

An Analysis of Socially, Physiological & Economical Development of Differently Abled Children's in SAMBAL SCHOOL in Kalyanam Karothi Mathura: A Brief Review of Case Studies

¹DR. SUSHMA SHARMA, ²MR. HARI SANKAR SHARMA, ³MR. KUNVAR RAMAYAN SINGH

¹Assistant Professor, ²Manager, ³Secretary
¹M.A., M.Phil (Topper), P.h.D., M.B.A (Finance), ²(M.B.A Marketing)

Abstract: India is the perspectives of the social model of disability and sustainable rural livelihoods. Disability is a class in itself that any one may fall victim at any time. It can come about as a result of a sudden accident, a fall down a flight of stairs or disease. Disability maintains no socio-economic boundaries. Since disability catches up with most people in its fold and any of us may fall in it someday. In the paper we study through the observation teacher interview and parent interview as well as conduct it selected case study SAMBAL school for special children which is situated in Kalyanam Karothi Mathura and established at 2002 year. It also explores the impact of disability act & law and education policy to run in SAMBAL school various social, attitudinal and environmental barriers faced by selected case study of disabled children. We are divided the paper into four parts: The part I of the paper discusses the introduction of disability, review of literature, definition of disability, types of disability & causes of disability. While the part II deals with the framework of disability under kalyanam karoti NGO pertaining to work of the differently able children in SAMBAL school as a case study. Part III frame work has focused research method and research questions Part IV to find out the finding and suggestion of the paper.

KEY WORDS: - SAMBAL that is school name, United Nation of Convention on the Right of person with disabilities (UNCPRD)

Part (i) Introduction of Disability

India is the largest democracy in the world. According to Census 2011, there are 1.2 billion people in the country, out of which, about 833 million people live in rural areas. Census 2011 data on disability has not been announced yet. United Nations observes that 10% of the population has disability and there are about 120 million people with disabilities in India. Disability is difficult to define since it varies in type, form and intensity. Understanding disability will require understanding of these differences. As per the World Health Organization; Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions, impairment is a problem in body function of structure; an activity limitation is difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Thus disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives.

In India, different definitions of disability conditions have been introduced for various purposes, essentially following the medical model and, as such, they have based on various criteria of ascertaining abnormality or pathologic conditions of persons. In absence of a conceptual framework based on the social model in the Indian context, no standardisation for evaluating disability across methods has been achieved. In common parlance, different terms such as disabled, handicapped, crippled, physically challenged, are used inter-changeably, indicating noticeably the emphasis on pathologic conditions.

In India Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995 defined as a person suffering from not less than forty percent of any disability as certified by a medical authority. The disabilities identified are, blindness, low vision, cerebral palsy, leprosy, leprosy cured, hearing impairment, loco motor disability, mental illness and mental retardation as well as multiple disabilities. The National Sample Survey Office (NSSO) considered disability as "Any restriction or lack of abilities to perform an activity in the manner or within the range considered normal for human being". It excludes illness / injury of recent origin (morbidity) resulting into temporary loss of ability to see, hear, speak or move.

Global View

Disability is part of human condition. All people will be temporary or permanent impaired at some point in life, and those who survive to old age will experience increasing difficulties in functioning. Most extended families have a disabled member and many non-disabled people take responsibility for supporting. Most of the families will experience increasing difficulties in functioning. (1-3). Every approach should be moral and political issues reflected to maximise the best inclusion of the policy in the favour of disability. That issues will become acute demographic parameter to lead it to change and more people life in old age. (4). Since 1970s response of disability has changed for particularly self organization of the people of disability. (5-6). Therefore the after lead the disability issues increasing the factor growing human right (7). Historically find out provided for

through solution that stabilised residential separate institution for the reference of special school. (8). Then the policy has focused most interactive approach recognised that the people are disabled by environmental factor as well as by their bodies such as national and international initiatives united national standard rules on equalization of the opportunities of person of disability (9) have incorporated human right of the people disability and calumniating in 2006 adoption on United Nation of Convention on the Right of person with disabilities (UNCPRD).

Review of Literature

India has ratified the UNCRPD & is a signatory to the Marrakesh VIP Treaty as of July, 2014. Inclusion & Access are the two main themes of these protocols; the education system in India needs to overhaul its approach towards students with disabilities and make Inclusive education a priority. There is a clear lack of a policy initiative for realizing this goal of ensuring access to education for students with disability and this is reflected in the recent survey by the NCPEDC which reported a 0.56% enrolment rate of students with disabilities who are pursuing higher education. The 3% reservation policy for PWDs hardly suffices for the broad spectrum of disability issues prevalent today because it doesn't factor in the possibility of employment or skills training for those with mental disabilities. (2017)

In brief, the advocacy for disabled children continually plays a vital role in attaining positively new goals in favour of them. Disabled children are now considered and appreciated as 'especially abled children'. The special education paving way to integrated education facilitates the recognition of their special abilities. Further the access to goods, facilities and services shall be made easier to the disabled group as a whole, especially our disabled children. By law it should be made unlawful for a provider to discriminate against a disabled child. The term 'services' here may include public places, means of communication and information services, accommodation services, banking, insurance, credit or financial facilities for education, entertainment, recreation or refreshment facilities, employment training agencies, etc. And, with a strong legislative frame work and the united attempts of the state, society and family the better upbringing and rehabilitation of disabled children be effectively attained. (2016)

In India, the numbers of disabled are so large, their problems are complex, available resources also scarce, social stigma still attached and people attitudes so damaging. Attitudinal barriers engrained as part of India's historical response to disability must be changed through education programs for both teachers and the general populace. These programs require financial and collaborative commitment from key national and state education stakeholders, and partnership with universities to support research-based initiatives. It is only legislation which can eventually bring about a substantial change in a uniform manner. Although legislation cannot alone radically change the fabric of a society in a short span of time, it can nevertheless, increase accessibility of the disabled to education and employment, to public buildings and shopping centres, to means of transport and communication. Therefore, in country like India mainstreaming of these people is challenging issue. For achieving this task it's necessary to change public attitudes, remove social stigma, provide barrier free environment, needs reformation in the area of policy and institutional level. (2015). A clear and comprehensive procedural mechanism is to be formulated for the advancement of disability rights. It is important to realize that human rights of the disabled cannot be fought for and secured in a vacuum. Inevitably, as mentioned the issue of disability is related to many other social, economic and political issues including those of chronic poverty, gender inequality, mal-administration and political victimization. All these must be removed to make the 'disability right' a reality. There must be active involvement of disabled people in planning and policy making process relating to their lives and full recognition and enforcement of human rights as well as various other rights associated with them. The discussion of human rights for the persons disabilities need to be made in a great detail, so that they can avail the benefit out of it. (2014). Nidhi Singal's Disability, Poverty and Education provides review of various causes that mostly lead to disability and puts them in a vicious circle of further problems. Poverty and lack of education, which leads to lack of awareness and other interrelated causes are discussed in detail. (2013) There is no doubt that the dream for discrimination free and equal education for the children with disability may require a comprehensive change in the institutional arrangements and legal provisions but the most important change has to come in our minds, in our thinking and attitude towards the disabled. The need of the hour is concerted efforts amongst various stakeholders to be made in a time – bound manner. We need to fulfil our obligations to this country and to the international community. What is urgently needed is the political will to ensure that disability is included across all policies, across and all Ministries and Departments, and a time is fixed to make our facilities, schools, colleges, public places, etc. accessible for all people with disabilities and adequate resources allocated. Removing barriers to accessing education and to learning for children with disabilities are prerequisites for the realization of Education for All. To ensure that all children have access to quality education, education policies and practices must be inclusive of all learners, encourage the full participation of all, and diversity as a resource, rather as an obstacle. Inclusive education will pave the way to prosperity for individuals and for the society. This prosperity will, in turn, lead to a more peaceful and sustainable development of humanity. (2012). Renu Addalakha's Contemporary Perspective on Disability in India synthesis the fact that disabled people suffer from political exclusion and lack of access of basic services. There is a social and cultural marginalization and devaluation of oppressed group within in-group and out-group. (2011) This demoralizes them and does not let them feel like part of the contemporary society. Ali Bacquer's and Anjali Sharma's Disability Challenges Vs Responses addresses innumerable challenges persisting in the lives of differently able that hamper their progress and also their day to day life, affecting severely the quality of their lives. (2009). There is a need for the disabled people to be aware of their rights and speak up in case of violation. As humans in addition to access to all basic rights; disabled persons need a safe, secure, convenient, beneficial and accessible environment which is respectful of their human dignity. Let us change our own attitude, thinking and mindset and the society as a whole since; it is the frame of mind of the society which is responsible for the oppression and misery of the persons with disability. Let's contribute to implement all the laws and policies made for the persons with disabilities in proper sense for the upliftment of their lives and status. Lets learn to take care for all human beings as human beings, with due respect, irrespective of their differences and let them participate in the mainstream of the society. (2008). Some of the responses are discussed in whereby few recommendations are given, which can be

of some help in attacking prevalent barriers. Mohit Chaudhary's Disability Manual points to the fact that disability is a pervasive dimension of human culture and redefines norms of social justice and human rights. (2005) Differently abled are entitled to different human rights and these human rights are granted by international and national instruments. Rob Imrie's Disability and the City International Perspective mirrors people with disabilities as one of the poorest groups in Western societies. In particular they lack power, education and opportunities. The dominant societal stereotype of disability as 'pitiful' state reinforces the view that people with disabilities are less than human. (1996). Ali Bacquer's Disabled, disablement, Disablism reflects on innumerable physical, psychological and social challenges that the disabled face in their lives. Innumerable barriers that hinder their progress and number of responses to counter attack them are explained in detail. (1995).

Definition of Disability

Disability and the concept are in vogue since times immemorial but earlier it was a naïve concept which expressed disability as sickness or inability to do anything. But with the passage of time, the term "Differently Abled" was coined by US Democratic National Committee in the early 1980's as a more acceptable term than handicapped or disabled. These words were taken as dehumanizing as they treated them as an undifferentiated group. Different models of disability emerged from time to time. The charity model depicts disabled as victims of circumstances, biocentrism model defines disabled people by their illness or medical condition, functional model defines disability as a role failure and human rights model positions disability as an important dimension of human culture and emphasize that they are entitled to human rights. Various critical thinkers have gone into depth and reflected on the challenges faced by differently abled, delved deeper into their lives, reviewed changes in perception of people and society towards them from time to time and have put up remedial proposals. Definitions of disability terms are defined according to census 2001 and 2011. There are mentioned three categories of disability to define it the broad definition in terms of seeing approach, hearing approach, speech approach mentioned below:

- In Seeing: - One eyed persons were treated as disabled at Census 2001. At the Census 2011 such persons have not been treated as disabled. At the Census 2011 enumerators were asked to apply a simple test to ascertain blurred vision. At Census 2001 no such instructions were given.
- In Hearing: - Persons using hearing aid have been treated as disabled at Census 2011. They were not treated as disabled at the Census 2001. Persons having problem in hearing through one ear although the other ear is functioning normally was considered having hearing disability in Census 2001. But in Census 2011, such persons were not considered as disabled.
- In Speech: - Definition was made clearer in Census 2011 to record persons with speech disability. For instance, "persons who speak in single words and are not able to speak in sentences" was specifically mentioned to be treated as disabled.

Types Of Disability

Disability as defined by the Act (Persons with Disability Act, 1995) covers blindness, low vision, leprosy - cured, hearing impairment, locomotor disability, mental retardation and mental illness as well as multiple disabilities. The Act does not cover disabilities like Autism, or learning disabilities. However, definitions/concepts of all relevant disabilities are given below

1. Blindness

A condition where a person suffers from any of the following conditions namely:

- Total absence of sight or
- Visual acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses; or
- Limitation of the field vision subtending an angle of 20 degree or worse.

2. Person with low vision

A person with impairment of visual functioning even after treatment or standard refractive correction but who uses or is potentially capable of using vision for the planning or execution of a task with appropriate assistive device.

3. Cerebral Palsy

A group of non - progressive conditions characterized by abnormal motor control posture resulting from brain insult or injuries occurring in the peri - natal, neo - natal or infant period of development.

4. Hearing impairment

To the Loss of sixty decibels or more in the better ear in the conversational range of frequencies.

5. Leprosy cured person

Any person who has been cured of leprosy but is suffering from - loss of sensation in hands or feet as well as loss of sensation and paresis in the eye - lid but with no manifest deformity; manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity; extreme physical deformity as well as advanced age which prevents him from undertaking any gainful occupation.

6. Locomotors disability

Disability of the bones, joint or muscles leading to substantial restriction of the movement of the limbs or a usual form of cerebral palsy. Some common conditions giving raise to locomotors disability could be poliomyelitis, cerebral palsy, amputation, injuries of spine, head, soft tissues, fractures, muscular dystrophies etc.

7. Mental illness

Any mental disorder other than mental retardation

Mental retardation - A condition of arrested or incomplete development of mind of a person which is specially characterized by sub - normality of intelligence i.e. cognitive, language, motor and social abilities

Autism - A condition of uneven skill development primarily affecting the communication and social abilities of a person, marked by repetitive and ritualistic behaviour.

Multiple Disability - A combination of two or more disabilities as defined in clause (i) of section 2 of the Person with disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995 namely Blindness/low vision Speech and Hearing Impairment Locomotor disability including leprosy cured Mental retardation and Mental illness

8. Learning Disabilities (Dyslexia)

Affect person's ability to acquire, process, and/or use either, spoken, read, written or nonverbal information(organization/planning, functional literacy skills, memory, reasoning, problem solving, perceptual skills) or in other words in short - difficulty with language in its various uses (not always reading).

Dyspraxia - The inability to motor plan, to make an appropriate body response.

Dysgraphia - Difficulty with the act of writing both in the technical as well as the expressive sense. There may also be difficulty with spelling.

Dyscalculia - Difficulty with calculations.

Attention Deficit and Hyperactivity Disorder (ADHD) - Hyperactivity, distractibility and impulsivity

9. Impairment

Missing or defective body part, an amputated limb, paralysis after polio, restricted pulmonary capacity, diabetes, nearsightedness, mental retardation, limited hearing capacity, facial disfigurement or other abnormal condition.

10. Disabilities

As a result of impairment may involve difficulties in walking, seeing, speaking, hearing, reading, writing, counting, lifting, or taking interest in and making one's surrounding.

Temporary Total Disability - Period in which the affected person is totally unable to work. During this period, he may receive orthopaedic, ophthalmological, auditory or speech any other medical treatment.

Temporary partial Disability - Period when recovery has reached the stage of improvement so that person may began some kind of gainful occupation.

Permanent Disability - Permanent damage or loss of use of some part/parts of the body after the stage of maximum improvement [from any medical treatment] has been reached and the condition is stationary.

11. Handicap

A disability becomes a handicap when it interferes with doing what is expected at a particular time in one's life.

12. Rehabilitation

Refers to a process aimed at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric or social functional levels;

13. Person with Disability

A person is suffering from not less than forty percent of any disability as certified by a medical authority.

14. Institution for persons – with disabilities

An institution for the reception, care, protection, with disabilities education, training, rehabilitation or any other service of persons

Main Causes of Disability

The disability in terms of medical/bio-centric standpoint tends to emphasize disease, hereditary and birth defects over systemic and environmental factors. Genetic factors and lack of access to basic services can also lead to a person becoming disabled, for example,

- Muscular kettle
- Cancer
- Cardiovascular
- Mental disorder
- Pregnancy
- Digestive system
- Respiratory disease

Main Disability Increasing Factor

There are some factors which responsible for disability, such as :

Poverty –There is a high correlation between disability and poverty but very few studies. In general, people with disabilities are estimated to make up to 15 to 20% of the poor in developing countries Poor families often do not have sufficient income to meet their basic needs. Inadequate shelter, unhygienic living conditions, lack of sanitation and clean drinking water combined with poor access to health facilities lead to disability.

Malnutrition - That is a common issues of affect disability include: any kind of deficiency like as Vitamin A deficiency – blindness, Vitamin B complex deficiency:-beriberi and anemia, Vitamin D deficiency – rickets, Iodine deficiency – slow growth, learning difficulties, intellectual disabilities and goiter, Iron deficiency – anemia, which impedes learning and activity, and is a significant cause of maternal mortality, Calcium deficiency – osteoporosis (fragile bones).

Occupational Hazards- India is in the unorganized sectors, which is characterized by low levels of technology, standards of safety and hazardous working conditions. Occupation related health problems create it stone quarrying, leather industry, glasswork, weaving, diamond cutting, hand embroidery, and children employed in carpet, cracker.

Wars - War has been the single largest factor responsible for causing permanent disablement not only to combatants in the battlefield but also to civilians who are forced to bear the hazards of lethal, chemical and nuclear weapons.

Crime - Violent crimes underline shortcomings in the social, political and economic arrangements of a society. Many children and women are abducted to be used in prostitution, slavery and beggary. The Bhagalpur blinding case in India is a well-known and documented illustration of this menace.

Rush & Traffic – especially in India is cities with narrow roads, rapid Traffic has been responsible for increasing the number of road accidents in India. An expert in the field, Dr Leslie G Norman, estimates that for every road accident death there are 30-40 light injuries and 10- 15 serious injuries, which may lead to disability estimated 2020, road traffic accidents will be ranked as the third leading cause of disability in the Asian and Pacific region. Quadriplegia, paraplegia, brain damage and behavioral disorders are some common disabilities among survivors of traffic accidents.

Part II

About us Kalyanam Karoti Mathura NGO

The Kalyanam Karoti is committed to catalyzed social and economic change in India. It was established on 2nd Oct, 1981. It focuses on building a bridge between the state of Uttar Pradesh and the country, India, through high-impact interventions in education livelihoods, public health and leadership development, with a particular emphasis on empowering disabled persons and women to achieve gender-equality.

Mission – Organisation will empower deprive and helpless disabled/ blindness person to increase their independent growth; to live equally, sustainable growth in India.

Vision – All helpless, socially deprived persons with disabilities are able to attain full participation as a normal person, and they live a better life.

Kalyanam Karoti is revolutionizing the industry paradigm by providing equal opportunity and access to employment for persons with disabilities, based on simple belief – “it is one’s ability, not disability that defines any individual. The Ability Based Livelihoods Empowerment program trains persons with disabilities in fundamental and specialized skill-sets and facilitates their entry into the job market through a robust advocacy platform for disability inclusion, promoting inclusive growth in India.

The Organization of Kalyanam karoti Policy for Persons with Disabilities recognizes that Persons with Disabilities are valuable human resource for the district Mathura, Uttar Pradesh State and seeks to create an environment that provides equal opportunities, protection of their rights and full participation in society. To facilitate the national objective, there is a need for collection, compilation and analysis of data on disability.

The Kalyanam Karoti working for People with disabilities have the talent to pursue meaningful careers and play a role in India’s economic success. Work is fundamental to disabled person lives. Coupled with skill/ ability based fair income, it offers purpose and opportunity to lead an independent life. We hope the private sector will feel inspired to come forward and do their bit to help the differently-abled join the engines that are driving India’s economic growth.”

Frame Work of SAMBAL SCHOOL Special Children Education

Sambal Special School for Intellectual Disabled, Deaf and Dumb Children Kalyanam Karoti, Mathura has also established a special school for intellectual disable, deaf and dumb children in Campus of Kalyanam Karoti, Mathura. School was founded & established in 2002 by Param Pujaya Shri Swami Sharanand ji Maharaj ji. Through SAMBAL School, special children are provided Education, Vocational Training, Psychotherapy, Physiotherapy, Occupational Therapy, Speech Therapy, Music Therapy, Dance Therapy, Play Therapy and regular health check-up too. Children are getting vocational training like – candle making, Agarbatti/Dhoopbatti making, different types of card making, sewing and cutting dresses, toy making, Bouquet making, etc. Purpose of this training is to minimise their dependence on others. All the activities are performed by the students under the supervision of well qualified, trained and experienced staff.

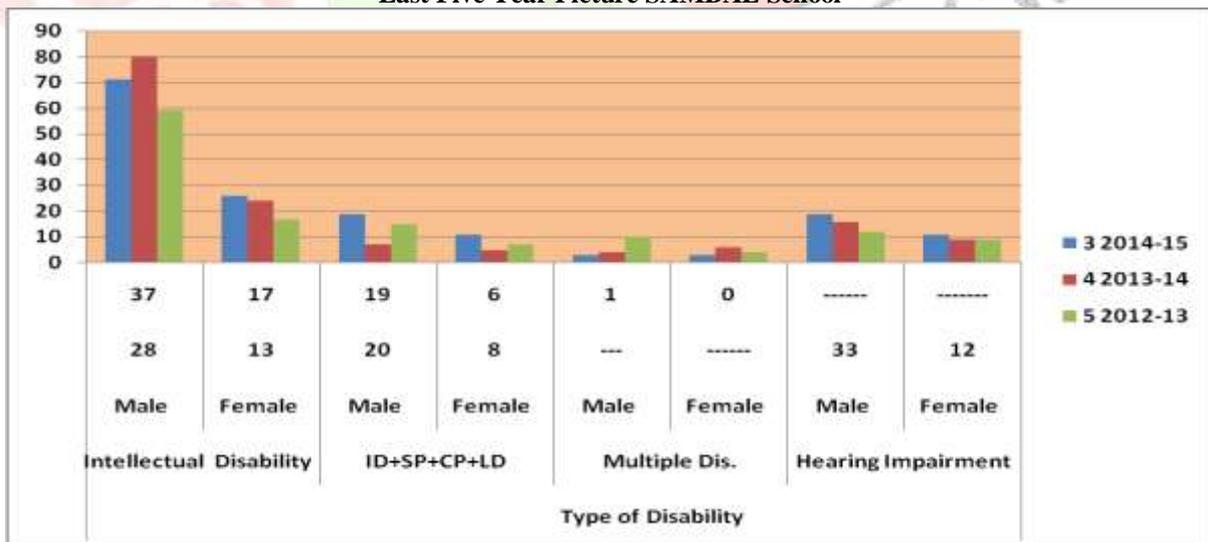
The SAMBAL Special School has provided education and vocational training to total 1077 children till now, out of which, 695 students (535 males and 160 females) were Intellectual disabled, 210 students (143 males and 67 females) were Hearing impaired, 132 students (89 males and 43 females) were ID CP + SP + LD and 40 students (24 males and 16 females) were affected with Multiple Disability. In current year 2017 has registered 114 students and respective to as well as 22 staff along with teacher and peon. In this paper I have study special children in SAMBAL school. To describe it SAMBAL School have followed the disability act and education law under Surva Siksha Abhiyan. In over study I have have found it last five year male and female data represented in the table no.1 and as well as to drawn the clear picture in the SAMBAL SCHOOL.

Table: 1
Last Five Year Picture Of SAMBAL Special School

SL. NO	Year	Type of Disability								Total
		Intellectual Disability		ID+SP+CP+LD		Multiple Dis.		Hearing Impairment		
		Male	Female	Male	Female	Male	Female	Male	Female	
1	2016-17	28	13	20	08	---	-----	33	12	114
2	2015-16	37	17	19	06	01	00	-----	-----	80
3	2014-15	71	26	19	11	03	03	19	11	163
4	2013-14	80	24	07	05	04	06	16	09	151
5	2012-13	59	17	15	07	10	04	12	09	133
	Total	275	97	80	37	18	13	80	41	641

SOUCE:- SAMBAL SCHOOL kalyanam karoti Mathura

Last Five Year Picture SAMBAL School



According to census of India that proportion in disability population in India picture clear it in this table and diagram below mentioned:

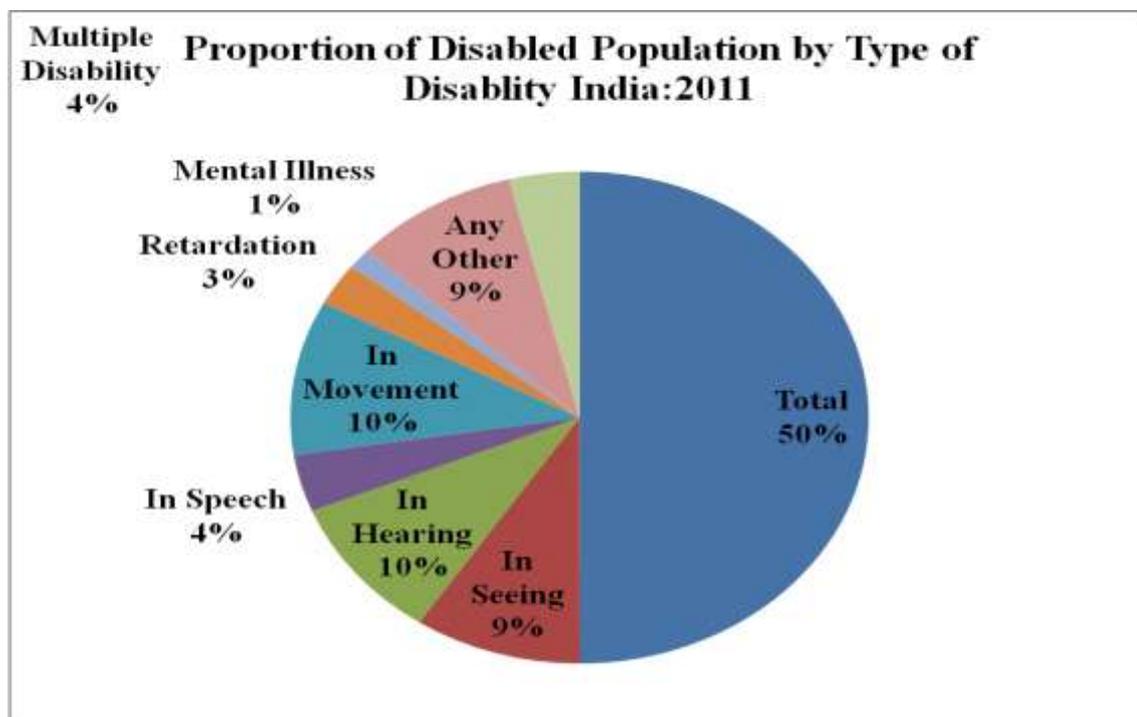
Table: 2
Proportion of Disabled Population

Type of Disability	Person	Males	Females
Total	100	100	100

In Seeing	18.8	17.6	20.2
In Hearing	18.9	17.9	20.2
In Speech	7.5	7.5	7.4
In Movement	20.3	22.5	17.5
Retardation	5.6	5.8	5.4
Mental Illness	2.7	2.8	2.6
Any Other	18.4	18.2	18.6
Multiple Disability	7.9	7.8	8

Source: Census of India 2011

DIAGRAM OF TYPES DISABILITY



Brief Review of Case Studies

During this observation research survey conduct it interview with the help of the Mr Vansika Arora a law student of symbiosis international University & coordinator Mr Kuwar Ramayan Singh employ in Kalyanam Karoti Mathura in CSR Wing. I have leaded it selected case studies were conducted on 4 major special students of SAMBAL Special School rest of 114 students in the organization.

Shivam

Shivam is a 9 year old boy in the Pre-Primary section of MR category of SAMBAL Special School. There are 6 members in his family. His father, Anil Kumar, is a businessman. His mother, Sarvesh, is a housewife. He has a younger brother, Vansh, 5 year old. He is really close to his grandparents. His grandmother detected his problem when he was 3 years old. He is suffering from Autism and speech impairment. The tentative cause of his condition is that his mother went through an abortion before he was born. Due to the problems, he has extreme temperamental issues. He is impulsive and hyper active. Owing to these problems, when angered, he starts biting people. To control him in class, he is tied to a chair. He has less interest in studies but enjoys playing with ball. **According to his teacher, Jyoti Raghav, IMPACT** since he has joined SAMBAL School, his temperament has improved a little. He doesn't take active part in group activities and lacks team spirit. His temper has been a major hindrance in his development.

Sameer

Sameer is a 12 year old boy of MR category of Secondary class of SAMBAL School. There are 5 members in his family, including him. His father, Ganesh Ruhela, is a labourer. His mother, Sangeeta, is a housewife. He has a younger brother, Uday, 11 year old, and Bulbul, 5 year old. He suffers from mental retardation and has poor retention capacity. His condition is a result of a wound he had on his head, during birth. Another reason is that as an infant, he used to get fits. His problem was detected when he was 3 years old. **According to his teacher, Phoolvati, IMPACT** he is a decent boy without any behavioural issue. He is fine in studies but lacks in sports. His time in SAMBAL School has led to his mental growth. He can now read and write alphabets and numbers. He is aware of his surroundings and understands gender distinction.

Lalchand

Lalchand is a 18 year old boy of MR category of Pre-Vocational class of Sambal School. His family constitutes of 7 members. His father, Prem Singh, is a labourer. His mother, Chanda Devi, is a housewife. He has 2 elder brothers, Dalchand, 24, and Ratan Singh, 22, an elder sister, Rajkumari, 20, and a younger brother, Tulsi, 16. He suffers from mental retardation and improper speech. His parents consider two probable causes for his condition. First, he suffered from Jaundice after birth. Second, he was given something to eat by someone, which led to his loss of voice. His teacher, Tarun Goswami, **IMPACT** feels that after joining Sambal School, he has improved in studies as he can read and write the alphabets and perform basic maths. He has been encouraged by the school in sports, leading to his development as a National Level Runner. He runs in Paralympics events and a handicap certificate is required for such events. He faced a lot of trouble for obtaining that certificate as the authorities believed him to be perfectly fine due to mental disability and not physical.

Durgesh

Durgesh is a 15 year old boy of HI category of Primary-I of Sambal School. He lives with his mother, Bidiya, a widow, who is a Govt. Employed Sweeper. He suffers from hearing problem and speech disability. Due to his disability to speak and hear, by birth, he faces difficulties in studying. He communicates through sign language. He is physically normal and studies subjects like Maths, English and Hindi. He has been advanced, by the Speech Therapy cell of SAMBAL, to go through exercises of tongue, breathing, babbling and word reading to revive his voice.

Part III

Research Method & Research Question of the Paper

In this paper I have designs the objective on the basis of case study of SAMBAL special school childrens in kalyanam karothi Mathura. I have conducted field visit in Kalyanam Karothi with the help of Kunwar Ramayan Singh (Project Director). We followed in this paper interview and case study (conversational, narrative analysis) of special students in SABHAL School focused teacher as well as parent interviews, surveys, government disability report, articles and others also.

- ❖ Whether the school is functioning as per The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act 1999?
- ❖ Whether the students are being assessed as per Indian Disability Evaluation and Assessment Scale?
- ❖ Whether the students are being taught as per the education policies formulated for them?
- ❖ Whether the students are being taught without any discrimination?
- ❖ Whether the environment provided to them is healthy and safe?
- ❖ Whether the school and the administration are ensuring wholesome development of the students and not just their basic growth?
- ❖ Whether Sambal Special School is working as per the guidelines of Persons with Disabilities Act, 1995?

Analysed the Object of the Study

1. The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999 provides for the constitution of a national body for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities. The main objectives are: To enable and empower persons with disability to live as independently and as fully as possible within and as close to the community to which they belong. The Sambal Special School fully adheres to the norms set by the policies under this Act and works for the upliftment of society by helping the minority sections.
2. There was no assessment tools for the certification of mentally ill people and yet these people are not availed any benefits even as disabled. Looking that perspective and to justify these people rehabilitation committee of Indian Psychiatric Society has developed the assessment tool for disability certification in 2002. This tool is known as Indian Disability Evaluation and Assessment Scale in short IDEAS. Rating should be done only based on interviews of the Primary Care Givers. Items in IDEAS are **Self Care, Interpersonal Activities, Communication and Understanding, Work. Scoring:** 0 – No Disability, 1 – Mild Disability, 2 – Moderate Disability, 3 – Severe Disability, 4 – Profound Disability. Total Score (range 0-20). **Percentage:** For the purpose of welfare benefits, 40% will be cut off point. The

scores above 40% have been categorized as Moderate, Severe, and profound based on the Global disability score. This grading will be used to measure change overtime. 0-No disability = 0% , 1-7 – Mild Disability = < 40%, 8 and above = > 40%, (8-13 moderate disability; 14- 19 Severe Disability; 20 Profound Disability).

3. Article 45 of the Constitution directs the State to provide free and compulsory education for all children (including the disabled) until they attain the age of 14 years. Going by this law, SAMBAL Special School provides education to all disabled and also to some normal people who come from weak financial background.
4. As per my research and observation, all the students get proper personal attention from their respective teacher. It is made sure that each child is involved in some learning activity of their interest. It can be drawing, colouring, reading or writing. The students are involved in sports activities under full supervision. They are treated as a normal individual without any sympathetic behaviour towards them, but an agenda to make them independent.

5 Students of Secondary Class of MR category are divided into 2 separate sections of boys and girls. This section includes students of age 11 to 15 years. The section division is not done as discrimination but to protect the students from any uncomfortable contact. The MRs do not understand gender distinction at times, this might lead to serious problems. Hence, we can say that SAMBAL Special School provides the students with a safe environment

6. SAMBAL Special School believes in reducing the dependency of the special students. They teach the students social skills required to do their own job like wearing their clothes, eating food, using the washroom. When these skills are taught properly, then the students are taught about basic academics as per their mental status. When all this formal education is complete, students are taught pre-vocational activities like kite making, candle making, painting making etc. All these activities are taught to make the students completely independent and ensure their full development. For eg. – a student in the Pre-Vocational class, LALCHAND, did the job of levelling when his own house was being constructed. Another student, SAJAL, helps his father in his shop of mobile recharge.

7. The Persons with Disabilities Act, 1995 has following guidelines:-

- a) Appropriate Governments and local authorities to provide children with disabilities, free education, etc.
- b) Appropriate Governments and local authorities to make schemes and programmes for non-formal education, etc.
- c) Research for designing and developing new assistive devices, teaching aids, etc.
- d) Appropriate Governments to set up teachers' training institutions to develop trained manpower for schools for children with disabilities.
- e) Appropriate Governments to prepare a comprehensive education scheme providing for transport facilities, supply of books, etc.

SAMBAL Special School follows all these guidelines by providing free and non-formal education, it has assistive devices and teaching training institutes along with transport facilities to the students ensuring full safety.

Part IV

Findings

- ❖ SAMBAL is one and only first school running in Mathura established in 2002 year for special children.
- ❖ SAMBAL Special School ensures education of students as per The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999.
- ❖ In this school follows the education according to **National Education Policy** programme under scheme of Serve Siksha Abhiyan.
- ❖ Its works to it independently for the disabled calipash, autism and mentally retired students completely independent.
- ❖ The school follows the Indian Disability Evaluation and Assessment Scale. Based on the assessment, goals are fixed for each student.
- ❖ The focus is more on social training and self dependency rather than academics.
- ❖ They provide free education to every student adhering to Article 45.
- ❖ They provide proper attention to each student along with concerned supervision
- ❖ All the students are treated without any discrimination as a normal individual.
- ❖ SAMBAL school student is special achievement that some student with disability achieves it national and state level medal in running completion.
- ❖ Safety of each and every student is ensured all time.
- ❖ They focus on non-formal education and pre-vocational training to make the students financially independent as well.

- ❖ The school fully adheres to the Persons with Disabilities Act, 1995 guidelines.

Suggestions

- ❖ SAMBAL Special School should be organised Workshops, Events and Camps to create awareness in rural areas like villages in Mathura.
- ❖ Teachers and teaching pattern should be upgraded time to time through according to disability rules and regulation Faculty Development Programme.
- ❖ Infrastructure should be renovated along with technological advance up-liftment for the students' benefits.
- ❖ To be conducting it exposure to the students should be improved through inter-school and other types of competitions.
- ❖ They should conduct regular survey to know if all the disabled children in the area are getting access to education in and around Mathura.
- ❖ The school should introduce Vocational Training Programme time to time as well for the disabled students for the purpose of rehabilitation and self independent growth.
- ❖ They should work to pursue the different funding agencies (national and international) for up gradation of SAMBAL through CSR.
- ❖ They should work to invite more and more donors (national and international)

References

- [1] Zola IK. (1989) Toward the Necessary universalization of a disability policy. *The Milbank Quarterly*, 67: supply 2 Pt 2401-428.
- [2] Bacquer, A. (1995). *Disabled, Disablement, Diabolism*. New Delhi: VHAI (Voluntary Health Association of India)
- [3] Murie, R. (1996). *Disability and the City International Perspective*. SAGE publications.
- [4] Ferguson PM. (2001) Mapping the families: disability student and the exploration of parental response to disability. In: Albre Seelman KD, Bury M, eds: *Handbook of disability Studies*. Thousand Oaks, Sage, :373-395.
- [5] Chaudhary, M. (2005). *Disability Manual*. Delhi: national Human Rights Commission.
- [6] Tiwari, S. (2008). Centre for Legislative Research and Advocacy. *Indian Disability Laws - an obsolete picture* ,
- [7] Bacquer, A and Sharma, A. (2009). *Disability: Challenges Vs Responses*. Concerned Action Now.
- [8] Mishra AK, Gupta R. (2009) *Disability Index: Measure of Deprivation among the Disabled*. *Economics and Political Weekly*: 41:4026-4029.
- [9] Addalakha, R. (2011) .*Contemporary Perspective on Disability in India*. Delhi: Lambert Academic Publishing House.
- [10] Singal, N. (2013). *Disability, Poverty and Education*. Delhi: National Publishing House.
- [11] United Nations, (2014). *Un. Rights Of Disabled Children: Socio-Legal Issues*. New York.
- [12] Nair, S. (2016). *The amendments to Disability Bill: what they are, what they will do*. New Delhi: Indian Express.
- [13] EYEWAY. (2017). *The Persons with Disabilities Act, 1995* | EYEWAY. Retrieved November Friday, 2017, from *The Persons with Disabilities Act, 1995*:
- [14] Tyagi, R. (2017). *Inclusion & Access to Education of Disabled*. New Delhi: UNCRPD.
- [15] Mishra, A.K, Gupta R.(2006). *Disability Index: A Measure of Deprivation Among The Disabled*. *Economic and Political Weekly*, 41:4026-4029.
- [16] Lee R. (2003). *The Demographic Transition: Three Centuries Of Fundamental Change*. *The Journal of Economic Perspectives*, 17:167-190. oi:10.1257/089533003772034943
- [17] Campbell J, Oliver M. (1996). *Disability politics: understanding our past, changing our future*. London, Rutledge.
- [18] Charlton, J. (1998). *Nothing about us without us: disability, oppression and empowerment*. Berkeley, University of California Press,
- [19] Quinn G, Degener T. (2002). *A Survey of International, Comparative And Regional Disability Law Reform*. In: Breslin ML, Yee S, eds. *Disability rights law and policy - international and national perspectives*. Ardsley, Transnational, 2002.
- [20] Parmenter, T.R. (2008). *The Present, Past and Future of the Study of Intellectual Disability: Challenges in Developing Countries*, *Salud Publica de Mexico*, 50: Suppl 2s124-s131. PMID:18470339
- [21] *Standard rules on the equalization of opportunities of persons with disabilities*, New York, United Nations, 2003.