SUMMARY

BACKGROUND OF THE STUDY

In primitive societies, disability was considered as a curse of God or punishment of God for wrong deeds done in past lives. Consequently, disabled were treated as aliens and were isolated and rejected. They were denied basic human rights such as right to live in mainstream society. They were either put in shackles or sent to isolated confinements. Knowing the number of children with special needs is a fundamental question in the field of special education. The information about prevalence of various disabilities to determine the personnel and other resource needs is crucial. In India, perhaps no population-based study has been conducted at the national level to provide authentic data on the prevalence and incidence of disability in India. Therefore, we are relying on the projections made by sample surveys. The history of collecting census in India dates back to 1871, when first Census was conducted under the British rule. The questionnaire of 1872, called the 'House Register' included questions not only on the physically disabled but also the intellectually disabled persons and persons affected by leprosy. However, this practice was discontinued after the 1931 Census. The comeback of disability Census in 1981, after a gap of nearly 50 years, was at an opportune time as the United Nations had declared the year as the 'International Year of the Disabled'.

The question in the Census of 1981, asked people, if any person in the households was, totally blind, totally crippled and/or totally disabled. Enumerators were not appropriately trained to collect this sensitive information. As was expected, the total numbers of disabled persons recorded at the national level were only 0.16 percent of the total enumerated population. Only 1,118,948 disabled persons from rural areas and 149,547 disabled persons from urban areas were recorded in 1981 Census, which was contrary to several estimated figures given by different government and NGOs sources. The data of 1981 census for disabled persons created a lot of confusion about the actual magnitude of disabled persons in India. Ministry of Social Welfare requested the National Sample Survey Organization (NSSO) to devote 37th round in 1981, especially for collecting data on disability, to clear the air of confusion created by the Census data.
Subsequently, because of the inadequacies of data collection for disabled persons in 1981, the Census of 1991 discontinued question on disability. Instead, NSSO round 47th in 1991 was also devoted to gather information for disabled population from selected sample areas.

The decade of 1990-2000 witnessed intense lobbying and pressure mounted from civil society organizations throughout the country for prevention, protection and rehabilitation of disabled persons, as it was considered as a rights issue instead of a welfare measure. This pressure culminated into passing of the Persons with Disability (PWD) Act, 1995 in the Indian parliament for providing equal opportunities to disabled persons. Intense lobbying and pressure also resulted in inclusion of questions on disability in the Census 2001, to ascertain the magnitude and types of disability in India. Separate questions on disability were included in the census 2001. Emphasis was given to provide appropriate training to the enumerators to record the disabled people correctly in 2001 Census. Subsequently, NSSO devoted 58th round in 2002 for collecting information on disabled persons to supplement the data recorded in 2001 Census as well as for helping policy makers to draw comparative picture on disability in continuation to data collected in the NSSO rounds of 1981 and 1991. Estimates of the number of disabled persons in India vary a great deal because of non-availability of census information as well as due to varying definitions, sources of data, the methodology used for data collection and the extent of use of scientific instruments in identifying and measuring the degree of disability.

Nowadays, though we have entered a new era of nanotechnology and globalisation, the situation has not changed much as yet. In all countries of the world, persons with disabilities are the largest minority group. As a group, they are starved of services and facilities available to the non-disabled and, consequently, are the least nourished, the least healthy, the least educated and the least employed. A major chunk of member of society still considers them sick, morons, conspirators and idiots. The traditional media also portray them as beggars, robbers and conspirators. Disabled are portrayed in public through books, magazines, plays, comics, cartoon shows etc. as dangerous, ugly, deformed, monstrous and handicapped. This results in the development of negative image of disabled in the minds of public.
The disabled, like the non-disabled, expect full and active participation in all activities of their lives. Such participation can only become a reality if society removes these age-old barriers and increases the accessibility of the disabled to education, training and employment in a substantial measure. The lawmakers, and those who are implementing policies, must realize that people with disabilities want, deserve and are entitled to the same range of choices and lifestyles as the non-disabled. They should not be expected to live on crumbs of benefits thrown at them. The disabled deserve neither to be thrown in dustbins of society nor put on pedestals. They want to be treated as ordinary people, that they actually are if seen without prejudice. Nothing substantial and of lasting value can be achieved without actively involving the disabled in their own struggle for equality, self-respect and independence. During the past two decades, there has been considerable increase in professional interest concerning disability and rehabilitation in what may be called the developing world. The International Year of Disabled Persons (IYDP) in 1981 played an important role in promoting such awareness, locally as well as internationally.

According N.S.S. 58th Round State Sample (July, 2002- December, 2002) there is 266328 estimated Disabled Persons in Haryana, which constitute 1.2 percent of the total population. Out of this, 210066 persons were in rural and 56262 persons in urban sector. The data reveals that 28179 (10.58 percent) were of Mental category, 18351 (6.89 percent) visual, 24253 (9.11 percent) communication, 186483 (70.02 percent) locomotor and 9062 (3.40 percent) were in the category of multiple disability. Out of the total disabled persons, 78.88 percent were found in rural and 21.12 percent in urban sector. In the case of disability 5.56 percent were found as mental retarded and 5.02 percent as mental illness. In the case of mental visual disability, 5.02 percent were found blind and 1.87 percent was found low vision cases. About 3.30 percent persons were found as enable to hear properly and 5.81 percent persons were found as enable to speak properly. The data also reveals that 70.02 percent and 3.40 percent of the persons with locomotor and multiple disability respectively. Sex wise breakup revealed that out of the total disabled persons, 66.89 percent males and 33.11 percent females were found as disabled. The survey reveals that 54.87 percent of disabled persons in Haryana are not literate. No disabled person has qualification of graduate & above. The percentage of
Summary

Literacy is much higher in urban sector (58.07 percent) in comparison to rural sector (41.67 percent), because there are more educational facilities available in urban sector in comparison to rural sector i.e. schools for blind, mentally retarded and deaf & dumb are available in urban sector. In rural sector the maximum percentage of illiterate persons are in blind category (86.00 percent) and minimum in locomotor (52.73 percent). In urban sector, the maximum percentages of illiterate persons are in mentally retarded category (93.62 percent) and minimum in low vision (19.40 percent). The survey reveals that out of the total disabled persons in Haryana nearly 1/3rd were having the disability since birth and remaining had acquired disability due to some other reasons. The survey reveals that 89.00 percent case parents of disabled persons were not blood related. So it is evident from the data that the educational status of disabled in Haryana is not good. For an effective and efficient policy intervention to improve the lots of the disabled persons, it is of utmost importance to get a clear idea of the dimension of disability in Haryana. Although government and the public sector would have to play a key role in this endeavour, it may be neither feasible, nor desirable for them to do it all. Further, there is wide heterogeneity in the situation and the policy requirements of different groups of disabled persons in Haryana.

Justification of the Study

There are various special programmes run by Government Organizations and Non Government Organizations for children with special needs. Government policy, legislative actions, schemes and provisions for the disabled give the impression of a state that is committed to human rights and equal opportunities. But the ground reality is quite different. The disabled children continue to be neglected and marginalized, with the onus of care on the family rather than on the community. India needs to shift focus from the medical model of intervention to community rehabilitation of the disabled. There is a need for a holistic approach to this issue. We need to change the education system to make it accessible to all children and prepare the society – the parents, friends and employers to provide support to the disabled children. Although India has a growing disability rights movement and one of the more progressive policy frameworks in the developing world, a lot more needs to be done in implementation and getting the basic rights. The magnitude of the problem of disability is vast and its impact is severe on the
individual, families and community. There are several accepted political goals such as universalization of elementary education, mass literacy programmes, poverty eradication programmes, health for needy people and other developmental programmes. These are aimed at improving the quality of life of people with disabilities.

The conventional approaches to rehabilitation such as special schools, social and vocational training centers, special employment schemes, residential schools, hostels etc. are expensive models. It should be important to develop a rehabilitation plan for persons with disabilities aiming at a large coverage with quality services in a sustainable manner by optimal utilization of existing resources.

Therefore, the present research has investigated the theoretical and conceptual aspects of disability sectors in special institutions (whether run by GOs/NGOs/VOs), in Haryana with a special focus on magnitude, characteristics and composition of children with special needs. Special focus has been given to identify available services and facilities for children with special needs by GOs/NGOs in the special institutions in Haryana. Therefore, this study is an attempt to provide a database which can be further utilized for planning purpose and can be used for planning rehabilitation services at district and state level. The present study investigates the importance of studying cause, degree of impairment of different types of children with special needs. This study is an endeavor to bring out the disability scenario into ‘retrospect and prospect’. The researcher has made it a comprehensive document covering all aspects. This study is of immense value for the prevention, early identification, rehabilitation, and integration of the disabled in Haryana. The researcher has made an effort to dedicate to the nameless faces wanting us to carry to them urgently needed services that will go a long way in bringing a ray of bright hope to their otherwise dark lives. This study is an attempt to present a comprehensive picture of disability in a readily understandable, useful and supportive manner. The present study is a help to initiate and provide adequate and appropriate required services to disabled children. The study further compares and evaluates the services available and required. The need of the hour is to make possible all those programs successful, which are for children with special needs. The study is of great help for professionals working in different areas of disability and rehabilitation and to the policy makers/planners and moreover, the ultimate usefulness may be in its utility.
for the lay person in Haryana. The present study has tried to fill the gap of theory and practices of available different types of programs for children with special needs by knowing the real situation of children in Haryana.

As is evident from the surveys, not even a single study has been conducted in the recent past on children with special needs to know about their status. Hence, the need of this study emanates.

STATEMENT OF THE PROBLEM
The review of literature, researcher’s own experience as a teacher, discussion with colleagues and visits to schools with children who have special needs show that there is a need to study ‘Disability Status and Rehabilitation Programmes for Children with Special Needs: A Case study of Haryana’.

OPERATIONAL DEFINITIONS OF THE KEY TERMS USED
1. **Disability** refers to reduced functions or loss of a particular part of body or organ. A disability limits the ability to perform certain tasks (e.g. to see, to read, to walk) in the same way that most persons do. In the present study, the term ‘disability’ covers only four types of disability i.e. Speech & Hearing Impairment, Visual Impairment, Mental Retardation and Physical Disability.

2. **Disability Status** means the conceptual and theoretical aspects of disability sector (in Haryana) with special focus on magnitude, characteristics and composition of institutionalized children with special needs.

3. **Rehabilitation**, the general meaning of the term, ‘Rehabilitation’ is the action of establishing a person in a former standing with or reinstatement of a person in any previous position or privilege or re-establishment of a person’s reputation, vindication of character or the action replacing a thing in, or restoring it to, a previous conditions or status.

Rehabilitation refers to a process aimed at enabling children with special needs to reach and maintain their optimal physical, sensory, intellectual, psychiatric or social functional levels. The term ‘Rehabilitation Programmes’ in the present
study means educational, creational and vocational courses for CWSN offered by various special schools/institutions in Haryana. It also means to create a suitable environment according to the needs of children with special needs.

4. **Children with Special Needs** mean children who experience difficulties in learning due to their impairments in vision, hearing, physical efficiency and intellectual function. More specifically, the disabilities areas taken in this study are visual impairment, hearing impairment, mental retardation and physical disability.

**OBJECTIVES**

The study was planned with following objectives:

1. To find out the number of Educational Institutions for CWSNs run by various organizations in Haryana State.
2. To identify the status of disability in terms of magnitude, degree of impairment, age of onset and causes of impairment in Haryana State.
3. To study the demographic characteristics of CWSNs in terms of gender, location and economic status.
4. To determine the educational and vocational services namely infrastructure, manpower and technical support available for CWSNs in the Educational Institutions run by various organizations in Haryana State.
5. To determine the status of implementation of educational provisions of PWD Act (1995) in the Educational Institutions for CWSNs run by various organizations in Haryana State.
6. To suggest the ways to improve the current status of educational and rehabilitation services for CWSNs in Haryana State.

**DELIMITATIONS OF THE STUDY**

The present study is delimited to:

- The special educational institutions of Haryana only.
- Only four types of disability i.e. Hearing Impairment, Visual Impairment, Mental Retardation and Physical Disability.
Eight districts of Haryana namely Gurgaon, Faridabad, Panchkula, Ambala, Hissar, Sirsa, Panipat and Karnal

METHOD OF THE STUDY

Keeping in mind the nature and need of the present research the descriptive survey method was considered to be the appropriate one. The researcher has studied the case study of educational institutions for children with special needs of eight districts of Haryana. The first step in case study research is to establish a firm research focus to which the researcher can refer over the course of study of a complex phenomenon or object. The researcher establishes the focus of the study by forming questions about the situation or problem to be studied and determining a purpose for the study. The research object in this study is educational institutions for children with special needs and the children with special needs enrolled in this institutions. The researcher investigates the object of the case study in depth using a detailed descriptive questionnaire to produce evidence that leads to understanding of the case and answers the research questions.

DESIGN OF THE STUDY

In this present study, the sample was taken by multistage sampling technique. Out of 21 districts of Haryana state only 8 districts were randomly selected from four regions. i.e. North Zone- Panchkula, Ambala, South Zone— Gurgaon, Faridabad, East Zone- Karnal, Panipat, West Zone-Sirsa, Hissar so that it serves the purpose of the study. At further stage, 26 organizations/special schools from eight districts were surveyed in proportion to the availability in these areas whether run by Government Institutions (GOs), Voluntary Organizations (VOs), and Non-Governmental Organizations (NGOs).

SAMPLING PROCEDURE

In the present investigation eight districts namely Panchkula and Ambala from North Zone, Gurgaon and Faridabad from South Zone, Karnal and Panipat from East Zone, and Sirsa and Hissar from West Zone of Haryana was the field of study. As far as, sample of this study was concerned multistage sampling technique is used: first in
the selection of districts, then schools and the thirdly, in the selection of respondents for the study.

**Selection of Schools:** In the first instance, the investigator personally visited the office of Department of Social Justice Empowerment Haryana at Chandigarh. A list of special schools located in various districts in Haryana was obtained from the office. Information on the personal basis was also collected about the institution run by NGOs and Voluntary Organizations for hearing impaired, physically challenged, visually impaired and mentally retarded across the State. At the next stage total 26 special schools are selected in proportion to their availability in these areas. The criterion considered for selecting an appropriate representation of the beneficiaries in the sample survey was as follows:

1. Covered maximum geographical area by selecting NGOs, VOs, GOs, and their beneficiaries located in different spatial areas within Haryana.

2. Covered beneficiaries from the organizations with different disability types.

The criteria for selection of special institutions were based on:

1. The special institutions were selected in proportion to their presence in these areas.

2. The special institutions represented different regions so as to cover majority of the organizations located in different areas.

3. The special institutions giving representation to four types of disability i.e. visual impairment, hearing and speech impairment, physical disability and mentally challenged /mental retardation.

4. Those special institutions was selected which have maximum student enrollment.

So on the basis of above criteria from South zone seven, from North four, from West six, from East nine special institutions/ organizations were selected. The researcher has found great difficulty in locating some of the institutions as the addresses
available in this list are not correct. So the researcher herself by her own means has tried hard to locate those institutions

The subjects were selected purposely from different schools which are suffering from different type of disabilities which served the purpose of the research. During the course of the survey of the special schools/institutions in all the four zones, in each of the special schools/institutions four students, two males and two females were selected randomly and those children who cannot communicate well with the researcher or who are not in position to discuss, the teacher’s help was taken in account. Though the study is limited to four types of disability i.e. PH, HI, VI, MR but in this sample the children with multiple disability other than the selected four disability types were also selected as the researcher during her research observed that most of the children who are studying in these institutions are suffering from more than one disability to understand the different characteristics of these children and their causes of impairment. The sample of one hundred and four children with special needs were selected randomly and purposely from different special educational institutions running for children with special needs in relation to their disability, the degree of disability, age, onset of disability, the cause of their disability along with their social and economic background

DEVELOPMENT AND DESCRIPTION OF TOOLS USED

The data was collected by administering questionnaires as research tools. Two questionnaires based on questioners developed by Zutishi (2004) were developed by the investigator and further used for the purpose of collecting the data. The first questionnaire was developed to collect data from special schools/ institutions run by NGOs/VOs/GOs. During the development process the draft questionnaires were sent to specialist in the field for ascertaining its validity. Certain items of the questioners were latter on omitted, added and reworded according to comments received from experts in the light of with the need of the research. The first questionnaire contained in total 14 items covering the following areas:

1. Name of organization with address
2. Name, Address and designation of the contact person
3. Major mission/ objectives of the Organization
4. Target group Children: Males/ Females/ Other Specify
5. Details of the disability groups undertaken for services rehabilitation.
6. Detailed educational activities undertaken for the target group.
7. Infrastructure and services existing and required
8. Sources of funding
9. Major services required for the target groups covered by your organization
10. Manpower of the Organization
11. Support given for job facilities to the disabled children
12. Number of person/CWSN supported for the job
13. Name organization/ factory where they are working
14. Comment and observation regarding implementation of PWD Act and other legal provisions (if any)

It is evident from the questionnaire that it seeks factual information and it is a detailed questionnaire which gives descriptive information related to the present state of affairs about CWSN and institutions.

More specially, the questionnaire was used to:

i. Study the demographic characteristics of CWSNs in terms of gender, location and economic status.

ii. Determine the educational; vocational services namely infrastructure, manpower and technical support available for CWSNs in the Educational Institutions run by various organizations in Haryana State.

iii. Determine the status of implementation of educational provisions of PWD Act (1995) in the Educational Institutions for CWSNs run by various organizations in Haryana State.
The second questionnaires was used to collect data from children with special needs getting educational services, support and counseling in the NGOs/VOs/GOs run special institutions. This questionnaire has in total had 11 items, these are:

1. Organization
2. Name, Age, Gender and Address of the Respondent
3. Socio-economic background
4. Nature of Disability
5. Age of onset of disability
6. Cause of disability
7. How did you know about this organization
8. Year and date of association with the Organization.
9. Name the service provided by this Organization for disabled population.
10. Give details of service required by you to meet your day-to-day requirements.
11. What is the present position of availability of this service in your locality

More specially, the questionnaire was used to:

i. Identify the status of disability in terms of magnitude, degree of impairment, age of onset and causes of impairment in Haryana State.

ii. Study the demographic characteristics of CWSNs in terms of gender, location and economic status.

All the listed Government organizations, NGOs/VOs/GOs were requested to supply information regarding their activities, manpower resources, infrastructure facilities and other relevant aspects.

**COLLECTION OF DATA**

After selecting the sample and deciding the tools and techniques for data collection, the researcher traveled to the target schools. A good rapport was established with subjects and assurance was given that their responses would be kept confidential and used for research purpose only. The subjects were told about the purpose of the study and necessary directions were given to them.
ANALYSIS OF DATA

The researcher in order to withdraw meaningful conclusion from raw scores simple percentage method was used.

MAIN FINDINGS, EDUCATIONAL IMPLICATIONS AND RECOMMENDATIONS FOR FURTHER STUDY

- There are twenty six special schools/institutions/organizations working for children with special needs in Haryana which are working for different disability/focus areas. Out of four zones Gurgaon and Faridabad were selected from South, Panchkula and Ambala were selected from North, Hissar and Sirsa were selected from West, Panipat and Karnal were selected from East Zone.

- The disability types served by the organizations covered for the survey, represented diverse groups. Several NGOs / GOs were providing services and support to more than one disability groups. The findings indicate that most of the special organizations working for CWSNs were present in Eastern region of Haryana (approx. thirty five percent) followed by Southern region (twenty percent). The organizations working for CWSNs in Northern region were only fifteen percent. It is also revealed that majority of the special organizations were serving mentally retarded children followed by service rendered to hearing impaired, visually impaired, and physically challenged children.

- The status of the organizations surveyed depicts that majority of them (seventy eight percent) were registered NGOs under the Registration Act of 1860. However, very few numbers of organizations are run by government and under Army Welfare Society. The data further revealed that one of the oldest institutions named Government School for Blind in Panipat was established in 1957. It is the oldest government organization which is working for visually impaired children in Haryana. Another old government organization named ASHA School was established in Hissar in 1959. Majority of institutions (ninety five percent) were old. The data further reveal that inspite of new polices and continuous efforts of government, no new organizations has come up in the recent and hence showing
the callous attitude of the government in implementing the educational provisions of PWD Act, 1995. Thus, rehabilitation and educational services of the disabled appears a neglected and untouched sector of the government.

- Out of twenty six special institutions/schools, twenty are supported by NGOs. Army Welfare Society is supporting two whereas government organizations are assisting four of these institutions. The percentage of government schools is only twelve percent of the total selected special institutions from all the four zones while NGOs are serving to eighty four percent and Army Welfare Society is catering to educational and other needs of only four percent. It is observed that NGOs are playing a crucial role in providing educational and rehabilitation facilities for disabled children rather than the government organisations. It is evident that Southern part of Haryana is ignored by government in providing facilities to this important but neglected part of society.

- The number of special schools/organizations/institutions with focus area for the hearing impaired and mentally retarded (23.1 percent each) are more than the other special schools/organizations/institutions. Many special schools/institutions are having more than one focus area. This shows that the educational facilities in the area of hearing impaired and mentally retarded children is more than other selected schools/ institutions. In East zone there are only three organizations working in the area of mental retardation.

- Out of 26 institutions in East zone, 55.60 per cent are working for hearing impaired within the zone and 41.70 within the total hearing impaired organizations in Haryana; while in North zone 50 percent are within zone and 16.70 within total special institutions for hearing impaired organizations in Haryana; 42.90 percent are within South zone and 25 percent within total special institutions for hearing impaired in Haryana; while 33.30 percent are within West zone and 16.70 percent within total special institutions for hearing impaired organizations in Haryana. Therefore, it can be concluded from the table that out of the 26 selected schools, 5 are located in the East, 2 in North, 3 in South, and rest 2 institutions are situated in the West zone. So in total, 12 schools are serving in the field of hearing impairment.
• The numbers of schools/ institutions working for mentally retardation as focus area are more in East zone than the other three zones. Out of total number of schools/institutions in all the four zones, 15 schools/institutions are working for mentally retarded children. This makes 67.70 percent in East, 50 percent in North, 57.10 percent in South zone while 50 percent in West within the zones and 40 percent in East, 13.30 percent in North, 26.70 percent in South, 20 percent in West within the total schools/institutions for the mentally retarded children in Haryana. In all, 57.70 percent of institutions/schools are working for mentally retarded children.

• It was found that out of the total number of special schools/institutions; only three institutions/schools have the facility for physically challenged. There is no institution/school for the physically challenged children in the East zone whereas the remaining three zones have only one institution/school each. In the North zone, the percentage of physically challenged institutions is only 33.30. The same percentage was observed in South and West zones. In total, there are 11.50 percent institutions/schools dealing with this particular disability in Haryana.

• Out of total 26 special schools/ institutions, only five have the facility for the visually impaired children. Both South and West zones are having equal number of institutions/schools i.e. 2 each in dealing with this disability while east zone is having one institution. The percentage of organizations for visually impaired within the zone is 11.00, 28.60, 33.30 in East, South, West zone respectively and 20 percent in East, 40 percent in South, 40 percent West zone is among the total of the special schools/ institutions working for visually impaired in Haryana. In all, out of 26 institutions only 19.20 percent institutions are dealing with this disability.

• The findings reveal that several government and non-government organizations in Haryana region provide institutional, educational, healthcare, vocational training, employment and rehabilitation opportunities to CWSNs. Government support is provided through a network of specialized national institutes and their regional centres for specific disability groups as well as for composite physically and mentally impaired persons. The support is provided for special education, healthcare, free supply of aids and appliances, vocational training,
employment opportunities, social services like scholarships, pension schemes and rehabilitation in homes and boarding schools.

- In almost all the four zones, all the institutions provide education from primary level to higher secondary level. It was also reported that weekly/monthly health check-up camps were also organized in these institutions. All the institutions receive financial aid either from government or through donations or in both ways. Moreover, the researcher while doing her research found that most of the organizations were very reluctant to disclose information regarding the source of funding, though the researcher tried to convince that their information will not be misrepresented but the organizations did not give detailed information on this dimension in spite of several efforts. Further, it was found that the funds received are used to assist CWSNs for the purchase of aids and appliances, assistance for Education for them, special technical training courses and rehabilitation of CWSNs.

- Several government and non-governmental organizations are providing occupational skills to create employment avenues for the CWSNs. These courses are for short as well as for long duration to develop occupational skills. Free boarding and lodging facilities are provided in these institutions for out-station CWSNs. Qualified trainers are imparting training to the participants. Regular contacts with entrepreneurs are created to seek employment avenues for the trained impaired children. Emphasis is also placed on coordination of services particularly those related to health, nutrition, education, employment, sports, cultural, art and craft and welfare programs in various government and non-government organizations. These schemes provide financial support up to the extent of ninety percent of the total cost (up to 95 per cent for the rural areas) including recurring items like staff salary, maintenance charges, contingencies and non-recurring items like construction of the building. The major aim of the scheme is to provide financial assistance to NGOs for
providing educational, vocational and social rehabilitation programmes. Fifty percent organizations/ institutions/schools are giving support to job.

- The activities provided by the organizations are not sufficient to alleviate their dependence on others. There is a need to extend schemes of healthcare, supply of aids and appliance and appropriate skill development programme for the impaired children. Self-employment generating vocations for those children who can work that help the impaired children to become economically independent and provide them equal opportunities for becoming productive part of the society. Similarly impaired children need to be provided higher education programmes through inclusive education system, so that the reservations provided in the P.W.D Act, 1995 are realized in its true letter and spirit.

- The majority of the NGOs/ organizations (67 percent of all) are providing special education up to secondary level only. However, it was observed that no effort is being made by institutions to support the CWSNs for higher-level education. Hence, their retention rates are very low. A significant proportion (67 percent) of NGOs and other organizations are also providing vocational training mostly in tailoring and other low profile jobs. Further, it was found that the counselling and guidance services for seeking support through the existing concessions and services from government schemes is provided by only fifteen percent NGOs. This has helped several impaired children to seek their due entitlement and create equal opportunity prospects for them.

- About ten percent NGOs and other organizations provide aids and appliances to the impaired persons. These aids and appliances have been of great help in solving their basic handicaps especially for low vision. Government funding under the aids and appliance scheme has been utilized by the NGOs for providing aids and appliances. Very few NGOs (2 percent) and other organizations are supporting quality skill development and self-employment generation programmes, which is the main requirement of the children with special needs.

- Out of 26 institutions, three are running in rented accommodation. Fifty percent are in need of more space for the efficient working of their organization. Eleven
institutions are satisfied with the equipments in their centre while thirteen schools/institutions need more equipment. Infrastructure in terms of building, healthcare, educational quality, quality of vocational training and availability of equipments were observed by the researcher during the field survey. Approach, accessibility and surroundings of the organizations surveyed were found conducive and appropriate as fifty percent organizations were rated good and satisfactory in terms of approach, accessibility and surroundings. However space available for carrying out the services and other support programmes for the impaired persons was inappropriate for majority of the organizations surveyed. Only forty percent organizations got good or satisfactory ratings for the space available for carrying their services satisfactorily.

- About forty three percent of organizations required more trained teaching staff and technical staff to deal with the CWSNs. The manpower available with the organizations was adequate to perform the services, which they have embarked upon but the quality and capacity building measures are lack in majority of organizations.

- In East zone, the special institutions/organizations generate 66.70 percent through donations and 33.30 percent from government funds. In North zone, the funds are generated as 25.00 percent, 50.00 percent, 25.00 percent through donations, government funds and both by donations, government funds respectively. In addition to this, in South zone 28.60 percent of the funds are generated from donations, 28.60 percent from government funds and donations. In West zone, 16.70 percent institutes receive funds through donations, 16.70 percent from government funds and donations, 33.30 percent by government funds and donations as well as generate its own funds, 16.70 percent from government funds and Red Cross and 16.70 percent from Red Cross.

- It was found that the major source of funding for these institutions/ schools is donations followed by government funding. Out of the total selected schools/institutions, the numbers of schools/institutions which generate their funds through donations are ten in number which comprises 38.5 percent of the total sample. The researcher observed that most of the institutions were reluctant in explaining the detail of their source of funding.
Sixteen schools/ institutions provide monthly health checkup of the CWSNs and only three institutions/ schools provide weekly health check up. In North zone, 75 percent institutions/schools have the provision for monthly health checkup and 25.00 per cent twice a month. While in West zone, 66.70 percent go for monthly check up and 33.30 percent is having provision for twice a month health checkup facility within the total facilities available in selected special institutions/schools. Out of 26 institutions, 16 (61.50 percent) are having the provision for monthly check up, 5 (19.20 percent) are having the provision for twice a month, 3 (11.50 percent) is having the provision for weekly health checkup, one (3.80 percent) having the provision for yearly health check up and one (3.80 percent) school does not provide any kind of health checkup facilities for CWSNs. In nutshell, the data reveals that the health facilities available for CWSNs are satisfactory but there is no provision for a hospital/dispensary functioning from within the campus of the institution. The available facilities are only for routine health checkups and do not provide much help for the full treatment of their impairment as revealed from the fact that institutions lack sufficient funds to assist the treatment for their impairment.

The training provided by the schools/institutions is mainly vocational in nature which helps the CWSNs for earning their livelihood. Out of the total twenty six special schools/institutions, twenty four Schools/Institutions (92.30 percent) are providing training to the children. Within the East and South Zone, only 29.20 percent each school/institution is providing the training facility to CWSNs whereas in North and West Zone the percentage of training facility is 16.70 and 25 respectively. The analysis the data further indicate that the training facilities for CWSNs is more in educational institutions located in South and East zone of Haryana.

Out of the total twenty six institutions, thirteen provide and thirteen does not provide any kind of support to find out the job opportunities. In the East zone, out of 44.40 percent institutions/schools 30.80 percent support them for searching a suitable job. In North and West zone, out of 50 percent within zone, special schools/institutions are 15.40 percent and 23.10 percent provides support to job respectively while in South zone out of 57.10 percent 30.80 per cent provides
support to job to the children of special needs in Haryana. Thus, data reveals that institutions located in South zone of the State give support to CWSNs for identifying/searching job avenues to the maximum extent among all zones.

- The infrastructure is divided into two types – Owned and Rented. Of the total, twenty-four special schools have their own buildings and only two schools/institutions are running on rented property. In North and West zones, all the special schools/institutions are running from their own buildings whereas in South and East zones 14 schools are operating from their own building and rest two offer their services through rented accommodation.

- It can, therefore, be inferred that in total 24 institutions (92.30 percent) is catering to the needs of CWSNs from their own building. Further, zone wise percentage of institutions reveals that East zone holds maximum (33.30 percent) number of institution running their activities from own infrastructure followed by North zone (16.70 percent), West and South zone (25.00 percent each). However, further analysis of the information provided reveals that space available for carrying out the services and other support programmes for the CWSN was inappropriate in majority of the organizations surveyed. Only forty percent organizations got good or satisfactory ratings for the space available for carrying their services satisfactorily.

- Most of the schools/institutions possess sufficient equipments and only two schools/institutions report that they are not holding sufficient technical equipments with them. Out of 26 schools/institutions 12 (46.20 percent) required more technical equipments while 14 (53.80 percent) schools/institutions do not report any need of additional/more equipments as they are satisfied with present status of the equipments. In South zone, 41.70 per cent out of 71.40 percent need new technical equipments. The situation in West zone is that 28.60 percent of districts within this zone does not require more equipments while 16.70 per cent of schools/institutions require more equipment to run their schools/institutions smoothly and comfortably for the services of special children in needs.
Most of the organizations required residential facilities in schools for continuing education especially for girls, support for blind children, translation recording facilities in schools, computerized Braille press services, special recreational programmes like dance and music, specialized vocational training which render them easy market availability, creating innovative self-employment or employment opportunities in government sector as per the need of the 21st century, incentives to private sector for providing jobs to disabled children, outreach programmes in villages, appropriate transport services for staff and day scholars, and dissemination of information through media regarding the government programmes and of disability related issues.

There are in total 2979 CWSNs enrolled in different special schools/institutions in eight districts of Haryana, out of which there are 884 CWSNs are enrolled in South zone (Gurgaon, Faridabad), 890 in North zone (Ambala, Panchkula), 481 in West zone (Hissar, Sirsa) and 724 in East zone (Panipat, Karnal). As regard to gender, out of 2979 CWSNs there are 1697 male and 1282 female CWSNs. Therefore, the number of male is more than female CWSNs. Further, there are 515 male CWSNs in North zone followed by 506, 263, and 413 in South zone, West zone and East zone respectively. The enrollment of female CWSNs in South, North, West and East zone was found 378, 375, 218, and 311 respectively. Therefore, it can be gathered from the data that maximum number of students are enrolled in Gurgaon district followed by Ambala, Panchkula and Faridabad. Moreover, the data clearly indicates that the CWSNs in North zone (Ambala and Panchkula) are providing more educational facilities followed by South zone (Gurgaon and Faridabad) of Haryana. In addition, the data depicts that out of the total number of disabled children; very few are enrolled in all the institutions of different zones/districts of Haryana. The researcher has also found that the enrollment of male (CWSNs) is slightly greater than female (CWSNs) in these institutions. Thus in spite of propagation of education for disabled and availability of a large number of institutional services through NGOs and other governmental
organizations for education of disabled persons, the overall educational levels for
disabled persons in Haryana are still poor/inadequate and need immediate support
and strengthening.

• The male (CWSNs) with rural background are more than the children with urban
background. As regard to female (CWSNs), it was found that the number of rural
children is slightly less than the children with urban background. Therefore, a
reverse trend was observed between male and female CWSNs as regard to their
residential background. In terms of number, it was found that there were 990 males
CWSNs and 599 females (CWSNs) from rural background and 687 male (CWSNs)
and 675 female (CWSNs) from urban background.

• In rural Haryana, the prevalence of disability was more as compared to its urban
counterpart. Further, among males, the proportion of disabled was significantly
higher than that among females. It was observed that disability occurs more in rural
children because of the lack of awareness of preventive measures of disability.
Availability of immediate healthcare through a network of medical care centers and
a strong awareness generated by NGOs and government machinery for complete
immunization of both pregnant mother and child is one of the major reasons for
lower disability prevalence rates in urban Haryana.

• The children from the poor income group are more than the children from middle
income group in the both male and female children. Most of the children come
from poor families or poor background. In all the eight districts the number of
CWSNs both males and females comes from rural background with poor
economic condition. It is clear that people in rural area are less aware of the
preventive measures of disability, therefore there are more impaired children in
rural in comparison to urban. It was also observed that the disabled children are
coming from poor income group as the parents have the lesser means and are not
well educated rather least aware about the preventive measures of disability. It is
the poverty which causes disability in Haryana because disabled children are
more likely to suffer from malnutrition, live in crowded and unsanitary conditions
(increasing risk of infectious disease) have limited access to medical care,
poorly educated, not immunize their children, lack adequate care during pregnancy and birth and have multiple pregnancies.

- The percentage of the male children with hearing impairment (77 percent) and mental retardation (78 percent) children is more than the other disabilities. In North zone there are 26 percent males are hearing impaired while in South zone its percentage is 20 only and in East and West zone is 18 and 13 respectively and the percentage of female suffering from hearing impairment are 18, 15, 15, 10 percent in North, South, East and West zone respectively. In visually impaired case in North zone there is no such type of child is admitted while in South, East and West the percentage of male child is 15, 9, and 15 respectively and in South, East and West the percentage of female child is 11, 7 and 3 percent. Maximum number of male child is in category of mental retardation and from all the four zones their percentage is high (78 percent male and 61 percent female). From North, South, East and West it is 15, 15, 27 and 21 respectively out of their respective total. In North zone and South zone the percentage of HI children is high and East zone and West zone the children from the category of mental retardation are high. The percentage of the children with hearing impaired and mentally retarded children is more than the other disabilities.

- The percentage of the degree of disability of both the male and female children in all the four zones. In North, South, East, West zone in profound category the percentage of male is 3, 9, 5, 11 respectively and the percentage of female is 2, 8, 5, 9 respectively. In North, South, East, West zone in severe category the percentage of male is 20, 20, 21, 17 and the percentage of female is 15, 14, 14, 16 respectively. In North, South, East, West zone in mild category the percentage of male is 17, 16, 18, 16 and the percentage of female is 13, 12, 13, 11 respectively. In North, South, East, West zone in partial category the percentage of male is 18, 12, 13, 11 and the percentage of female is 11, 9, 11, 8 respectively. Overall the data clearly indicates that the percentage of male and female suffering from severe disability is highest in all the zones.
The children in age group 5-9 are more than in other three age groups. In East zone the number of CWSNs is 23 in the age group of 5-9 and 21 in the age group of 10-14 and very less in the age group of 0-4 is the maximum up to 10 and minimum is 3. In North zone same is the case, the number of children is more in the age group of 5-9. 60 are in the age group of 10-14 while 52 in the age group of 15-19 and 50 in the age group of 0-4. In South zone the maximum number of children in the age group of 10-14. 52 are in the age group of 5-9; 31 are in the age group of 0-4 and 44 are in the age group of 10-14. So it was observed that disability is quite frequent in the age group of 5-9 for both male and female. The data clearly explains that children who are in the age group of 5-9 years are suffering from any kind of impairment more than any other age group which is drastically different from the results of NSSO rounds 2001 where the onset of disability among children is found in 0-4 age group. So this depict that pregnant mothers are becoming little aware of the preventive measures of disability.

The percentage of rural male CWSN’s is more than the children from the urban background in the all eight district but in the case of female children the situation is reverse. The percentage of children from poor income group of both male and female is more than the percentage of children both male and female from the middle income group. In all the eight districts the number of CWSNs both males and females comes from rural background with poor economic condition. In North zone and South zone the percentage of HI children is high and East zone and West zone the children from the category of mental retardation are high. Overall the data clearly indicates that the percentage of male and female suffering from severe disability is highest in all the zones. The data clearly explains that children who are in the age group of 5-9 years are suffering from any kind of impairment more than any other age group which is drastically different from the results of NSSO rounds 2001 where the onset of disability among children is found in 0-4 age group.

Identifying the causes of disability among children with special needs have a useful contribution in proper health planning. It was found that the main causes of disability among CWSNs are accident, brain T.B, congenital disorder, chronic diseases, drums welling, hyperpyrexia, otoria, paralysis, polio, retinablackout, retina tumor, tumor. Congenital disorder followed by accident and hyper pyrexia comes
out as the major causes of disability among these selected children. 30 respondents from all four zones became disabled just because of congenital disorder. 36.70 percent from East zone, 13.30 percent from North zone, 26.70 percent from South zone and 23.30 percent from West zone, so in total among all the selected CWSNs 28.80 percent were disabled because of congenital disorder. 26 respondents from all zones became disabled because of accident and the percentage of such children is 30.80 from East zone, 11.50 from North zone, 30.80 from South zone, 26.90 from West zone and in total among all causes of disability 25 percent of the total respondents from all zones became disabled because of accident. The data further explains that the third major cause of disability among respondents from all zones is hyperpyrexia which is 11.50 percent of the total causes observed by the researcher. Moreover very few have the disability because of tumor i.e. 2.90 percent of the total causes observed by the researcher.

- The number of children with severe disability is more than the other types from both rural and urban background which amounted to 63 and 50 percent respectively. It has been observed that lowest percentage of CWSNs female was in found in category of profound disability i.e. 7.40 percent from rural background and 8.30 percent from urban background. This result is similar to the result observed in educational institutions of CWSNs as a whole. It was observed that disability occurs more in rural children (female) because of the lack of awareness of preventive measures of disability and were less educated. Availability of immediate healthcare through a network of medical care centers and a strong awareness generated by NGOs and government machinery for complete immunization of both pregnant mother and child is one of the major reasons for lower disability prevalence rates in urban Haryana.

- The percentage of hearing impaired children in middle income group was drastically different, as the percentage of hearing impaired children was high i.e. 53.80 in urban area than the percentage of hearing impaired children (11.80) in rural area of Haryana and the situation was reverse in case of mental retardation, as the percentage of mentally retarded children was high i.e. 58.80 in rural area.
than the percentage of mentally retarded children (26.90) in urban area of Haryana. The percentage of physically challenged was 17.60 in rural area in comparison to only 3.80 percent in urban area and the situation for both rural and urban in case of visual impairment was quite similar. It is quite apparent that the percentage of hearing impaired children in poor income group is similar.

- As the percentage of hearing impaired children is 31.80 in urban area and the percentage of hearing impaired children is 33.30 in rural area of Haryana and the situation was alike in case of mental retardation, as the percentage of mentally retarded children was 33.60 in rural area and the percentage of mentally retarded children was 36.40 in urban area of Haryana. The percentage of physically challenged was 19.40 in rural area which is high in comparison to percentage of physically challenged i.e. 4.50 in urban area and the situation for both rural and urban in case of visual impairment was different. So in nut shell the children who are living in rural Haryana were more prone to mental retardation and children living in urban area were more prone to hearing impairment.

**EDUCATIONAL IMPLICATIONS**

The present study gives detailed information about the special institutions in eight districts of Haryana. It provides information related to the magnitude, demographic, social and economic characteristics of children with special needs studying in special schools/institutions & identified the educational, vocational, recreational services available for the disabled population in special institutions.

Hence, in many ways the findings of the present study can be beneficial for students, teachers, administrators, parents, counselors, doctors, social workers, media personnel, professionals in the field of special education and policy makers. The usefulness of the present study lies in:

i. Knowing the disability figures in eight districts of Haryana is an help to integrate the children with special needs more effectively into the community at large.
ii. It helps to collect systematic information on disability and the social position of CWSNs. Facilitates provision of services and assists in their reaching out to people with disabilities.

iii. It is a help to increase awareness among government organizations and the research community of the limitations and strengths of disability data.

iv. It provides some indicators of needs for medical, rehabilitation and welfare services. & figures reveal that only a very small percentage of total disabled population is benefited by the special education programs.

v. It provide a database which can be further utilized for planning purpose and can be used for planning rehabilitation services at district, state levels. The present study investigates the importance of studying cause, degree of impairment of different types of children with special needs.

vi. This study is of immense value for the prevention, early identification, rehabilitation and integration of the disabled in Haryana. The researcher has made an attempt to dedicate to the nameless faces wanting us to carry to them urgently needed services that will go a long way in bringing a ray of bright hope to their otherwise dark lives.

vii. Creating an awakening in students, teachers and administrators the services and facilities provided by government to these persons.

viii. Generating awareness among the policy makers about the magnitude of the problem and inspiring them to allocate larger funds for the development of CWSNs.

ix. Provides a comprehensive picture of disability in a readily understandable, useful and supportive manner which is of great help to initiate and provide adequate and appropriate required services to disabled children.

x. Helpful for professionals working in different areas of disability and rehabilitation and to the policy makers/planners and moreover, the ultimate usefulness may be in its utility for the lay person in Haryana.
xi. Filled the gap of theory and practices of available different types of programs for children with special needs by knowing the real situation of children in Haryana.

RECOMMENDATIONS

The recommendations derived from the in depth field survey and analysis of the information collected through literature survey and other study's are spelled in terms of enabling social, cultural and economic environment, strengthening government's pro active policies, healthcare, education, vocational training, employment opportunities and other referral and rehabilitation services.

i. The present study is based on a sample drawn from a limited geographical and socio-cultural stratum. For better generalization of results, a study can be undertaken covering wider geographical area and different socio-cultural contexts

ii. Involvement of disabled persons, their family members, national apex bodies doctors working in the field of rehabilitation of the disabled, NGOs etc. in the development and implementation of programmes pertaining to attitudinal change can be studied

iii. The present study is limited to only Special School/Organizations/ institutions run by GOs/NGOs in Haryana. The various types of School/Organizations/ Institutions can be studied to understand a comprehensive picture of disability in a readily understandable, useful and supportive manner in Haryana.

iv. The present study has observed the implementation status of PWD Act 1955 in Haryana, the researcher suggest that the status of inclusive education for CWSNs can be studied according to the RTE Act 2010.

v. The researcher here recommends that the status in terms of magnitude, prevalence, incidence, composition & characteristics of various different types of disabilities which are not studied in the present study can be studied.
vi. The researcher has observed during the survey and found that the CWSNs are only from poor income group and middle income group, the reasons of absence of CWSNs from rich income group can be studied.

vii. Effect of SSA, RMSA & Mid-day meal schemes on the enrollment and retention of CWSNs at primary, middle, secondary school level can be studied.

viii. The magnitude of CWSNs availing the home based education can be studied.

ix. The researcher has observed during the survey and found that the CWSNs from rural background is more than the urban background, so here it is recommended that the reasons can be studied.

x. It is recommended that the area related to the nature of disabilities, their causes and impact on human beings can be studied.

xi. It is recommended that the focal elements of inclusive education in terms of designing the resource room and model inclusive schools can be another important area to be studied & develop recommendations on how to improve education system to ensure Inclusive Education for Children with special needs.