“The disabled are the ones who are challenged, need to be heard. To be seen not as a disabled/helpless, but as a person who has, and will continue to bloom. To be seen not only as a handicapped, but as a well intact human being.”

(Robert M. Hensel)

1.1 HISTORICAL PERSPECTIVE

Historically, the problem of disability is as old as human civilization. There were several instances in history when people with disabilities played significant role- negative or positive- in society. The Rig-Veda, an ancient sacred poem of India, is said to be the first written record of prosthesis. Written in Sanskrit between 3500 and 1800 B.C., it recounts the story of a warrior, Queen Vishpla, who lost her leg in battle, was fitted with iron prosthesis, and returned to battle. The holy epics of Ramayana and Mahabharata also contain references to the issues of disability in terms of negative roles played by Manthara, Dhirtrashtra and Shakuni.

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. The families having a disabled as member were seen with suspicion. In turn, to avoid public fun and humiliation, disabled were kept hidden with their families. 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. 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.

All over the world the disabled persons are subjected to isolation, segregation, poverty, deprivation, charity and even pity. The plight of the disabled in India is not different. The immense responsibility for the care of the disabled is generally left to their families and a few institutions managed by voluntary organizations and Government. Since the disabled, as yet, do not have any economic or political or media power, they tend to be mostly ignored by society. This deliberate and calculated indifference of society is reflected in all facets of the lives of the disabled–from cradle to grave. The educational, social, health, transport and residential arrangements made by local, State, Central governments or voluntary organizations frequently fall short of the total demand for them. They are also uncoordinated and irrelevant to the actual needs. The approaches, either out of a profound lack of understanding or sheer callousness, are designed to promote dependence, charity and segregation of the disabled instead of independence, dignity, self-respect and integration. These common practices reinforce the traditional and misguided stereotypes that continue to project people with disabilities as deserving pity, alms and charity. The prejudices against the disabled and ignorance
about their potential get institutionalized and are inevitably reflected in policy making, resource allocation, service provision and the status accorded to them.

Disability, however, is a human rights issue and it must be clearly realized by all that the disabled are an integral part of society and every effort must be made to involve them with the whole society. People with impairment feel disabled not because of their physical and/or mental handicaps but because of the barriers society chooses to put up to establish differences between the disabled and non-disabled. These barriers are the result of prejudice born out of ignorance and misconceptions. It is imperative that steps be taken to remove such barriers and eradicate widespread discrimination against men and women, children and adults suffering with disability. The disabled must also be offered wider and just opportunities to live independently in society with dignity and freedom to contribute to the richness of society in accordance with their skills and talents.

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.

1.2 STATUS OF DISABILITY IN INDIA

The National Sample Survey Organization (NSSO) conducted three countrywide sample surveys in 1981, 1991 and 2002 for measuring the extent and types of disabled persons in India. According to the NSSO surveys, there were 13.67 million
disabled persons in 1981 and 16.36 million disabled persons in 1991 that were having at least one or more of the four types of disabilities viz. locomotor, visual, hearing and speech. The NSSO survey, 58th Round in 2002, covered mental disability in addition to the above stated four disabilities. According to the NSSO 58th round, the magnitude of the one or more than one of the five-disabilities was 18.49 million in 2002 (Table 1.1).

Table 1.1: Disabled Population in India (in Millions) 1991-2002

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th></th>
<th></th>
<th>Rural + Urban</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Both</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>1991</td>
<td>7.44</td>
<td>5.21</td>
<td>12.65</td>
<td>2.07</td>
<td>1.42</td>
</tr>
<tr>
<td>2002</td>
<td>8.31</td>
<td>5.77</td>
<td>14.08</td>
<td>2.58</td>
<td>1.82</td>
</tr>
</tbody>
</table>


The NSSO 47th round in 1991 registered 16.36 million disabled persons out of which 9.51 million disabled persons were male and 6.63 million were female. The male, female proportion constituted 59 and 41 percent of the disabled persons respectively. The NSSO 58th round in 2002 recorded 18.49 million disabled persons out of which 10.89 million were male and 7.59 million were female, again constituting 59 percent and 41 percent males and female respectively.

The gender proportion of disabled persons was 10.89 million male and 7.59 million female in 2002. About 58 percent of the disabled persons were male and 42 percent were female. The gender proportion of disabled population was similar in 1991 and 2002 in case of both the rural and the urban areas for 1991 and 2002. (Table: 1.2 shows the position of gender distribution).

Table 1.2: Disabled Population in India: Gender Distribution (Percentage) 1991-2002

<table>
<thead>
<tr>
<th>Year</th>
<th>Gender</th>
<th>Rural</th>
<th>Urban</th>
<th>Rural + Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>58.81</td>
<td>59.14</td>
<td>58.12</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>41.18</td>
<td>40.57</td>
<td>41.88</td>
</tr>
<tr>
<td></td>
<td>Both</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>1991</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>59.01</td>
<td>58.63</td>
<td>58.89</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>40.99</td>
<td>41.37</td>
<td>41.11</td>
</tr>
<tr>
<td></td>
<td>Both</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>2002</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: The percentages may not add up to 100 percent as multiple disabilities was also recorded for a large number of disabled persons

1.2.1 Disability: Types and Magnitude

The NSSO (47th round) presents data for physically and sensory disabled persons in terms of four broad groups, namely visual impairment, hearing impairment, speech impairment and locomotor disability. The locomotor disabled constituted 55.33 percent, while the visual, the hearing and the speech disabled persons constituted 24.79 percent, 20.06 percent and 12.17 percent respectively in 1991. The NSSO data 58th round in 2002 also covered mentally disabled persons in addition to the visual, hearing, speech and locomotor disabilities. Visually disabled were further categorized into the blind and the low vision groups. Similarly, mentally disabled persons were categorized into mental retardation and mental illness groups. The NSSO (58th round) data depicted that 57.50 percent disabled were having locomotor disability, while 10.88 percent were blind, 4.39 percent were having low vision, 16.55 percent were hearing impairment, 11.65 percent had speech disability, 5.37 percent were mentally retarded and 5.95 percent were mentally ill. The proportion of disabled persons has shown a significant decline for disability types like visual, hearing and speech. However, the magnitude and proportion of the locomotor disability has increased. Its percentage has gone up to 57.50 percent in 2002 from 55.30 percent in 1991. The increase in the magnitude and proportion of persons with locomotor disabilities during 1991-2002 reflects effects of development processes like mechanization, industrialization, extension of varied transport services etc. In the process of development this type of disability requires appropriate protection and rehabilitation services through network of healthcare services with highly professional and trained staff, extension services for providing equal opportunities for their social and economic welfare and conducive environment, and provision of rehabilitation centers. The magnitude of mentally disabled persons, which includes mental retardation and mental illness together constitute 11.33 percent of the total population of disabled persons in 2002. A total of 5.37 percent were mentally retarded with learning and other disabilities, while 5.95 percent were mentally ill (Table 1.3).
Table 1.3: Disabled Persons in India: Types and Magnitude 1991-2002 (Percentages)

<table>
<thead>
<tr>
<th>Disability Types</th>
<th>2002</th>
<th>1991</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locomotor</td>
<td>57.50</td>
<td>55.33</td>
</tr>
<tr>
<td>Visually</td>
<td>15.27</td>
<td>24.79</td>
</tr>
<tr>
<td>Hearing</td>
<td>16.55</td>
<td>20.06</td>
</tr>
<tr>
<td>Speech</td>
<td>11.65</td>
<td>12.17</td>
</tr>
<tr>
<td>Mental</td>
<td>11.33</td>
<td>NA</td>
</tr>
</tbody>
</table>

Note: The percentages may not add up to 100 percent as multiple disabilities was also recorded for a large number of disabled persons.

1.2.2 Educational Status of Disabled Persons

“Well, in India, the major problem is that of awareness. Or rather, the lack of it. There’s also a kind of stigma associated with them, which is disgusting. There are laws that state that no school for ‘normal’ children can refuse admission to disabled ones, however, it is rarely followed; most schools do refuse admission to such children. All these factors lead to just one result: these children do not receive the education they deserve, the education that their peers receive.”

(Anonymous)

The educational system in India supports the exclusion of the disabled children from the education system, as accessibility as well as methodology of teaching in the school is unfavorable to them. Most of the disabled children are unable to reach schools due to unfriendly communication and accessibility approach of the schools. Even the staff available in the schools is not trained to provide appropriate education to the disabled children. The distribution of disabled persons (aged 5 years and above) by level of general education (including illiteracy) was ascertained by the NSSO reports in 1991 and 2002. As reported, about 60 percent disabled persons in rural areas and 40 percent disabled persons in urban areas were illiterate. However, a satisfying note was that illiteracy rate among disabled persons in rural areas has declined from 70.1 percent to 59 percent, while it has decreased from 46.2 percent to 40 percent in urban areas during 1991-2002. But as compared to the general population trends, the picture is still
gloomy and depressing, which requires immediate measures like promoting inclusive
education and opening of specialized schools for disabled children depending upon the
nature and severity of their impairment.

Even among disabled literates, significant proportions were educated only up to
primary or middle level both in rural and urban areas. Only 7 percent and 17 percent
disabled persons in rural and urban areas respectively were educated up to secondary or
above secondary levels in 2002. The proportion of disabled persons educated up to
secondary or above secondary level was very low in 1991 compared to 2002. This
indicates that some positive changes have taken place to improve the secondary and
higher education levels for disabled persons during 1991-2002, but, it requires further
strengthening. Providing vocational training is one of the alternatives for making
disabled persons secure to earn their livelihood. In spite of several measures like
opening of vocational rehabilitation centers by the Ministry of Labour through the
development of Vocational Rehabilitation Centre, yet only 1.5 percent and 3.6 percent
disabled population in rural and urban areas respectively had received vocational
training in 2002. Insignificant increase in the proportion of disabled persons, who had
received vocational training were recorded during 1991-2002. In fact, the proportion of
disabled persons having received vocational training was more or less similar in 1991
and 2002 both for rural and urban areas. The nature of vocational training received also
depicts that majority (80 percent in rural and 75 percent in urban areas) of the
vocationally trained disabled persons had received non-engineering, low profile
vocational training. Thus, majority of them lacked earning capacity through training.

The educational scenario depicts that majority of the disabled persons are not
provided equal opportunities for education with the non disabled and even few who are
enrolled in schools are not provided equal opportunity for middle, secondary and higher
education levels. At the best, they are currently educated illiterates, without any
capacity development for earning their livelihood. Thus, the present education system
has provided little incentives for their social and economic development. It is essential
to providing enabling environment through easy accessibility for schooling and quality
teaching and training in schools by developing appropriate trained staff to meet their
educational requirements. These disabled also require appropriate vocational training skills to make them self reliant and productive members of the society. Inspite of the provisions of inclusive education and educational reservation in the PWD Act-(1995), the desired results are eluding due to the lack of community interest to integrate these disabled with the society. Special attention needs to be paid to specialized schools for each disability groups, who cannot be included in the normal schooling systems. Specific budget provisions for making easy availability of aids and appliances required for the education of the disabled persons needs to be given priority. Currently, very few NGOs are working for special educational needs of the disabled through government funds. The allocation of the funds for such NGOs must be increased. Vocational training centers for disabled persons require impetus from Government. Proper and appropriate identification of the vocations for disabled persons depending upon the market requirement must be undertaken before imparting vocational training. Even marketing of the produced items by disabled persons should be arranged through Government / NGOs initiatives (Table 1.4 and Figure 1.1).

Table 1.4: Disabled Population in India: Educational Status 1991-2002 (Percentages)

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-literate</td>
<td>70.1</td>
<td>46.2</td>
<td>70.1</td>
<td>40.0</td>
</tr>
<tr>
<td>Primary</td>
<td>20.3</td>
<td>29.8</td>
<td>20.3</td>
<td>28.8</td>
</tr>
<tr>
<td>Middle</td>
<td>5.3</td>
<td>11.0</td>
<td>5.3</td>
<td>13.7</td>
</tr>
<tr>
<td>Secondary</td>
<td>2.3</td>
<td>6.4</td>
<td>2.3</td>
<td>7.8</td>
</tr>
<tr>
<td>Higher-secondary</td>
<td>0.8</td>
<td>2.8</td>
<td>0.8</td>
<td>5.1</td>
</tr>
<tr>
<td>Graduation and above</td>
<td>0.4</td>
<td>3.1</td>
<td>0.4</td>
<td>4.6</td>
</tr>
<tr>
<td>Not Reported</td>
<td>0.8</td>
<td>0.8</td>
<td>0.8</td>
<td>0.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vocational Training Received</td>
<td>1.2</td>
<td>3.1</td>
<td>1.5</td>
<td>3.6</td>
</tr>
<tr>
<td>Engineering</td>
<td>20.2</td>
<td>26.6</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td>Non-Engineering</td>
<td>79.8</td>
<td>73.4</td>
<td>80</td>
<td>75</td>
</tr>
</tbody>
</table>

Source: NSSO Rounds 47th and 58th in 1991 and 2002
1.2.3 Work Activity Status of Disabled Persons: Usual & After Disability

One of the basic objectives of the PWD Act, 1995 was to provide enabling environment for work and employment for disabled persons to make them self-reliant and a part of productive force. The prevailing educational and vocational training scenario imparted to disabled persons, does not provide encouraging enabling environment for their work both in rural and urban areas. The usual work activity status (Activity status during last 365 days preceding the survey) for the disabled persons recorded by the NSSO survey 58th round in 2002, depicts that 62 percent and 89 percent males and females respectively in rural areas and 63.5 percent and 90.5 percent males and females respectively in urban areas were out of labour force. The rest of the disabled males and females in rural and urban areas were either partially unemployed or employed. Thus, the nature of usual work activity status picture was not only gloomy and depressing for disabled persons but it was also biased and unfavorable towards the female disabled both in rural and urban areas. The gender gap in educational services and vocational training services needs to be corrected and impetus must be given.
through specific grants, opening of specialized educational institutions for women to encourage educational and vocational training for disabled women. Table 1.5 and Figure 1.2 show the picture at a glance.

Table 1.5: Disabled Population in India: Usual Activity Status 1991-2002 (Percentages)

<table>
<thead>
<tr>
<th>Usual Activity Status</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Employed</td>
<td>36.9</td>
<td>10.9</td>
</tr>
<tr>
<td>Unemployed</td>
<td>0.8</td>
<td>0.2</td>
</tr>
<tr>
<td>Out-of -Labour Force</td>
<td>62.2</td>
<td>88.9</td>
</tr>
</tbody>
</table>

Source: NSSO Rounds 58th in 2002

1.3 REHABILITATION SERVICES FOR PERSONS WITH DISABILITY

The government provides various types of services for the disabled in India. There are around 400 NGOs involved in rehabilitation activities. The ministry of social justice and empowerment government of India established National Institutes for
Education and Rehabilitation of Disabled, Artificial Limbs Manufacturing Corporation of India (ALIMCO), National Handicapped Finance and Development Corporation (NHFDC) are working in the Rehabilitation sector. The background of the establishment, objectives and functioning of different institutes are given below for better clarity of matter.

**National Institutes**

The thrust areas of national institutes for handicapped are development of manpower and of delivery models of services. The institutes are: National Institute for the Visually Handicapped (NIVH), Dehradun; National Institute for the Hearing Handicapped (NIHH), Bombay; National Institute for the Orthopaedically Handicapped (NIOH), Calcutta; National Institute for the Mentally Handicapped (NIMH), Secundrabad; Institute for the Physically Handicapped (IPH), New Delhi; National Institute of Research, Training and Rehabilitation (NIRTAR), Cuttack, National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD), Chennai. These institutes offer various specialized courses to train professionals in the different areas of disabilities. The specialized courses include Masters / Bachelors/ Diploma courses in Physiotherapy, Occupational Therapy, Prosthetic and Orthotic Engineering, Special Education/ Vocational Training and Employment, Special Education in Hearing, Language and Speech Audiology, Speech Training Programmes Orientation and Mobility Infrastructure for Visually Handicapped and Short-term training programmes for Government and Non-governmental personnel and so on.

These Institutes also run Outdoor Patient Department (OPD) clinics, which include diagnostic, therapeutic and remedial services. These also provide educational, pre-school and vocational services. These institutes have started outreach programmes with multiprofessional rehabilitation services for the slums, tribal belts, foot hills, semi-urban and rural areas through community awareness programmes and community-based rehabilitation facilities and services such as diagnostic, fitment and rehabilitation camps and distribution of aids and appliances to the disabled. Through outreach services, communities are sensitized on early identification, prevention, intervention and rehabilitation of the disabled. Services such as vocational training and placement are provided in collaboration with NGOs. Technical know-how and information are
also provided to NGOs on infrastructure requirement for established service centers for the disabled.

Rehabilitation Council of India (RCI)

The Rehabilitation Council of India was set up as a registered society in 1986. The Parliament enacted Rehabilitation Council of India Act in 1992. The Rehabilitation Council of India is a statutory body. It also prescribes that any one delivering services to people with disability, who does not possess qualifications recognized by the RCI, could be prosecuted. Thus, the Council has the twin responsibility of standardizing and regulating the training of personnel and professional in the field of rehabilitation and special education. It also undertakes research programmes, training programmes and other dissemination and referral services for disabled persons.

Other Support Services for Children with Special Needs

The Government of India has developed several National, Regional and District levels support centers to provide effective services to meet the requirements for aids and appliances, education, training, employment and other appropriate rehabilitation services. These macro and micro level centers are located throughout the country to provide services at macro and micro regional levels. The centers are, Artificial Limb Manufacturing Corporation of India (ALIMCO), Indian Spinal Injury Center (ISIC), National Information Center on Disability and Rehabilitation (NICDR), Composite Regional Centers (CRCs), Regional Rehabilitation Training Centers (RRTCs), Vocational Rehabilitation Centers (VRCs), District Rehabilitation Centers (DRCs) and Block Rehabilitation Centres (BRCs).

Support to NGOs

In order to penetrate and provide rehabilitation services throughout the country, the Government also runs Schemes to assist NGOs for taking up programmes of providing services for persons with disabilities. One of the important schemes is the scheme for Assistance to Disabled Persons for Purchase/Fitting of Aids & Appliances (ADIP). The main objective of the scheme is to assist the needy disabled persons in procuring durable, sophisticated and scientifically manufactured modern standard aids
and appliances which can promote their physical, social and psychological rehabilitation.

**Assistance to Voluntary Organizations / NGOs for Children with Special Needs**

The Ministry of Social Justice and Empowerment, Government of India has been actively promoting and strengthening voluntary action for welfare of persons with disabilities in the country. The main objective of the policy of the Ministry is to promote services for people with disability through Non-Government Organizations so that persons with disability are encouraged to become functionally independent and productive members of the nation through opportunities of education, vocational training, medical rehabilitation, and socio-economic rehabilitation. Emphasis is also placed on coordination of services, particularly those related to health, nutrition, education, science & technology, employment, sports, cultural, art & craft and welfare programmes of various Government and Non-Government Organizations. Several schemes were started with a view to provide assistance to voluntary organizations working in the field of handicapped welfare. It is a comprehensive scheme to cover different areas of support and rehabilitation - physical, psychological, social and economic. Financial support is given up to the extent of 90 per cent of the total project cost (up to 95 per cent for the rural areas), for recurring items like staff salary, maintenance charges, contingencies and non-recurring items like construction of the building. Two broad schemes have been developed under this programme providing financial assistance for aids/appliances to persons with disabilities and providing financial assistance to NGOs to set up educational, vocational and social rehabilitation programmes. A sum of rupees 500,000 or more in the form of financial assistance is given for such projects as vocational training centers, special schools, counseling centers, hostels, training centers for personnel, placement services, etc.

**Assistance to Children with Special Needs for Purchase/ Fitting of Aids and Appliances (ADIP)**

The Ministry of Social Justice and Empowerment aims at helping the disabled persons by bringing suitable, durable, scientifically-manufactured, modern, standard aids and appliances within their reach through a scheme of Assistance to Disabled
Persons for Purchase/ Fitting of Aids & Appliances (ADIP). The main objective of the scheme is to assist needy physically handicapped persons in procuring durable, sophisticated and scientifically manufactured aids and appliances that promote their physical, social and psychological rehabilitation. The scheme is implemented through centers run by the companies registered under Companies Act, registered societies, trusts or any other institutions recognized by the Ministry of Social Justice & Empowerment for the purpose. A large number of Governmental and Non-Governmental agencies are engaged in the implementation of the scheme. The scheme is implemented through the implementing agencies in the states. The agencies are provided with financial assistance for purchase, fabrication and distribution. Aids and appliances such as wheelchairs, crutches, calipers, hearing aids, Braille slates, etc. are given to different categories of disabled persons.


The PWD Act 1995 has given the Chief Commissioner for Persons with Disabilities (CCPD) quasi-judicial powers to ensure that all sections of the Act are implemented. CCPD is empowered to seek information from the Ministries and influence them to follow the Act in its true letter and spirit. Any violations are informed to the CCPD, who in turn seeks redressed of the violations from the appropriate Departments. It seems clear that the Act is informed by approaches beyond a pure medical model; in that many aspects of PWD lives are addressed, including societal attitudes. At the same time, the direct linkage in the Act between definitions of disability and entitlements necessitates a definition of disability which derives from threshold levels of physical and mental impairment which are defined in a largely medical sense. While the philosophy of the Act therefore represents a major step forward in disability policy in India, its underlying philosophy can be considered a hybrid between medical and social models of disability.

This act provides 3 percent reservations for disabled people in poverty alleviation programmes, government posts, and in state educational facilities, as well as other rights and entitlement. The specific objectives of the Act are: Prevention and Early Detection
of Disabilities, Education, Employment, Affirmative Action, Non-Discrimination, Research and Manpower Development, Recognition of Institutions for Persons with Disabilities, Institution for Persons with Severe Disabilities, The Chief Commissioner and Commissioners for Persons with Disabilities, Social Security. A study conducted by Disability Knowledge and Research Group in India assessed the impact of this Act and tried to evaluate its implication (Thomas 2005a). It was found that those eligible had difficulties in obtaining disability certificates, benefit entitlements varied across the India and that only 3 percent had received monetary support from the government on a regular basis (UNNATI 2004).

Concessions and Facilities Provided by Central and State Governments

The Central and State Governments have provided some facilities and concessions for the benefit of disabled people to integrate them into the mainstream. The facilities and concessions are scheme of Integrated Education, Job Reservation in Government Sector, Economic Assistance, Welfare Schemes, and Travel Concessions.

(a) Scheme of Integrated Education for the Disabled Children

The scheme of Integrated Education for the Disabled Children (IEDC) is a centrally sponsored scheme and is being implemented by the Department of Secondary and Higher Education under the Ministry of Human Resource Development since 1982. Under this scheme, children with disabilities are encouraged to be integrated in the normal school system. States and Union Territories (UTs) are provided assistance for education of the children with disabilities in general schools. The assistance provided includes the provision of necessary aids, incentives and specially trained teachers. A three-member team comprising of a doctor, a psychologist and a special educator is formed for assessment of the disability among school going children. The target groups covered under this scheme include:

2. Mildly and Moderately Hearing Impaired.
3. Partially Sighted Children.
5. Children with Multiple Disabilities (visual and orthopedic impairment; hearing and orthopedic impairment; educable mentally retarded and orthopedic impairment; visual and mild hearing impairment).

The following monetary allowances are permitted for the disabled children under this scheme:

- Books and Stationery allowance of Rs.400/- per annum.
- Uniform allowance of Rs.50/- per annum.
- Transport allowance of Rs.50/- per month (if a disabled child admitted under the scheme resides in a hostel of the school within the school premises, no transportation charges would be admissible).
- Reader allowance of Rs.50/- per month in case of blind children after class V.
- Escort allowance for severely handicapped children with lower extremity disabilities @ Rs.75/- per month.
- Actual cost of equipment subject to a maximum of Rs.2000/- per student for a period of five years.

(b) Other Concessions

1. In the case of severely orthopedically handicapped children, it may be necessary to allow one attendant for 10 children in a school. The attendant may be given the standard scale of pay prescribed for Group D employees in the State/U.T. concerned.
2. Disabled children residing in hostels within the same school where they are studying may get boarding & lodging charges as admissible under the State Government regulations. In case there is no state scheme of awarding scholarship to such hostel residents, then each one of them is eligible to receive the actual boarding & lodging charges subject to a maximum of Rs.200/- per month. This allowance does not apply if the income of the parents exceeds Rs.3000/- p.m.
3. Severely Orthopedically handicapped children residing in school hostels may need a helper or an Ayah. A special pay of Rs.50/- p.m. is admissible to any employee of the hostel willing to extend such help to the children in addition to the usual duties.
4. If there are at least 10 handicapped children enrolled in a school located in a rural area, then an allowance of Rs.300/-p.m. is allowed so as to meet the expenses of their free transportation by a rickshaw. This allowance also covers the capital cost of the rickshaw and labour charges of rickshaw puller. No individual transport allowance is then admissible to the students.

5. Grant of education allowance to the children & reimbursement of the tuition fee for Central Government employees will be governed by the Central Civil Services (Education Assistance) Orders, 1988. Under this order, the reimbursement of tuition fee in respect of physically handicapped and mentally retarded children of the Central government employees has been enhanced to Rs.50 p.m. (from class I to XII) in comparison to the general category where it is only Rs.20 p.m. The disabled children will, however, get other assistance under this scheme as per rates prescribed for the normal children.

(c) Scholarships/ Fellowships for Children with Special Needs

Scholarships for disabled persons from class IX onwards are transferred to State and Union Territory administration. The scholarships under this scheme are limited to a maximum period of 6 years after class XII. Income limit of parents/ guardians of the candidates should not be more than Rs. 2000 per month. In addition to monthly scholarships the candidates are also eligible to receive Readers Allowance. The University Grants Commission has reserved one percent of the fellowships allocated to the universities for the handicapped.

(d) Job Reservation in Government Sector under PWD Act, 1995

Since 1977 Government establishments are providing three percent reservation for the disabled in respect of Group C and Group D posts. After the enactment of the PWD Act, this reservation has also been extended in Group A and B identified posts. Identification of posts for Persons with Disabilities in all four groups has already been done in 1986 by the Central Government. A committee was set up to modify the identification of posts in view of the PWD Act, 1995. Identification of the posts has been completed. As per the order of Government of India, reservation of three percent in jobs has been made in the identified posts for the physically handicapped persons in
all the four Grades. One percent jobs each has been reserved for Blind, Deaf and Orthopedically Handicapped. For effective implementation of the reservation, it has been advised to maintain a roster of vacancies arising on a yearly basis. In this way every 1st, 34th & 67th vacancy is earmarked for the disabled in the cycle of 100 vacancies.

1.4 EDUCATION, STATUS OF DISABILITY AND REHABILITATION SERVICES FOR DISABLED IN HARYANA

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 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. The various programmes and facilities run by government of Haryana is as follows:

**Reservation in Government Job and House Allotment**

(a) Three percent of jobs are reserved for physically handicapped persons in the State Government Departments for direct recruitment in all the categories i.e. Class–I, Class–II, Grade–C and Grade–D posts). One percent post is reserved for each category of Visually Handicapped, Hearing Handicapped and Orthopedically Handicapped persons.

(b) Housing board: Handicapped persons get priority in allotment of Houses and there is one and a half percent (1.5 percent) reservation for them.

- **Age Relaxation:** The Upper age limit is relaxed by 10 years for handicapped persons for applying in Government jobs.
- **Scholarship/Stipend:** The State Government awards scholarship to the handicapped students at the following rates:

**Table 1.6: Rates of Scholarship from Class I to Class VIII**

<table>
<thead>
<tr>
<th>Nature of Handicap</th>
<th>Class</th>
<th>Amount in Rs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Deaf &amp; Dumb</td>
<td>I to IV, V to VIII</td>
<td>100/, 120/--</td>
</tr>
<tr>
<td>ii) Orthopedically Handicapped</td>
<td>I to IV, V to VIII</td>
<td>100/, 120/--</td>
</tr>
<tr>
<td>iii) Visually Handicapped</td>
<td>I to IV, V to VIII</td>
<td>100/,150/--</td>
</tr>
<tr>
<td>iv) Mentally Handicapped</td>
<td>I to VIII</td>
<td>100/</td>
</tr>
</tbody>
</table>

Source: NSSO Round 58th in 2002
Table 1.7: Rates of Scholarship from Class IX onwards

<table>
<thead>
<tr>
<th>Type of Course/ Class</th>
<th>Rate P.M for day Scholars</th>
<th>Rate P.M. for Hostellers</th>
<th>Reader’s Allowance for V.H.</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Cl. IX, X Pre–University Course</td>
<td>125/–</td>
<td>150/–</td>
<td>50/–</td>
</tr>
<tr>
<td>ii) B.A/B.Sc./B.Com. etc.</td>
<td>200/–</td>
<td>225/–</td>
<td>75/–</td>
</tr>
<tr>
<td>iii) B.E/B.Tech./LLB/B.Ed./Dip. in Professional &amp; Engg. Studies etc.</td>
<td>250/–</td>
<td>300/–</td>
<td>100/–</td>
</tr>
<tr>
<td>iv) MA/M.Sc./M.Com/LLM/M.Ed.</td>
<td>300/–</td>
<td>400/–</td>
<td>100/–</td>
</tr>
</tbody>
</table>

Source: NSSO Round 58th in 2002

- **Disability Pension/Social Security Pension**: Disabled persons of the age group of 65 years and above having disability of 70 percent and above with family income of Rs.200/– per month or less get disability pension of Rs.100/– per month.

- **Un-employment Allowance**: Disabled persons who have registered in employment exchange get unemployment allowance at the following rate:
  - Matric /Middle pass – Diploma Holder: Rs.150/–per month
  - Graduate/Matric pass – Diploma Holder: Rs.200/– per month
  - Post Graduate/Graduate – Diploma Holder: Rs.250/– per month

- **Conveyance Allowances**: Physically handicapped employees get conveyance allowance @ 8percent of their basic pay subject to a maximum of Rs.150/– per month.

- **Bus Concession**: The State Government gives free bus pass to all types of blind and other disabled persons having 100 percent disability.

- **Assistance for Self Employment**: Haryana Financial Corporation gives loan to all types of handicapped for starting self employment.

- **Exemption in Road Tax**: All types of handicapped persons are exempted from paying road tax.

- **Awards**: State Government gives awards to the best handicapped employees and the best self employed disabled for their encouragement.

- **Assistance for Purchase of Aids and Appliances**: The crippled and orthopedically handicapped persons get artificial limbs and wheel chairs from the...
State Government whose case is recommended by a medical specialist or Chief Medical Officer.

- **Other Concessions/Facilities:** Deaf & dumb persons get vocational training during which they get free rationing & free lodging/boarding & medical facilities.

### 1.5 IMPORTANCE OF KNOWING DISABILITY STATUS

The importance of knowing the disability figures is to integrate the children with special needs and adults more effectively into the community at large. It helps to collect systematic information on disability and the social position of disabled persons and facilitates provision of services and assists in their reaching out to people with disabilities. It is important as it helps to increase awareness among government organizations and the research community of the limitations and strengths of disability data. Also, 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 programmes.

### 1.6 OVERVIEW OF EDUCATION FOR DISABLED IN INDIA

It is estimated that the number of children of school-going age who suffer from disabilities may be more than 20 million in India. Despite their social, religious, economic, political and geographical differences, most Indians consider disability as part of ‘karma’. This line of thinking, in which the past, present and future are attributed to supernatural powers typifies Indian philosophical thought with its belief in ‘karma’, and is accepted in large part even today. In Indian psyche the disability is still considered a punishment for sins of previous birth. In India where education of the non-disabled is challenge to achieve, the education scenario for the disabled children reflects a rather grim picture. The issues which are crucial for the education of disabled children which need a closure look are the availability special schools, access to schools, trained teachers, availability of educational material for the disabled. The situation of special schools in India is quite appalling. According to the Sixth All India Educational Survey report, of the 6,461 town and cities, only 334 or 5.1 percent towns and cities have the facility of special schools catering to severe disabilities. In these towns, a total of 630
schools are actually functioning of which 97 admit only boys and 33 are for girls and the rest admit both. Of these some schools may be dedicated exclusively to a particular disability, while others cater to needs of children suffering from different types of disability. Categorization of these schools according to their specialization indicates that 215 are for the visually impaired, 290 for hearing impaired, 190 for orthopedical problems, 173 for the mentally challenged and 60 for other locomotive disabilities. The facility of special education is rather skewed. Data shows that of a total number of 586,465 villages in the country only 241 have facilities for special education for the disabled. A further look at the State wise distribution of these schools shows that 83 percent of these schools are in the States of Andhra Pradesh, Bihar, Gujarat, Haryana, Kerala, Madhya Pradesh, Maharashtra, Orissa and Union Territory of Andaman and Nicobar Islands. Of the 272 available schools, 55 are for boys, 11 for girls and the rest are for coeducation. Categorization of these schools in terms of their specialization shows that 73 are for the visually challenged, 128 for speech and hearing impaired, 70 are for mentally challenged and 25 cater to various other handicaps. In the absence of adequate number of special schools the other issue, which requires discussion, is of integration of education of the disabled children in mainstream education. In fact, the Universal Education program envisages to universalize education by educating the disabled children through the mainstream schools. This is possible only if there are adequate numbers of teachers with special training at the primary level. In the primary schools in India the number of trained teachers is not only inadequate. The teacher training programs which provide disability training emphasize that specialization should be sought for single type of disability. But this is a very expensive proposition for the Indian situation. So the situation demands that either the training programs should offer multi disability training or the general teachers training courses are re modeled in a way to equip all the teachers to address the concerns of disabled children. Another critique of the integrated education system is that it is suitable only for children with moderate disabilities. The system is unable to include the children with mental disability. These children are unable to attend the mainstream schools due to stigma and discrimination and also because of their inability to cope with the academic syllabus. Despite all odds, some progressive steps have been taken in India. In keeping with demands for a more inclusive system of education in India, the government promises to include disabled
children in all its educational programmes. In a move to make the educational system more inclusive, the Government has promised to include disabled children in all its educational programmes, including the Sarva Shiksha Abhiyan (SSA), Rashtriya Madhyamik Shiksha Abhiyan (RMSA) and the Integrated Child Development Scheme (ICDS). The education of children with disabilities is offered through a variety of service models ranging from segregation to full inclusion in a mainstream classroom. More than 50,000 children with disability are enrolled in the Integrated Education for Disabled Children, a government-sponsored programme. While the Sarva Shiksha Abhiyan (SSA) has made a concerted effort to promote the inclusion of children with special needs, the system faces challenges in identifying these children and responding to their needs. Only around 1 per cent of funds under SSA are spent on inclusive education. And, the budget for educating children with mild to moderate disabilities in regular school settings has not increased commensurately, since the focus on inclusive education began in the 1980s. A few schools have resource rooms and employ special education teachers to help retain children with special needs in their system. Sadly, these facilities are found in very few cities. Since there are almost no special schools or special educational services in rural India, integrated education for children with special needs is provided by default in the village schools. The impetus for both integration and inclusion comes largely from a concern for the rights of children and young people with special educational needs. The concept of inclusion has emerged from ideas of providing equal opportunities to all children. Meaningful inclusion cannot be accomplished by special education teachers working alone; it also does not help in having a temporary ‘deal’, with the regular school teachers to ‘take care’ of their students. Meaningful inclusion in schools requires that administrators, teachers and parents not only value diversity, but also question the traditional ways we segregated students who are difficult. The goal of full inclusion is placement and instruction of all students regardless of type or severity of disability – in their neighborhood schools, in the regular classroom. With the contribution of NCERT and with the launching of Project Integrated Education of the Disabled (PIED), 1987 with the assistance of UNESCO led to the realization that integrated education was a cost effective approach and that led to an increase in enrolment rate of disabled children in regular schools. The District Primary Education Program (DPEP) and Sarva Shiksha Abhiyan (SSA) have provided further impetus but Inclusive Education has not gone
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Introduction

parallel with the accelerated pace / speed of development of educational programs and practices in general. The ground reality is that regular school does not provide full range to resources necessary to deliver a full curriculum for all children, through a combination of class teacher, specialist, semi-specialist, resource teacher consultancy and ancillary staff, as necessary. Moreover, the school does not provide the combination of all three perspectives of inclusion i.e. physical inclusion, social inclusion, and cognitive inclusion. Children in regular schools do not easily accept children with Special Needs. Therefore, the institutions which claim to be practicing inclusive education are not able to provide total inclusion to all children. So, the most popular is special institution as they provide services to children with special needs, according to the degree of their impairment and learning needs. The enrolment figures of children with special needs in regular schools are lesser than the enrolment figures in special institutions.

1.7  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 attempts to investigate 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 and rehabilitation services provided by various organizations. Hence, the need of this study emanates.

1.8 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’.

1.9 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.

### 1.10 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.

### 1.11 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.