

# **BASELINE STUDY REPORT**

**UNDER MUSKAN PROJECT ON CHILDREN WITH DISABILITIES  
(CWDs) IN DELHI**



**March 2013**

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# Executive Summary

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**MUSKAN** Project is being implemented for children with disabilities with support of Plan India. The main objective of the project is to improve quality of life of persons with disabilities especially children with disabilities living in urban slums of Delhi through provision of rehabilitation and referral services. Under the **MUSKAN** project children with disabilities and their families are the target beneficiaries. Children are the primary beneficiaries while parents and other family members are secondary beneficiaries.

In order to assess the current situation of the children with disabilities, Anchal Charitable Trust (ACT) commissioned the Baseline Study under the **MUSKAN** Project on Children with Disabilities (CWDs) to CDART. The key objectives of the study were to map children with disabilities in all the districts of Delhi, to assess the access to health, rehabilitation, education and services/schemes by CWDs and to assess awareness about acts and services for welfare of persons with disabilities.

For conducting Baseline study, CDART adopted key informants survey approach to map children with disabilities and sample survey of parents of CWDs to assess the access of services by CWDs. Besides this, stakeholders like Government officials, Hospitals, schools and NGOs working on disabilities were also visited to assess their perspectives on disabilities and services provided by them to this section of the Society.

Mapping Survey was conducted in all the slums and resettlement pockets in Delhi. However, the sample survey of parents of the CWDs was conducted in selected Northeast, South and West districts of Delhi, as per TOR of the study. About 4967 key informants were interviewed to map CWDs in Slums and Resettlement pockets of 9 district of Delhi. About 411 parents of children with disabilities were interviewed in selected mapped locations of the above mention three districts.

The results of the mapping survey are based on detail information collected from 4967 key informants and the key informants, while results of baseline sample survey are based on the detail information collected from 411 parents of CWDs in three districts. The results of responses of stakeholders are based on detail information collected from 58 stakeholders.

## Key Findings of the Study

- CDART estimated that there are 53766 persons with disabilities in Slums and Resettlement area of Delhi State. Out of total, there are 16050 Children with Disabilities (0-18 years) in these areas. It may be noted that mapping study is not a Census or a head count study. These estimates are arrived at using of key informants interviews in slums and resettlement locations of Delhi State.
- The maximum estimated number of person with disabilities are in South district (13308- 24.75 percent). It is followed by disabled persons in Southwest district (12771- 23.75 percent), Northwest district (8969- 16.68 percent), Northeast district (7299- 13.57 percent), East district (3570- 6.63 percent), West district (3441- 6.39 percent), Central district (2180- 4.05 percent), North district (2072- 3.85 percent) and New Delhi district (156- 0.29 percent).
- The maximum estimated number of children with disabilities are in Southwest district (5046- 31 percent). It is followed by disabled persons in South district (4866- 30 percent), Northwest district (2021- 13 percent), Northeast district (1863- 12 percent), East district (713- 5 percent), West district (671- 4 percent), North district (460- 3 percent), Central district (381- 2 percent) and New Delhi district (29- 0.18 percent).
- During mapping study, 311 locations have been identified where 20 or more person with disabilities live. Out of these, 210 locations have been identified with ten or more children with disabilities.
- Srinivaspuri has maximum estimated CWDs in Delhi (1227) followed by Sangam Vihar (1010), Sector-3 Dwaraka (1167), Samlakha Village (956) and Madanpur Khadar( 874) The other prominent location are Goyala dairy (489), Mahavi Enclave (348), Jahangirpuri (239), Sri Ram Colony (238), Mangolpuri (224), Nand Nagari (168), Sahbad Dairy (156), Sundar Nagari(129), Bawana( 128), Janta Colony Jafrabad (127) and Raghbir Nagar (113) in Delhi.
- During the sample survey of the parents of the CWDs, it has been found that, 62 percent of the CWDs were male and 38% were female. About 30.17 percent of the CWDs were found in the age group of 15-18 years followed by 6-10 years (26.28%), 11-14 years (25.55%) and 0-5 years (18%).

- The CWDs were found to with all type of disabilities, as reported by parents. The occurrence of physical disability was reported among one third of the CWDs. The main cause of disability was reported as congenital or birth problems. About 74% of the CWDs were found to be dependent and partially dependent on their family members.
- About 57 percent of the respondents reported that, their CWDs don't have a disability certificate. It was reported that getting a certificate is biggest challenge for them as there are many hurdles in getting a certificate such as delay and long waiting period, multiple documents, visiting the hospital again and again etc
- It has been reported that, majority (83%) of the CWDs are facing difficulties in doing their daily activities. Generally it was found that they faced difficulties in participation in playing with other children followed by other daily life activities - bathing, toileting, feeding, dressing, cleaning, washing cloth, etc.
- Majority (58%) of the Children were noticed with disability within 10 year of age by their parents and about one third (35%) of the parents reported that, they noticed disability in their children between 11 -14 years of age.
- Majority (78%) of the respondents said that, they approached Government Hospitals and rest of them approached private hospitals and nursing home for first time consultation of their children with disabilities. However, more than half (57 %) of parents responded that they did not notice any change after the treatment. Only one third of the respondents reported some improvement during the treatment of their CWDs, out of them, 60 percent reported continuation of treatment.
- The utilization of rehabilitation services was very poor, only 40% of the CWDs received the rehabilitation services as reported by their parents. About 60 % said that, they have not received any such services. They further, reported that, only self care was provided to their CWDs.
- The parents (40%) who reported utilization of rehabilitation services. Majority (70%) of them received such services from NGO center. The average duration of the utilization of rehabilitation services was very limited, an average of about 7-8 months in a year and 4-5 days in a week and 36 minutes in a day rehabilitation services were utilized by CWDs.
- Nearly half (42%) of the respondents reported that, they have been advice for use of aids/appliances for their children with disabilities. However, only one third of them acquired such appliances for their CWDs. The reasons for not acquiring aids/appliances

reported are not available or don't know, from where they have to acquired such appliances.

- The parents who acquired the aids/appliances for their CWDs, majority (70%) of them reported that, they got assistance from Government and Non Government Organizations. However, only 40% of them reported that, they are currently using such appliance and majority (60%) of them said that, their children found difficulties in using appliances or do not know how to use them.
- The access to preschool education by CWDs was limited to 40 percent, as reported by their parents. However, majority (60%) of the reported that, their CWDs has not attended any preschool education.
- About half of the parents in the sample survey reported that, they got enrolled their CWDs in Primary Education. About 61 percent of them reported that, their CWDs were enrolled in mainstream school and 39 percent of them said that, their CWDs were enrolled in Special School. Majority (60%) of the parents, who could not get enrolled their CWDs in primary education, reported difficulties in getting admission was main reason for not getting enrolled in primary education.
- Majority of the parents, who get admission in primary education, reported continuation of education. However, they revealed that, they faced problems during admission such as denial and delayed the admission of their CWDs in such school.
- However, majority of the parents reported that, the attitude of the teachers and fellow pupils are supportive towards their CWDs. But, two third of them reported that, the school does not have proper infrastructures as per requirement of their CWDs.
- The awareness about welfare schemes was found very limited among the parents of the CWDs. About one third (30.41%) of the respondents were found aware about disability allowance, which is known as pension scheme of Delhi Government.
- About 37 percent of the parents reported that, they have received support of schemes for their children with disabilities. Out of which, about 42 percent of the CWDs received disability pension. One third (32.67%) of the CWDs received aids/appliances as reported by their parents followed by Therapy support (20%) and medical support (12.42%).

- Most (85%) of the parents were found not aware about PWDs act and its provisions. Only 15 percent admitted that, they are aware about such act. They further admitted that, NGOs are the main source of awareness about such schemes and act.
- The parents who were aware about PWD Act, further asked about provisions of act, only 15 percent of them were aware about free education upto 18 years of age followed by reservation in jobs (10%) and unemployment allowance (10%). However, most of the parents were found aware about travel concessions, as provision of act.
- About 57 percent of the parents admitted that, other family members face problems due to disabled children in their family. They also admitted that, CWDs in their family put financial pressure on them. However, one third of them admitted discrimination of their CWDs in the community.
- There are many schemes and program for welfare of persons with disabilities .However; it has been observed that, the schemes for welfare of disabled persons are implemented in isolation. There is no coordination and linkages in the various Government Department/Hospitals/Education Department. There is a lack of coordination between different government agencies and NGOs also.
- There is lack of understanding of PWD Act, 1995 among many stakeholders including NGOs. Almost all stakeholders pointed out that, there is huge gap in provisions of act and actual access of services/schemes by persons with disability.
- The poor planning and management of data with lack of inter sectoral coordination leads to poor functioning of the services to disabled children in hard to reach areas like slum/JJ cluster. In the absence of evidence-based facts and lack of co-ordination between the Government and NGOs, these areas are severely underserved and affected.
- The government has taken various measures for inclusive education of CWD but Most of the measures are being introduced slowly into the system without any urgency and sensitivity towards CWDs.
- Though the majority of the stakeholders believe that, the children with mild and moderate disability should be admitted in general school. Howeverhe CWD are still considered as an added burden in school and not as potential learners. Parents are advised to seek admission in other schools or denied admission.

- The staff and teachers in schools lack skills and attitude in handling the children and addressing their learning needs in the classroom. There is no adaptive educational material available in normal school.
- Majority of the government schools lack the necessary infrastructure such as ramp, lift etc making it difficult for children to attend the schools. The classrooms in these schools are also located on first and other floors.
- Government hospitals were found to have necessary infrastructure such as ramps, lift and other facilities for PWDs/CWDs.
- The government hospitals are mainly responsible for issuing disability certificate. Hospitals are not providing correctional services for CWDs leaving parents helpless or depending on private services.
- The majority of the stakeholders believe that disabled children are being discriminated within their families and also in community. They don't get equal care, food, dresses etc. in the families. They are being deprived from recreation and social activities, do not have right to give opinion. However, they think such children are much more vulnerable than non-disabled children in terms of abuse and exploitation
- NGO services remain the preferred option for CWDs. However, many NGOs lack any vision or long term strategy for CWD. NGOs work in the welfare mode or project mode and lack consistency in their approach. Many NGOs lack capacity and necessary skills to address the needs of the PWDs/CWDs.

## **Major Recommendations**

- The Right to Education act (RTE) should be strictly implemented and admission of disabled children should be ensured from primary level in all govt. and private schools. The disability should be included as mandatory subject in all training of teachers, in order to sensitize them towards the issues of disabled children.
- Advocacy with department of education and office of the disability of the commissioner about the necessary infrastructure like installing ramp and making premises accessible for CWD including transport facilities
- There should be mass awareness in the community regarding the importance of education. Parents should be sensitized and motivated to participate in learning process of CWDs.

- A mass awareness drive should be organized in slum and JJ clusters about welfare and rehabilitation schemes of government and other institutions for disabled people and children.
- There should be special training and sensitization to influence the attitude of parents and family members about the CWDs, their needs, their potential and how to convert them into assets. The volunteers in community should be developed for help of CWDs.
- Increase public awareness and understanding of disability and their rights including PWD Act, 1995. Special mass media campaign should be organized by governments and NGOs about the rights of disabled children to change attitudes on disability. Involving the media is vital to the success of these campaigns and to ensuring the dissemination of positive stories about persons with disabilities and their families.
- There should be proper coordination and inter sectoral linkages with various Government Departments. The single window approach should be explored to make the process smoother and improve the accessibility of services.
- Availability and accessibility of skilled manpower is the key for effective service delivery for CWD. A mechanism should be evolved to generate the trained human resources make the available for the community. The community level human resources should be effectively mobilized and utilized for this purpose.
- A strong networking of NGOs should be facilitated to share the information, experiences and better delivery of services. A comprehensive training for all NGOs working on disability should be organised covering all aspects of disability.
- The resource directory should be developed for efficient linkages and utilization of services available for CWDs.

# CHAPTER- I

## INTRODUCTION

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### 1.1 Introduction

Disabilities in general and children with disabilities in particular are a neglected and deprived segment of the population. While, there is no universal agreed definition of disability, in India. The different definitions of disability conditions have been introduced for various purposes, essentially following the medical model and, as such, they have been 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 standardization 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.

According to the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, "Person with disability" means a person suffering from not less than forty percent of any disability as certified by a medical authority (any hospital or institution, specified for the purposes of this Act by notification by the appropriate Government). As per the act "Disability" means -(i) Blindness; (ii) Low vision; (iii) Leprosy-cured; (iv) Hearing impairment; (v) Loco motor disability; (vi) Mental retardation; (vii) Mental illness.

The National Sample Survey Organization (NSSO) definition of disabled person i.e. 'A person with restrictions or lack of abilities to perform an activity in the manner or within the range considered normal for a human being' seems to be in order provided the deviation from normal manner is defined in a manner suitable to the above context.

At a global level, ten percent of the population is estimated to have disability. In India, total population of persons with disabilities is around 2.1 percent of the total population, who constitute 2.13 percent of the total population. Out of the 21, 906,769 people with disabilities, 12, 605, 635 are males and 9, 301, 134 females and this includes persons with visual, hearing,

speech, locomotors, and mental disabilities (Census 2001). In contrast, the National Sample Survey Organization (NSSO 2002) estimated that the number of persons with disabilities in India is 1.8 percent of the total population. About 75 percent of persons with disabilities live in rural areas, 49 percent of the persons with disabilities are literate and only 34 percent are employed. NSSO also includes the persons with visual, hearing, speech, locomotors and mental disabilities.

In India, one in ten children under five years of age have specific cognitive or sensory impairments, like hearing loss or problems with vision. They live in chaotic or unpredictable environments and have noticeable difficulty in establishing loving, stable relationships with caring adults. These children are at higher risk of such problems as they grow older. Long-lasting difficulties could include behavioral problems, poor coping skills, inability to concentrate, decreased self-esteem and an inability to share or react appropriately to others. Often such difficulties mean that these children remain behind their peers while in kindergarten; many also continue the struggle to catch up throughout their schools.

A difference can be made in a child's initial years (0-5 years) and for many years thereafter, by way of identifying difficulties early and providing families with the proper assessments and interventions. A large number of persons with disabilities, especially in the developing world, have no access to institutional rehabilitation services. The majority of them is poor and experience difficulties in accessing basic health services, including rehabilitation services. These cause immobility, isolation, dependency, inequality, often premature death and increased poverty. Rehabilitation and habilitation are processes intended to enable people with disabilities to reach and maintain optimal physical, sensory, intellectual, psychological and/or social function. Rehabilitation encompasses a wide range of activities including rehabilitative medical care, physical, psychological, speech, and occupational therapy and support services (WHO, 2009).

In India 1.67% of the 0-19 population has a disability. 35.29% of all people living with disabilities are children. Other estimates say that India has 12 million children living with disabilities. Only 1% of children with disabilities have access to school and one third of most disabilities are preventable. Under-nutrition is a severe problem with children who suffer from cerebral palsy.

There are many protection issues that also lead to disability, especially mental disabilities. Children who are trafficked, abused and sexually exploited are at risk for psychological effects as well as physical retardation. Other forms of violence against children can also lead to a disability such as corporal punishment in schools, children living on the streets, and purposefully created disabilities for begging. Children from poor families face a double disability.

## **1.2 Background of the study**

There are approximately 16753235 people living in Delhi according to provisional data of Census 2011. Among total population 8976420 are male and 7776825 are female. Delhi has been divided into nine Districts. Each District is headed by a Dy. Commissioner. There are 27 Sub-Divisions in entire Delhi.

NCT of Delhi is still recognized as a problem state, because of its urbanization and being a capital of the country. According to Census 2001, there are 2,35,886 \*(Including in Speech) persons with disabilities in Delhi, which is 1.7% out of total population of 1,38,50,507 \*(Including in Speech). Disability rates in children below 6 years of age were 8.8 per 1000 in Delhi. However, as per the NSS 58<sup>th</sup> round, total number of disabled persons in Delhi was 102427 on 1<sup>st</sup> Oct 2002, which is 0.71 percent of projected population on that day. Out of which 63% were male and 36.20% were females. The disability prevalence rate of Delhi is 707 persons as against 1755 persons at National level.

The marginalization of persons with disabilities and specially children with disabilities is more acute in slums of Delhi because of various social and physical barriers that prevent them from harnessing their full potential. Lack of awareness among community about disability prevention and limited rehabilitation care for persons with disabilities limits their participation in social, economical, political and cultural sphere which in turn increases their vulnerability. According to a study published in The Indian Journal of Occupational Therapy (Mishra S; Volume 35; No.1; 2003).

National Trust carried out a study in Slums of Delhi. As per study , there are about 36,053 people in Delhi are victim of one or other type of disabilities namely Autism, Mental retardation, Cerebral palsy or combination of one or more of these disabilities or a combination of mental and physical disabilities .

There has been an increasing recognition of abilities of persons with disabilities and emphasis on mainstreaming them in the society based on their capabilities. In order to evolve a successful programme for social integration of the disabled, information relating to their magnitude, type of disability, age at onset of disability, possible cause of disability, etc. is very essential.

### **1.3 MUSKAN Project**

Anchal Charitable Trust, a non-profit organization, based in Delhi, India. ACT is implementing MUSKAN Project on disability in Delhi with support from Plan India. The main objective of the MUSKAN is to improve upon the quality of life of persons with disabilities especially children, living in the urban slums of Delhi through the provision of rehabilitation and referral services. The project committed to ensure that all children with disability are ensured of their basic rights of survival, development, participation and protection. The goal conforming to the project are Children in India grow up and develop in safe and enabling environments that ensure that their right to protection is respected and realized, and that they can grow and develop free from abuse, discrimination and exclusion. The specific project objectives are as follow:

- Establishment of model rehabilitation centers for disabled children.
- Children/adults with disabilities to have access to rehabilitation services at the community level.
- Persons with disabilities to have increased access to 'Rights' and 'Entitlements' provided by different stakeholders including the government through increased awareness and knowledge concerning the 'Rights' and 'Entitlements' of persons with disabilities.
- Children with disabilities to access mainstream inclusive primary education in MCD (Municipal Council of Delhi) schools in the target communities.

Under the proposed project disabled children and their families are the target beneficiaries. Children with Disability (CWD) are the primary beneficiaries while parents and other family members would be secondary beneficiaries.

The proposed project has been designed to address the issue from two angles, one: to put pressure on the administration for proper rehabilitation of the disabled children as envisaged in the Act. and, two: to encourage community for getting sensitized on the issue of disability and

provide their children an opportunity to develop and grow. The list of stakeholders selected above is the main facilitating factor from both the angle and will help to sustain the effort soon after the project ends.

To assess the long term impact of MUSKAN project, ANCHAL CHARITABLE TRUST contracted C DART for conducting Base line study. The purpose of the baseline study is to establish benchmark data against which future project effects and impacts. As per TOR, the study is expected to achieve following deliverables:

- Mapping of children with disabilities in the 9 districts.
- Compilation of information in regard to access to education.
- Compilation of information on the existing acts, policies, schemes, 'Rights' and 'Entitlements'
- Convergence and implementation of policies and schemes for challenged children in the District Resource Centre and in other government implemented projects.
- Referral services to access different schemes and 'Entitlements' for challenged children.
- Implementation of National Trust Act and PWD Act in the seven districts of NCT Delhi.

### **1.3 Objectives of the study**

In view of the above deliverables of the study, the prime objectives of the study are as follow:

- To map the Children with Disabilities (CWDs) and their concentration in all districts of Delhi.
- To assess the access of health and rehabilitation services by Children with Disabilities in selected districts.
- To assess the status of access of different schemes for CWDs by their family members in selected districts.
- To assess the status of access of formal school education by the CWDs in selected Districts.
- To measure awareness about existing PWD Act and its provisions.
- To compile existing acts, policies, schemes, rights and entitlements of persons with disabilities in Delhi.

# CHAPTER –II

## METHODOLOGY AND STUDY DESIGN

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### 2.1 Introduction

A combination of quantitative and qualitative research designs was adopted for the present baseline study. The quantitative component entailed was used of structured interviews with selected samples of the parents and family members of Children with Disabilities. The qualitative component on the other hand was consisted of mapping of CWDs in urban slums and resettlement pockets in all the 9 districts of Delhi through discussion with key informants, in-depth interviews and focus group discussions. This promoted wide participation, ensuring that both the intended beneficiaries of the project, as well as other stakeholders including Parents and family members of CWDs, potential service providers, participate and express their views. In addition, both primary and secondary data was used. The secondary data sources consisted of a review of documents relevant to schemes of PWDs including Children, including government policy documents.

### 2.2 Methodology

The following methodology was used for conducting baseline study:

1. **Review of Literature:** The available information on the existing acts, policies, schemes, rights and entitlements of the Person with Disabilities and Children with Disabilities was reviewed and compiled to ascertain the status of implementation of various schemes for PWDs. The study reports, census data on disabled, NSSO survey was reviewed to assess the situation of disability in Delhi. The efforts was made to collect registered CWDs and PWDs at district level under various Government and Non-government schemes to ascertain the locations of the CWDs. The list of Slums and Resettlement areas was collected from Delhi Urban Shelter Improvement Board.
2. **Exploratory discussion with key stakeholders:** The discussion with officials of ACT, concerned Government Departments, Schools, Hospitals and Civil Society Organizations working with PWDs were conducted to understand the status of the intervention implemented in the State and to ascertain the concentration of CWD in slums and resettlement locations of all the Districts of Delhi.

3. **Mapping of Children with Disability:** Based on the review of literature, interaction with various stakeholders, Civil Society Organizations. The district wise list of slums and resettlement Pockets was prepared. The all listed locations of district were further classified and divided in 3-4 sub pockets to concentrate the effort of mapping.

The following research methods were used to conduct the mapping of children with disabilities in all districts of Delhi with special emphasis in urban slums and resettlement areas

- **Collection of information on CWDs:** the data on Children with Disability was collected from all districts of Delhi. The CWDs registered under various schemes of department of Social Welfare, District Commissioner officer, Gender Resource Center and NGOs working with Children with Disability at districts level was compiled to ascertain the number of CWD and their concentration in particular locations in the districts. The data was also collected from Hospitals and school authority at district level. Based on the compilation of information on CWDs at each district was validated through key informants.
  - **The key informants' interviews** method was used to obtain information about CWDs living in the slums/resettlement colonies of all Districts. The key informants included local community leaders, Anganwadi Workers, Asha Workers, local Doctors, local book keeper, volunteers working with NGOs, etc were contacted to obtain information about number of CWD in particular location. Each day, a researcher was assigned to cover an approximate area of 2-3 kilometer and interview 10-12 key informants in these areas.
  - **Snowballing Method:** Interview with key informants were used to identify other knowledgeable informants in the slums having knowledge about presence of CWDs and PWDs.
  - **Participatory Mapping:** Some of the PWDs and parents of the CWDs were also interviewed in this mapping exercise to debate on their numbers in their respective areas.
4. **Baseline Survey:** A sample survey of parents of Children with Disability was conducted among a representative sample of parents of CWD and their other family members in selected 3 districts namely Northeast, South and West Districts of Delhi.

The prime objective of the survey was to assess the status of the CWD, access to education, referral linkages with Government and other welfare schemes and awareness about PWD acts, rights and entitlements. An interview schedule was designed and finalized in consultation with ACT. This schedule was used for direct interview with Parents and other family members of Children with Disability.

A detail stakeholders Interview was also conducted to assess their response regarding services and schemes of CWD and their level of participation in the program.

### 2.3 Coverage of Area:

As per TOR, the study covered all 9 districts of Delhi to map Children with Disabilities (CWDs) in Slums and Resettlement areas of Delhi. However, the Baseline sample survey was conducted in 3 Districts namely Northeast, South and West District of Delhi to assess the status of CWDs and access of services, as per the deliverables of the study..

Mapping Survey was conducted in all the slums and resettlement pockets in Delhi. However, the sample baseline survey was conducted in selected Northeast, South and West districts of Delhi.

### 2.4 Sample Size:

1. **Mapping of Children with Disability:** About 4967 key informants were interviewed in this study. The profile of key informants is as follow:

Key Informants	All districts	Percentage
Community members/Leaders	1756	35.35
Anganwadi Workers	526	10.59
Local Area Doctors	718	14.46
Local Book keepers/other shop keepers	948	19.09
NGOs staff	224	4.51
Staff of GRC	72	1.45
Persons with Disabilities	312	6.28
Parents and other family members of CWDs	411	8.27
<b>Total</b>	<b>4967</b>	<b>100</b>

## 2. Baseline Sample Survey:

Some 411 respondent either parents of Children with Disabilities or other family members were interviewed from selected 3 districts namely Northeast, South and West districts for assessment of the status of CWD, access of health and rehabilitation services, use of aids/appliances, access to education, awareness about schemes and services for PWD and CWD, awareness about PWD Act and family attitude about disabled children. The sample of parents of CWDs was selected through snowballing sampling methods. The district wise breakup of the sample survey is as follow:

Districts	Number of Interview of Parents of CWDs
Northeast	111
South	198
West	102
<b>Total</b>	<b>411</b>

## 3. Stakeholders Survey:

About 58 stakeholders were also covered during the survey to assess their perspectives on the issues, schemes and activities implemented for persons with disabilities and children with disabilities and their suggestion for improvement in the intervention for CWDs. The concerned representatives of Government Hospitals, MCD School, District Social Welfare office, District Commissioners office, NGOs working on disability, Disability Commissioners office, Department of Social Welfare and Office of National Trust were covered in the stakeholders' survey.

## 2.5 Data collection Method and Tools:

Data was collected through the following methods:

- (i) **Key Informants Interviews:** key informants interview were conducted with key informants such as community members, Anganwadi Workers, NGO staff etc. These interview were administered on one to one basis, guided by a checklist for recording number of PWD and CWD in the location.

- (ii) **Structured Interviews** – Structured personal interviews were administered to sample parents and other family members of Children with Disability. These interviews were administered on a one-to-one basis, guided by structured interview schedules (survey questionnaire).
- (iii) **In-depth Interviews** – In-depth interviews were conducted with Key stakeholders. These consisted of one-to-one interviews with identified stakeholders. An interview guide, consisting of a checklist of topics for discussion was used to guide these interviews.
- (iv) **Document Review** – Relevant documents such as legislations, schemes, right and entitlements existing on PWDs were reviewed to access any key information regarding the targeted beneficiaries.

## **2.6 Data Collection:**

The study was planned and completed in two month. The data was collected during January and February 2013. The Research Director had led the team. Two Research and two field executives had assisted him in organization, supervision and conduct of primary data collection in Delhi. Researchers with good social science research experience were selected for this exercise. Some field workers working on disabled Children with NGOs were trained and used to facilitate identification and data collection.

C DART Director along with Expert working on disability had given an intensive training for two days to equip and train research teams. Researchers were briefed about type of disability, health and rehabilitation services for CWD, aids and appliances used by disabled, existing PWD acts etc., need for the mapping data, baseline survey, objectives of the study, methodologies used namely, key informant interviews, sample survey and in-depth interview, to collect information from primary and secondary sources,

Mock interviews and field trials were conducted in Seemapuri and Shastripark area in Northeast Delhi to give confidence and firsthand experience to research teams. Problems faced during field trials were addressed. Trained researchers were split in two teams. Each team had two Research/ field executives and 6 researchers.

Research and field executives had regularly accompanied researchers and often conduct surprise checks. To check and validate the data collected by researchers. Research and field

executives scrutinize, check and collate data collected area-wise. Research teams had made sincere efforts to maintain quality in data collection.

## **2.7 Data Processing and Analysis**

Quantitative data from this study consisted of responses to key informants' interview, structured interviews with parents of CWDs, and In-depth Interview with Stakeholders gathered with the survey tools. Filled questionnaires were checked after each interview, and further editing was done at the end of each day, to ensure completeness and accuracy.

Data was enter using Excel and analyzed using SPSS to generate frequencies, and cross tabulations of selected study variables.

## **2.8 Ethical Issues**

This study sought to adhere to all relevant ethical requirements for undertaking research among human subjects. The measures undertaken to fulfill ethical requirements included observation of informed consent, voluntary participation, confidentiality and anonymity, and respecting the privacy of participants.

# CHAPTER –III

## COMPILATION OF ACTS, POLICIES AND SCHEMES ON DISABILITY

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This chapter dealt with brief compilation of the, existing PWD Act 1995, National Trust Act, National policy on disability 2006. The brief description of welfare schemes for persons with disability including CWD is also summarized in this chapter. The effort was also made to summarize the rights and entitlement of the persons with disability and children with disability.

### **3.1 National Policy for Persons with Disabilities (2006)**

The Constitution of India ensures equality, freedom, justice and dignity of all individuals and implicitly mandates an inclusive society for all including persons with disabilities. In the recent years, there have been vast and positive changes in the perception of the society towards persons with disabilities. It has been realized that a majority of persons with disabilities can lead a better quality of life if they have equal opportunities and effective access to rehabilitation measures.

National Policy for Persons with Disabilities has been announced in February, 2006. The National Policy recognizes that Persons with Disabilities are valuable human resource for the country and seeks to create an environment that provides them equal opportunities, protection of their rights and full participation in society. The focus of the policy is on Prevention of Disabilities and Rehabilitation Measures. The salient features of the National Policy are:

- Physical Rehabilitation, which includes early detection and intervention, counseling & medical interventions and provision of aids & appliances. It also includes the development of rehabilitation professionals.
- Educational Rehabilitation including vocational training and
- Economic Rehabilitation for a dignified life in society.

The policy include the provisions of Persons with Disability (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, which provides for education, employment, creation of barrier free environment, social security. National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability Act, 1999 has provisions for legal guardianship of the four categories and creation of enabling environment for as much

independent living as possible and Rehabilitation Council of India Act, 1992 deals with the development of manpower for providing rehabilitation services.

### **3.2 Persons with Disability Act, 1995:**

Through the Act is built upon the premise of equal opportunity, protection of rights and full participation; it provides definitions of disabled person following the medical model. According to the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, "Person with disability" means a person suffering from not less than forty percent of any disability as certified by a medical authority (any hospital or institution, specified for the purposes of this Act by notification by the appropriate Government). As per the act "Disability" means -

(i) Blindness; (ii) Low vision; (iii) Leprosy-cured; (iv) Hearing impairment; (v) Loco motor disability; (vi) Mental retardation; (vii) Mental illness, which were defined as below.

- "Blindness" refers to a condition where a person suffers from any of the following conditions,

- (i) Total absence of sight.

- (ii) Visual acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses;

- (iii) Limitation of the field of vision subtending an angle of 20 degree or worse;

- "Person with low vision" means 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;

- "Leprosy cured person" means any person who has been cured of leprosy but is suffering from-

- (i) Loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eyelid but with no manifest deformity;

- (ii) Manifest deformity and paresis; but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;

- (iii) Extreme physical deformity as well as advanced age which prevents him from undertaking any gainful occupation, and the expression "leprosy cured" shall be construed accordingly;

- "Hearing impairment" means loss of sixty decibels or more in the better ear in the conversational range of frequencies;
- "Loco motor disability" means disability of the bones, joints muscles leading to substantial restriction of the movement of the limbs or any form of cerebral palsy;
- "Mental retardation" means a condition of arrested or incomplete development of mind of a person which is specially characterized by sub normality of intelligence;
- "Mental illness" means any mental disorder other than mental retardation;

### **Provisions of PWD Act, 1995**

The Main Provisions of PWD 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 Disability, Social Security and Miscellaneous. The brief of the provisions are as follow:

- Prevention and Early Detection of Disabilities
  1. Surveys, investigations and research
  2. Promote prevention of disabilities
  3. Screening of children and awareness campaigns
- Education
  1. Free education till the age of 18 years
  2. Appropriate transportation, removal of architectural barriers and modifications in the examination system
  3. Right to free books, uniforms and other learning materials
  4. Special school for children with disabilities
  5. Scholarships
  6. Non-formal education
  7. Teacher's training institutions
- Employment
  1. Not less than 3% vacancies in government employment reserved for persons with disabilities

2. Suitable schemes for training and welfare of persons, relaxation of upper age limit and regulating the employment
  3. Health and safety measures at place of employment
  4. Reservation in poverty alleviation schemes
- Affirmative Action
    1. Schemes to provide aids and appliances
    2. Allotment of land at concessional rates for house, business, special recreational centers, special schools, research schools, factories by entrepreneurs with disability
  - Non-Discrimination
    1. Adapt public buildings, rail compartments, buses, ships and aircrafts to permit easy access to persons with disabilities
    2. Adapt toilets in rail compartments, vessels, aircrafts and waiting rooms in such a way as to permit the wheel chair users to use them conveniently.
    3. Braille and sound symbols in lifts
    4. All the places of public utility shall be made barrier-free
    5. No employee can be sacked or demoted if they become disabled during service, although they can be moved to another post with the same pay scale.  
No promotion can be denied because of impairment
  - Research and Manpower Development: Research in the following areas may be sponsored and promoted
    1. Prevention of disability
    2. Rehabilitation including Community Based Rehabilitation (CBR),
    3. Development of assistive devices
    4. Job identification
    5. On site modifications of offices and factories
    6. Financial assistance for undertaking research
  - Social Security
    1. Financial assistance to Non-governmental organizations (NGO)
    2. Insurance coverage
    3. Unemployment allowance

- Miscellaneous
  1. Grievance redressal
  2. Chief Commissioner – Centre
  3. Commissioner for persons with disabilities – States

A Medical Board (consisting of at least three members out of which at least one shall be a specialist in the particular field for assessing locomotor/visual including low vision/hearing and speech disability, mental retardation and leprosy cured, as the case may be) issues permanent disability certificate.

### **3.3 National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities**

Understanding the seriousness of the problem of disability in the country, Government of India has constituted a separate body called 'National Trust for the welfare of persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities'. It is a statutory body under the Ministry of Social Justice & Empowerment, Government of India functioning under Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation & Multiple Disabilities Act (Act 44 of 1999).

#### **The broad objectives of the National Trust are to:**

- a) 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;
- b) Strengthen facilities to provide support to persons with disability to live within their own families;
- c) Extend support to registered organizations to provide need based services during the period of crises in the family of persons with disability;
- d) Deal with problems of persons with disability who do not have family support;
- e) Promote measures for the care and protraction of persons with disability in the event of death of their parent or guardian;
- f) Evolve procedure for the appointment of guardians and trustees for persons with disability requiring such protection;

g) Facilitate the realization of equal opportunities, protection of right and full participation of persons with disability; and

h) Do any other act which is incidental to the aforesaid object.

### **The major activities of the National Trust are:**

a) Training & Awareness Programmes

b) Capacity Building Programmes

c) Shelter, Care Giving & Empowerment Programmes

### **3.4 Welfare Schemes for disabled Persons:**

During the interaction with stakeholders, it has been observed that, the schemes for welfare of disabled persons are implemented in isolation. There is no coordination and linkages in the various Government Department/Hospitals/Education Department. The ranges of the following schemes are available for disabled persons in Delhi. These schemes are as follow:

- **Issue of disability certificate to all disabled persons-** There are 17 designated Delhi Government Hospitals for issues of certificate for Locomotor and Multiple Disability. However, the IHBAS and G.B.Pant Hospital have been designated for Mental problems.
- **Issue of Identity Card to disabled Persons:** The Deputy Commissioners cum Additional Commissioner (disability) of all districts are designated to issue the identity card (known as yellow card) for disabled persons in Delhi.
- **Disability Pension:** This scheme aims to provide rehabilitation and meeting day to day expenses of persons with special Needs. The Age of Disabled persons should not be more than 60 years (0 to 60years). Family income should not be more than Rs. 75,000/ p.a. from all sources Resident of Delhi for at least five years prior to applying. Disability of the applicant should not be less than 40%. The Medical Board of Govt. Hospital should issue the disability certificate. The applicant is not a recipient of any such assistance from another source Applicant must attach copy of Bank Passbook with A/C.No and copy of any one document listed under the revised Financial Assistance to Persons with Special Needs Rules, 2009 as a proof of income and age. The Assistance is remitted into the Bank account through ECS system of R.B.I.

- **Disability Camp:** Every Year Department of Social Welfare organizes Disability Camp along with Govt. Hospitals, DTC, Education Department, Office of Divisional Commissioner, National Trust, Indian Railways and NGOs working for the upliftment of differently able Persons. These camps are organized in each district. The following services are provided under one roof in these camps.
  1. Disability Certificate issued by Certified Govt. Hospital of the area
  2. Health check up
  3. DTC Passes
  4. ID Card by the Office of DC
  5. Registration in integrated School,
  6. Railway Concession pass
  7. Services of NIMH
  8. NGOs working in the district
  9. Services for Autism & Cerebral palsy
  10. Services related to vocational training and placement
  11. Distribution of aids and appliances
  12. Issue of forms of different schemes of Financial assistance of government of NCT of Delhi
- **Institutions for welfare of the persons with disabilities:** Delhi Government is running 10 Government institutions for disabled persons. Vikasini Home for Mentally Retarded Persons (Juvenile), Pragiti Institution for Severely and Profoundly Mentally Retarded Children (ISPMR), Sukhanchal School and Home for Mentally Retarded Children (SHMR), Govt. School for Blind Boys, Hostel for College Going Blind Boys, Govt. Lady Noyce Secondary School for Deaf, Nursery and 3 primary school for Deaf, School for Mentally Retarded Children
- **Schemes of National Trust:** The main activities of the National Trust include the Registration of voluntary organisations, associations of PWDs and parents. The main activities includes the following

Schemes	Details
<b>GHARAUNDA</b>	Gharunda or Group Home And Rehabilitation Activities Under National Trust Act for Disabled Adults is a new scheme for

	providing Life Long Shelter & Care to Persons with Disabilities in Group Homes.
<b>SAHYOGI</b>	Its a new & revamped scheme of Caregivers Training & Deployment. A new training module has been designed and a system of training & deployment of Caregivers has been provided for under the scheme.
<b>SAMARTH</b>	Activities in a Samarth Centre include early intervention, special education or integrated school, open school, pre-vocational and vocation training, employment oriented training, recreation sports etc. The facilities in the home shall be available to both-men and women- on 50-50% basis and shall cove Aspiration
<b>NIRAMAYA</b>	This is a Health Insurance Scheme to provide affordable Health Insurance to persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities. The scheme is implemented in all the districts of the country (except J & K). The health insurance cover under the scheme is provided upto Rs.1.0 lakh
<b>REMOTE AREA FUNDING</b>	The objective of this scheme is to stimulate National Trust activities in unrepresented districts. Under the scheme, fund is provided to set up an NGO, including parents association and then to carry out activities for the welfare of persons with National Trust disabilities
<b>UDDYAM PRABHA</b>	It is an Interest Subsidy Scheme for self-employment. A PwD who takes a loan from any bank or NHFDC can get interest subsidy of 5% for BPL or 3% for APL on loan amount upto 1 lakh Rs.
<b>GYAN PRABHA</b>	Scholarship Scheme for doing, post schooling, any employment oriented course. Under the Scheme, a monthly scholarship of Rs. 1000 shall be paid for upto 1 year. Any PwD who has done any

	schooling or has not done any schooling at all can also get scholarship
<b>ARUNIM</b>	Association for Rehabilitation Under National Trust Initiative of Marketing has been launched to help PwDs in product designing, production processes, packaging and marketing enabling them to live a life with dignity and independence.
<b>DISABILITY EQUITY TRAINING PROGRAMME</b>	Disability Equity Training Programme has been developed for orientation of the members of Local Level Committees (LLC).

- **Vocational Rehabilitation Centres (VRCs)** The Directorate General of Employment, Ministry of Labour and Employment, Government of India has set up Vocational Rehabilitation Centres (VRCs). The main purpose of these VRCs is to evaluate the capabilities of disabled people and sponsor them for potential employers. The main objectives of VRCs includes vocational evaluation and adjustment of disabled persons and assessment of the medical, psychological, rehabilitation needs.

The other activities include

- Assist in developing rehabilitation plans depending upon the specific needs
- Sponsor disabled registrants against notified/identified vacancies
- Act as distribution centres for various schemes like scholarship/aids and appliances
- Make referrals to financial institutions for funding self-employment ventures
- At present 20 Vocational Rehabilitation Centres for Handicapped have been functioning in various parts of the country
- **Community Based Vocational Training under VRCs:** Community based vocational Training is an important program of VRC in rural and semi urban areas.It provides Three months to six months training with all technical know-how in the conduct of the training and also Tools and Equipment, Scholarship, conducting the test and certification. These training

are facilitated by local NGO who provide space to conduct the training for three months, pay honorarium to the local trainer and where feasible meet the cost of raw material required

Eligibility for such training is education and disability appropriate to selected operation and trainees are selected by the Rehabilitation Team of the VRC on the basis of aptitude, intelligence, residual abilities and place of residence. After the training, the trainees are provided assistance

- Assist in procurement of Tool Kits & Ability Aids
- Assist in procuring wage paid employment or self employment
- Assimilation of the pwds into the community
- Follow up to ensure at least 75% of economic rehabilitation

### **3.5 Rights and Entitlements of the Person with Disabilities and Children with**

**Disabilities:** They are entitled to enjoy these rights and fundamental freedoms on an equal basis with other children and the denial of any rights on the basis of disability shall be discrimination. The appropriate governments and establishments shall ensure that children with disabilities have a right to freely express their views on all matters affecting them. The views of the children with disabilities must be given due weight in accordance with evolving capacities of the child. The appropriate government shall devise protocols whereby age and disability appropriate guidance and information shall be provided to the child to exercise this right.

It shall be the duty of all appropriate governments and establishments to ensure that the birth of all children with disabilities is registered in accordance with the Registration of Births and Deaths Act, 1969.

**Access to Appropriate Education** Persons with disabilities shall not be excluded from the education system on the basis of disability, and the appropriate government shall ensure that all persons with disabilities, including women and girls with disabilities, have access to appropriate education, without discrimination and on an equal basis with others, at all levels; The appropriate government and establishment shall ensure free and compulsory primary and secondary education to all children with disabilities;

The appropriate government and establishment shall ensure that appropriate education is based on lifelong learning aimed at the full development of human potential and sense of dignity and

self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;

The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential; and Enabling persons with disabilities to participate effectively in a free society. As per provisions of PWD Act, the following rights are as follow:

1. Ensuring that every child with disabilities have access to free education in an appropriate environment till 18 years of age.
2. Promoting the integration of students with disabilities in normal schools.
3. Promoting setting up of special schools in government and private sector in such a manner that children with disabilities living in any part of the country have access to such schools and equip these schools with vocational training facilities.
4. Conducting part-time classes in respect of children with disabilities who having completed education up to class fifth and could not continue their studies on a whole-time basis;
5. Conducting special part-time classes for providing functional literacy for children in the age group of sixteen and above;
6. Imparting non-formal education by utilizing the available manpower in rural areas after giving them appropriate orientation;
7. Imparting education through open schools or open universities;
8. Conducting class and discussions through interactive electronic or other media;
9. Providing every child with disability free of cost special books and equipments needed for his education. (Section 27)

### **Employment**

1. The appropriate governments to identify posts in government establishments, which can be reserved for disabled persons and review the list of posts at periodic intervals (not exceeding three years) (Section 32)
2. At least 3 percent of vacancies in every government establishment are to be reserved for persons with disabilities. Out of which 1 per cent each shall be reserved for persons suffering from blindness or low vision and the other 2 percent for persons with hearing impairment and loco motor disability or cerebral palsy. But the central government may

exempt any establishment from the above requirements if the nature of work in such establishments is such that disabled persons are unable to work in such establishments.(Section 33)

### **Non-discrimination**

1. Adapt rail compartments, buses, vessels and aircrafts in such a way as to permit easy access to such persons;
2. Adapt toilets in rail compartments, vessels, aircrafts and waiting rooms in such a way as to permit the wheel chair users to use them conveniently. (Section 44)
3. Install auditory signals at red lights in the public roads for the benefit of persons with visually handicap;
4. Make curb cuts and slopes in pavements for the easy access of wheel chair users;
5. Engrave the surface of the zebra crossing for the blind or for persons with low vision;
6. Engrave the edges of railway platforms for the blind or for persons with low vision;
7. Devise appropriate symbols of disability;
8. Provide warning signals at appropriate places.(Section 45)
9. Provide ramps in public buildings;
10. Provide Braille symbols and auditory signals in elevators or lifts;
11. Provide ramps in hospitals, primary health centers and other medical care and rehabilitation institutions.

# CHAPTER- IV

## MAPPING OF CHILDREN WITH DISABILITIES (CWDs)

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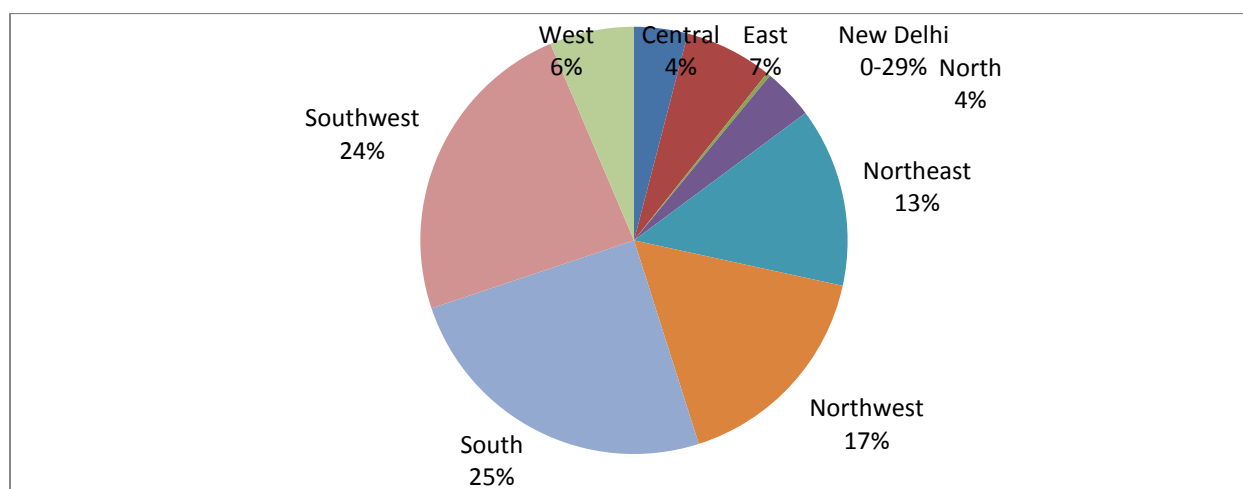
It may be noted that mapping study is not a Census or a head count study. These estimates are arrived at using of key informants interviews in slums and resettlement locations of Delhi State. These estimates are fairly comparable to given by some Non-Governmental organizations working in these areas on disability.

### 4.1 Estimates of Persons with Disabilities and Children with Disabilities

CDART estimated that there are 53766 disabled persons in Slums and Resettlement area of Delhi State. Out of total, there are 16050 Children with Disability (0-18 years) in these areas.

The District wise distribution shows that maximum estimated number of disabled persons are in South district (13308- 24.75 percent). It is followed by disabled persons in Southwest district (12771- 23.75 percent), Northwest district (8969- 16.68 percent), Northeast district (7299- 13.57 percent), East district (3570- 6.63 percent), West district (3441- 6.39 percent), Central district (2180- 4.05 percent), North district (2072- 3.85 percent) and New Delhi district (156- 0.29 percent).

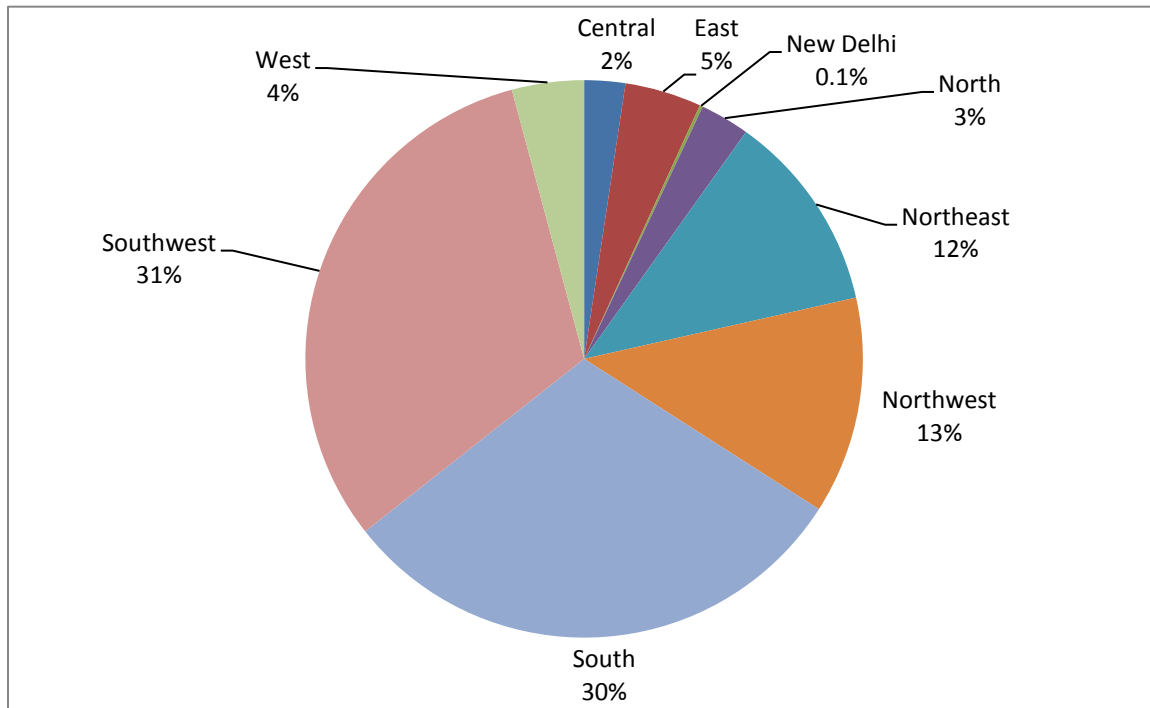
**Figure 4.1.1 DISTRIBUTION OF PWDs - DISTRICT WISE**



**Total PWDs in Slums/Resettlement Areas- 53766**

The District wise distribution shows that maximum estimated number of disabled children are in Southwest district (5046- 31 percent). It is followed by disabled persons in South district (4866- 30 percent), Northwest district (2021- 13 percent), Northeast district (1863- 12 percent), East district (713- 5 percent), West district (671- 4 percent), North district (460- 3 percent), Central district (381- 2 percent) and New Delhi district (29- 0.18 percent).

**Figure 4.1.2 DISTRIBUTION OF CWDs – DISTRICT WISE**



**Total Children with disabilities in Slums/Resettlement Areas- 16050**

### **PERSONS WITH DISABILITIES-LOCATION**

During mapping study, 311 locations have been identified where 20 or more disabled persons live. Thirty Four locations have 300 or more disabled persons each, while 25 locations have between 200-299 disabled persons each, Fifty Seven locations have 100-199 disabled persons each, Seventy Two locations have between 50-99 disabled persons each and some 123 locations have 20-49 disabled persons each.

**Table 4.1.1 PERSONS WITH DISABILITIES (PWDs)**

District	Estimated Number of PWD	Range					
		20-49	50-99	100-199	200-299	300+	Total
Central	2180	8	3	5	3	0	19
East	3570	13	11	5	1	3	33
New Delhi	156	4	0	0	0	0	4
North	2072	17	9	3	0	0	29
North East	7299	15	9	12	4	7	47
North West	8969	19	13	11	6	7	56
South	13308	14	9	6	4	8	41
South West	12771	11	10	9	5	8	43
West	3441	22	8	6	2	1	39
	53766	123	72	57	25	34	311

Of the 34 locations having 300 or more PWD each, eight locations each are in South and Southwest Delhi, while, 7 locations each are in Northwest and Northeast, 3 locations are in Central Delhi and 1 area in West District of Delhi.

Srinivaspuri with an estimated 2798 disabled persons followed by, Sangam Vihar(2519), Sector-3 Dwarka, Madampur Khadar (2316) and Samlakha Village (2086) are identified prominent locations in Delhi. Other prominent locations identified are Jahangirpuri (1367), Mangolpuri(1264), Goyala Dairy(1165), Sri Ram Colony(615), New Seelampur (579), Raghubir Nagar(548), Nand Nagari(531), Janta Colony/Jafrabad(459), Sundar Nagari (472), New Seemapuri(427) and Turkaman Gate(274).

## **CHILDREN WITH DISABILITIES- LOCATIONS**

210 locations have been identified where ten or more disabled children live. Nine locations have 300 or more disabled children each, while five locations have between 200-299 disabled children each, eighteen locations have 100-199 disabled children each, twenty seven locations have 50-99 disabled children each and 151 locations have 10-49 disabled children each.

**Table 4.1.2 CHILDREN WITH DISABILITIES**

District	Estimated Number of CWD	Range					Total
		10-49	50-99	100-199	200-299	300+	
Central	381	8	1	0	0	0	9
East	713	20	3	0	0	0	23
New Delhi	29	1	0	0	0	0	1
North	460	18	0	0	0	0	18
North East	1863	24	4	4	1	0	33
North West	2021	28	6	6	1	0	41
South	4866	17	5	5	0	5	32
South West	5046	17	8	2	3	4	34
West	671	18	0	1	0	0	19
	16050	151	27	18	5	9	210

Of the 9 locations having 300 or more disabled children each, 5 locations are in South Delhi and 4 locations are in Southwest Delhi. Of 5 locations having 200-299 disabled children each, 3 locations are in Southwest District and 1 locations each in Northeast and Northwest Delhi. Of the 18 locations having 100-199 disabled children each, 6 locations are in Northwest, 5 locations are in South, 4 locations are in Northeast, 2 locations are in Southwest and one area in West Delhi.

Srinivaspuri with an estimated 1227 disabled children followed by Sangam Vihar (1010), Sector-3 Dwaraka (1167), Samlakha Village (956) and Madanpur Khadar( 874) are prominent locations. The other prominent location are Goyala dairy (489), Mahavi Enclave (348), Jahangirpuri (239), Sri Ram Colony (238), Mangolpuri (224), Nand Nagari (168), Sahbad Dairy (156), Sundar Nagari(129), Bawana( 128), Janta Colony Jafrabad (127) and Raghubir Nagar (113) in Delhi.

The prominent locations of Person with Disability are given below:

**Table 4.1.3 PROMINENT LOCATIONS OF PWDs IN DELHI**

No. of Disabled Persons	S.No	Area Name	Estimated Number
<b>300+ PWD</b>	1	KALYANPURI	346
	2	VISHWAS NAGAR	456
	3	RAGHUVIR NAGAR	548
	4	BADARPUR MEETHAPUR	336

	5	HARI NAGAR ASHRAM	946
	6	KALKAJI	493
	7	MADANPUR KHADAR	784
	8	MADANPUR KHADAR VILLAGE	1532
	9	SANGAM VIHAR_D5	2519
	10	SRINIWAS PURI	2798
	11	TIGRI	661
	12	JANTA COLOLY JAFARABAD	459
	13	NAND NAGRI	531
	14	NEW SEELAM PUR	579
	15	SUNDER NAGRI	472
	16	BAWANA	456
	17	BUDH VIHAR PHASE -2	319
	18	MANGOL PURI	516
	19	PUNARWAS COLONY	398
	20	SHAHABAD DAIRY	486
	21	GHASIPURA EXTN	507
	22	GOYALA DAIRY	1165
	23	KAKROLA SEC-15	671
	24	MAHAVIR ENCLAVE PART 1	815
	25	NASIRPUR	602
	26	RAJ NAGAR PART-2	408
	27	SAMALKA VILLAGE	2086
	28	SECTOR 3, DWARKA	2528
	29	TRILOK PURI	412
	30	NEW SEEMA PURI	427
	31	RAJIV NAGAR/SRI RAM COLONY	615
	32	SHIV VIHAR	362
	33	JAHANGIRPURI	1367
	34	MANGOLPURI	748

There are about 34 locations identified, where 300 or more disabled persons estimated.

No. of Disabled Persons	S.No	Area Name	Estimated Number
200-299 PWD	1	AMAR PURI,NABI KARIM	226
	2	NEW SANJAY AMAR COLONY	225

	3	UTTAM NAGAR HASTAL	222
	4	AALI VIHAR	285
	5	JANGPURA	218
	6	NEHRU NAGAR JAL VIHAR	289
	7	SONIA VIHAR	273
	8	WELCOME	205
	9	JAHANGIR PURI	269
	10	NARELA	256
	11	SAMAY PUR BADLI	241
	12	SULTAN PURI	241
	13	JAI VIHAR PH-I	223
	14	MATIALA	207
	15	MAYAPURI CHOWK	218
	16	MAYAPURI INDUSTRIAL AREA PH II	210
	17	NANGAL RAI	255
	18	LAL KUAN	229
	19	TURKMAN GATE	274
	20	MADI PUR	259
	21	SANGAM VIHAR	212
	22	OLD MUSTAFABAD	219
	23	TAHIR PUR	271
	24	HAIDAR PUR	271
	25	PREM NAGAR-II	238

About 25 locations each are having between 200-299 disabled persons. These locations are in almost all districts of Delhi.

**The prominent locations of disabled Children are given below:**

**Table 4.1.4 PROMINENT LOCATIONS OF CWDs IN DELHI**

		Area Name	Estimated Number
No. of CWDs	S.No.		
200+ CWDs	1	HARI NAGAR ASHRAM	314
	2	MADANPUR KHADAR	317
	3	MADANPUR KHADAR VILLAGE	557

	4	SANGAM VIHAR_D5	1010
	5	SRINIWAS PURI	1227
	6	GHASIPURA EXTN	215
	7	GOYALA DAIRY	489
	8	KAKROLA SEC-15	252
	9	MAHAVIR ENCLAVE PART 1	348
	10	NASIRPUR	257
	11	SAMALKA VILLAGE	956
	12	SECTOR 3, DWARKA	1167
	13	RAJIV NAGAR/SRI RAM COLONY	238
	14	JAHANGIRPURI	239

There are 14 locations identified where 200 or more disabled children estimated. About 45% of estimated children are in these locations. Thirteen percent children are estimated in Sangam Vihar and Srinivaspuri area of South Delhi.

<b>No. of disabled Children</b>	<b>S.No.</b>	<b>Area Name</b>	<b>Estimated Number</b>
<b>100-199 CWD</b>	1	RAGHUVIR NAGAR	113
	2	AALI VIHAR	119
	3	BADARPUR MEETHAPUR	112
	4	KALKAJI	118
	5	NEHRU NAGAR JAL VIHAR	109
	6	TIGRI	189
	7	JANTA COLOLY JAFARABAD	127
	8	NAND NAGRI	168
	9	NEW SEELAM PUR	143
	10	SUNDER NAGRI	129
	11	BAWANA	128
	12	MANGOL PURI	105
	13	SHAHABAD DAIRY	156
	14	MAYAPURI CHOWK	101
	15	RAJ NAGAR PART-2	137
	16	MANGOLPURI	115

No. of CWDs	S.No.	Area Name	Estimated Number
50-99 CWD	1	PAHARGANJ	69
	2	KALYANPURI	56
	3	VISHWAS NAGAR	58
	4	GAUTAMPURI PHASE-II	63
	5	JANGPURA	82
	6	MADANPUR KHADAR EXT	79
	7	TAIMOOR NAGAR	87
	8	SONIA VIHAR	82
	9	BUDH VIHAR PHASE -2	67
	10	JAHANGIR PURI JJ	78
	11	NARELA	59
	12	PUNARWAS COLONY	89
	13	SAMAY PUR BADLI	61
	14	JAI VIHAR PH-I	62
	15	KHAJAN BASTI	61
	16	MATIALA	74
	17	MAYAPURI INDUSTRIAL AREA PH II	89
	18	MAYAPURI PH-1	54
	19	NANGAL RAI	68
	20	PAPRAPAT ROAD	54
	21	ROSHAN VIHAR	80
	22	TRILOK PURI	67
	23	SANGAM VIHAR	57
	24	NEW SEEMA PURI	91
	25	OLD MUSTAFABAD	62
	26	SHIV VIHAR	82
	27	Haidar Pur	89

#### 4.2 LOCATIONS OF CHILDREN WITH DISABILITIES – CENTRAL DELHI

East district has three tehsils- Karol Bagh, Darya Ganj and Paharganj. According to CDART estimates, there are 381 disabled children in slums and resettlement area of Central Delhi.

Nine locations in Central Delhi have 10 or more disabled children. One location has 69 disabled children. While 2 locations have 40-50 disabled children each. 2 locations have 21-40 disabled children and 5 locations have between 10-20 CWDs each.

No. of CWDs	No. of Locations	Locations	Estimated Number of CWDs
50-99 CWD	1	PAHARGANJ	69
10-49 CWD	8	AMAR PURI,NABI KARIM	49
		TURKMAN GATE	42
		MULTANI DHANDA PAHRGANJ	36
		RAM NGR/NABI KARIM	28
		AJMERI GATE	19
		DARYAGANJ	18
		LAL KUAN	17
		MOTIA KHAN PAHARGANJ	12

Paharganj has maximum number of disabled children followed by Navikarim, Turkman Gate, Multani Dhanda, Ram Nagar, Daryaganj, lal kuan and Moti Khan.

### **4.3 LOCATIONS OF CHILDREN WITH DISABILITIES – EAST DELHI**

East district has three tehsils –Gandhi Nagar, Preet Vihar and Vivek Vihar. According to CDART estimates, there are 713 disabled children in East Delhi.

Twenty three locations in East Delhi have 10 or more disabled children. One area has maximum 67 disabled children. 2 locations have 50-60 disabled children each. While 8 locations have between 21-40 disabled children each and 12 locations have between 10-20 disabled children each.

<b>No. of CWD</b>	<b>No. of Locations</b>	<b>Locations</b>	<b>Estimated Number of CWDs</b>
50-99 CWD	3	TRILOK PURI	67
		VISHWAS NAGAR	58
		KALYANPURI	56
10-49 CWD	20	NEW SANJAY AMAR COLONY	37
		KHICHARI PUR	34
		NEW ASHOK NAGAR	34
		SHASHI GARDEN	34
		GEETA COLONY	33
		MANDAWALI	24
		PANDAV NAGAR	21
		WEST VINOD NAGAR	21
		EAST VINOD NAGAR	19
		BHIKAM SINGH COLONY	16
		GHIROLI VISTAR	16
		RAJBIR COLONY	15
		JAWALA NAGAR	14
		CHANDER VIHAR	14
		SHANTI MOHALLA	14
		KONDLI HARIJAN BASTI	13
		MANDAWALI FAZULPUR	13
		KAILASH NAGAR	11
		JHILMIL	10
		WEST KANTI NAGAR JJ CLUSTER	10

Maximum disabled children live in Trilokpuri followed by Vishwas Nagar, Kalyan Puri, Sanjay Amar Colony Khichari pur, New Ashok Nagar, Shasi Garden and Geeta Colony.

Mandawali, Pandav Nagar, West Vinod Nagar, East Vinod Nagar, Bhikam Sing Colony, Ghiroli Vistar and Rajvir Colony each have 15-25 disabled children.

10-14 disabled children are found in Jawala Nagar, Chandar Vihar, Shanti Mohalla, Hrijan Basti, Fazulpur, Jhilmil and Kanti Nagar JJ Cluster each.

#### **4.4 LOCATIONS OF CHILDREN WITH DISABILITIES – NORTH DELHI**

North district has three tehsils- Chandni Chowk, Sadar Bazar and Kashmiri Gate. According to CDART estimates, there are 460 disabled children in North Delhi. There are 17 locations in North Delhi having 10 or more disabled children. 5 locations have between 20-50 disabled children, while 12 locations have 10-19 disabled children each.

<b>No. of CWDs</b>	<b>No. of Locations</b>	<b>Locations</b>	<b>Estimated Number of CWDs</b>
10-49	17	MUKUNDPUR PART 2	38
		AZAD PUR	29
		JAKHEERA	28
		BURADI	42
		DAYA BASTI	23
		AMAR PARK	17
		MUKUNDPUR PART 1	17
		KAMAL VIHAR	16
		OLD CHANDRAWAL	16
		SANGAM VIHAR	15
		JHARODA	13
		GOPAL PUR VILLAGE	13
		MAJNU KA TILA	13
		LAL BAGH AZADPUR	12

		NEHRU NAGAR	12
		INDERLOK YELLOW QUARTER(DDA)	11
		SANT NAGAR_BURADI	10

Buradi has maximum disabled children followed by Mukundpur part 2, Azadpur, Jakheera, , Daya Basti, Amarpark, Mukund pur part-1 kamal vihar, old chandrawal, Sangam Vihar, Jhroda, Gopalpur, Majnu ka Tila, Lal Bagh, Inderlok and Sant Nagar.

#### **4.5 LOCATIONS OF CHILDREN WITH DISABILITIES – NORTH EAST DELHI**

Northeast district has three tehsils- Shahdara, Nand Nagari and Seelampur. According to CDART estimates, there are 1863 disabled children in Northeast Delhi. There are 33 locations have 10 or more disabled children. One location has 200-299 disabled children, while 4 locations have 100-199 disabled children each. 4 locations have between 50-99 disabled children each and 24 locations have between 10-49 disabled children each.

<b>No. of CWDs</b>	<b>No. of Loctions</b>	<b>Locations</b>	<b>Estimated Number of CWDs</b>
200-299	1	RAJIV NAGAR/SRI RAM COLONY	238
100-199	4	NAND NAGRI	168
		NEW SEELAM PUR	143
		SUNDER NAGRI	129
		JANTA COLOLY JAFARABAD	127
50-99	4	NEW SEEMA PURI	91
		SONIA VIHAR	82
		SHIV VIHAR	82
		OLD MUSTAFABAD	62
10-49	24	KARDAM PURI	48
		WELCOME	46

		CHAND BAGH	46
		GAUTAMPURI	46
		BRAHMPURI	42
		DAYAL PUR	35
		KABIR NAGAR	34
		OLD SEEMA PURI	32
		SHASTRI PARK	29
		HARSH VIHAR	29
		JAFRABAD	28
		PRATAP NAGAR	28
		TAHIR PUR	28
		CHAUHAN BANGER	22
		SADAT PUR	21
		TAHIR PUR	18
		KALANDAR COLONY	18
		PREM VIHAR	15
		GAON KHEDA(VILLAGE)	13
		NEHRU VIHAR	12
		SUN LIGHT COLONY	12
		WELCOME KABUTAR MARKET	11
		SHAKTI GARDEN	11
		GOKALPUR	10

Maximum disabled children are in Sri Ram Colony followed by Nand Nagari, New Seelampur, Sundar Nagari and Janta Colony Jafrabad. New Seemapuri, Sonia Vihar, Shiv Vihar and Mustafabad each have between 50-99 disabled children.

Other locations where 10 -49 disabled children estimated are Kardampuri, Welcome, Chand Bagh, Gautampuri, Brahmipur, Dayalpur, kabir Nagar, Old Seemapuri, Shastripark, Harsh Vihar, Jafrabad, Pratap Nagar, Tahirpur, Sadatpur, Tahirpur, Kalandar Colony, Sunlight Colony etc.

## 4.6 LOCATIONS OF CHILDREN WITH DISABILITIES – NORTH WEST DELHI

Northwest Delhi has three tehsils- Narela, Saraswati Vihar and Modal Town. In terms of area Northwest is the largest district of Delhi. CDART estimates, there are 2021 disabled children in Northwest District. There are 38 locations in Northwest district having 10 or more disabled children. One locations has 239 disabled children, while, 4 locations have 100-199 disabled children each. Six locations have between 50-99 disabled children, while 27 locations having 10-49 disabled children each.

Maximum disabled children were found in Jahangirpuri (239) followed by Mangolpuri (220), Shahbad Dairy (156), Bawana (128) and Sultanpuri(103). Jahangirpri and Mangolpuri are resettlement colonies having a large concentration of 22 percent of disabled children of Northwest Delhi.

No. of CWDs	No. of Locations	Locations	Estimated Number of CWDs
200-299	1	JAHANGIRPURI	239
100-199	4	SHAHABAD DAIRY	156
		BAWANA	128
		MANGOLPURI	220
		Sultanpuri	103
50-99	6	PUNARWAS COLONY	89
		Haidar Pur	89
		JAHANGIR PURI JJ	78
		BUDH VIHAR PHASE -	67
	2		
		SAMAY PUR	61
		NARELA	59
10-49	27	PREM NAGAR-II	48
		SULTAN PURI JJ	45
		ROHINI_SECTOR_20	44
		HOLAMBI METRO VIHAR PHASE-1	39
		HOLAMBI KALA	38
		J J COLONY BHALASWADAIRY	38
		SAWADA GHEWARA	31
		SHAHEED SUKHDEV NAGAR	27

		S_PUR BADLI	24
		PREM NAGAR-III	24
		KABIR NAGAR	23
		BHALSWA DAIRY	22
		SAKURPUR	22
		JAILERWALA BAGH	21
		BUDH VIHAR PHASE 1	19
		SWATANTRA NGR.	16
		NEAR JHUGGI JAIPUR GOLDEN	14
		SHAHEED CHANDRASHEKHAR AZAD COLONY	14
		BAKNER	13
		RITHALA	12
		SHARADHA COLONY	11
		TIKRI_KHURD_NARE LA	11
		NAGLOI JJ-COLONY	10
		LAWRANCE ROAD- KESHAVPURAM	10
		PREM NAGAR -I	10
		SHAKUR BASTI, RAILWARY COLONY	10

Six locations are having 50-99 disabled children are Punarbas Colony, Haidarpur, Jahangirpuri JJ, Budh Vihar phase-II, Samaypur and Narela.

Other locations are Holambi Kalan, Bhalaswa Dairy, Prem Nagar, Sakurpur, Swantra Nagar and Nangloi JJ colony etc.

#### **4.7 LOCATIONS OF CHILDREN WITH DISABILITIES – SOUTH DELHI**

South Delhi district has three tehsils- Defence Colony, Hauz Khas and Kalkaji. The estimated numbers of disabled children are 4866. There are Thirty three locations having 10 or more disabled children in South district. 5 locations have 300 or more disabled children each, while, another 5 locations have 100-199 disabled children and 5 locations have 50-99 disabled children each. 17 locations have between 10-49 disabled children each.

Srinivaspuri, Sangam Vihar and Madampur Khadar have maximum numbers of disabled children, which account for 63 percent of total estimates of South Delhi. Hari Nagar Ashram have 317 disabled children.

<b>No. of CWD</b>	<b>No. of Locations</b>	<b>Locations</b>	<b>Estimated Number of CWD</b>
300+	5	SRINIWAS PURI	1227
		SANGAM VIHAR_D5	1010
		MADANPUR KHADAR VILLAGE	557
		MADANPUR KHADAR	317
		HARI NAGAR ASHRAM	314
100-199	5	TIGRI	189
		AALI VIHAR	119
		KALKAJI	118
		BADARPUR MEETHAPUR	112
		NEHRU NAGAR JAL VIHAR	109
50-99	5	TAIMOOR NAGAR	87
		JANGPURA	82
		MADANPUR KHADAR EXT	79
		GAUTAMPURI PHASE-II	63
		SANGAM VIHAR	57
10-49	17	TIGRI EXTENSION	36
		GAUTAMPURI PHASE-I	32
		AMBEDKAR NAGAR	21
		GOLA KUAN	21
		INDIRA KALYAN VIHAR CAMP	19
		CHATTARPUR PHARI	18
		JASOLA VILLAGE	18
		NEB SARAI	18
		TAGALAKABAD EXTN	17
		SARAI KALE KHA	16

		BATLA HOUSE	15
		SHAHIN BAGH	15
		TEHKHAND MAVI MOHOLLA	14
		OKHLA	13
		SANJAY COLONY	13
		J J CAMP	12
		TUGLAKABAD	10

Tigri, Aali Vihar, Badarpur meethapur and Nehru Nagar Jal Vihar are having 100-199 disabled children each.

Taimur Nagar is having 87 disabled children followed by Jangpura(82), Madanpur Khadar Extension (79), Gautampuri phase –II(63).

Other locations are Tigri Extension, Ambedkar Nagar, Indra Kalyan Vihar Camp, Chatarpur Pahari, Jasola Village, Tugalkabad, Batla House, Sanjay Colony etc.

#### **4.8 LOCATIONS OF CHILDREN WITH DISABILITIES – SOUTH WEST DELHI**

<b>No. of CWD</b>	<b>No. of Locations</b>	<b>Locations</b>	<b>Estimated Number of CWD</b>
300+	4	SECTOR 3, DWARKA	1167
		SAMALKA VILLAGE	956
		GOYALA DAIRY	489
		MAHAVIR ENCLAVE PART 1	348
200-299	3	NASIRPUR	257
		KAKROLA SEC-15	252
		GHASIPURA EXTN	215
100-199	2	RAJ NAGAR PART-2	137
		MAYAPURI CHOWK	101
50-99	8	MAYAPURI INDUSTRIAL AREA PH II	89
		ROSHAN VIHAR	80
		MATIALA	74
		NANGAL RAI	68
		JAI VIHAR PH-I	62

		KHAJAN BASTI	61
		MAYAPURI PH-1	54
		PAPRAPAT ROAD	54
10-49	17	INDERPURI	43
		NARAINA CANTONMENT	43
		NAGLI VIHAR EXTN	38
		SHIV PURI	36
		NARAINA VILLAGE	32
		DASS GARDEN	31
		BAKKARWALA	27
		DHARAMPURA, NAJAFGARH	25
		INDIRA PARK	24
		MANSAROVAR GARDEN	21
		KAKROLA SEC-16	18
		SAGARPUR	18
		KUSUM PURA	17
		NARAIANA VIHAR, LOHA MANDI	16
		SAHABAD MOHAMMADPUR VILLAGE	15
		DURGA PARK- DWARKA	13
		RANG PUR PAHARI EXT	12

Southwest district has three tehsils- Najafgarh, Delhi Cant and Vasant Vihar. There are about 5046 disabled children are estimated in Southwest district of Delhi. There are 34 locations having 10 or more disabled children each. Four locations have 300 or more disabled children each, while, 3 locations have 200-299 disabled children each. There are two locations have between 100-199 disabled children each, 8 locations have 50-99 disabled children each and 17 locations have 10-49 disabled children each.

Sector 3 Dwaraka has maximum numbers of disabled children followed by Samlakha Village, Goyala Dairy and Mahavir Enclave. The other locations are Roshan Vihar, Matyala, Nangal Rai, Khazan Basti, Inderpuri, etc.

#### 4.9 LOCATIONS OF CHILDREN WITH DISABILITIES –WEST DELHI

No. of CWD	No. of Locations	Locations	Estimated Number of CWD
100-199	1	RAGHUVIR NAGAR	113
10-49	19	UTTAM NAGAR HASTAL	43
		SHIV VIHAR HASTSAL	39
		MOHAN GARDEN	37
		VIKAS NAGAR	33
		MADI PUR	32
		NANGLOI JAT	27
		SHAKUR PUR	24
		KHAYALA	18
		PREM NAGAR	16
		CHANDER VIHAR	16
		VIKAS PURI	14
		KATHPUTLI COLONY	13
		RAMA ROAD	12
		TC CAMP	11
		TILAK VIHAR	11
		TILANG PUR KOTLA	11
		RAILWAY COLONY EAST PUNJABI BAGH	10
		UTTAM NAGAR	10
		MOHAN GARDEN SAI ENCLAVE	10

West District has three tehsils- Patel Nagar, Rajouri Garden and Punjabi Bagh. The estimated number of disabled children in West Delhi is 671. There are 20 locations having 10 or more disabled children each in West district of Delhi. One location has 113 disabled children, while, 19 locations have between 10-49 disabled children each.

Ragubir Nagar has maximum number (113) disabled children followed by Uttam Nagar Hastal(43), Shiv Vihar Hastal (39), Mohan Garden(37), Vikas Nagar(33), Madipur (32), Nangloi Jat(27), Kahyala (18) etc.

# CHAPTER-V

## FINDINGS OF BASELINE STUDY ON CHILDREN WITH DISABILITIES

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This section reflects the findings of baseline survey conducted in three districts of Delhi. The study conducted in both the program district of Plan India namely Northeast district and South district. However, West district was covered in the study as control group, where Plan Project is not implemented. A sample of 411 parents or other family members of Children with Disabilities (CWDs) were interviewed to assess the status of CWDs.

This chapter describes the profile of CWDs and status of access to Health and Rehabilitation Services, Aid/Appliances, Education, Services/Schemes by CWDs. This chapter also describes the awareness of Parents of CWDs about disability act, its provisions and available schemes for welfare of differently able persons and children.

### **5.1 Coverage of District and Respondents Profile:**

Table shows that using a snowball technique, a total of 411 parents of CWDs between the age group of 0-18 years were interviewed in selected mapped locations of three districts. About 198 parents of CWDs were interviewed in South district followed by Northeast district (111) and West district (102). The education status, occupation, family size and family income of the parents of CWDs was captured.

It may be seen from the table that 41 percent of parents of CWD are illiterate and remaining 59 percent are literate with only 4 % got higher education and above. District North East is found to be least literate (35%) followed by North East (43%) and West (49%).

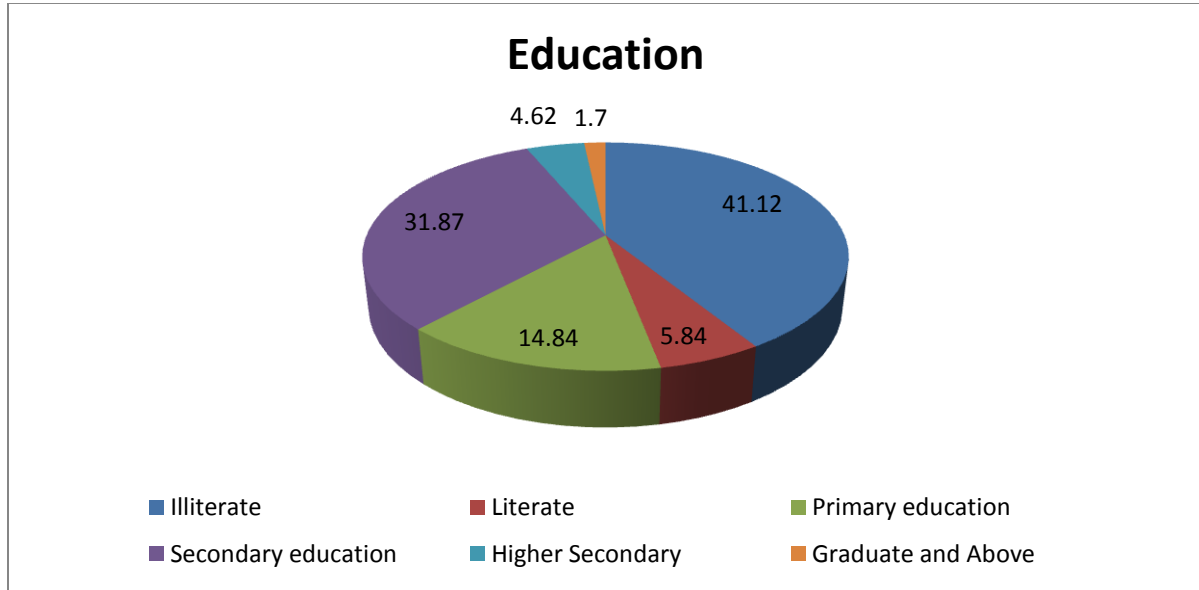
**Table 5.1.1 Profile of Respondents:**

Profile of Respondents	District			Total (N-411)	Row%
	Northeast (N-111)	South (N-198)	West (N-102)		
<b>Education</b>					
Illiterate	48	71	50	169	41.12
Literate	7	4	13	24	5.84
Primary education	18	28	15	61	14.84
Secondary education	34	77	20	131	31.87
Higher Secondary	2	16	1	19	4.62
Graduate and Above	2	2	3	7	1.70
<b>Occupation</b>					
Labor	61	102	71	234	56.93
Service	26	39	7	72	17.52
Self employed	16	31	19	66	16.06
Unemployed	5	10	2	17	4.14
Others	3	16	3	22	5.35
<b>Family Members</b>					
Upto four members	22	40	15	77	18.73
Five to Eight Members	79	143	79	301	73.24
Above eight members	10	15	8	33	8.03
Average family size	5.99	5.82	5.90	5.89	
<b>Monthly Income</b>					
Upto Rs. 5000	88	130	84	302	73.48
Rs. 5000 to Rs. 10000	22	63	17	102	24.82
Above Rs. 10000	1	5	1	7	1.70
Average Income in Rs.	4125	5174	4539	4733	

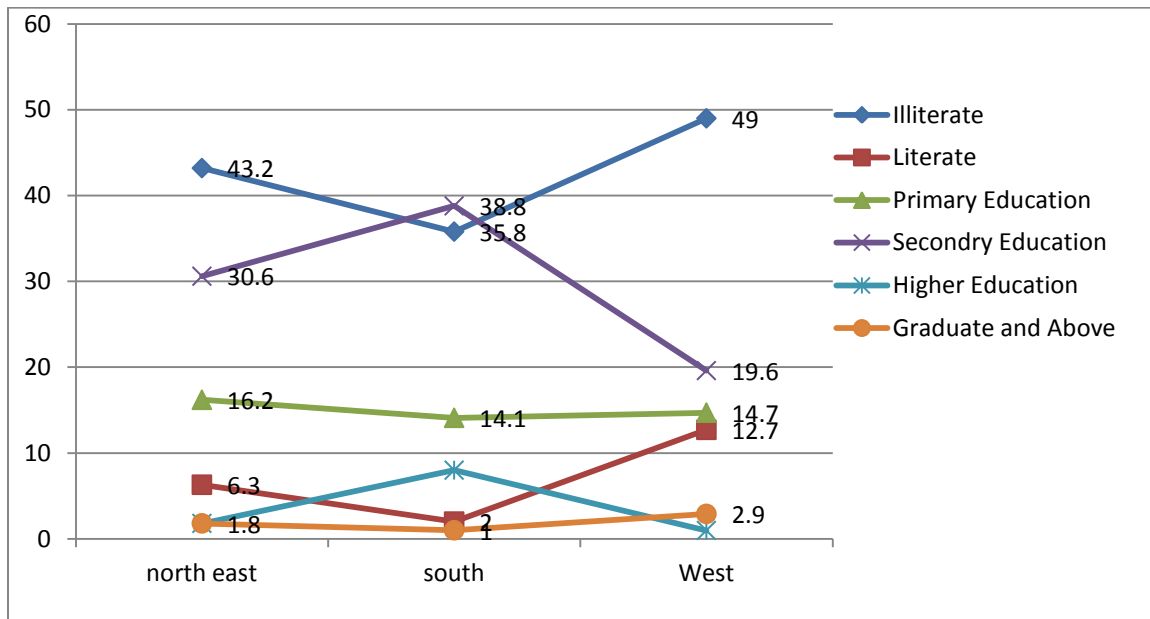
Majority of the respondents are found to be labour class (56%) followed by service (18%) and self employed (16%).Majority of self employed are shop owners or involved in petty occupation

such as vendor, scrappers, Rickshaw puller etc. The average family size was found to be 5 and more in majority of family with average monthly income of Rs 5000.

**Figure -5.1.1 Background Characteristics of the respondents**



**Figure- 5.1.2 District wise comparison of the education level of the respondents**



## 5.2 Background Characteristics of CWDs

The background characteristics such as gender of CWDs, their age group, type of disability, causes of disability, their dependence status and status of disability certificate issued to them were studied.

**Table 5.2.1 Sex and Age of the CWDs**

Profile of CWDs	District				Row%
	Northeast(N-111)	South(N-198)	West(N-102)	Total(N-411)	
<b>Sex of CWDs</b>					
<b>Male</b>	71	113	68	252	61.31
<b>Female</b>	40	85	34	159	38.69
<b>Age of CWDs</b>					
<b>0-5 years</b>	23	36	15	74	18.00
<b>6-10 years</b>	32	49	27	108	26.28
<b>11 – 14 years</b>	24	52	29	105	25.55
<b>15 – 18 years</b>	32	61	31	124	30.17

The above table shows Gender wise break-up and age group of CWD. The table has revealed that out of the total number of CWDs found in sample, 61 percent are male and 38 percent are female.

About 30.17 percent of the CWDs were found in the age group of 15-18 years followed by 6-10 years (26.28%), 11-14 years (25.55%) and 0-5 years (18%).

**Table 5.2.2 Type of Disability:**

Type of Disability	District				
	Northeast(N-111)	South(N-198)	West(N-102)	Total(N-411)	Row %
<b>Physical/mobility</b>	49	49	38	136	33.09
<b>Visual</b>	13	24	9	46	11.19
<b>Hearing</b>	14	37	25	76	18.49
<b>Speech</b>	24	58	20	102	24.82
<b>Mental</b>	11	30	10	51	12.41

It may be seen from the above table and figure that almost all type of disability has been reported in slum and resettlement colonies. However, occurrence of physical disability (33 percent fall into disability related to physical/mobility) is highest as about one third of the CWDs are affected by it. The percentage of other disability in study areas includes 11 percent in visual related disability, 18 percent in Hearing impairment, 25 percent in speech related and 12 percent mental disability.

**Table 5.2.3 Cause of Disability**

Cause of Disability	District				
	Northeast(N-111)	South(N-198)	West(N-102)	Total(N-411)	Row%
<b>Congenital or birth problem</b>	72	153	87	312	75.91
<b>Malnutrition</b>	6	7	6	19	4.62
<b>Burn injury</b>	0	1	2	3	0.73
<b>Accident</b>	10	9	4	23	5.60
<b>Polio</b>	4	5	0	9	2.19
<b>Hereditary</b>	19	23	3	45	10.95

Congenital or birth problem is the most common causes for disability among children in slum/JJ clusters followed by heredity. Accident, burn injury and malnutrition are some other cases as reported by parents. There is no awareness about the criterion for diagnosis of mental retardation (testing intelligence quotient (IQ) of 70 or below and deficits in adaptive functioning)

**Table 5.2.4 Dependence Status:**

Dependence on others	District				
	Northeast(N-111)	South(N-198)	West(N-102)	Total(N-411)	Row%
<b>Dependent</b>	59	102	53	214	52.07
<b>Independent</b>	19	63	25	107	26.03
<b>Partially dependent</b>	33	33	24	90	21.90

The above table also revealed the dependency of the CWDs in their family. Family provides the vital support to a disabled child in the family. About 52 percent of children are family dependent, while 26 percent are self dependent and 22 percent are partially dependent on their family

**Table 5.2.5 Disability Certificate**

Disability Certificate	District				
	Northeast(N-111)	South(N-198)	West(N-102)	Total(N-411)	Row%
Yes	53	101	23	177	43.07
No	58	97	79	234	56.93

**Figure: 5.2.1 Disability Certificate**



It was shocking to note that majority of the family don't have the disability certificate which is an important document to make the disable persons eligible to receive certain benefits from the Government, NGOs and other institutions. About 57 percent families don't have a disability certificate while remaining 43 percent families have got the certificate. It was reported that getting a certificate is biggest challenge for them as there are many hurdles in getting a certificate such as delay and long waiting period, multiple documents, visiting the hospital again and again etc.

### 5.3 Difficulties faced by CWDs in daily activities

Children with Disability faced difficulties in performing day to day work, as reported by parents of the CWD in the sample. It has been found that 83% of the CWD faced difficulties and only 17% of the respondents reported no difficulties faced by their CWD in the survey.

Majority of the children faced difficulty in activities which involved physical movement.

**Table 5.3.1 Difficulties faced by CWD**

	District				Row %
	Northeast(N-111)	South(N-198)	West(N-102)	Total(N-411)	
<b>Difficulties faced</b>					
<b>Yes</b>	92	156	94	342	83.21
<b>No</b>	19	42	8	69	16.79

#### Type of difficulties faced by CWD

During the interview with respondents, it has been reported that their CWDs faced following problems in their daily life.

**Table 5.3.2 Type of difficulties faced by CWDs**

Type of difficulties faced by CWDs	District				Row %
	Northeast (N-92)	South (N-156)	West (N-94)	Total (N-342)	
Unable to see someone	20	38	16	74	21.64
Hearing what other people say	18	37	21	76	22.22
Speaking and holding conversation	44	88	47	179	52.34
moving from lying to sit to stand, moving arms /Legs	49	64	36	149	43.57
Moving around - the house, neighborhood, up/down stairs, public transport .outside	64	74	50	188	54.97

environment					
Daily life activities - bathing, toileting, feeding, dressing, cleaning, washing cloth, caring for children or animals etc	53	85	57	195	57.02
developmental delay – understanding problems, slow in walking & talking	50	83	49	182	53.22
slow in class, unable to learn reading & writing, poor attention & concentration compared to others.	37	73	39	149	43.57
Abnormal behaviors, hearing voices, depression, phobias/abnormal fears, obsessions, anger problems	44	96	38	178	52.05
Participation in playing with other children	59	93	46	198	57.89
Participation in Social gathering	36	74	42	152	44.44

About 48 percent children faced difficulties in participation in playing with other children followed by other daily life activities - bathing, toileting, feeding, dressing, cleaning, washing cloth, caring for children or animals etc (47%). The other difficulties faced by CWD includes moving around the house, neighborhood, up/down stairs, using public transport (46 %), developmental delay – understanding problems, slow in walking & talking (44%). Speaking and holding conversation with other was also reported as difficulty (43%) among others.

#### **5.4 Access to Health Services**

The respondents were asked about age of CWD when first time disability diagnosed, consultation about problem of CWD, Type of treatment provided, result of the treatment and present treatment status of CWD. The findings of the survey are as follow:

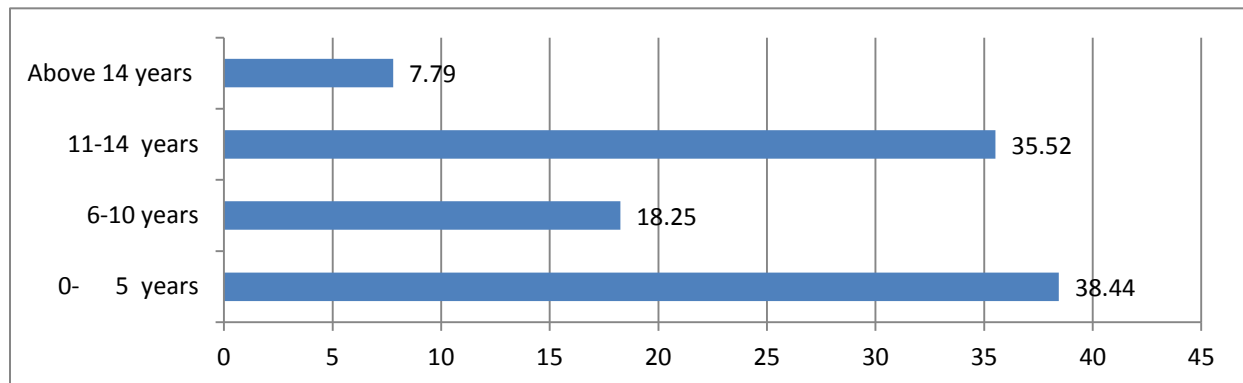
##### **Child Age at first time diagnosis of Disability**

The table show the period of first time diagnosis of disability in the range of age group 0 to 5 years, 6 to 10 years, 11 to 14 years and above 14 years.

**Table 5.4.1 Child Age at first time diagnosis of Disability**

Child Age	District				Row%
	Northeast(N-111)	South(N-198)	West(N-102)	Total(N-411)	
0- 5 years	45	73	40	158	38.44
6-10 years	22	37	16	75	18.25
11-14 years	36	73	37	146	35.52
Above 14 years	8	15	9	32	7.79

**Figure 5.4.1 Child Age at first time diagnosis of Disability**



Majority (58% of the Children were noticed with disability within 10 year of age. About 35 percent of the parents noticed the disability in their children between 11 to 14 year of the age. As can be seen from the above table, there is a certain rise in the reported cases of the disabilities in the age group of upto 10 years.

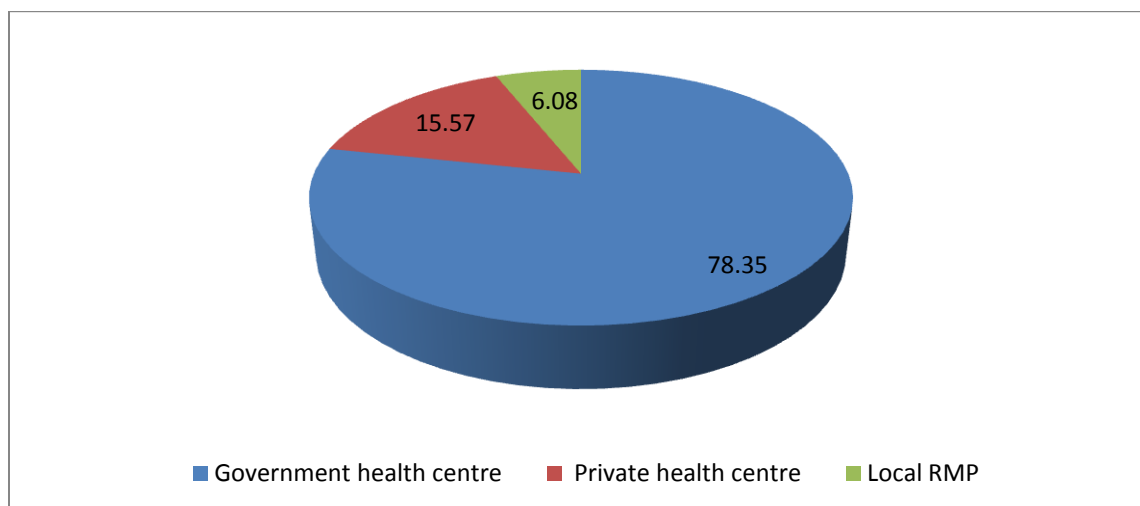
### **First Time Consultation Place**

It was asked by the respondents that, where child was taken first time for consultation. The responses of the parents of CWD revealed Government Hospital, Private Health Center and Local RMP in the area were their choice for consultation of their CWD.

**Table 5.4.2 First Time Consultation Place**

Consultation Place	District				Row%
	Northeast(N-111)	South(N-198)	West(N-102)	Total(N-411)	
Government health centre	92	146	84	322	78.35
Private health centre	15	39	10	64	15.57
Local RMP	4	13	8	25	6.08

**Figure 5.2.2 First Time Consultation Place**



As shown in the table and figure above, Government Hospital (78%) was the first choice for the consultation for disability of child. While, 15.57 percent of the parents of CWDs preferred Private Health Center as first choice of consultation and 6 percent of the respondents visited Local RMP in their locality for consultation of their CWDs.

## Type of Treatment Received

During the interaction with individual parents and other family member of CWDs, the responses on the type of treatment were ascertain.

**Table 5.4.3 Type of treatment received by CWDs**

Type of Treatment	District				Row%
	Northeast(N-111)	South(N-198)	West(N-102)	Total(N-411)	
Oral medicine	69	108	68	245	59.61
Injection	4	12	10	26	6.33
Surgery	4	11	0	15	3.65
Physiotherapy	7	12	5	24	5.84
Religious rituals / prayers	8	18	5	31	7.54
No treatment	19	37	14	70	17.03

Oral medicine was the first treatment provided by the parents in most of the cases (60%) across all district. A considerable number of parents (17%) in slum/JJ clusters and resettlement colonies have not received any treatment. This is mainly because of the lack of awareness about the type of treatment available and their inability of leave their work. Religious rituals were also reported by some parents

## Result of Treatment

The table shows the responses of the respondents on result of treatment of their CWD who received the treatment. These responses have been categorized in Noticeable improvement, marginal improvement and no change noticed. The responses of the respondents are given in following table.

**Table 5.4.4 Result of Treatment**

Result of Treatment	District				Row %
	Northeast(N-92)	South(N-161)	West(N-88)	Total(N-341)	
Noticeable improvement	15	28	7	50	14.66
Marginal improvement	24	53	20	97	28.45
No change	53	80	61	194	56.89

About 57 percent parents responded that they did not notice any change after the treatment while 28 percent said that marginal improvement was noticed in their child. About 15 percent said that there was a noticeable improvement This may be the reason why most of the parents discontinue the treatment or don't send their child to any therapy centre or rehabilitation centre

### **Continuation of Treatment**

The respondents, who noticed improvement in the treatment were responded about continuation of treatment. Out of 341 respondents, only 147 respondents responded. The responses of those respondents are given in the following table:

**Table 5.4.5 Continuation of treatment**

<b>Continuation of Treatment</b>	<b>District</b>				<b>Row %</b>
	<b>Northeast (N-39)</b>	<b>South(N-81)</b>	<b>West(N-27)</b>	<b>Total(N-147)</b>	
Yes	30	44	13	87	59.18
No	9	37	14	60	40.82
<b>Reason for not of continuation of treatment</b>					
No improvement	5	24	6	35	58.33
No Faith	2	6	5	13	21.67
Could not afford	2	7	3	12	20.00

The above table reveals that, about 60 percent parents continuing the treatment of their child while 41 percent could not do so. No improvement was reported as the main reason for discontinue the treatment. About 22 percent has no faith in treatment for the disabled child while 20 percent said that they could not afford it.

### **5.5 Rehabilitation Services**

The utilization of rehabilitation services by the parents for their CWD was recorded in terms of type of rehabilitation services received by CWD, Source of rehabilitation services received, average period of rehabilitation services received by CWD and present status of treatment given to the CWD.

## Type of Rehabilitation Services Received

The utilization of rehabilitation services was responded by the parents of CWDs in terms of self care, Physiotherapy, behavior correction and speech therapy. The responses of the respondents are given in the following table:

**Table 5.5.1 Type of rehabilitation services received by CWDs**

Type of Services	District				Row%
	Northeast(N-111)	South(N-198)	West(N-102)	Total(N-411)	
Self care	80	85	82	247	60.10
Physiotherapy	11	56	12	79	19.22
Behavior correction	19	42	5	66	16.06
Speech therapy	1	15	3	19	4.62

The above table shows that the utilization of rehabilitation services was very poor, only 40% of the CWD received the rehabilitation services as reported by the respondent. About 60 % said that only self care was provided and no any rehabilitation service received by them. Only 19% of the CWD received Physiotherapy, 16% behavior correction and 4% speech therapy.

## Source of Rehabilitation Services received

The sources of rehabilitation services were found Government Hospital, Private Hospital, nearby Private Clinic and NGO center, who received rehabilitation services. The responses of the respondents are presented in the following table:

**Table 5.5.2 Sources of Rehabilitation Services received**

Source of Services	District				Row %
	Northeast(N-31)	South(N-113)	West(N-20)	Total(N-164)	
Government Hospital	16	9	12	37	22.56
Private Hospital	4	6	0	10	6.10
Nearby Private Clinic	2	1	0	3	1.83
NGO Center	9	97	8	114	69.51

The above table shows the source of rehabilitation service received the children. About 70 % children received the service by NGO centre followed by government hospital (23 %), Private Hospitals (6%) and nearby private clinic (1%).

### Duration of Rehabilitation Services

The responses of the respondents on their CWD, who received rehabilitation services, were recorded in terms of average month in a year, average days in a week and average minutes in a day. The average duration of rehabilitation services received by CWD is given in the following table:

**Table 5.5.3 Duration of Rehabilitation Services**

Duration of Services	District			
	Northeast	South	West	Total
Average month in a year	7.90	8.02	6.70	7.60
Average days in a week	3.70	4.68	4.71	4.53
Average minutes in a Day	30.58	40.48	30.50	36.60

The table shows the duration of the service received by the CWDs. The average duration was about 7-8 months in a year and 4-5 days in a week and 36 minutes in a day.

### Rehabilitation Services received currently

The respondents, who reported received rehabilitation services for their CWDs were asked about continuation of rehabilitation services. The responses of those respondents are given in the following table

**Table 5.5.4 Rehabilitation Services received currently**

Rehabilitation services received currently	District				Total(N-164)	Row%
	Northeast (N-31)	South(N-113)	West(N-20)	Total(N-164)		
Yes	20	85	9	114	69.51	
No	11	28	11	50	30.49	

On the day of survey, about 70 percent CWD were under medical treatment in rehabilitation centers, while remaining 30 percent are not under any treatment currently. This again proves that a section of community have very little faith on medical treatment.

### **Send your Child in Rehabilitation Center**

The parents of the CWD were asked about they would like to send their CWD in rehabilitation center. The responses of the respondents are presented in the following table.

**Table 5.5.5 Send your child in rehabilitation center**

	<b>District</b>				
<b>Like to send your child in center</b>	<b>Northeast (N-111)</b>	<b>South(N-198)</b>	<b>West(N-102)</b>	<b>Total(N-411)</b>	<b>Row%</b>
Yes	21	152	36	209	50.85
No	87	38	61	186	45.26
Can't Say	3	8	5	16	3.89

The table shows whether parents like it to send their children to rehabilitation centre. About 51 percent parents said yes while 45 percent parents said that they do not like to send their children to any rehabilitation centre. No improvement and lack of transport facility were cited as the main reason for not sending their child to such service

### **5.6 Aids/Appliances**

The status of the use of aids/appliances by CWDs was recorded in the terms of advice for aids/appliance and acquired, type of aids/appliances acquired, how aids/appliances were acquired, whether aids used, reason for not using aids and reasons for not acquiring aids/appliance. The findings of the status of use of aids/appliances are as follow:

#### **Advice about Aids/Appliance to CWDs**

The respondents were asked whether they received advice for use of aids/appliances for their CWDs, if advice, whether aids/appliances were acquired. The responses of parents of CWDs are given in the following table.

**Table: 5.6.1 Advice about aids/appliances**

Advice about Aids/Appliance	District				Row%
	Northeast(N-111)	South(N-198)	West(N-102)	Total(N-411)	
Yes and acquired	26	73	16	115	27.98
Yes but not acquired	24	25	6	55	13.38
Not advice/D'not know	61	100	80	241	58.64

The table revealed the response regarding the aids/appliances for CWD. About 59 percent parents said that they have not been advised to use any appliances and even they do not know about such appliances. About 41 percent of the respondents recalled that, they have been advice for use of aids/appliances for their CWD. Out of them, only, 28 percent said they have been advised and also received aids/appliances for their children while 13 percent said that they have been advised to use aids/appliances but they have not received.

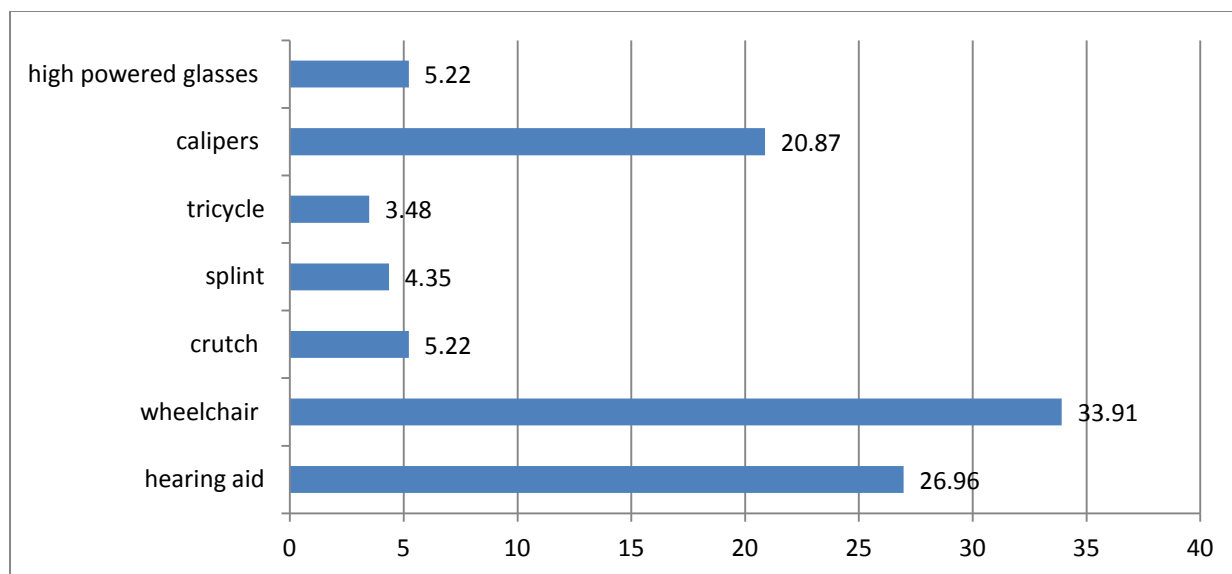
**Type of Aids/Appliances acquired:**

About 115 respondents said that they have been acquired aids/appliance as advised to them. Further, they were asked about type of aids/appliances acquired by them for their CWD. The responses are presented in the following table.

**Table 5.6.2 Type of Aids/Appliances acquired**

Type of Aids/Appliance acquired	District				Row%
	Northeast(N-26)	South(N-73)	West(N-16)	Total(N-115)	
hearing aid	3	21	7	31	26.96
wheelchair	9	25	5	39	33.91
crutch	2	3	1	6	5.22
splint	2	3	0	5	4.35
tricycle	2	2	0	4	3.48
calipers	7	15	2	24	20.87
high powered glasses	1	4	1	6	5.22

**Figure 5.6.1 Type of Aids/Appliances acquired**



Wheel chair was received by maximum number of children (34 %) followed by hearing aid (27%) and calipers (21%).

On asking about the reason for not acquiring Aids/Appliances, majority (35%) said that they are not available followed by no awareness about such appliances (27%) while 22 % said that such aids/appliances are expensive and they cant afford them. The responses of respondents are presented in the table:

**Table5.6.3 Reasons for not acquiring Aids/Appliances**

Reason for not acquiring Aids/Appliances	District				Row%
	Northeast N-24	South N-25	West N-6	Total N-55	
Don't know	7	6	2	15	27.27
Not available	8	10	1	19	34.55
Expensive	4	6	2	12	21.82
Not necessary	5	3	1	9	16.36

### Source of Aids/Appliance acquired

The responses of the parents on sources of acquiring aids/appliances are presented in the following table. The sources are found assistance from Government, NGOs and purchase on their own.

**Table 5.6.4 Source of Aids/Appliances acquired**

Source of Aids/Appliance acquired	District				Total(N-115)	Row%
	Northeast(N-26)	South(N-73)	West(N-16)			
Purchased	8	22	4	34	29.57	
Assistance from Government	15	36	9	60	52.17	
Non-government Organization	3	15	3	21	18.26	

As for the aids/appliances, little more than half (52%) of the parents said they received them through government in camps. They received such aids/appliances during a camps organized by local government in the hospital. About 30 parents had to purchase such appliances and 18% provided by NGOs

### Uses of Aids/Appliances

The usage of aids/appliance was recorded from them who acquired the aids/appliances. The responses of the respondents and reason for not using aids/appliances are presented in the following table:

**Table 5.6.5 Uses of Aids/Appliances**

Usage of Aids/Appliances	District				Total(N-115)	Row%
	Northeast(N-26)	South(N-73)	West(N-16)			
Yes	13	28	6	47	40.87	
No	13	45	10	68	59.13	

<b>Reason for not using aids/appliances</b>					
No training on how to use	4	21	6	31	45.59
Difficulty in maintenance/repair	9	24	4	37	54.41

The table presents the uses of aids/appliances by CWD. About 59 percent reported that they are not using aids/appliances while remaining 41 percent are using such aids/appliances. About 54 percent parents expressed their difficulty in maintenance/repair as main reason for not using the aids while 46 percent said they have no training on how to use them.

### 5.7 Access to Education by CWDs

The access to education by CWD was captured from respondents in terms of whether CWD attended Pre School education, enrolled in Primary education, type of school, reasons for not enrolled in Primary education. The responses of the respondents on above mention topics are as follow:

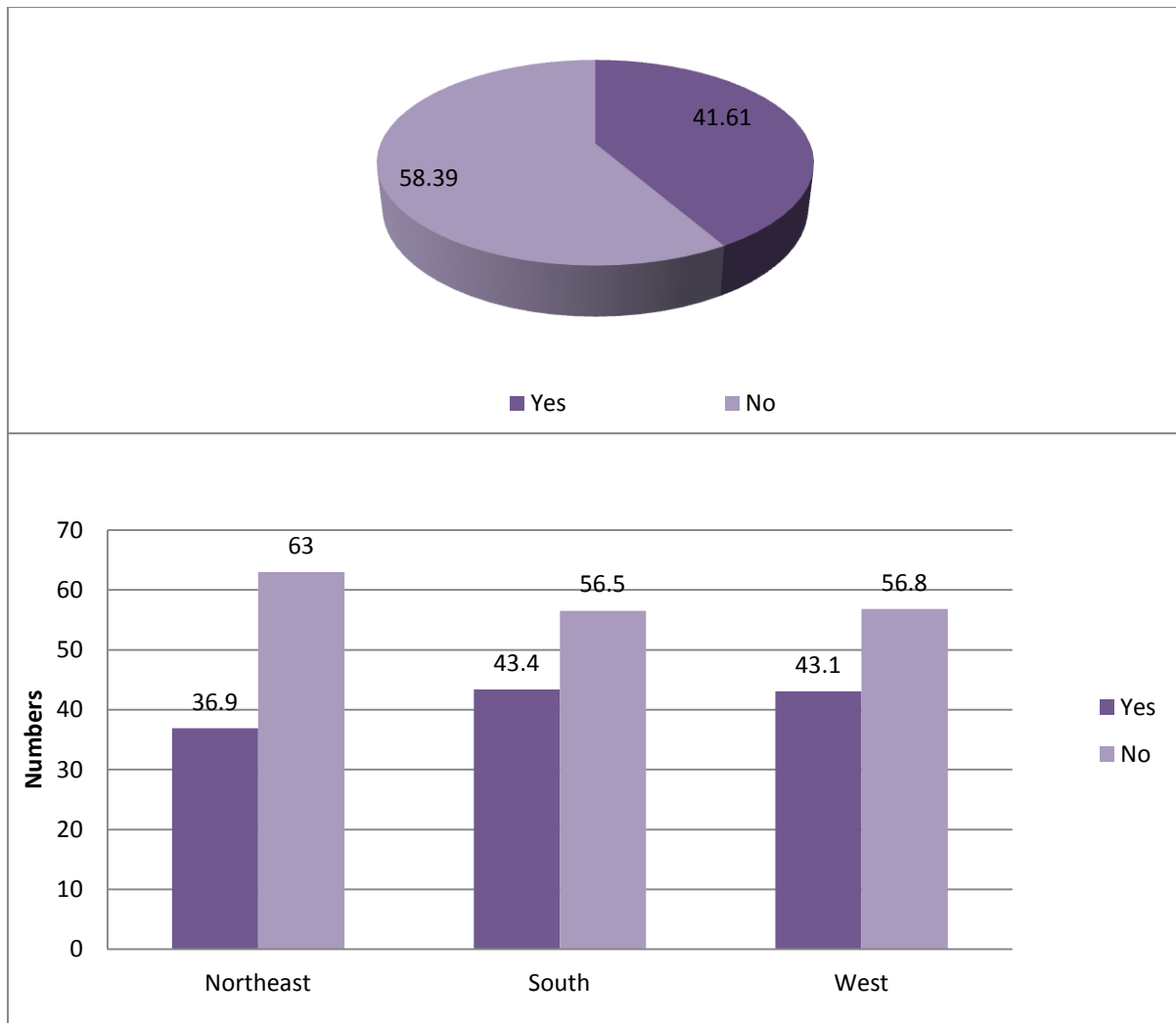
#### Attended Pre School Education

The response of the parents and other family members of CWD regarding participation of CWD in Pre School are presented in the following table:

**Table 5.7.1 Attended Pre School**

	<b>District</b>				
<b>Attended Pre School</b>	<b>Northeast(N-111)</b>	<b>South(N-198)</b>	<b>West(N-102)</b>	<b>Total(N-411)</b>	<b>Row%</b>
Yes	41	86	44	171	41.61
No	70	112	58	240	58.39

**Figure 5.7.1 Attended Pre School**



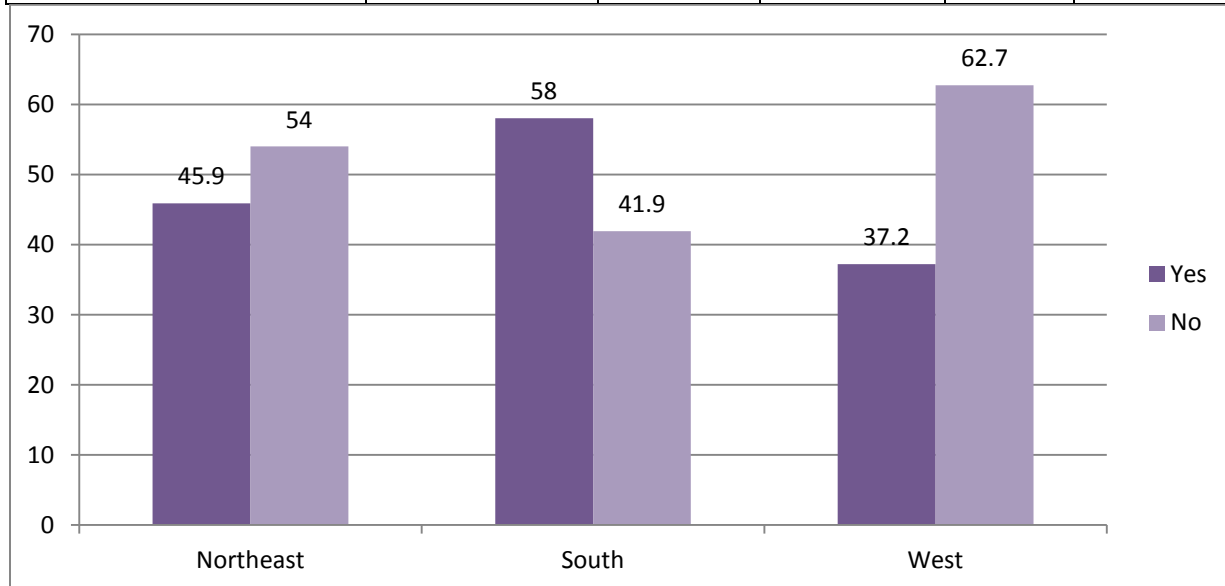
The status of attendance in preschool education shown in the above table and figure. About 58 percent CWD never attended any preschool while about 42 percent reported to attend preschool education.

### **Enrollment in Primary Education**

The enrollment in primary education was recorded in terms of attended primary education, type of school and reasons for not attending primary education. The responses of the respondents are presented in the following table.

**Table 5.7.2 Enrollment in Primary Education**

Primary education	District				Row%
	Northeast(N-111)	South(N-198)	West(N-102)	Total(N-411)	
Yes	51	115	38	204	49.64
No	60	83	64	207	50.36
<b>Type of School</b>					
Normal. School	40	58	27	125	61.27
Special School	11	57	11	79	38.73
<b>Reasons for not enrolled in primary Education</b>					
Due to disability	7	6	8	21	10.14
School not known	7	9	11	27	13.04
Difficulty in getting admission	35	52	38	125	60.39
School far away	3	4	3	10	4.83
Expensive	6	8	3	17	8.21
Not interested	2	4	1	7	3.38



**Figure-5.7.2 District wise Comparison of Enrollment of CWDs in Primary Education**

The above table revealed the status of enrollment for education of CWD. Across all three district surveyed, Almost 50 percent parents have not enrolled their children in any formal school while equal number of parents said to admit CWD in formal school. About 61 percent admitted their CWD in normal school while remaining 39 percent admitted in special school meant for CWD.

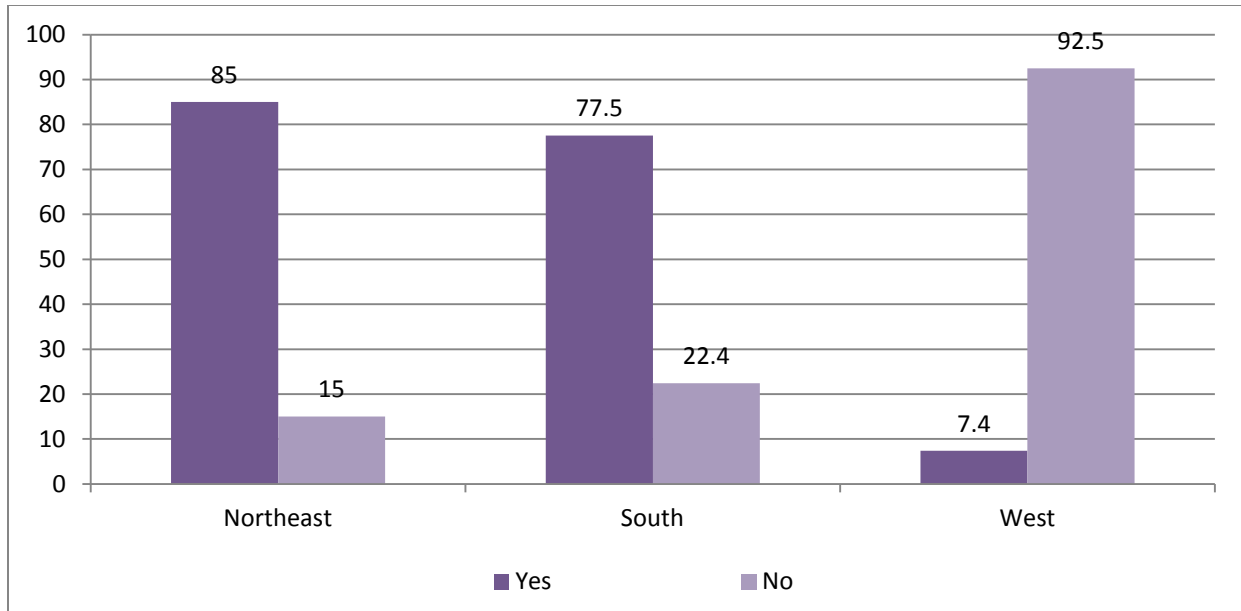
The reasons for not admitting in formal school was mentioned as difficulty in getting admission (60%) while, 13 percent said they are not aware about any such school. About 10 percent said that it is difficult to handle their child so they chose not send them in any school.

### **Continuation of Education in Primary School**

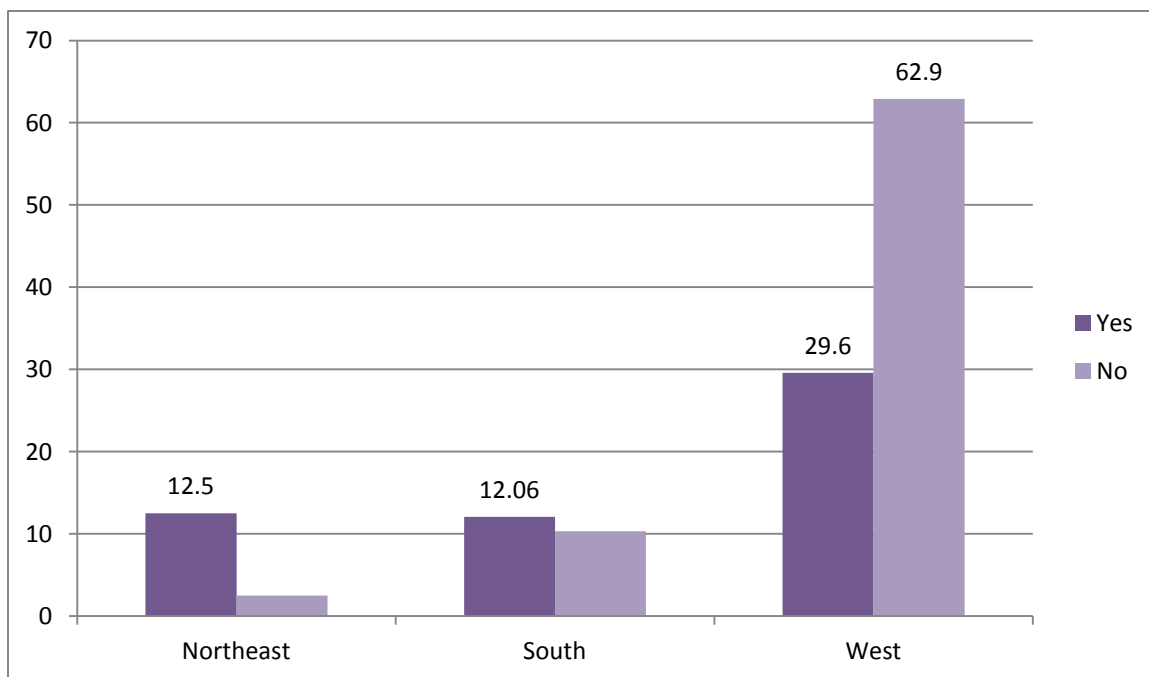
About 125 CWD attended Primary School. They were asked about status of continuation in primary education and reason for not continued primary education is presented in the following table

**Table: 5.7.3 Continuation in Primary Education**

<b>Continuation of Education</b>	<b>District</b>				<b>Row%</b>
	<b>Northeast(N-40)</b>	<b>South(N-58)</b>	<b>West(N-27)</b>	<b>Total(N-125)</b>	
Yes	34	45	2	81	64.80
No	6	13	25	44	35.20
<b>Not continued due to onset of disability</b>					
Yes	5	7	8	20	45.45
No	1	6	17	24	54.55



**Figure-5.7.3 District wise Comparison of Continuation in Primary Education of CWDs**



**Figure-5.7.3. District wise Comparison of not Continued in Primary Education due to Disability**

The table and figure shows the continuation status of education of CWDs. About 65 percent CWD are continuing education in normal school while remaining 35 percent said to discontinue their education. About 45 percent said that they discontinued the education due to onset of disability while 55 percent said disability was not the reason for discontinue.

### **Continuation of Education in Special School**

About 79 CWD (38%) of total CWD enrolled in primary education were admitted in Special School. The status of continuation in Special Education of these children and reason for not continuation in special school are presented in the following table:

**Table 5.7.4 Continuation in Special School**

<b>Continuation in Special Education</b>	<b>District</b>				<b>Row%</b>
	<b>Northeast(N-11)</b>	<b>South(N-57)</b>	<b>West(N-11)</b>	<b>Total(N-79)</b>	
Yes	9	51	4	64	81.01
No	2	6	7	15	18.99
<b>Reason for not continuing in Special School</b>					
Due to disability	1	2	3	6	40
School far Away	1	4	4	9	60

The above table shows the responses about continuation of education in special school. 81 % children are continuing the education in special school and remaining 19 % could not continue. The majority of parents (60 %) cited the distance as main reason for discontinuation while 40 percent CWDs discontinued the education due to disability.

### **Problems faced in admission of CWD in School**

The respondents who admitted their CWD in Primary School were asked about problems faced during admission in School. The problems faced by them are presented in the following table:

**Table 5.7.5 Problems faced in admission in Primary School**

Problems faced in seeking admission	District				Row%
	Northeast(N-51)	South(N-115)	West(N-38)	Total(N-204)	
Denial of admission of your child in School due to disability	10	24	7	41	20.10
Admission delayed by School	3	12	6	21	10.29
Advice by School that, seek admission in other school	9	38	15	62	30.39

The above table shows various problems faced by parents in getting the admission in normal school. About 30 percent said that they were advised by School to seek admission in other schools (including special school) while around 20 percent said to face denial of admission by school due to disability. About 10 percent admitted delay in admission by School.

**Attitude of School Teachers and classmates**

The responses of the parents, who admitted their CWD in Primary School were recorded in the terms of attitude of teachers and classmate towards their CWD. These are presented in the following table:

**Table 5.7.6 Attitude of School Teachers and Classmates**

Attitude of teachers/classmates	District				Row%
	Northeast(N-51)	South(N-115)	West(N-38)	Total(N-204)	
Support of Teachers					
Yes	40	92	13	145	71.08
No	11	23	25	59	28.92

Discrimination/taunting by classmates					
Yes	<b>10</b>	<b>37</b>	<b>4</b>	<b>51</b>	25.00
No	<b>41</b>	<b>78</b>	<b>34</b>	<b>153</b>	75.00

In a response to the questions related to attitude of teachers and other discrimination faced by CWDs, the environment appears to be favorable for CWDs. About 70 percent parents said that teacher supported their child while remaining 30 percent said they did not receive any support from teachers.

On the discrimination or taunting by classmates, 75 percent denied of any such complain while 25 percent said that their children complained about discrimination and taunting by their classmates.

The following table gives the picture of infrastructure available in school for CWD, as reported by parents.

**Table 5.7.7: Availability of necessary Infrastructure in School as per need of CWD**

Necessary Infrastructure	District				Row%
	Northeast(N-51)	South(N-115)	West(N-38)	Total(N-204)	
Yes	17	40	11	68	33.33
No	24	51	7	82	40.20
Don't know	10	24	20	54	26.47

The table shows the status of infrastructure in normal school. The 40 percents responded that schools do not have necessary infrastructure in place while 33 percent said that schools have the infrastructure. Interestingly, about one third parents are not aware about the necessary infrastructure needed for their children

### **Education of CWD helps in improvement of daily activities**

The respondents were also asked about education help their CWD in improvement of daily activities. The responses of the respondents are presented in the following table

**Table 5.7.8 Education of CWD helps in improvement of daily activities**

<b>Education Help in improvement of daily activities by CWD</b>	<b>District</b>				<b>Row%</b>
	<b>Northeast(N-51)</b>	<b>South(N-115)</b>	<b>West(N-38)</b>	<b>Total(N-204)</b>	
Yes	31	74	20	125	61.27
No	11	28	10	49	24.02
Don't know	9	13	8	30	14.71

On asking the whether education helped the child in improvement of daily activities, 61% parents said yes while 24 % said no improvement while 15 % are not aware about any improvement

### **5.8 Awareness about Services/Schemes for Person with Disabilities**

The government has framed and initiated various schemes for welfare of Person with disabilities and Children with disabilities in view of existing act and policies on disability. These schemes are implemented by both Government and Non- Government Organizations.

In order to assess the awareness about these schemes, the respondents were asked about schemes, support received by CWDs under the schemes and type of support received.

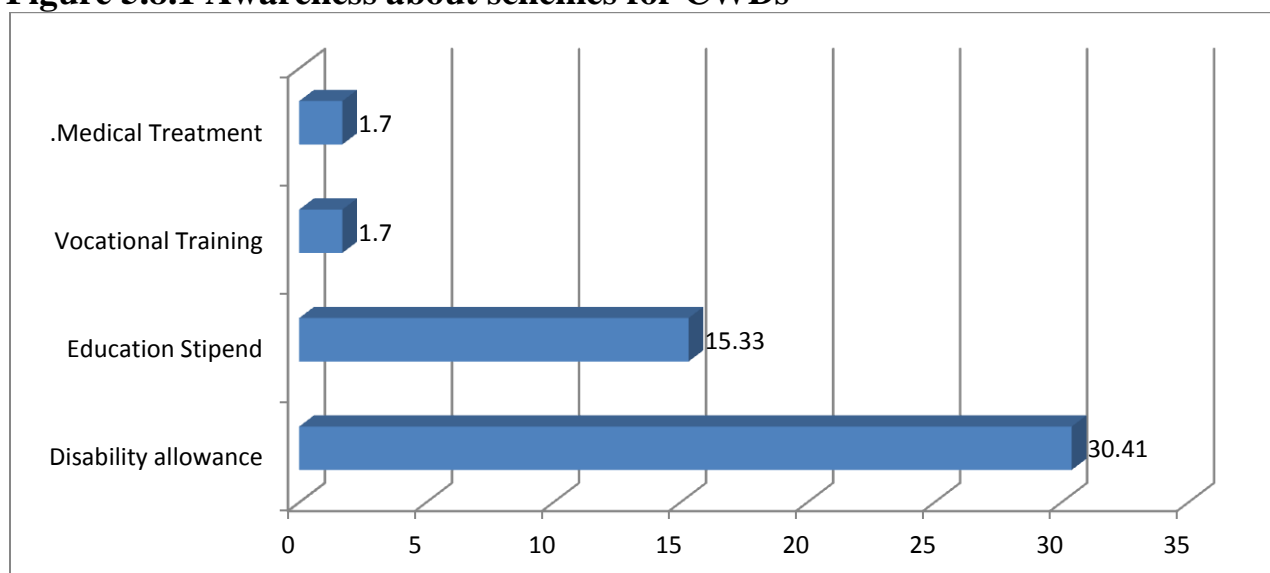
#### **Awareness about Government Services/Schemes**

The respondents of the study were asked about various schemes for welfare of person with disabilities and children with disabilities. The responses of the respondents are presented in the following table

**Table 5.8.1 Awareness about Schemes for CWDs**

Awareness about Schemes for CWD	District				Row%
	Northeast(N-111)	South(N-198)	West(N-102)	Total(N-411)	
<b>Government Schemes</b>					
<i>Disability allowance</i>	50	60	15	125	30.41
<i>Education Stipend</i>	26	27	10	63	15.33
<i>Vocational Training</i>	3	3	1	7	1.70
<i>.Medical Treatment</i>	5	2	0	7	1.70

**Figure 5.8.1 Awareness about schemes for CWDs**



The above table and figure shows that, about one third (30.41%) of the respondents were found aware about disability allowance, which is known as pension scheme of Delhi Government. About 34000 PWDs are currently enrolled in this scheme, as per data shared by Department of Social Welfare, which is one third of the estimates of NSSO in Delhi.. About 15% of the parents were aware about education stipend and the awareness about medical treatment support and vocational training support was very low, only 1.7% of the respondents were aware about these schemes.

It clearly shows that, the awareness about services/schemes available for CWDs and PWDs are very limited.

## Awareness about Services of NGOs

NGOs are also working in the slums and resettlement colonies of Delhi on the disabilities issues with support of various stakeholders and government. The parents were also asked about awareness of their schemes. The responses of the respondents are presented in the following table.

**Table 5.8.2 Awareness about services of NGOs**

NGO Services	District				
	Awareness about Schemes	Northeast(N-111)	South(N-198)	West(N-102)	Total(N-411)
<i>Medical Treatment support</i>	34	54	24	112	27.25
<i>Therapy Services</i>	45	60	32	137	33.33
<i>Educational Support</i>	1	29	0	30	7.30

The above table reveals that the awareness about therapy services offered by NGOs was 33.33% followed by medical treatment support (27.25%) and educational support (7.30%). The awareness about NGOs schemes was also found very poor.

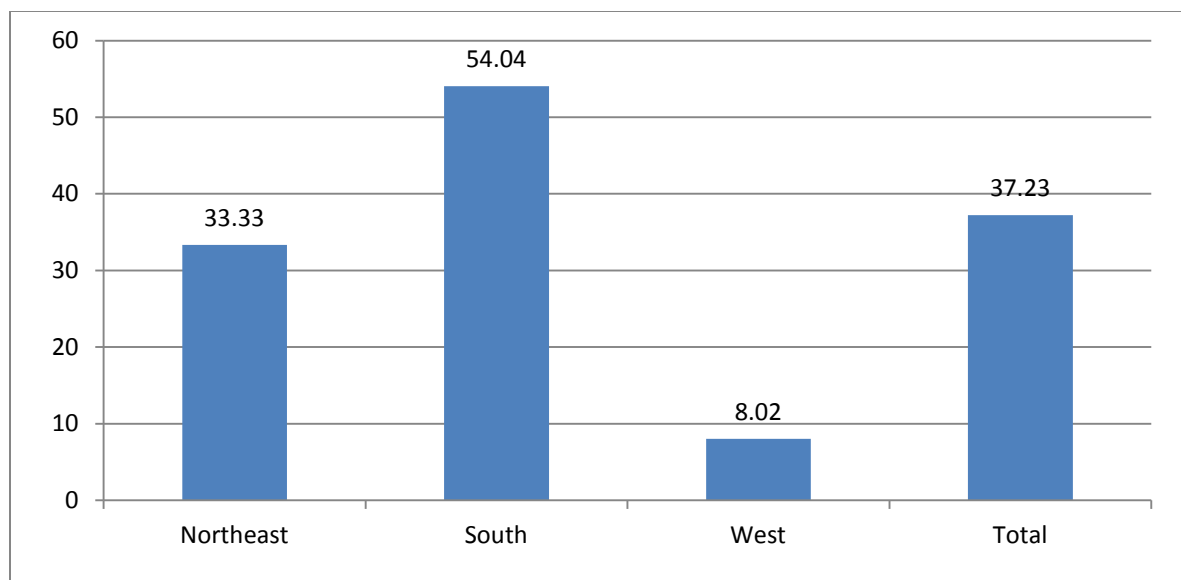
## Support Received by CWDs

The parents of the CWDs were also asked about support received for their CWD from Govt. or Non Govt. organizations. The responses of the parents are presented in the following table:

**Table 5.8.3 Support received by CWDs**

Support received by CWD	District				Row%
	Northeast(N-111)	South(N-198)	West(N-102)	Total(N-411)	
<b>Yes</b>	37	107	9	153	37.23
<i>No</i>	<b>74</b>	<b>91</b>	<b>93</b>	<b>258</b>	62.77

**Figure 5.8.2 Support received by CWDs**



The above table and figure shows that, only 37.23% of the parents reported that, their children with disabilities received support. However, majority (62.77%) of the CWDs have not received any support of schemes implemented by Government and Non Government organizations in Delhi for welfare of CWDs.

The access of the schemes/services to the CWDs is very limited.

### **Type of support received by CWDs**

The parents of the CWDs were also asked about type of services received for their children with disabilities. The responses of the parents, who received the support, are presented in the following table:

**Table 5.8.4 Type of support received by CWDs**

Type of support received	District				
	Northeast(N-37)	South(N-107)	West(N-9)	Total(N-153)	Row%
Disability allowance	13	45	5	63	41.17

Aids/appliances	10	38	2	50	32.67
Medical Services	14	5	0	19	12.42
Therapy support	2	24	5	31	20.26

The above table shows that, about 42 percent of the CWDs received disability pension. One third (32.67%) of the CWDs received aids/appliances as reported by their parents followed by Therapy support (20%) and medical support (12.42%).

It is clearly reflected that the schemes of disability pension and aids/appliances is received by one third CWDs.

## 5.9 Awareness about PWD Act

The parents of the CWDs were also asked about awareness of PWD Act and source of information about PWD act. The responses of the parents are presented in the following table

**Table 5.9.1 Awareness about PWD Act**

	District				
Awareness about PWD Act	Northeast(N-111)	South(N-198)	West(N-102)	Total(N-411)	Row%
Yes	13	38	9	60	14.60
No	98	160	93	351	85.40
Source of Information about act					
NGO Workers	9	22	4	35	58.33
TV	3	8	1	12	20.00
Others	1	8	4	13	21.67

The above table reveals that the awareness about PWD Act. Only 14.60 percent of the parents were aware about PWD act, which is come up in 1995 for safeguard of the right of person with disabilities. However, most 85.40 percent of the parents were not found aware about PWD Act.

It clearly reflects that, no efforts were made to create awareness about act by the both government and non government organizations.

About 58.33 percent of the parents who reported that they are aware about act said that they received the information about act from NGO workers, while 20 percent reported Television is the source of information about PWD act.

## Awareness about Provisions of Act

The parents of the CWDs were further asked about awareness of the provisions of the PWD Act. They were asked about provisions of education, employment, social security etc. The responses of the parents are presented in the following table:

**Table 5.9.2 Awareness about provisions of PWD Act**

Awareness about provisions of PWD Act	District				Row%
	Northeast(N-13)	South(N-38)	West(N-9)	Total(N-60)	
<b>Provision of education</b>					
Free education till 18 years	2	7	0	9	15.00
Special Education	3	1	1	5	8.33
Part time classes	0	0	0	0	0.00
Scholarship	2	5	0	7	11.67
<b>Provision of Employment</b>					
3% reservation in employment	1	4	1	6	10.00
3% reservation in Govt. educational institutes	0	2	0	8	13.33
Relaxation of upper age limit	0	0	0	0	0.00
Health & safety measures at job	0	0	0	0	0.00
<b>Affirmative action</b>					
Schemes for aids & appliances	1	3	1	5	8.33
Preferential land allotment	1	1	0	2	3.33
<b>Social Security</b>					
Financial assistance to NGO	4	12	3	19	31.67
Insurance schemes	0	0	0	0	0.00
Unemployment allowance	2	3	1	6	10.00
<b>Miscellaneous</b>					
Travel concessions	11	36	8	55	91.67
Income Tax Rebate	0	1	0	1	1.67

The above table shows that, the awareness about provisions of free education upto age of 18 years was very low only, 15 percent of the parents, who reported that, they were aware about act, could recall about provision of free education. 11 per cent of the parents were aware about education stipend and only 8 percent were aware about provision of special education. No respondent was found aware about part time classes of students with disabilities.

Under the provisions of employment, only 10 percent of the parents were aware about 3 percent reservation in Govt. jobs and 13 percent were aware about 3 percent reservation in educational institutions. No respondent was found aware about relaxation in the upper age limit in jobs and health and safety measures at jobs.

Under the provision of affirmative action, only 8.33 percent of the parents were recalled about scheme of aids/appliance and only 3.33 percent were recalled about preferential land allotment.

Under the provisions of social security, about 31 percent were aware about financial schemes to NGOs, while only 10 percent were aware about unemployment allowance. No one found to be aware about insurance schemes.

Most (91%) of the parents of the CWDs were found aware about travel concessions and only 1 percent were aware about income tax rebate in the provisions of PWD act.

Overall, it can be conclude that, the awareness about provisions was very limited among parents of CWDs.

### **5.10 Family Attitude towards Children with Disability**

The parents of the CWDs were also asked about family attitude towards their CWDs. The responses of the respondents are presented in the following table:

**Table 5.10.1 Family Attitude towards CWDs**

Family Attitude	District				Row%
	Northeast(N-111)	South(N-198)	West(N-102)	Total(N-411)	
Equal treatment of CWD with other children	88	172	68	326	79.32
Family members face problems in taking care of CWD	69	95	71	235	57.18

All members of family understand needs of CWD	105	135	55	295	71.78
Disability put financial pressure on your family	77	125	16	218	53.04
Discrimination of CWD by Community	27	59	51	137	33.33

The above table shows that, majority (79.32 %) of the parents admitted that, they equally treat their CWD as with their other children. However 57.18% of the parents admitted that, the other family members face problems in taking care of the CWD. About 70 percent of the parents reported that, they understand the need of the CWDs. However, 53.04 percent of the parents admitted that, disability put financial pressure on their family. They need money to take care their medical and other needs. About one third of the parents said that the community discriminate their CWDs.

It clearly reflects that, the community needs to be sensitized about the issues of disabilities and family members need to be trained on taking care of the CWDs.

# CHAPTER-VI

## RESPONSES OF STAKEHOLDERS

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The study conducted an extensive survey of Government agencies, institutions and NGOs working on the disability and disability related areas. The primary objective of the exercise was to have an idea about the estimated coverage of PWDs and CWDs in the district and get an insight of their intervention and highlight the major gaps. The following organizations have been visited.

1. Directorate of Social Welfare, Government of NCT of Delhi
2. Offices of Divisional Commissioners
3. Disability Commissioner, Govt. of Delhi
4. District Social Welfare Office
5. Office of National Trust
6. Department of Education, MCD
7. Primary Schools, MCD
8. Hospitals
9. Vocational and Rehabilitation Centers
10. NGOs working primarily in Slum and JJ cluster on disabilities

### **6.1 Profile of Stakeholders**

About 58 stakeholders were interviewed, out of total, 6 Doctors in charges of issue of disability certificate, 6 Principal of MCD School in 2 each from Northeast, South and West District of Delhi. All the district social welfare officers and representative of district commissioners office were interviewed about schemes of CWD. About 25 NGOs working on disability, across all the districts of Delhi were also interviewed to assess the NGO's intervention and their perception about CWD and Schemes of Government. The opinion of Delhi Disability Commissioner and

Deputy Director, Disability, Social Welfare, Department of Delhi Government, Education Department MCD and National Trust was also collected.

S.No.	Type of Stakeholders	No. Interviewed
1	Doctor In charges of Disability Certificate in Government Hospitals	6
2	Principal of MCD School	6
3	District Officer, Social Welfare Department	9
4	District Collector	9
5	NGOs working on Disability	25
6	Disability Commissioner	1
7	Deputy Director, Disability, Social Welfare Department	1
8	Deputy Director, National Trust	1
	<b>Total</b>	<b>58</b>

## 6.2 Awareness about PWD ACT

All the stakeholders interviewed were aware about the PWD Act and its provisions. However, stakeholders related to education were not fully aware about the all provisions of the acts except those related to education. Further, it was observed that there have not been any systematic efforts or training of many stakeholders like hospital staff and teachers on the PWD act. Almost all stakeholders pointed out that, the access of schemes and provisions of act is very limited by Persons with Disability. This is due to lack of awareness about act in Media. Many stakeholders including NGOs are not aware about the International Year of Disabled Persons. Stakeholders further observed that the majority of PWD including CWD cases are concentrated on lower strata of society such as slum and JJ clusters, rural areas etc which reflect the accuracy of this study.

## 6.3 Inclusive Education

Education has been main focus of this study. The study conducted an intensive discussion with all stakeholders and especially related to education of CWD in normal as well as in special

school. The stakeholders includes parents, officials of education departments, principals, teachers in special and normal school, special educators and NGO functionaries responsible for education of CWD

There are many good special schools and institutions for disabled children in Delhi. Mostly, CWDs are admitted in these special schools and not much has been achieved in mainstreaming them into normal school. Educational needs of CWD are not being addressed properly. In most cases, CWD are unable to pursue studies due to many reasons both prior and post admission in school. Usually, parents of CWD find it worthless to send their children to school. The main reasons for this attitude of parents has been cited as their involvement increases in handling such children (e.g preparing them for schools and dropping them etc). Most of the parents were not sure whether their children can achieve much after getting education as they believe that these children will not get any employment or will be discriminated at work place

The attitude and behavior of teachers and class fellows towards their children was another reason mentioned by parents. Even in special school, transport facilities is not provided by most of the such schools creating an excuse for the parents not to send their children to these school

## **Department of Education**

The study team had intensive discussion with the officials of education department and teachers for an insight how government is addressing the needs of education needs of CWD. During the interview with officials of the education department of the government, it was revealed that the government has taken many steps in addressing the educational needs of PWD.

The key steps taken by government includes

- Appointment of special educators in government schools under Sarv Shiksha Abhiyan (SSA)
- Admission of children as EWS category under Right to Education (RTE)
- Special Training of school teachers on the needs of CWD by IGNOU
- Access audit to assess the necessary infrastructure for CWD in schools conducted by Disability Commissioner

- Integrated Education scheme for children with disability known as IEDC. The scheme aims to provide educational opportunities to learners with disabilities in regular schools and to facilitate their achievement and retention. A cardinal feature of the scheme was liaison between regular and special schools to reinforce the integration process

During interactions with stakeholders, it has been noticed following:

- Most of the measures are being introduced slowly into the system without any urgency and sensitivity towards CWD
- Majority of the government schools lack the necessary infrastructure such as ramp etc making it difficult for children to attend the schools. The classrooms in these schools are also located on first and other floors
- The CWD are still considered as an added burden in school and not as potential contributors to the society
- Special schools remain a preferred medium of education by the parents.
- Special educators under SSA are covering more than 15 schools in a month affecting quality of their interventions. Teachers in these schools depend on these teachers while addressing learning needs of CWD
- The staff and teachers in schools also lack skills and attitude in handling the children and addressing their learning needs in the classroom.
- Majority of the teachers in government schools have very limited or now awareness about the services and schemes for CWD.

**Table 6.3.1 Perception of different stakeholders about Inclusive Education of CWDs:**

S.No	Perception about Inclusive Education of CWD	Number	Percent
1.	CWD with mild and moderate disability should be admitted in general School	46	79.31
2.	CWD with severe disability should only be admitted in Special School	35	60.34

Majority of the stakeholder believe that, the children with mild and moderate disability should be admitted in general school. They believe only physical disabled children are able to participate in mainstream education but special school is needed for Intellectual disabled children.

**Table 6.3.2 Barriers in inclusive education of CWDs**

<b>S.No</b>	<b>Barriers in inclusive education of CWDs</b>	<b>Number</b>	<b>Percent</b>
1.	Lack of adaptive educational material	42	72.41
2.	Fellow student do not accept children easily	38	65.51
3	Lack of trained Teachers	45	77.58
4.	Transportation Problems	48	82.75
5	Inaccessible infrastructure	48	82.75

The problems they identified in education of disabled children are: Teachers are not trained; Inaccessible buildings; Non-cooperation, teasing and ignorance from fellow pupil; Teacher's negative attitude; Disregard and discrimination from society; Inaccessibility in transport system

### **6.3.3 Suggestions for Inclusive Education of CWDs**

<b>S.No</b>	<b>Suggestions for inclusive education of CWDs</b>	<b>Number</b>	<b>Percent</b>
1.	Proper implementation of Right to education	43	74.13
2.	Include disability issue in teachers training	49	84.48
3	Raising Mass Awareness	53	91.37
4.	Ensure availability of adaptive and appropriate education material	39	67.24
5	Ensure enrollment of disabled children in primary school and appoint special teacher in each school	41	70.68
6.	Making school environment accessible and friendly for disabled children.	50	86.20

Most of the stakeholders were of the opinion that, the Right to Education act should be strictly implemented and admission of disabled children should be ensured from primary level in all govt. and private schools. The disability should be included as mandatory subject in all training of teachers, in order to sensitize them towards the issues of disabled children. They were also in the view that, the Government should create awareness about welfare schemes of disabled people and children and ensure friendly infrastructure in all school.

**During the interactions with teachers of MCD School, they shared following Problems/Suggestions to Ensure Education right of Children with Disability**

- There are no any type of special class room and assessments and curriculum activities.
- Government should provide appropriate instructional accommodation for students.
- There are no facilities for special toilet in this school. Therefore, parents are not allow to go there.
- No special teacher facilities in this school and teacher have not so much time for extra care for disabilities student.
- The development the general education curriculum.
- Develop and Implement work based learning programmes for student.
- Facilitate student cantered and self directed learning models.
- Increase teacher awareness of their disability and needed special teacher.
- Develop self-advocacy skills and support student application of these skills.
- A lack of educational success (lack of any information about and government facilities).
- In our school one student suffering the problem during the last four years for disability certificate that the reason he did not get any type of facilities.
- Government should facilitate the teacher training for disability children, how to help? Otherwise i have no chance to help CWD.
- So many parents come and asked where we get the all facilities but, I have no answer because, I have no knowledge how to help CWD
- In this plan making work based for CWD.
- Learning plan, self-directed learning and career exploration opportunities available for CWD.

- There is very difficult to handle mental and other type of disable children's therefore, we need well trained teacher.
- Government should provide one big school Separate building and also provide all facilities in this school. First teacher trained separate disabilities children. Government should link with other good general school. Then trained children send by general school for higher studies.
- Provide opportunities for all type of CWD.
- Encourage their children to express their preference.
- The support of teacher is very important for CWD.
- The main problem in Delhi lack of well trained teacher.
- The second problem is general student not accept the disable student.
- The third improved the education qualities.

During the interaction with parents they also responded to minimise the problems in education the following measures should be undertaken:

- Raising Mass Awareness.
- Installing Ramp and making premises accessible for CWD.
- Transport support to disabled children for going schools.
- Capacity building of Teachers on disability issues (skill and attitude)
- Motivate families members to participate in learning process of CWD and in education of the child
- Making free or reduction of admission, tuition fees and supply of special learning tools and other education materials

## **6.4 Health**

As the study was focused in major slum and JJ clusters in the study area, the health is one of the major concerns for CWDs .The study revealed that the health seeking behavior of parents is very poor and there is lack of awareness about the health facilities available in hospitals.

The study team visited the following hospitals in the study area

- GTB Hospital (District North East)
- Institute of Healthy Behavior and Allied Sciences (IHBAAS ; District North East)

- Jagprevesh Chandra Hospital (Northeast District)
- Guru Govind Singh Hospital ((District West)
- Deen Dayal Hospital (District West)
- Malviya Nagar Hospital
- AIIMS

### **Key observations:**

- Majority of the hospital found with necessary infrastructure such as ramps, lift and other facilities
- The waiting period for issuing certificate to PWD is very long and sometime up to six months
- The government hospitals are mainly responsible for issuing disability certificate. Hospitals are not providing correctional services for CWD leaving parents helpless or depending on private services
- There is no special arrangement/provision made specially for CWD in OPD and availing other medical services

### **6.5 Discrimination and exploitation against children with disabilities.**

During the survey an attempt was made to assess the attitude of the community towards disabled children and disability program. A group discussion was held in each three district where survey was conducted. Majority of the people in the community had the positive attitude towards disabled people including CWD. However, in almost all communities, people had more a philanthropic approach and showed a merciful attitude towards CWD. On the other hand, some people said that the attitude of the parents and family members of CWD was totally negative.

Community people also believe that disabled children are being discriminated within their families and also in community. They don't get equal care, food, dresses etc. in the families. They are being deprived from recreation and social activities, do not have right to give opinion. They are being neglected due to their disability. To eliminate this problem they said it is needed to:

- Making families and community people aware and sensitized
- Disseminate information on the rights of disabled children and positive examples through mass media.
- Schemes of the government and NGOs

It was reported that poor people in slums and resettlement colonies love their children and are very sensitive towards their disabled children. However, they think such children are much more vulnerable than non-disabled children in terms of abuse and exploitation. Because the blind, hearing and speech impaired and intellectual impaired children are unable to protect and even explain about the incident.

Community members also agreed that some time families of CWD torture them, scolding, assaulting physically and verbally, engaging in risky/hazardous work. Within the community they are being teased and disregarded, which make them depressed and cause of humiliation. Community members were not sure if disabled girls are being sexually abused by closed relatives/neighbours or giving physical and mental punishment by family as they have not heard about such incidents

In case of abuse in outside home, most of the families did not make any complaints or undertake legal action. A very few said they made complaints to the families of offender and ensures punishment by that family.

Community members when asked if they would like to come forward to help such children, expressed their helplessness. However, youth members in the community expressed their willingness and said “if we are given guidance and training, we are ready to volunteer to help such people”. These youth can be good resources in the community to facilitate many services/schemes for CWDs.

People in all the community said that political leaders in the community are not sensitive towards person with disability and they don't have any vision or future agenda for such people.

Regarding the services of NGOs, community including appreciated it but they added they NGOs intervention is not consistent.

## **6.6 Intervention by NGOs**

About 25 NGOs working on disability, across all the districts of Delhi were interviewed to assess the NGO's intervention and their perception about CWD and Schemes of Government. The key areas of intervention by NGOs in Delhi can be categorized as follows

1. Distribution of aids/appliances
2. Rehabilitation services
3. Vocational training
4. Operation of Special Schools
5. Sensitization of parents
6. Referrals and linkages with schemes of the government
7. Organizing special camps for PWD

As mentioned in the report earlier that NGOs are the preferred option for the community in receiving rehabilitation services. NGOs working with PWD are committed and dedicated but many NGOs lack any vision or long term strategy for PWD including CWD. NGOs work in the welfare mode or project mode and lack consistency in their approach. Though, NGOs covered in the survey had a good reach of PWD/CWD, but they lack capacity and necessary skills to address the needs of the PWD/CWD.

During the interaction with NGOs, the following points emerged :

- There are very few NGOs working in the slum/JJ clusters and resettlement colonies in Delhi
- No systematic program of government to enhance the capacity of NGOs working on disability
- There are not many NGOs who has expertise on all type of disabilities. They have expertise in one particular disability. For example, NGO working on distribution of aids/appliances have very limited understating or no expertise on other type of disabilities and issues related to that

- The coordination between NGOs working on disability needs to improve
- There is no active form of NGOs to support each other and share their experiences
- Many NGOs are not able to afford skilled and quality staff which affect their service delivery and other intervention

## **6.7 Welfare Schemes for Children with Disabilities and Person with Disabilities:**

During the interaction with stakeholders, it has been observed that, the schemes for welfare of disabled persons are implemented in isolation. There is no coordination and linkages in the various Government Department/Hospitals/Education Department. The ranges of the following schemes are available for disabled persons in Delhi. These schemes are as follow:

- **Issue of disability certificate to all persons with disabilities-** There are 17 designated Delhi Government Hospitals for issues of certificate for Locomotor and Multiple Disability. However, the IHBAS and G.B.Pant Hospital have been designated for Mental problems.
- **Issue of Identity Card to all person with disabilities:** The Deputy Commissioners cum Additional Commissioner (disability) of all districts are designated to issue the identity card (known as yellow card) for disabled persons in Delhi.
- **Disability Pension:** This scheme aims to provide rehabilitation and meeting day to day expenses of persons with special Needs. The Age of Disabled persons should not be more than 60 years (0 to 60years). Family income should not be more than Rs. 75,000/- p.a. from all sources Resident of Delhi for at least five years prior to applying. Disability of the applicant should not be less than 40%. The Medical Board of Govt. Hospital should issue the disability certificate. The applicant is not a recipient of any such assistance from another source Applicant must attach copy of Bank Passbook with A/c.No and copy of any one document listed under the revised Financial Assistance to Persons with Special Needs Rules ,2009 as a proof of income and age. The Assistance is remitted into the Bank account through ECS system of R.BI.

**Disability Camp:** Every Year Department of Social Welfare organizes Disability Camp along with Govt. Hospitals, DTC, Education Department, Office of Divisional Commissioner, National Trust, Indian Railways and NGOs working for the upliftment of differently abled Persons. These camps are organized in each district. The following services are provided under one roof in these camps.

- Disability Certificate issued by Certified Govt. Hospital of the area
  - Health check up
  - DTC Passes
  - ID Card by the Office of DC
  - Registration in integrated School,
  - Railway Concession pass
  - Services of NIMH
  - NGOs working in the district
  - Services for Autism & Cerebral palsy
  - Services related to vocational training and placement
  - Distribution of aids and appliances
  - Issue of forms of different schemes of Financial assistance of government of NCT of Delhi
- 
- **Institutions for Welfare of the disabled persons:** Government is running 10 Government institutions for disabled persons. Vikasini Home for Mentally Retarded Persons (Juvenile), Pragiti Institution for Severely and Profoundly Mentally Retarded Children (ISPMR), Sukhanchal School and Home for Mentally Retarded Children (SHMR), Govt. School for Blind Boys, Hostel for College Going Blind Boys, Govt. Lady Noyce Secondary School for Deaf, Nursery and 3 primary school for Deaf, School for Mentally Retarded Children

The lack of awareness about above mention schemes among the disabled persons and their family members, complexity of procedures for applying for schemes, delay in sanctions of the schemes, the attitude of the officials are the key reasons in accessing these schemes. The Non-Government Organizations, working in the slums and JJ clusters are making efforts for

registration of disabled persons in these schemes. However, there is no formal linkages procedures has been invented for smooth access of these services.

## **6.8 Office of the Commissioner of Disabilities**

The Office of the Commissioner for Persons with Disabilities has been established as an Independent Statutory Authority under the Persons with Disability Act, 1995. It is a quasi judicial authority which looks into the complaints of disabled persons regarding infringement of their rights. The Office looks after the grievances of persons with disabilities of Delhi and coordinates with the Departments of Govt. of NCT of Delhi for the programmes and schemes for the benefit of persons with disabilities.

The office is conducting a access audit to assess the accessibility of infrastructure and facilities for PWD.A helpline is also proposed by the office in Delhi

## **6.9 National Trust**

The National Trust is an autonomous organization of the Ministry of Social Justice and Empowerment, Government of India, set up under the “National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities” Act (Act 44 of 1999).

The National Trust works for the welfare of persons with any of the following four disabilities namely Autism, Cerebral Palsy, Mental Retardation, Multiple, Disabilities

The main activities of the National Trust include the Registration of voluntary organisations, associations of PWD and parents. The main activities include Gharaunda, Shayogi, Samarth and Niramaya etc.

## **6.10 Challenges in Management of data on disability:**

Conducting a mapping exercise to have the precise estimate on the number of children with disabilities was a major challenge. In India, there is no definite statistics regarding the PWDs including CWDs. There is hardly any reliable data on number of persons with disability at state or district level in Delhi. The premiere organization including National Sample Survey Organization (NSSO) in its 58<sup>th</sup> round and Census (2001) has the data either at state or national

level. There has not been exercise covering house to house in areas like slum/ J J clusters and resettlement colonies.

One of the major challenges in a study like this that there was that no government or other organizations is having reliable data related to disability including CWDs. These organizations maintain the data related to their services only and there is no coordination between different government and other organizations. There is no structured Computerized Management Information System (CMIS) with any department or agencies to maintain the data and use it for planning and programmatic purpose. This poor planning and management of data with lack of intersectoral coordination leads to poor functioning of the services to disabled children in hard to reach areas like slum/JJ cluster. In the absence of evidence-based facts and lack of co-ordination between the Government and NGOs, these areas are severely underserved and affected.

For instance, National Trust conducted a study in slums and JJ clusters in Delhi, as per the report about 36000 PWDs estimated. The Social Welfare department of Delhi Government has only the data of persons with disabilities registered in Pension schemes for PWDs (0- 60 years), about 34000 PWDs are enrolled in this scheme at the time of visit in February 2013. This data is only available age wise. About 4993 CWDs upto age group of 18 years are enrolled in this scheme. The district wise and location wise information of this scheme was not available. They shared that, they are in the process of computerization of records.

The research team had to face many challenges during the process of key informants' interview with stakeholders from government agencies especially at the district level. These stakeholders asked for necessary permission from competent authorities at state level. However, it was managed to have interface with these stakeholders.