



# U.S.R. INDU SAMITI

**REGISTERED UNDER**

Society Registration Act 1860, Person with Disability (PWD) Act 1995, National Trust Act 1999  
Income Tax Act 12AA & 80G 1961 & Foreign Contribution Regulation Act (FCRA) 1976

Visit at - [www.usrindusociety.org](http://www.usrindusociety.org)

*Ref. No.* - USR/H.PROJECT/2011-12

*Date.* - April /2011

To,

*The Director/ Manager,*

Sub. :- Requesting for providing the donation/ grant for Regulating Residential Handicapped School at Kalusiddha and Basai, Ramnagar in the District Nainital of Uttarakhand State.

Respected Sir,

U.S.R. Indu Samiti Basai, Ramnagar, Distt.-Nainital (Uttarakhand) is a Registered Society under Society Registration Act- 1860 and Handicapped People Act 1995/52, National Trust Act 1999, Income Tax 80 G and Foreign Contribution Regulation Act (FCRA) 1976.

The Society has been working in the field of Integrated Education since 1999-2000, and presently implementing the District Disability Rehabilitation Center (DDRC) Nainital since Aug. 2009 as well as an Inter College from Nus. to 12th since 1998 at its head office, Basai, Ramnagar.

An Application with all the necessary documents is being enclosed have with for consideration under above subject and we shall send you a hard copy of this project if you demand.

Therefore, you are requested to give and sanction the donation/ grant besides Building work as per attached project for regulating the Residential Handicapped School at Kalusiddha and Basai, Ramnagar in District Nainital of Uttarakhand state. Your kind support on this matter will be highly appreciated for the Society's Members and Handicapped Children.

With regards!

Enclosed- As Below

Yours truly,  
(Sudeep Rawat)  
*Manager*

**Contact Address-** Manager, U.S.R. Indu Samiti, Village- Basai, P.O.-Peerumadara, Ramnagar District-Nainital, Uttarakhand Pin Code-244715 Phone No. – 05947-2822009 e-mail – [usrindusociety@gmail.com](mailto:usrindusociety@gmail.com)



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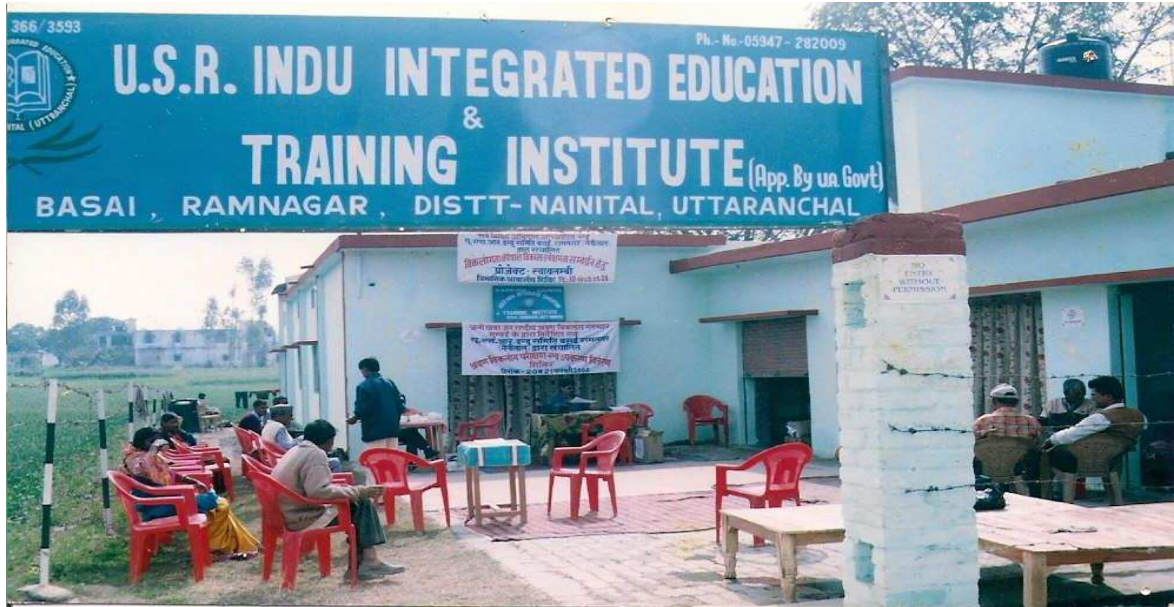
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Manager

**Contact Address-** Manager, U.S.R. Indu Samiti, Village- Basai, P.O.-Peerumadara, Ramnagar District- Nainital, Uttarakhand Pin Code-244715 Phone No. – 05947-2822009 e-mail – [usrindusociety@gmail.com](mailto:usrindusociety@gmail.com)

**PROPOSAL  
FOR  
RESIDENTIAL HANDICAPPED SCHOOL**



An Integrated/ Handicapped School run by U.S.R. Indu Society in Academic Session 2005-06 and 206-07 under SSA (Education to All)

**INTRODUCTION OF SPECIAL EDUCATION**

Special education is a set of educational activities conducted through a specially developed curriculum and by specially trained staff in an environment that suits the handicap and nature of children who are not able to benefit from general education due to a handicap or impediment such as damage, a deviation from the normal or impotence (Özgülven, 2002). According to Ataman (2003), special education is a type of education which is offered to children different from the majority and with special needs, which enables gifted children to maximize their capacities in line with their abilities, which hinders incompetence from becoming hurdles, which makes retarded individuals self-sufficient, and thus provides them with skills supporting them in integration into society to become independent and productive individuals. Children who differ in terms of physical, cognitive, psycho-social and affective as well as medical properties from normal learners, and who thus can not benefit from normal educational services in an appropriate way are called “children with special education needs”. Mentally retarded children, means children with hearing defects, seeing defects, speaking disabilities, orthopedic disabilities.

**KM. DEEPA ARYA (HI) CWSN**



**KM. BHARTI (PH) CWSN**



**MR. FAEEM (PH) CWSN**



## **UTTARAKHAND INTRODUCTION DISABILITY SITUATION ANALYSIS**

**The Uttarakhand state** is one of the most beautiful and enchanting region of northern India. Nature has endowed this land with so much beauty and spiritual bliss that it is also known as Dev Bhoomi, the Land of Gods. Ganga, Yamuna and scores of other rivers originate in Uttarakhand. Among them Ganga is the most holy and prominent as she represents the soul of India, her rich culture, history and civilization. In Sanskrit 'Himalaya' means Abode of Snow, truly characterizing the vast permanent snow fields above the snow line. In the heart of these majestic mountains lies the state of Uttaranchal with Kumaon region in its east and Garhwal in the west.

Uttarakhand came into existence on 9th November 2000 as the 27th state of the Republic of India. It was carved out of Uttar Pradesh. The State has been granted status of special category state by union cabinet on 2nd May 2001. Uttarakhand is Border State bordering China and Nepal. Geographically Uttarakhand is situated between 77° 34' to 81° 2' east longitude and 28° 4' to 31° 27' North latitude.

Uttarakhand is predominantly a hilly state with 88% of hilly area. The climate of the state varies from subtropical in valleys to temperate on higher slopes. Total area of Uttarakhand is 53483 Sq KM, which is 17.3% of the total area of India. The state is very rich in natural resources specially forest and water, as it has many glaciers, dense forests, mountain peaks and a network of mighty rivers viz., Ganga, Yamuna, Ramganga, Kosi etc. A total of 64.6% of the area is under forest cover.

Uttarakhand, formerly part of Uttar Pradesh became the 27th state of the Republic of India on November 9, 2000. Most of the northern parts of the state are part of Greater Himalayan ranges, covered by the high Himalayan peaks and glaciers. According to Census 2001, the total population of Uttarakhand is 8,489,349 and out of this 19,47,69 persons are living with disability. The Department of Social Welfare is the concerned authority for the welfare of People with Disability (PWD) in Uttarakhand.

On the one hand, there are 10,569 (6,301 Boys and 4,268 Girls) Special Need (Handicapped Children) from age group 06 to 18 year have been identified in Uttarakhand state by Education Department, Uttarakhand same the other hand 564 in Nainital District, 1,021 in Almora District and 1,212 in U.S. Nagar District's children from age group 0 to 6 year have been identified by Social Welfare Department in 2010.

## BACKGROUND -( HANDICAPPED/ DISABILITY)



**In the Left side A 100 % Deaf and Dumb Girl reading in class 10th, Right Upper side Blind Students and below side a Cretinism student are performing in different Programme.**

The term “persons with disabilities” applies to all persons who have long-term physical, mental, intellectual or sensory impairments that, in the face of various negative attitudes or physical obstacles, may prevent those persons from participating fully in society. However, this is not an exhaustive definition of those who may claim protection under the Convention; nor does this definition exclude broader categories of persons with disabilities found in national law, including persons with short-term disabilities or persons who had disabilities in the past.

A person with disabilities may be regarded as such in one society or setting, but not in another. In most parts of the world, there are deep and persistent negative stereotypes and prejudices against persons with certain conditions and differences. These attitudes determine who is considered to be a person with a disability and perpetuate the negative image of persons with disabilities. The language used to refer to persons with disabilities plays a significant role in creating and maintaining negative stereotypes. Terms

such as “crippled” or “mentally retarded” are clearly derogative. Others, such as “wheelchair-bound,” emphasize the disability rather than the person. Historically, society has often failed to use the terms that persons with disabilities use to define themselves or has forced people to define themselves using terms with which they are uncomfortable.

Approximately 10 per cent of the world’s population lives with a disability—the world’s largest minority. This number is increasing because of population growth, medical advances and the ageing process (WHO). It is estimated that 20 per cent of the world’s poorest people have a disability and tend to be regarded in their own communities as the most disadvantaged (World Bank). Disability rates are significantly higher among groups with lower educational attainment in the countries of the Organisation for Economic Co-operation and Development (OECD). On average, 19 per cent of less-educated people have disabilities, compared to 11 per cent among better-educated people (OECD).

## **DEFINITION AND CLASSIFICATION OF DISABILITY**

India ratified the **Convention on the Rights of Persons with Disabilities** on October 1, 2007. The drafters of this Convention were clear that disability should be seen as the result of the interaction between a person and his/her environment, that disability is not something that resides in the individual as the result of some impairment. This Convention recognizes that disability is an evolving concept and that legislation may be adapted to reflect positive changes within society. Persons with Disabilities in India are defined according to The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act of 1995 and are identified in seven categories of disability:

### **1. BLINDNESS**

Refers to a condition where a person suffers from any of the following conditions, namely:

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

### **2. LOW VISION**

- "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.

- **3. LEPROSY-CURED**

Means any person who has been cured of leprosy but is suffering from

- Loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifests deformity.
- Manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity.
- Extreme physical deformity as well as advanced age which prevents him from undertaking any gainful occupation, and the expression "leprosy cured" shall be construed accordingly.

#### **4. HEARING IMPAIRMENT**

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

#### **5. LOCOMOTOR/MOVEMENT DISABILITY**

- Means disability of the bones, joints or muscles leading to substantial restriction of the movement of the limbs or any form of cerebral palsy.

#### **6. INTELLECTUALLY DISABLED**

- Means a condition of arrested or incomplete development of mind of a person which is specially characterized by sub-normality of the intelligence.

#### **7. MENTAL ILLNESS**

- Means any mental disorder other than intellectually disabled.

Generally Disability is known as four types-

1- Physically Handicapped (PH)

2- Mentally Handicapped (MR)

3- Visually Handicapped (VH)

4- Multiple Handicapped (MD)

To know more about disabilities is as below-

## **SPEECH IMPAIRMENTS**

Server speech malfunction or inability to speak; hearing is normal (Examples: defects of articulation [Unclear language sounds]; stuttering; aphasia [impaired language function]; laryngectomy [removal of the " voice box"])

## **HEARING IMPAIRMENTS**

- Hard of hearing (Total deafness in one ear or inability to hear ordinary conversation, correctable with a hearing aid)
- Total deafness in both ears, with understandable speech.
- Total deafness in both ears, and unable to speak clearly.

## **VISION IMPAIRMENTS**

- Ability to read ordinary size print with glasses, but with loss of peripheral (side) vision (Restriction of the visual field to the extent that mobility is affected-"Tunnel vision")
- Inability to read ordinary size print, not correctable by glasses (Can read oversized print or use assisting devices such as glass or projector modifier)
- Blind in one eye.
- Blind in both eyes (No usable vision, but may have some light perception)

## **MISSING EXTREMITIES**

- One hand
- One arm
- One foot
- One leg
- Both hands or arms
- Both feet and legs
- One hand or arm and one foot or leg
- One hand or arm and both feet or legs
- Both hands or arms and one foot or leg
- Both hands or arms and both feet or legs

## **NONPARALYTIC ORTHOPEDIC IMPAIRMENTS**

(Because of chronic pain, stiffness, or weakness in bones or joints, there is some loss of ability to move or use a part or parts of the body.)

- One or both hands
- One or both feet
- One or both arms
- Any combination of two or more parts of the body
- One or both legs
- Hip or pelvis
- Back



## **PARTIAL PARALYSIS**

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)

- One hand
- One arm, any part
- One leg, any part
- Both hands
- Both legs, any part
- Both arms, any part
- One side of body, including one arm and one leg
- Three or more major parts of the body (arms and legs)

## **COMPLETE PARALYSIS**

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)

- One hand
- Both hands
- One arm
- Both arms
- One leg
- Both legs
- Lower half of body, including legs
- One side of body, including one arm and one leg
- Three or more major parts of the body (arms and legs)

## **OTHER IMPAIRMENTS**

1. Heart disease with no restriction or limitation of activity ( History of heart problems with complete recovery)
2. Heart disease with restriction or limitation of activity
3. Convulsive disorder (e.g. epilepsy)
4. Blood diseases (e.g. sickle cell anemia, leukemia, hemophilia)
5. Diabetes
6. Pulmonary or respirator disorders (e.g. tuberculosis, emphysema, asthma)
7. Cancer- a history of cancer with complete recovery
8. Cancer- undergoing surgical and/or medical treatment
9. Mental retardation (A chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employments as certified by a State Rehabilitation agency under section 213.3102 (t) of Schedule A)
10. Mental or emotional illness (A history of treatment for mental or emotional problems)
11. Server distortion of limbs and/or spine (e.g. dwarfism. hypnosis [severe distortion of back])
12. Disfigurement of face, hands, or feet (e.g., distortion of features on skin, such as those caused by burns, gunshot injuries, and birth defects[gross facial birthmarks, club feet, etc.]
13. Learning disability (A disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts [spoken or written]; e.g., dyslexia)

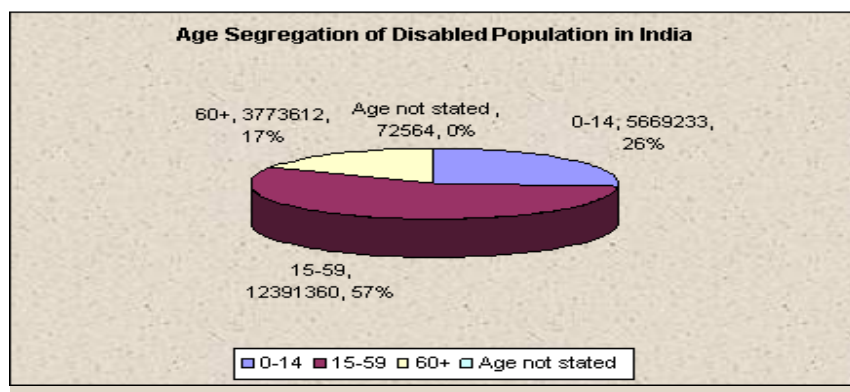
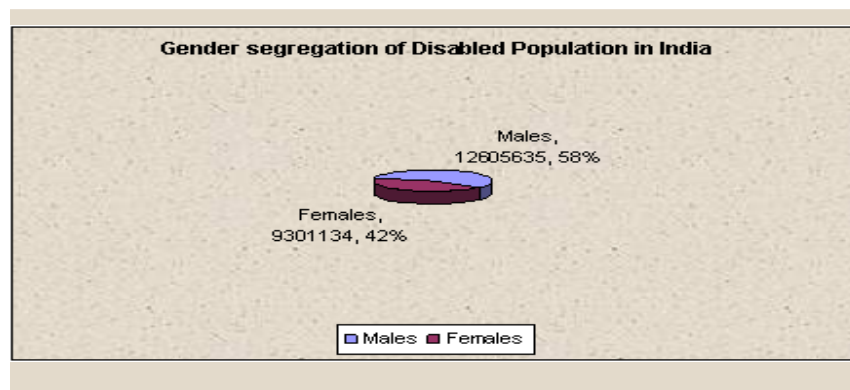
## PREVALENCE

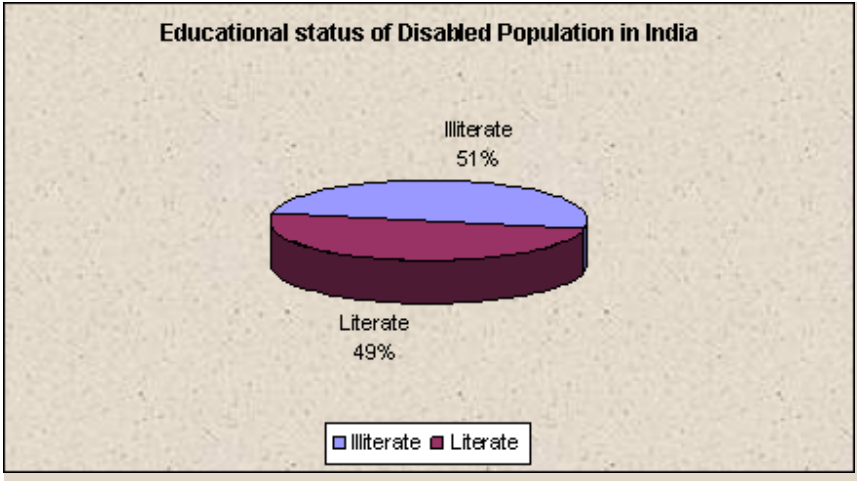
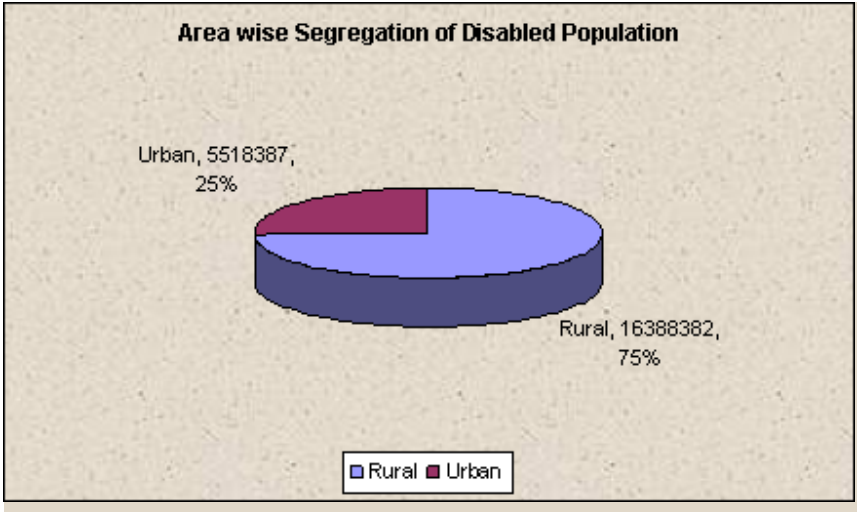
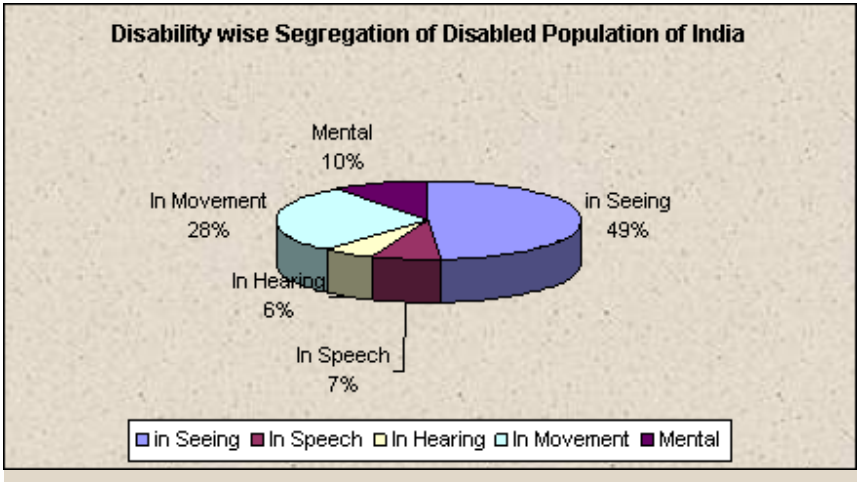
### **DISTRIBUTION OF PWDs IN INDIA AND PREDOMINANT FORMS OF DISABILITY**

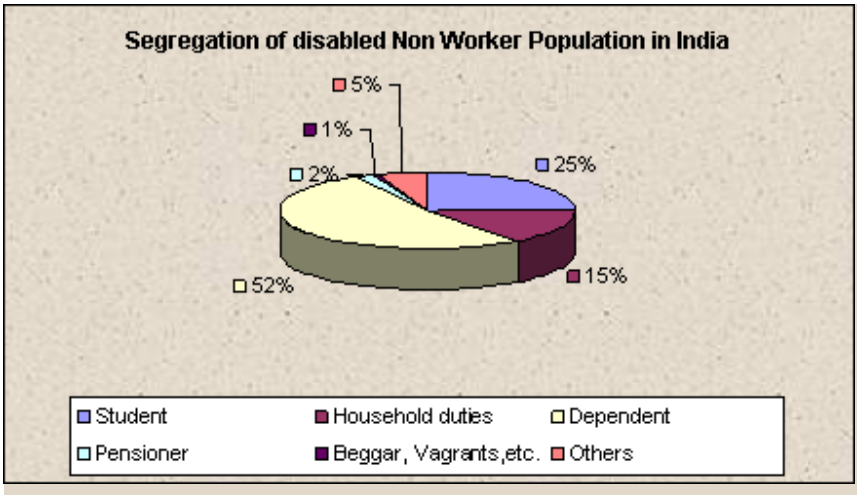
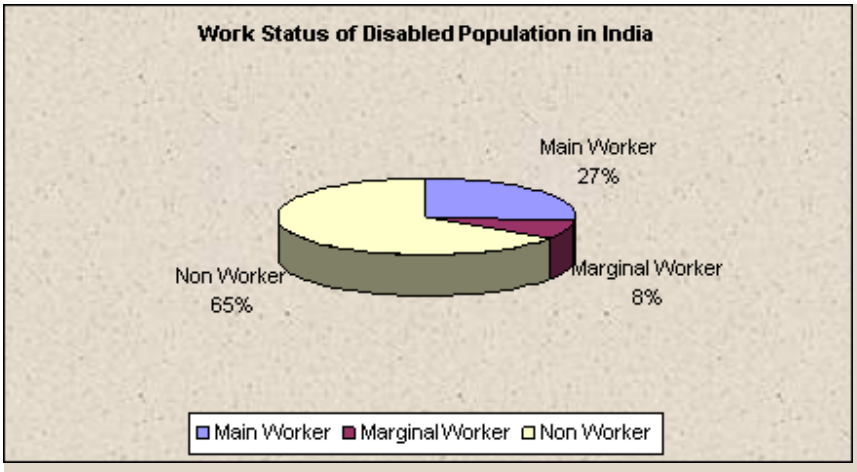
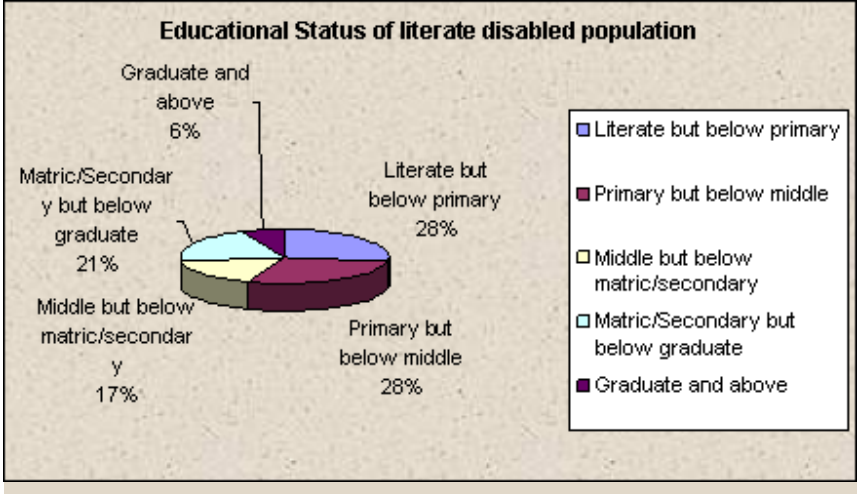
As per the 2001 census more than 21 million people (i.e. 2.1% of population) are suffering from disabilities in India. 12.6 million Males and 9.3 million Females. Among the five types of disabilities on which data has been collected, 48.5% were visual of the reminders 27.9% were related to movement, 10.3% were related to mental, 7.5% to speech and 5.8% to hearing. The disabled by sex follow a similar pattern except for that the proportion of disabled females is higher in the category in seeing and in hearing.

**Across the country, the highest number of disabled has been reported from the state of Uttar Pradesh (3.6 million). 194,769 PWDs were recorded in Uttarakhand including visual 85,668, speech 16,749, hearing 15,990, movement 56,474 and mental 19,888.**

Significant numbers of disabled have also been reported from the state like Bihar (1.9 million), West Bengal (1.8million), Tamil Nadu and Maharashtra (1.6 million each). Tamil Nadu is the only state, which has a higher number of disabled females than males. Among the states, Arunachal Pradesh has the highest proportion of disabled males (66.6%) and lowest proportion of female disabled. Status of disability in India as per various variables is **well depicted through these graphs as below-**







## **SOCIO-ECONOMIC PROFILING**

Disabled people also have significantly lower employment rates than average, and this gap has been increasing over the past 15 years. The large majority of PWD in India are capable of productive work. Despite this fact, the employment rate of disabled people is lower (about 60 percent on average) than in the general population, with the gap widening in the 1990s. Those in rural areas and the better educated (those with post graduate education or vocational training) have relatively better prospects of employment relative to other disabled people. People with certain types of disabilities, e.g. hearing, speech and locomotor disabilities, and those with disability since birth also have better chances of employment. Mental illness and particularly mental retardation have a strong negative impact on the probability of being employed, even in cases where such disabilities are not severe. Public sector initiatives have had only very marginal impact on employment outcomes for disabled people.

## **LEGISLATION ON DISABILITES IN INDIA**

Policies for disability in India, India has a long experience of policy and practice with respect to disability, including collection of census information on disability from as early as 1872, and special schools and institutions operating since the 19<sup>th</sup> century. Like many countries, it also had specific provision for people with mental illness and retardation under the Indian Lunacy Act of 1912. The Constitution of India acknowledged also general state obligations to PWD in Article 41, and the State List under “Relief of the disabled and unemployable”. Subsequently, specific measures such as employment concessions were introduced from the 1960s. However, it was not until the 1980s that policy commitment to full participation of PWD in Indian society evolved.

**The outcomes of this policy shift were realized in several key pieces of legislation discussed below:**

### **1. THE REHABILITATION COUNCIL OF INDIA ACT, 1992 –**

Provides for regulation and monitoring of the training of professionals and personnel in the field of rehabilitation, promoting research in the field of rehabilitation and special education, and the maintenance of the central rehabilitation register.

The act also registers professionals/personnel working in the area of disability and conducts bridge courses for those teachers/rehabilitation workers with prior experience but no formal training in the field of disability.

## **2. THE PERSONS WITH DISABILITIES (EQUAL OPPORTUNITIES, PROTECTION OF RIGHTS AND FULL PARTICIPATION) ACT, 1995 –**

It is a comprehensive legislation that spells out the responsibility of the State toward the prevention of disabilities; protection of rights of persons with disabilities; and provision of medical care, education, training, employment, and rehabilitation to persons with disabilities. The Act also includes a commitment to create barrier free environments for persons with disabilities, and owns the responsibility to remove any discrimination against persons with disabilities in sharing development benefits and to counteract any situation resulting in abuse and exploitation of persons with disabilities (Foundation for International Training and regional and Sustainable Development Department, 2005, p.6; Ministry of Law, Justice and Company Affairs, 1996).

## **3. THE NATIONAL TRUST FOR WELFARE OF PERSONS WITH AUTISM, CEREBRAL PALSY, MENTAL RETARDATION AND MULTIPLE DISABILITIES ACT, 1999 –**

Under this Act, provisions have been made to appoint guardians for persons over the age of 18 years with autism, mental retardation, or multiple disabilities in the event of death or illness of their primary caregiver.

### **HEALTH ASPECTS OF DISABILITY IN INDIA**

In India disability is seen within a disease framework. Hence, PWD are viewed as “patients” in need of “treatment”. Empirical evidence also comes predominantly from the medical discipline, focusing on causes of disability and clinical trials; although some recent studies have focused on poverty correlates and social stigma issues that affect PWD. There is little information on access to health for PWD or their general and disability-specific health needs - except whether “treatment” was sought for the disability. Moreover, data do not allow an analysis of supply and quality of services available to PWD, and the extent to which this affects demand.

### **CAUSES OF DISABILITY IN INDIA**

#### **AGE OF ONSET OF DISABILITY**

The age profile of disability onset varies sharply by category of disability. Some notable patterns stand out: onset of mental disabilities is concentrated in childhood and 20-30, resulting in the lowest average age of onset. Mental Retardation is more focused on the earliest years and mental illness becomes more pronounced in young adulthood. In contrast, visual disabilities are much more associated with ageing, and have the oldest mean age of onset. Whilst hearing disabilities exhibit a more pronounced dual peak,

they are also on average subject to later average onset. Both locomotor and speech disabilities are more concentrated in younger ages also, with the highest onset in the early years of life in both cases, and a more noticeable second wave of onset for speech disabilities around age 60.

**THE MAIN CAUSES OF VISUAL DISABILITIES** are primarily age-related, with cataract and other age-related issues being the chief causes. The major share of visual disability is thus preventable and occurs due to lack of treatment. In a national estimate, Dandona et al estimate that almost two-thirds of blindness is preventable or treatable. If there is no change in the current trend of blindness, the study estimates that the number of blind persons in India would increase to 24.1 million in 2010, and to 31.6 million in 2020. If effective strategies are put in place to eliminate cataract, blindness in 15.6 million persons would be prevented by 2020, and 78 million blind person-years. Similarly, if effective strategies are implemented to eliminate refractive error blindness and corneal disease/glaucoma, another 7.8 million persons would be prevented from being blind in 2020, and 111 million blind person-years.

**Causes of Visual Disabilities (for Individuals with Single Disability (i.e Visual Only))**

<b>Cause</b>	<b>Percent</b>
Cataract	23.4
Old age	23.0
Corneal opacity/other eye errors	20.0
Not Known	9.8
Other	5.6
Glaucoma	5.3
Burns or injury	4.7
Small pox	4.1
Medical/surgical intervention	2.6
Childhood diarrhea	0.7
Sore eyes after first month	0.9

**THE MAJOR CAUSE FOR BOTH SPEECH AND HEARING DISABILITIES** is illness and disease. In addition, over 21 percent of all hearing disabilities are due to old age. The importance of non-specific causes in these categories highlights that disability is intrinsically related to other public health issues, and that increasing access to better quality care is an important step towards reducing disabilities. This has implications not only for prevention but for diagnostic facilities and technology, and referral and rehabilitation services.

Percent	Cause - Hearing Disability	Cause - Speech Disability	Percent	<b>Causes of Hearing and Speech Disabilities.</b>
21.3	Old age	Voice disorder	12.6	
18.6	Discharge	Paralysis	11.9	
8.7	Other	Other	8.3	
5.3	Burns and injury	Burns and injury	0.9	
2.1	Noise	Cleft palate	4.5	
1.6	Medical/surgical intervention	Medical/surgical intervention	3.8	
0.7	Rubella	Mental illness	2.8	
0.01	Not Known	Hearing Impairment	1.6	
23.0	Other illness	Old age	1.1	
	Other illness	25.2		
	Not Known	21.7		
Cause	Percent			
Polio	30.9			
Burns and Injury	28.5			
Other illness and disease	12.7			
Stroke	6.3			
Not Known	4.5			
Other	4.5			
Arthritis	3.0			
Old age	2.8			
Leprosy	2.2			
Medical/surgical intervention	2.2			
Cerebral Palsy	2.1			
TB	0.4			

**MOVEMENT DISABILITY** is the category which is undergoing the most rapid change in causal profile. For the current group of locomotor disabled people, polio remains the highest single cause, accounting for almost a third of all locomotor disability. However, burns and injuries are also a major share, and once more non-specific causes account for over 20 percent of total.

**Table 3.5: Causes of Mental Disability - 2002**

Other	41.65
Not known	36.31
Serious illness in childhood	11.97
Head injury in childhood	3.83
Heredity	3.17
Pregnancy/birth related	3.01



Estimates of mental disabilities in India remain particularly problematic. This is driven by various challenges, including identification skills of health providers, families and surveyors, and stronger social stigma attached to such conditions. A large proportion of mental disability in India is preventable, including disabilities arise from prenatal incidents, maternal illhealth, malnutrition, traffic accidents or workplace injuries. The many causes of disability, and the unclear genesis of some disabilities, make it difficult to define comprehensively the scope of interventions and public policies that impact the level and nature of disability in India.

### **USE OF HEALTH SERVICES BY PWD**

Persons with disabilities face problems in obtaining adequate health services. The physical access to health service is a major hurdle for people with disabilities to reach and utilize these services. Also, the employment-based private insurance system adversely affects access to private health insurance, particularly for individuals with disabilities who are self-employed or employed by small firms; limitations in the range of services covered under public programs may require that an individual be institutionalized to receive needed services, people with disabilities often forego employment opportunities in order to maintain public health insurance; and the range of services covered by insurance often restricts coverage of services important for persons with disabilities to achieve independence.

### **COMMUNITY BASED REHABILITATION (CBR)**

The most interesting set of services being offered to PWD in India are, **CBR** which has been effective in rural areas in addressing the primary care and therapeutic needs of people with PWD. Surprisingly, this mode of service delivery is missing from the PWD Act. CBR has been promoted with particular strength in south India, often with initial international funding through NGOs. At the same time, CBR strategies have constantly been evolving in response to changing needs, times and criticisms. Despite this, CBR has to date been implemented in only around 100 (of around 600 total) districts, and only 6 percent of villages have coverage of rehabilitation services within 10 kilometres.

**While there is no single CBR model, most CBR initiatives share a range of common objectives and features**, i.e. to: (i) deinstitutionalize medical care, working with PWD in their communities; (ii) expand PWD access to rehabilitation services; (iii) demedicalize social responses to disability and thereby help reduce social stigma; and (iv) shift investments away from curative to preventive measures. The concept is institutionally flexible and can be operationalized by communities, NGOs and government, separately or in partnerships. Local level identification, training and technology development is encouraged, involving not only disabled people and their families but teachers, healers and religious leaders.

## **FACTORS AFFECTING PWD ACCESS TO HEALTH CARE**

It is clear that much remains to be done to improve the response of health systems to disability, both in terms of prevention and in terms of access to treatment and rehabilitation services. While specific interventions and services for prevention and treatment of disability are needed, improvements in the general public health and health delivery systems will have the most significant benefits in the area of disability: The analysis points to one overwhelming conclusion: the major share of disability is caused by poor access to health services, malnutrition and diseases that are particular to developing countries. Thus, prevention of disability is intrinsically related to reform of the public health system. It is also clear that prevention of disability is also dependent on policies and actions outside the health system, including in the areas of road and workplace safety, water and sanitation, and nutritional interventions. Given capacity constraints, improving the health sector's response to disability may most feasibly happen in two phases. The first phase would concentrate on scaling up the community. This would include an improved certification system, promotion of CBR (including awareness raising and stigma reduction), and enhancing micronutrient supplementation (including food fortification) and immunization. The supply side interventions would also need to include health workforce interventions, training of general duty medical officers in disability certification, and of community volunteers. The second phase would focus on improved referral systems between levels of the health system, including increased supply of therapists and support for establishment of therapy centers in rural areas. It would also likely involve networking of hospitals and specialized centres, possibly with support from the private corporate sector.

### **EDUCATION OF PWDs ( Person with Disabilities)**

Education is critical to expanding the life prospects of people with disabilities. In addition, the socialization of children with disabilities (CWD) through education assumes an unusually important role in societies such as India where social exclusion of PWD is significant. Despite its importance, educational outcomes for children and adults with disabilities remain very poor. Illiteracy rates both for all PWD and for school-age disabled children remain much higher than the general population, and school attendance among school age CWD massively lags behind that of non-disabled children. Disability is a cause of 30% non school attendees. International evidence suggests that the educational outcomes of non-disabled students can also be improved by inclusion of CWD in integrated classes.

In India, almost three quarters of those with severe disabilities are illiterate, and even for those with mild disabilities, the illiteracy rate is around half. For the severely disabled, just over 10 percent have achieved middle school or higher education, while even for moderately disabled people the share is only 20 percent.

<b>Educational indicator</b>	<b>Severe PWD</b>	<b>Moderate PWD</b>	<b>Mild PWD</b>
<b>Goes to school</b>	25.7%	56.3%	67.9%
<b>Illiterate</b>	72.2%	42.6%	34.9%
<b>Primary or less</b>	26.4%	52.0%	58.2%
<b>Middle</b>	1.5%	5.3%	6.8%
<b>Secondary</b>	0.0%	0.1%	0.0%
<b>Higher</b>	0.0%	0.0%	0.0%

More than most areas of policy with regard to people with disabilities, the education sector has been relatively progressive in policy terms. It has also in principle committed to a progressive menu of options for delivering education to children with special needs. However, it is clearly struggling to turn policy into effective practice for a variety of reasons. It seems that there is a major need to get the basics right: identify children with disabilities more effectively; make the content and format of what they learn relevant and accessible; have resources available with adequate outreach to teachers and children; and work through various channels to convince families and communities that educating children with disabilities is worthwhile. However, all this needs strategic direction on inclusive education at state and lower levels of the system which in most states still appears to be lacking to date, though examples such as Gujarat and Tamil Nadu provide guidance on how this can begin to happen.

Since the implementation of the Persons with Disability Act (PWD), 1995 India has overcome a major 'legislative hurdle' to promote inclusive education (Sharma & Deppeler 2005). According to National Sample Survey Organisation (2003) the number of persons with disability in India was estimated to be 18.49 million during July to December, 2002. They formed about 1.8 percent of the total population.

About 55 percent of persons with disability in India were illiterate and about 9 percent completed 'secondary and above' level of education. There have been programs initiated by the Indian government in collaboration with UNICEF, for example, the Project Integrated Education for the Disabled (PIED) (Singal, 2005) launched in 1987 and with UNESCO, the Teacher Education Pack launched in 1991 (Singal, 2005) which laid emphasis on training both in-service and pre-service teachers' in meeting the needs of persons with disabilities. On the perceived success of PIED Ministry of Welfare, Central Government of India, in 1974 launched Integrated Education of Disabled Children (IEDC) (Kalyanpur, 2008), which supported the retention and integration of children with disabilities in regular classrooms (Sharma & Deppeler, 2005). According to Singal (2005) these programs have failed to sustain these initiatives and have been unable to upscale to a national level. One of the reasons for the failure of IEDC was non availability of trained and experienced teachers (Rane, 1983, cited in Sharma & Deppeler, 2005). In response to these concerns the government of India implemented the Education for All (EFA) initiative, the Sarva Shiksha Abhiyaan (SSA) in 2003 and developed policies on the education of people with disabilities.

#### **POLICY IMPLEMENTATION: CASE STUDY OF INCLUSIVE EDUCATION**

In spite of these efforts, UNESCO (1999) reports indicated that the implementation of inclusive education in India remained at a very preliminary stage. This evidence is consistent with other experiences of developing countries where inclusive education has been legislatively adopted but educational and other benefits of inclusion have not been achieved (Eleweke & Rodda, 2002). Some of the reasons posited for the lack of progress towards inclusive education, include: 1) the shortage of trained teachers at pre-service level (Kalyanpur, 2008; Sharma & Deppeler, 2005; Singal, 2005), and 2) the existence of 'categorical' disabilities model, which emphasises training of 'specialist teachers' and 'special schools' for student placement (Kisanji, 1993). In India, people having children with disabilities think that the most appropriate option for educating children with disabilities is still considered to be special schools (Alur & Natarajan, 2000). In India educational institutions have traditionally focused on preparing the pre-service teachers to teach in either regular classes or in special education facilities. This has resulted in most teachers in regular schools believing that they do not have the required skills to cater for students with special needs in their classrooms (Thirumurthy & Jayaraman, 2007; Sharma & Deppeler, 2005). As the movement towards inclusive education for children with disabilities has gained momentum in India (Parasuram, 2006), successful implementation of such policies largely depends on teachers having the knowledge, skills and competencies necessary to make it work (Winter, 2006). The importance of requirements for trained professionals has been emphasized in order to provide meaningful educational services to students with special needs in regular classrooms (Eleweke & Rodda,

2002). As India is the world's second most populous country, substantial resources will be required to address the challenges of providing inclusive education to all children.

### **EMPLOYMENT OF PWDs**

Employment is a critical element of independent living, and previous research has found that it is a primary aspiration of people with disabilities in India. The large majority of PWD in India are capable of productive work, in the bulk of cases without the need for aids or appliances. All categories of PWD have employment rates below the general population average. However, employment rates vary sharply by type of disability, with those with mental illness, mental retardation and visual disabilities having very low employment rates at one extreme and those with hearing disabilities with employment rates around 94 percent of the rate of the general working age population, and those with speech and locomotor disabilities having employment rates above those of the average for disabled people. In addition, those with more severe disabilities have an employment rate around 22 percent (about 10 percentage points) below those with moderate disabilities, or around 45 percent below the rate of the general population.

Mostly it is seen that Vocational Training is preferred to handicapped persons so that they may be self-dependent after taking education and the U.S.R. Indu Society has also given such vocational training in its training center.



**HANDICAPPED STUDENTS ARE TAKING VOCATIONAL TRAINING AS PER THEIR CAPABILITY**

The Ministry Of Social Justice & Empowerment Is Entrusted With The Welfare, Social Justice & Empowerment Of Disadvantaged And Marginalised Section Of The Society Like Scheduled Caste, Backward Classes, Person With Disabilities, Aged Persons, And Victims Of Drug Abuse Etc. Basic Objective Of The Policies, Programmes, Law And Institution Of The Indian Welfare System Is To Bring The Target Groups Into The Main Stream Of Development By Making Them Self-Reliant

#### **The Ministry Infrastructure Includes -**

- National Institutes
- Rehabilitation Council Of India (Rci)
- National Handicapped Finance & Development Corporation (Nhfdc)
- Artificial Limbs Manufacturing Corporation Of India (Alimco)
- National Trust For Welfare Of Persons With Autism, Cerebral Palsy, Mental Retardation And Multiple Disabilities
- District Rehabilitation Centres (Drcs)
- Regional Rehabilitation Training Centres (Rrtcs)
- Office Of The Chief Commissioner For Persons With Disabilities
- District Disability Rehabilitation Centres

#### **In India**

**Government organizations** and public providers of facilities to PWDs:

1. Ali Yavar Jung National Institute for the Hearing Handicapped  
{<http://ayjnihh.nic.in/aw/default.asp>}
2. Chief Commissioner for Persons with Disabilities {<http://ccdisabilities.nic.in/>}
3. Ministry of Social Justice and Empowerment {<http://socialjustice.nic.in/>}
4. National Institute for the Mentally Handicapped (NIMH) {<http://www.nimhindia.org/>}
5. National Institute for the Orthopaedically Handicapped; National Institute for the Visually Handicapped {<http://institutions.education4india.com/4073/national-institute-for-the-orthopaedically-handicapped/>}
6. National Trust {<http://www.thenationaltrust.in/>}
7. Rehabilitation Council of India {<http://www.rehabcouncil.nic.in/index.htm>}

#### **NGOs**

Local disability service providers

1. Association for the Welfare of the Handicapped {<http://awhfbd.org/main.htm>}
2. Blind Peoples Association {[http://www.senseintindia.org/htmls/bpa\\_ahm.html](http://www.senseintindia.org/htmls/bpa_ahm.html)}

3. Devnar Foundation for the Blind {<http://www.devnarfoundationfortheblind.org/>}
4. Indian Institute of Cerebral Palsy {<http://www.iicpindia.com/>}
5. Jan Madhyam{[http://www.disabilityworld.org/11\\_12\\_02/children/janmadhyam.shtml](http://www.disabilityworld.org/11_12_02/children/janmadhyam.shtml)}
6. Karnataka Parents' Association for Mentally Retarded Citizens {<http://www.kpamrc.org/>}
7. Manovikas Kendra Rehabilitation and Research Institute for the Handicapped (MRIH) {  
<http://www.ngosindia.com/a-z/mkriih.htm>}
8. National Center for Promotion of Barrier-Free Environment for Disabled Persons  
{[www.samarthyaindia.com](http://www.samarthyaindia.com)}
9. National Centre for Promotion of Employment for Disabled People {[www.ncpedp.org](http://www.ncpedp.org)}
10. National Federation of Parents' Associations for Persons with mental Handicap/Retardation, Autism, Cerebral Palsy and Multiple Disabilities (PARIVAAR) {  
<http://www.udaan.org/parivaar/parivaar.html>}
11. Spastics Society of Northern India (SSNI) { <http://www.ngosindia.com/a-z/tssni.htm> }
12. Spastics Society of Tamil Nadu {<http://www.spastn.org/>}
13. SWEEKAAR Rehabilitation Institute for Handicapped  
{<http://www.india9.com/i9show/Sweekaar-Rehabilitation-Institute-for-Handicapped-52621.htm>}
14. Thakur Hari Prasad Institute of Research and Rehabilitation for the Mentally Handicapped (THPI) {[www.thakurhariprasad.org](http://www.thakurhariprasad.org)}

**Schools** (either with inclusive education, or special schools)

1. Assisi School for the Deaf
2. DISHA Center for Special Education
3. The Center for Special Education
4. The Janey Centre for Special Education

### **Vocational Training Centers**

1. Raghudeu Vocational Rehabilitation Centre
2. Sir Hurkisondas Nurrotamdas Hospital
3. Vocational Rehabilitation Centre for Handicapped Women
4. Vocational Rehabilitation Centre for the Handicapped
5. Vocational Rehabilitation Training Center for the Blind
6. Worth Trust

## **Hospitals/Rehabilitation Centers**

1. Akshay Pratishtan Rehabilitation Center
2. District Disability Rehabilitation Centers
3. Sindhu Sevak Sangh-Jalaram Hospital
4. KKM Leprosy Rehabilitation Centre, Nala Pani Road, Dehradun

## **INTERNATIONAL NGOs**

1. Action Aid India ([http://actionaidindia.org/camp\\_hiv.htm](http://actionaidindia.org/camp_hiv.htm))
2. CBM (<http://www.cbm.org.au/>)
3. Disabled People's International (<http://www.dpi.org/>)
4. Handicap International (<http://www.handicap-international.org.uk/>)
5. Helen Keller Service Society for the Disabled ([www.helen-keller.org](http://www.helen-keller.org))
6. Hope Worldwide (<http://www.hopeww.org/NetCommunity/Page.aspx?pid=191>)
7. Rehabilitation International (<http://www.riglobal.org/>)



# **PROPOSEL FOR U.S.R. INDU RESIDETIAL HANDICAPPED SCHOOL KALUSIDDHA, RAMNAGAR DISRTICT- NAINITAL, UTTARAKHAND**

## **INTRODUCTION**

Role of education is to develop the different dimensions of human personality such as intellectual, physical, emotional ethical, aesthetic etc. with proper nourishment and balancing. Each of these are complementary to one another and attributes the development of every aspect if done through a variety of inputs like curricula textbook, instructional material and teaching learning through direct or indirect contact with children. Other meaningful inputs come from peers, parents, siblings and other interaction with society.

It is clearly visible that as an individual our children attained the excellence but as far as equity and relevance for society as whole is concerned we have yet not framed our system to make education affordable and comparable.

To get education is the fundamental right of every child and as a human being; it is our duty and responsibility to impart education to all through different schemes.

### **U.S.R. INDU SOCIETY EXPERIENCE AND SHARE VISION ON EDUCATION**

U.S.R. INDU Society is a developmental organization formed by committed and experienced group of development proessional and like-minded people and details about the organization is enclosed herewith and also may be visited on [www.usrindusociety.org](http://www.usrindusociety.org) for your kind reference.

The Team behind U.S.R. has experience of developmental projects implemented in Uttarakhand on Imparting Education, Child Labour's upliftment, Handicapped Welfare and Education, Environmental cleanliness and Education and community capacity building. The Society aim is to strengthen people's initiatives and to support local groups/ Societies in enhancing their capabilities by providing training, managerial support and mobilizing financial support, wherever required, out of the experience gained over last 8-10 years.

Presently Society is implementing/ regulating an Inter College from Nus. to 12th at its head office as well as District Disability Rehabilitation Center(DDRC), Nainital at Base Hospital, Haldwani.

As far as in the matter of Special Education, Uttarakhand being a new state has to develop its own system of Handicapped Education because there is no any well managed education pattern for the special need children is being implemented in this state till yet.

## **NEED FOR STARTING THE RESIDENTIAL HANDICAPPED SCHOOL**

Whenever a disabled child is born in the family or becomes a victim of disability due to a disease or accident, everybody in the family starts worrying about the career of the child as his future depends on the career he adopts. Normally people feel that the disabled persons have very limited options because most of the persons in our society are not aware about the importance of Education for special need children as well as early identification and intervention facilities due to unavailability of such centers in our region.

To ensure the enactment of PWD act 1995 (Equal Opportunities Protection of Right & Full Participation) the Govt. of India is presently operating different programs for different section of people around the country. As well known to every body that govt. i.e. Central as well as State is operating different kind of activities for the upliftment for every person in every sector of community and cast.

As per the above initiatives and with the changes in technology a number of assistive devices have been developed using which the disabled can not only lead a comfortable life, but can also work efficiently.

Development of electronics has created a revolution in making the different types of aids for disabled and now disabled persons can overcome there disabilities to a greater extent and work comfortable. These developments have forced the society to think about the new role of disabled persons.

In the above concern and seeing the lack of awareness in our society about Handicapped Education, U.S.R. Indu Society applied for implementing the District Disability Rehabilitation Center (DDRC), Nainital and after sanctioning by Ministry of Social Justice and Empowerment, New Delhi, now the District Disability Rehabilitation Center (DDRC), Nainital at Base Hospital, Haldwani is being regulated by the Society in the direction ship of District Management Team (DMT) with chairpersonship of District Magistrate, Nainital.

After implementing the DDRC, Nainital as well as seeing the lack of awareness in our society about Impart Education & Early Identification and Intervention for Mental Retardation, Hearing Impaired and Multiple Disabilities Children, the Society surveyed the whole District and got that there are many such cases seen of Mental Retardation, Hearing Impaired and Multiple Disabilities children in our region mostly at Ramnagar and Haldwani town.

After discussion with the professionals and other, the Society members realize that to decrease the MR, HI and MD handicapped percentage, it is necessary to start a Residential Handicapped School with an Early Identification and Intervention center for MR, HI, MD Children in Ramnagar region. After succession such types of centers will also be opened in other region of District and other District mostly in Kumaon region of the Uttarakhand state.

Presently the disability rate in Uttarakhand is 2.29 and the Special Need Children details of District Nainital are being enclosed also with complete details of work experience of Society.

The Society has envisaged the type of School needed in the slums of urban areas on following framework;

- i- Handicapped Residential School should be place for developing children with special need from deprived section of society;
- ii- It should work as place of livelihood education where special need children not only receive basic education but also skills to shape his/her future prospects of livelihood.
- iii- It should also work as platform to make people aware and place of interaction on social issues involving parents.

## **CONCEPT OF RESIDENTIAL HANDICAPPED SCHOOL FOR MENTAL RETARD, HEARING & SPEECH IMPAIRED AND MULTIPLE DISABILITIES CHILDREN**

Special schools are meant to provide for residential as well as non-residential care with the end objective of bringing about feasible improvement in the life of the persons with disability through acquiring skills as basic as activities of daily living to their integrating into regular intuitions for learning and society in general.

Prescribed inputs based on the needs of each of the sub categories of the disabled that are expected to bring about behavioral changes and enhancement of their cognitive abilities (esp. with reference to the Mentally Challenged), and specialized skills that facilitate the process of rehabilitation should, in brief, constitute the curriculum of these institutions.

Physical activities that bring about improvement in relation to the outside world such as dancing, play-acting, yoga, martial art sand activities that provide for aesthetic stimulus like music, painting and other vocational inputs are some of the expected inputs from these institutions.

The ultimate objective of the special schools, ideally, should be to move towards integration with the mainstream.

In starting, the School will impart the education for mentally retard, Hearing & Speech Impaired and Multiple Disabled children with residential facilities for outer Children.

### **OBJECTIVES**

- To undertake a proper assessment and diagnosis of each child.
- To identify the psychological and therapy needs of the child.
- To assess the capacity of each child and thereafter place them in groupings and grades.

- To manage behavioral problems and to impart special skills, self-help skills, and cater to the therapy needs of the MR children.
- To manage the educational and vocational needs.
- To give special inputs for the improvements of the communication skills of the MR Child.
- Trained Teachers- with desirable minimum qualifications prescribed and recognized by RCI who are well attuned to the specific needs of MR and HI children.
- To apply the single window concept of providing for the plurality of therapy needs of the beneficiaries. RCI recognized BRS graduates who can provide for the above viz., speech therapy, physiotherapy, occupational therapy as well as psycho-therapy and parental counseling are encouraged to be recruited. Efforts should be made to use their service and dispense with the practice of hearing persons separately for each of the therapeutic services.
- To empower and enable the hearing impaired through access to special education to be productive citizens.
- To impart knowledge that is age appropriate and pragmatic.
- To facilitate communication skills in children with hearing impairment through sign language wherever found appropriate.
- To help hearing impaired children to make use of their residual hearing to the maximum possible extent.
- To assist the hearing impaired child to acquire receptive and expressive language skills.
- To help hearing impaired children improve their speech skills.
- To cope with the normal literacy levels to prepare and provide opportunities for educational integration that would eventually lead to social integration.
- To help the hearing impaired child to develop and emotionally fulfilling interpersonal relationship with others in society.

*Besides above mentioned, the main important objects of this project will be as below-*

- To involve the parents and encourage them in a participative role in the educational development of the hearing impaired child.
- To create awareness in the society at large with a view to provide healthy environment of growth and development for children with hearing impairment.
- To facilitate the movement of their students to regular schools running integrated/ inclusive programme.

## **SIZE OF PROJECT**

The chronological age of the beneficiaries of the Residential Handicapped School will be from 5-18 years of age. The upper age limit can be considered for relaxation. Children below the age of 5 years are expected to cover under the project profile of pre-school and Early Intervention and Home Management Project.

The size of the Schools will be such that there are necessary levels of gradation prescribed by the National Institutes, with a total strength of 25 to 50 children. Assuming that the teacher: beneficiary ratio range preferably from 1:8 to 1:2 for the severely multiple disabled children. It must be appreciated; however, that children with multiple disabilities can be given a maximum of 1-2 hours of specialized attention in a day and so a teacher can handle 4-6 such children in a day and the ration of 1:4 to 1:6 is quite acceptable.

However the School must attempt integration of the children with regular school as early as possible. In respect of children who have been integrated with regular schools the special school may continue to provide remedial and supportive measures as required for which reasonable charges may be recovered from parents/ guardians.

### **THE REASONS FOR SELECTING RAMNAGAR TOWN OF DISTRICT NAINITAL ARE AS FOLLOWS-**

- i- The people were unaware of the different disabilities and handicapped.
- ii- In Nainital District there are two more town first Haldwani and second Ramnagar. In Haldwani, the handicapped persons are being benefited through DDRC, Nainital and other Special Schools but in Ramnagar there is no facility being provided to the handicapped persons besides DDRC.
- iii- The handicapped children/ persons/ parents need to be educated about the various causes, prevention & precautionary measures that could be taken to avoid disabilities.
- iv- The handicapped children/ persons/ parents need to be educated, counseled and guided about the different rehabilitation, educational and vocational facilities available for these children and adult.
- v- The handicapped children/ persons/ parents must be made to realize the importance of education for special need children, early intervention and training which is specific for different disability.
- vi- The people living in this area are from the low-income group mostly handicapped persons' parents.

vii- This is the local place/ town of the Society for working easily and providing well facilities like DDRC in Haldwani.

### **ABOUT RAMNAGAR -**

Ramnagar town is situated in the Nainital District of Uttarakhand State and it is the gate way of famous Jim Corbet National Park and Corbet Tiger Resort. The town was established and settled by Commissioner, Ramsay in 1856-1884 and it is also known as a gateway of Kumaon and garhwal or Uttarakhand's hills. Due to its natural beauty and Geographical location, lot of tourists come here from the different part of the country and world to see/ watch wild/ forest animal mostly Tiger. Jim Corbet National Park is known as India's first National Park, which cradled in the foothills of the Himalayas and spreads over approximate 500 Km. along the bank of Kosi River. Rail and Bus facilities are available form different part of the country to reach here.

### BUDGET ESTAMATE

Sl. No.	EXPENSE HEAD/COST ITEM	NO. OF POST/ ITEM	AMOUNT(ANNUAL)
<b><u>Recurring Expenses for Residential Handicapped School:-</u></b>			
1	Honorarium:- i-Principal/ Coordinator @Rs.15000/- P.M.X12 ii-Teacher @ Rs.12000/- P.M. X 12 iii-Jr. Speech Therapist (Part time visit basis @500X4(1 Visit Per Week)X12 iv-Psychologist (Part time visit basis @1000X4(1 Visit Per Week)X12 v-Physiotherapist(Part time visit basis @500X8(2 Visit Per Week)X12 vi-Medical Doctor(Part time visit basis @1000X1(1 Visit Per Month)X12 vii-Yoga/PT/Music etc. Instructor(Part time visit basis @500X4X2(1 Visit Per Week)X12 viii-Warden @6000X12 ix-Cook and Helper @5000X12 x-Accountant @8000X12 xi-Sweeper-cum-Peon @4000X12 xii-Ayah @4000X12	1 5 1 1 1 1 2 1 2 1 2 2	Rs. 1,80,000/- Rs. 7,20,000/- Rs. 24,000/- Rs. 48,000/- Rs. 48,000/- Rs. 12,000/- Rs. 48,000/- Rs. 72,000/- Rs. 1,20,000/- Rs. 96,000/- Rs. 96,000/- Rs. 96,000/-
2	water, electricity & etc. of premises @ Rs. 10,000/- per month x 12		Rs. 1,20,000/-
3	Stationary and other@50/MonthX12	50	Rs. 30,000/-
4	First Aid Facilities@25/MonthX12	12	Rs. 3,600/-
5	Food Expenditure@30/DayX30X12	50	Rs. 5,40,000/-
6	Transport Expenditure@5000/MonthX12	-	Rs. 60,000/-
7	Contingencies @2500/MonthX12	-	Rs. 30,000/-
	<b>Total recurring expenses per Year</b>		<b>Rs. 23,43,600/-</b>
<b><u>Non-Recurring Expenses for Residential Handicapped School:-</u></b>			
1	Building Construction Expenditure- i- School Campus @20,00000/- ii- Residential Campus @20,00000/-	1 1	Rs. 20,00000/- Rs. 20,00000/-
2	Furniture with beds	<i>Lum sum</i>	Rs. 1,25,000/-
3	Sports Equipments	<i>Lum sum</i>	Rs. 25,000/-
4	Special Teaching aids and Equipments etc.	<i>Lum sum</i> <i>As per list attached</i>	Rs. 3,00000/-
5	i-Computer or Laptop @40,000/- ii-Printer @ 10,000/- iii-Projector@30,000/-	4 2 1	Rs. 1,60,000/- Rs. 20,000/- Rs. 30,000/-
	<b>Total Non-Recurring expenses per Year</b>		<b>Rs. 46,60,000/-</b>

**i- Total recurring expenses per Year = Rs. 23,43,600/-**

**ii- Total Non-Recurring expenses per Year = Rs. 46,60,000/-**

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**Grand Total= Rs. 70,03,600/- (Seventy Lacs Three Thousand and Six Hundred Only)**

## **OUR PROJECT, RESIDENTIAL HANDICAPPED SCHOOL**

### **AT A GLANCE**

#### **FIRST PHASE-**

I- Our Society, U.S.R. Indu Samiti with the help of Lotus Flower Trust will build an Educational Building for the fifty special need/ handicapped children( 10 Mental Retarded/ Learning Disabled; 10 Hearing Impaired or Speech Problem, 10 Visually Impaired and 20 Physically/ Multiple Disabled) at Basai, near the U.S.R. Indu Inter College Building. (Details of budget are in Sl. No. 1 of Non- Recurring Expensed for Residential Handicapped School of Attached Annexure No.31)

II- A temporary Residential Campus (Old Hostel of Society at Kalusiddha, Ramnagar) will be built/ repaired by Society Member's donation for providing the residential facilities to the Handicapped Children till building the permanent residential hostel.

#### **SECOND PHASE-**

i- 50 Special Need/ handicapped Children (10 Mental Retarded/ Learning Disabled; 10 Hearing Impaired or Speech Problem, 10 Visually Impaired and 20 Physically/ Multiple Disabled) in which 30 handicapped children have been fixed before making this project and 20 will be enrolled from BPL (Below Poverty Line) families only. These all the 50 student will be admitted/ entolled from Uttarakhand State (25 from District Nainital and 25 from other districts of Uttarakhand state). The ratio of Boys and Girls will be 50:50 or 25 Girls and 25 Boys.

All the above mentioned Special Need/ handicapped children will be provided all the residential facilities at this hostel with the help of other NGOs and Department and 30 Special Need/ handicapped children will also be admitted at hostel before one month of opening of Educational Building.

ii- After completing the Educational Building, within an one month period, 5 Special Educator, for each disabilities like 2 for Mental Retarded/ Learning Disabled, 2 for Hearing Impaired with Speech Therapist, 1 for Visually Impaired (Special Educator means specialized teachers for imparting education to the handicapped children) with other relative and official staff will be appointed with the help of SSA(Education to all) under Education Department, Health Department and other relative department of District Nainital, for running this Handicapped School. (Details of Staff are in Sl. No. 1 of Recurring Expensed for Residential Handicapped School of Attached Annexure No.31)

iii- Before the one- one month of opening of Educational and Hostel building, these places and rooms will be facilitated with all the infrastructural equipments for providing residential facilities and imparting education. These all the facilities will be provided with the help of Care and Cure trust, New Delhi, LIC Department, Regional NGOs, Relative Departments and Industrialist etc. (Details of budget



are in Sl. No. 2,3,4,5 & 6 of Recurring Expensed for Residential Handicapped School and of Sl. No.2,3,4 & 5 of Non-Recurring Expensed for Residential Handicapped School of Attached Annexure No.31)

### **THIRD PHASE-**

After completing the First and Second Phase work, the Residential Handicapped School will be inaugurated in the presents of all the head and other staff or donator agencies with Politicians, Administrative Officers, Regional Leader, and Industrialist, Officers, Parents of special need / handicapped children and other respected persons.

After inauguration, daily routine, as per Special School norms will be implemented for the imparting education to enrolled special need/ handicapped children.

In this sequence, all the children will be facilitated all facilities (Residential Facilities at Kalusiddha and Educational Facilities at Basai) and for traveling, the bus facilities will also be provided by society till build hostel near at Educational Building.

### **FOURTH PHASE-**

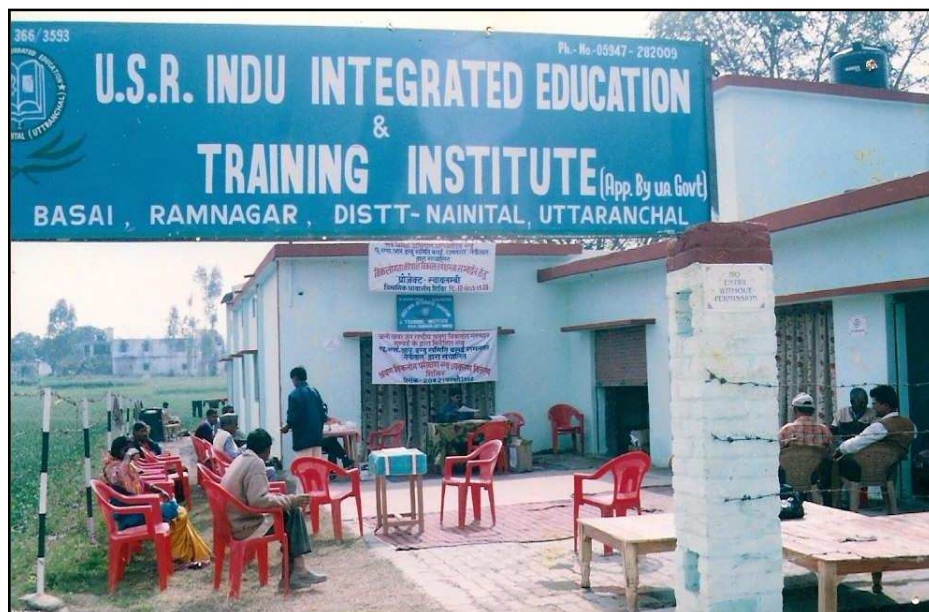
After inauguration of School The construction work of Hostel, near Educational Building, will be stated with help of Lotus Flower Trust so that all the facilities may be provided (Educational and Residential) in same place as per norms.

### **FIFTY PHASE-**

After completing the construction work of Hostel, in an occasion or annual function of the School, opening/ inauguration of newly Hostel building will be done by the chief functionary of Lotus Trust and others. Providing the hostel facilities in newly Hostel to the Special Need children, the Vocational Training to the age group of above 15 years will be imparted by trained instructor, such type of helpless and divorce women with the financial help of Uninor Trust under Uninor Mobile Company Ltd and Manpower, raw material, Machinery and Marketing by the Small Scale Industry Department and Handloom Department, Uttarakhand.

Complete establishment of Residential Handicapped School, the Society will increase the No. of Special Need Children with the help of its own resources and Social Justice and Empowerment Ministry, Social Welfare Department and Education Department and will be able to fulfill its dream project so that this project may be a motivator for the other such social organizations, trustee and department.

Note- The quarterly progress report and special need students will be sent to all the donators, funded agencies, helping agencies, relative Govt. department's officers and other trustee etc



Three Months' Residential Handicapped Camps, which were organized by our Society, U.S.R. Indu Society, in the Session 2005-06 & 2006-07 for 50 Student with the help of Education Department.

### **SOMETHING ABOUT THIS RESIDENTIAL HANDICAPPED CAMPS**

*With a basic Aim/theme/ hypothesis of the Society, U.S.R. Indu society, and realizing the Geographical situation of District Nainital, the Society made a proposal/ Project for organizing a Residential School for Handicapped children with vocational training and other extra curricular activities.*

*After taking the permission of three months Residential Camp for 50 student only of all the disabled/ special need children of District Nainital, by an initial and personal interest of former District Magistrate; Dr. Rakesh Kumar, District Project Officer, SSA, Nainital; Dr. Jeevanti Bisht, Block Education Officer; Ramnagar; Shri Suresh Chandra Tamta and District Coordinator; Integrated Education; Shri Rajendra Kulashri, had been organized at Samiti's Training Institute at Basai, Ramnagar. For this Innovative Camp, the Samiti was cooperated and supported by all the officers, Leaders, NGOs and Disabled's parents of District Nainital.*

*The most important achievement of this camp was to get first prize in the State Level all over performance competition by Nainital District with the help and cooperation of all the studying children and staff of this camp.*

*After successful completion of three months camps in session 2005-06 and imparted the education to 50 disabled children with vocation training and other facilities, once again, on the demand and personal interest of above mentioned and New former District Project Officer, SSA, Nainital Smt. Shusma Singh, a same camp for 50 Special need children at same place in 2006-07 was organized/ regulated by Samiti with the help of all the persons, leader and officer of Uttarakhand.*

*During the both camp, many state and district level officers of different department, Parents of disabled children, Regional Leaders and Former Education Minister, Shri Narendra Singh Bhandari and other NGO's representative visited and inspected this camp and gave their blessing to the Samiti organizers to keep on such welfare work in the district and State. It was then that the students and their parents not only realized but also acknowledged the importance of Special education and from here arouse the demand for disabled children's education.*

Progress Story of Some Handicapped/ Special  
Need Children and Camp is as below-



Km. GEETA FARTYAL, is a 18 year Girl belongs a middle family. She is deaf and dumb by birth. Leaving in rural area she did not read in any School by the age of 10 year due to unavailability of Special School. When U.S.R. Indu Society opened an Integrated Coeducational School in 2000, since then she have been studying in it. Now she writes like other normal students and in present she is in 10 class. She also has performed in different District and State level programmes/ competitions and got many prizes. Now she inspire to other handicapped children.



Students of Three Months Residential Handicapped Camp are learning through Computer in their class room. In this camp, all the students were taught through Different methods by well experienced special educator with the help of Projector, And other devices.



Km RUKHSHAR is 20 year physically handicapped with both legs girl belong a below poverty line family. She did not read in any school by the age of 16 years. She learnt in This camp and got vocational training. Now she is working of tailoring and getting money to impart training to other.



All the handicapped Girls mostly belong from BPL family are learning to make different types of vocational material in the camp. Seeing the age of these girls, Society gave vocational training to them, so that they may be self dependent.



During the camp, a yoga trained teacher Mr. Sunil Joshi is imparting the yoga tips to students as per their capability and got a well results of yoga.



Students lived in camp with residential facilities. Every student was given the meals as per their need according to Dr. advice.



Former Education Minister; Mr. NARENDER SINGH BHANDARI visited this camp With all the regional leader and district level officer and gave the students and management their best wishes.



These all handicapped Students are making some flowers and other materials during their vocational training period.



Handicapped Students of this camp are showing a regional folk (Jagar) based on blind faith in an annual function of Society.



Mr. BHAGIRATH is a cretinism boy. His age is about 18 years. He went to school in starting but could not read due to hesitation of his handicapped. He came in this camp and got many prizes participating in different programmes/ competitions. Now he wants to read in such types of school to share his experience to other such types of children.



Mr. Umesh Bhatt has also studied in this camp with vocational training. He is 18 year old boy with mental retardation. In this picture Mr. Suresh Tamta (Former Block Education Officer) with Principal Mr. Prem Pepnai and Camp coordinator Mr. Dinesh Mathpal is distributing all the educational and study material to the students.





Photograph of a Stall, in state level handicapped competition. This stall had been shown by our students and all the materials kept in it was made by themselves during vocational training.



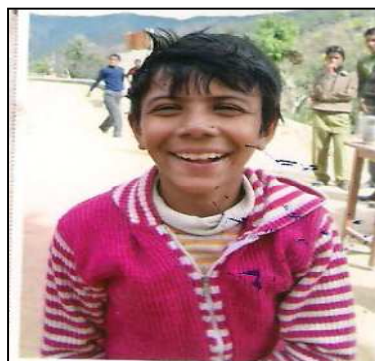
Students of this Camp are performing in a state level handicapped competition held by Uttarakhand State Project in 2006. In this competition our camps' students got first prize in overall competition in the State, leading 13 District of Uttarakhand state.



**Former Director, Mrs. Pushpa Manash is awarding the First Prize to our Students for getting First Prize in overall competition of State level handicapped competition.**

## **SUCCESS STORY/ CASE HISTORY OF CWSN (CHILD WITH SPECIAL NEED/ HANDICAPPED CHILLD)**

Name of CWSN - Km. Kiran  
Father's Name - Shri Rajendra Singh  
Age - 13 Year  
Class - Ist (MR, Junior)  
Address - Village and Post - Lalkuan, Haldwani, Ntl.  
Disability - Mental Retarded (MR) Moderate



### **INTRODUCTION-**

Mentioned above handicapped girl Km Kiran belongs from a below poverty line( BPL) family. She live in Lalkuan Haldwani with her Parents. Her father Mr. Rajendar Singh is a small farmar and mother is house wife. She has 3 Sister and Kiran is elder of these.

Kiran is a moderate class mentally retarded with speech difficulty girl. Her IQ level is 50 as per doctor.

### **EDUCATIONAL HISTORY-**

In the age of 5 year, when Kiran went to Nearest Public School, she admitted in class Nursery but till the end of three month Kiran did not give any well response to the teacher even in emotional behavior.

Seeing the situation of this girl the Head teacher of that School advised her parents to take the necessary steps for her health. This was the matter of very trouble for her parents and relative.

After the discussion with his relatives Mr. Rajendra Singh with his wife went to Govt. Hospital.

After assessment of Kiran Dr. called to his father and told him about the disability of Kiran and advised him to concern the Speech therapist and Clinical Psychologist.

When Mr. Rejendra Singh concern to mention above and Dr. assessed her and found the IQ level is only 50 with speech difficulty then Dr. refer her for imparting special education.

After taking advised from Dr. Mr. Rajender Singh admitted her in a Special School U.S.R. Indu Integrated School and taking special education now Kiran is reading in class 4th in Govt. Primary School Lalkuan, Haldwani.

### **EDUCATIONAL PROGRESS OF KIRAN-**

Kiran has progressed in following subjects as below-

In Math she knows 1 to 100, table 2 to 5, Single digit addition, Subtraction, money concept and time concept etc.

In Hindi she writes her name and her family's members' name and address as well as name of months, weeks, colors, fruits name, birds name with reading small sentences. Now she also trying to speak in small sentences. The speech therapy is being provided to this girl in twice a week.

The some following particular word can not articulate properly like Ma, Sa, Ra, K so it is necessary to keep on her such therapy in future.

### **CO-CURRICULAR ACTIVITIES-**

In starting, in the school, kiran did not participate with her classmates but after giving a well counseling by a special educator, her parents and teachers now she participate in Kabaddi, Football, Carom and Dancing and playing such games she also try to speak properly and enjoying her life with other normal children.

### **OTHER**

Now, in spite of mentioned above she works at home with her mother like bringing water, washing pots and small cloths. She takes her books properly and gets ready in time for going school.

Lastly we can say that, with the help of special education now Kiran is living just a normal child having a 50 % disability.

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## **SUCCESS STORY/ CASE HISTORY OF CWSN (CHILD WITH SPECIAL NEED/ HANDICAPPED CHILLD)**

Name of CWSN - Km. Seema Rawat  
Father's Name - Shri JagMohan Singh Rawat  
Age - 16 Year  
Class - 8st (MR, Senior)  
Address - Village- Basai, Ramnagar, Ntl.  
Disability - Mental Retarded (MR) Moderate



### **INTRODUCTION-**

Mentioned above handicapped girl Km Seema belongs from a below poverty line( BPL) family. She live in Basai, Ramnagar with her Parents. Her father Mr. Jagmohan Singh Rawat is a small farmar and mother is house wife. She has 1 Sister and 2 brothers. Seema is a moderate class mentally retarded with speech difficulty girl. Her IQ level is 45 with 100 % speech disorder.

### **EDUCATIONAL HISTORY-**

After the birth, when Seema did not speak by the age of 5 year her father concern to nearest civil hospital, Ramnagar. Analyzing her activities by the Doctor, Dr. advised to her parents to take concern a well hospital. After the discussion with his relatives Mr. Jagmohan Singh went in Shushila Tiwari Hospital and there, Dr. declared her mentally retarded and directed him to send her in a special school. Seeing the unavailability of such type school in this region her father did not go outside for searching such types of schools and Seema did not go to school by the age of 10 year.

When U.S.R. Indu Society opened a Handicapped School in Basai Seema's father concern in this school and admitted this in 2nd slandered but after 2 year, closing of this school due to financial problem, Seema had been admitted in Same Integrated School.

From the admission till today Seema is reading in this school and now she is in class 9th.

### **EDUCATIONAL PROGRESS OF SEEMA-**

Having 55 % disability Seema writes in the note books like other children but due to speech problem she can not tell but give and take the instruction in written to other or her friends.

### **CO-CURRICULAR ACTIVITIES-**

In starting, in the school, Seema neither participated with her classmates nor goes in society. But after taking education in special school she participates in her classmates and goes in near about society and playing a well in society having such disability. Lastly we can say that, with the help of special education now Kiran is living just a normal child having a 50 % disability.

## **SUCCESS STORY/ CASE HISTORY OF CWSN (CHILD WITH SPECIAL NEED/ HANDICAPPED CHILLD)**



Km. Deepa Arya has been living in Haldwani. She is Fifteen year old with a mental retarded. She lives with her parents and two bother in a mud made hut. Due to her poverty her father Mr. Lalu Ram did not enrolled in any school by the age of 12 year. Her father is working in a tea shop at railway station, Haldwani. As per her father, when Deepa was of 2 year she felt down from the wood's ladder and she injured but due to not availability of hospital and poverty her father did not hospitalized and when he realize the symptoms of such illness urgently he went to hospital and after assessment of this girl Dr. told him to concern Neurologist.

Once again Due to poverty her father did not take any care and now Deepa has been declared a Mental Retarded Child by the age of 16 years.

With the opening of District Disability Rehabilitation Center when Deepa's father came in this center and registered in the register of DDRC as a handicapped.

Taking action on it, according to the incharge DDRC, a professional called to meet his father with his girl and after meeting, Professionals' DDRC advised her father to give her special education and from that day to till the end of this month she is reading in a normal school and a trained teacher goes her resident for imparting her special education and now she is doing some home relative work at her home and now she also plays with her friends.

Realizing the importance of special education now Deepa wants to read in a Residential Handicapped School with fee.

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**SUCCESS STORY/ CASE HISTORY OF CWSN  
(CHILD WITH SPECIAL NEED/ HANDICAPPED CHILDD)**

Name of CWSN - Mr. Vasim  
Father's Name - Late Shri Taukir Ansir  
Age - 8 Year  
Class - 2  
Address - Vill. Sanvalde, Ramnagar, Nainital.  
Disability - Physically Handicapped (PH) with CP



**INTRODUCTION-**

Mentioned above handicapped CWSN Mr. Vasim, disabled with both legs and hand, belongs from a below poverty line (BPL) family. He lives in Sanvalde, Ramnagar with his brother. When Mr. Vasim was only 6 months his mother died due to illness. After the death of his mother his father look after him but this was once again a tragedy with Vasim when his father also died in an accident of Tactor trolley. Now he was looked after by his brother and sister.

After the death of his mother and father Vasim did not go to school due to his poverty and disability by the age of 5 year but with the help of neighbors he went Primary School only for taking mid day meal only. Going the school, he realized the importance of Education but he was helpless to give fee and buy dress. Inspiring of many persons he is reading in that school but sometimes he has to work labors with his brother in this age so he want to join a Residential School, where he may get all the education with residential faculties free of cost.

**PARTICIPATION IN CO-CURRICULAR ACTIVITIES-**

Despite of his disability Mr. Vasim does all the work like other children and participate in all the programme and games organized by school and other department. Now we can say that seeing the will power of this special need student we also want to give him better educational facilities as per his need.

Disabled  
o! No  
I Think  
Differentlyabled.  
Do you think also?  
if yes  
So Please,  
Lead a life of dignity through this inclusive education.

By – Dinesh Mathpal  
Coordinator, U.S.R.Indu Society

**THANKS**

As the them of above mentioned with seeing the requirements of handicapped children, Our Society U.S.R. Indu Society wants to regulate the same project as a Permanent Residential Handicapped School through self funded and fund raising.

So, Please Joint Hand with us with giving suggestions on email – [dkmathpal@gmail.com](mailto:dkmathpal@gmail.com) or [usrindusociety@gmail.com](mailto:usrindusociety@gmail.com) and donation.

For more details you may also visit our website [www.usrindusociety.org](http://www.usrindusociety.org)

Your personal interest in this matter will be highly appreciated for us.

Thanking you!



## DETAILS OF THE SOCIETY WITH COMPLETE INFORMATION

- 1- Organization Name : U.S.R. Indu Samiti
- Address (Office) : Vill : Basai  
P.O. Peerumadara (Ramnagar)  
Distt- Nainital, Uttarakhand, Pin.-244715
- Account No. : Punjab National Bank, Ramnagar  
Ac/. No.- 3880000100073226 For Foreign Grant  
Ac/.No - 3880000100089689 For National Grant
- Phone (Office) : 05947-282009  
(Project) : 09639582605
- Fax (Office) : 05947-255663  
(Project) : 05947-255663
- E-Mail (Office) : [usrindusociety@gmail.com](mailto:usrindusociety@gmail.com)  
(Project) : [dkmathpal@gmail.com](mailto:dkmathpal@gmail.com)
- Web site- : [www.usrindusociety.org](http://www.usrindusociety.org)
- 2- (I) Name of the Act : Under society registration act 1860, handicapped  
Under registered people Act 1995/52,National Trust Act 1999 and  
Foreign Contribution Regulation Act(FCRA) 1976

Dated- 10- April - 2011

Name – Sudeep Rawat (Manager)  
Address – Vill.- Basai,  
P.O.- Peerumadara, Ramnagar, District-  
Nainital, Uttarakhand, Pin- 244715

