In case of permanent physical disablement due to employment injury or occupational disease, disablement benefit is paid for life at a rate proportionate to loss of earning capacity as determined by the medical board.

e. DEPENDENTS' BENEFIT:

Dependents benefit is paid as family pension to the dependents of a deceased insured person in the event of death due to employment injury or occupational disease and is equivalent to about 90% of the wages.

f. FUNERAL EXPENSES

The lump sum amount of this benefit is equal to the actual expenditure, not exceeding Rs.10000/- (01/04/2011) towards the funeral of the deceased insured person.

I. EPF PROCEDURES:

a. EPF Contribution for Employee and Employer:

The EPFO has set the EPF contribution rate. The Employee and employer have to follow this rule. It is mandatory by law. In this post, I would give details of EPF contribution Rate. The contribution paid by the employer is 12% of basic wages plus dearness allowance plus retaining allowance. An equal contribution is payable by the employee also.

b. Universal Account Number:

UAN stands for Universal Account Number to be allotted by EPFO. UAN has been made mandatory for all employees and will help in managing the EPF account and even PF transfer and withdrawals will become much easier than before. So if you are changing jobs and already have a UAN, you need not get a new UAN from your new employer. It is a one-time permanent number which will remain the same throughout one's career.

c. Pf Withdrawals:

Subscribers can make two different types of PF withdrawals on the EPFO member portal. They are:

- ✓ PF final settlement
- ✓ PF partial withdrawal

d. Pension Withdrawal Benefit:

- ✓ Superannuation Pension
  - On attaining 58 years, whether in service or not
- ✓ Reduced Pension
  - Attained the age of 50 years, but below 58 years and left service
- ✓ Disablement Pension
  - Left service on account of total and permanent disablement
- ✓ Widow / Children Pension
  - On death of the member
- ✓ Orphan Pension
  - On death of parents or on remarriage of the spouse, after the death of member
- ✓ Nominee Pension
  - On death of the member and in the absence of spouse and eligible children below 25 years on the date of death of the member.

e. Employees' Provident Fund Advances:

Such advances are allowed only under specific situations – buying a house, repaying a home loan, medical needs, education or marriage of children, etc. Also, the amount that you can take as an advance will depend on the specific situation, the number of years of service (5yrs), etc. As it's not a loan, one need not pay any interest on such advances. Unlike a loan, it is not necessary to repay the advance.

f. Special Advance Scheme For Housing

EPFO has recently allowed members i.e. the contributory employees of the provident fund (PF) scheme to use 90 percent of EPF accumulations to make down payments to buy houses and use their accounts for paying EMIs of home loans.

Under the new rules, an essential requirement for a PF member to withdraw one's PF money to buy a real estate property is that he or she has to be a member of a registered housing society having at least.

g. Tax On Early Withdrawals:

Withdrawing the PF balance without completing five continuous years of service has tax implications. The total employer's contribution amount along with the interest earned will get taxable in the year of withdrawal.

Tax is deducted at source on premature withdrawal of the EPF corpus. However, if the entire amount is less than Rs. 50,000, then TDS is not applicable. Keep in mind, if an employee provides PAN with the application, the applicable TDS rate is 10%. Otherwise, it is 30% plus tax. Form 15H/15G is a declaration form, which states that a person's total income is not taxable and thus, TDS is avoidable.