

# A CASE STUDY ON REHABILITATION PROGRAMMES FOR THE DISABLED IN WALAJABAD BLOCK, KANCHIPURAM DISTRICT

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**Abstract:** The District Rehabilitation Centre, Chengalpattu is the implementing agency providing aids, appliances and services for the welfare of the disabled in the district of Kancheepuram. It works to provide comprehensive services to the disabled at their door steps. The present study focused on reviewing the welfare measures and services delivered to the disabled in Walajabad Block, Kanchipuram District in the year 2007 and has made a comprehensive report of the various schemes implemented, the increase of beneficiaries, networking with non government agencies. The study also collected the views of stakeholders including beneficiaries with regard to the satisfaction of the services provided and for effective implementation.

**Keyword:** Rehabilitation , Walajabad Block , beneficiaries , policies.

## INTRODUCTION

The government policies and the programmes for the welfare of the disabled in India are comprehensive and development oriented. The disabled persons in Tamilnadu largely benefit from the various rehabilitation services provided by the government. The administrative mechanism for extending the Rehabilitation services at the state and the district level is well equipped for effective functioning.

The Government of India, the Government of Tamilnadu and other NGOs have been implementing comprehensive Rehabilitation services to the disabled persons in Tamilnadu for many years. The Governments earmark and allot huge funds for the welfare of the disabled and provide the necessary manpower (i.e.) Rehabilitation professionals such as Medical Officers, District Rehabilitation Officers, Physiotherapists, Audiologist cum Speech Therapists, Psychologists, Prosthetic and Orthotic Engineers, Social Workers, mobility instructors, Special Educators and other staff. They provide valuable services to the disabled people to overcome their disability and the necessary adequate aids and appliances such as tricycle, wheelchair, hearing aid, artificial limb etc. In order to co-ordinate the welfare activities of the Disabled, District Rehabilitation Centres (DRC) are established at every district which will administrate and implement welfare measures at block levels under the control of the District Collector (Department of the Rehabilitation of the Disabled, 2002).

Any governmental programme needs proper planning and implementation for its success. So it is the responsibility of the Governments to channelize all the facilities such as manpower, money, equipments and machineries in order to provide uninterrupted and effective services to the people with disabilities. More importantly, continuous needs assessment and progress monitoring are critical to the successful implementation. There is a need to update prevalence and incidence statistics, conduct community surveys, initiate social change programmes, manage resources and recommend measures to enhance the welfare of the disabled. DRCs undertake such continuous

programme assessments and aid the government to develop policies that will promote the rehabilitation, create better opportunities and integrate persons with disabilities in their society. NGOs and disability professionals assist the DRCs to carry out such researches.

The present study is focused on the rehabilitation services provided to the people of disabled in Tamilnadu with special reference to Walajabad Block in Kanchipuram District, (TWAD Board, n.d). The fig.1 outlines the number of blocks served under the Kanchipuram district.

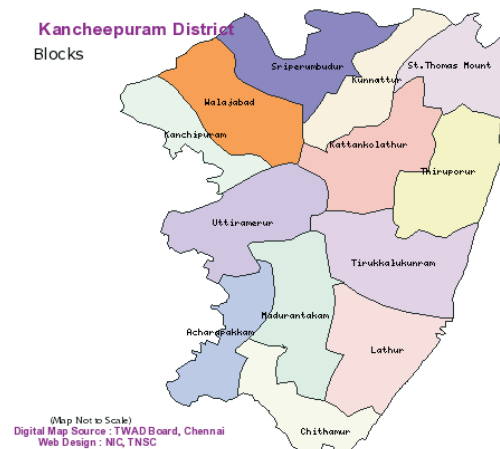


Figure 1- Kancheepuram District-Blockwise

According to Census (2001) the district has a total population of 28, 77,468. According to DRC, Chengalpattu, a door to door survey conducted in 2002 revealed a population of 30383 with disabilities. Table 1 explicates age wise disability statistics.

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**Table 1- Disability statistics in Kancheepuram District**

Types of disabilities (N=30383)				
Loco motor disabled	13,704			
Hearing impaired	7,050			
Mentally handicapped	3,125			
Visually handicapped	3,860			
Leprosy cured	551			
Others	2,093			
Block wise distribution of the population with disabilities/Age (N=30383)				
	Total	Below 18yrs	18-45	Above 45yrs
Kanchipuram	3388	745	1561	1082
Walajabad	1957	358	920	679
Uthiramerur	2273	477	1050	746
Sriperumbudur	2087	484	991	612
Kundrathur	1102	273	576	253
Achirapakkam	1371	338	629	404
Chithamur	1240	315	531	394
Lathur	1605	379	718	508
Maduranthagam	2488	540	1168	780
Kattankulathur	3034	585	1501	948
Tirupoor	1781	350	892	539
Thirukalukundram	2587	449	1252	886
St.Thomas Mount	5470	1275	2845	1350

Source: Collector report, DRC, 2002

Kanchipuram District consists of 13 blocks. One among them is Walajabad block. It is situated in between Kanchipuram, Kattankulathur, Kundrathur, and Sriperumbudur blocks in Kanchipuram district. According to 2001 census the Walajabad block has a total population of 1, 24,753.

The main occupation of the block is agriculture and weaving. There are 3 primary health centers available in the Walajabad block to provide health facilities. They are situated in three different places, namely Walajabad, Ayyampettai and Parandur. There are 85 elementary schools, 27 Middle schools, 8 High schools and 8 Higher Secondary Schools in Walajabad block. Integrated Child Development Scheme (ICDS) scheme is implemented in Walajabad and 164 Anganwadi Centres are functioning in the block. In Walajabad block one Non-Governmental Organization Namely “Keelottivakkam Grama Sangam” situated at Keelottivakkam provides educational services to the disabled children for the past 18 years. The disabled population in Walajabad block as per 2001 census is 1957. Out of which male population is 1053 and female population is 904. A report (District Collectorate, 2002) from the district collector, Chengalpattu demonstrated the disability statistics in Walajabad in the Table 2

**Table 2 disability statistics in Walajabad, Kanchipuram district**

Categories	SC		ST		Others		Total	
	M	F	M	F	M	F	M	F
Blind	38	40	01	---	34	29	73	69
Partially blind	17	26	---	02	28	30	45	58
Leprosy cured	11	06	---	---	41	21	52	27
Hearing Impaired	83	94	02	02	153	153	238	249
Orthopedically Handicapped	178	128	03	07	301	210	482	345
Mentally Retarded	23	16	---	---	33	34	56	50
Mentally ill	15	08	---	---	22	13	37	21
Cerebral Palsy	06	02	---	---	06	07	12	09
Cataract	08	14	01	01	07	08	17	22
Others	14	17	---	01	27	36	41	54
Total	393	351	07	13	652	541	1053	904

Source: Collector's report, DRC, Chengalpattu (2002)

The age wise distribution of people with disabilities in Walajabad showed 358 (below 18 years), 920 (18-45 years) and 679 (above 45 years). With an aim to study the rehabilitation services provided in the Waladajabad Block in Kancheepuram District, the following objectives were planned.

**OBJECTIVES OF STUDY**

1.To understand the implementation of the rehabilitation programmes for the disabled in Walajabad Block, Kanchipuram District.

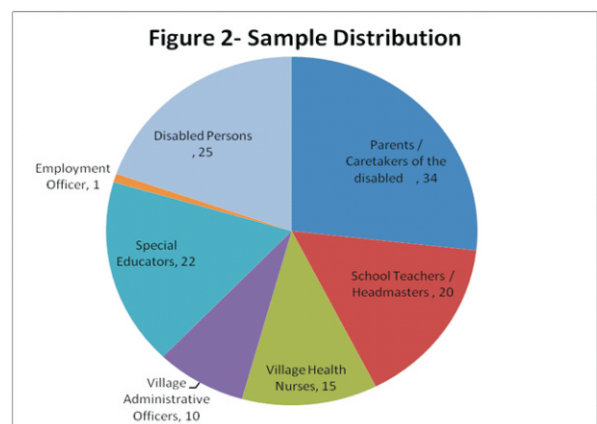
2.To elicit the viewpoints of the different categories of disabled who receive the rehabilitation services.  
3.To document the views of parents of the disabled persons, the special educators, Village Administrative Officers, Village Health Nurses, Teachers/Headmasters and District Employment Officer about the rehabilitation services rendered for the disabled.

**METHODS**

The study adopted a case study approach. Opportunity sampling technique was used to include Walajabad Block as a single subject and various stakeholders in rehabilitation from the same block. The study was conducted in two phases i.e., phase 1 – survey of rehabilitation services in Walajabad block and phase 2- stakeholders views on the provisions of services.

**SAMPLE**

The sample consisted of stake holders in the field of disability as given in figure below. A total number of one hundred and twenty seven respondents were selected from Walajabad block.



**Procedures**

The Phase -1 study is related to the survey on various provisions of rehabilitation services for the persons with disabilities in Walajabad during 2007-2008. The sources of information were from books, journals, Government documents, Reports of committees and commissions, various enactments of state and Central Governments and internet resources. Phase-2 study is related to assessment of the views expressed both by the providers and the beneficiaries of Rehabilitation services in terms of their attitude, satisfaction, problems faced and accessibility.

**Phase-1**

The study reveals the various schemes and benefits that were made available to persons with disabilities in Wallajabad block (DRC, 2007) are as follows:

1.Provision of National Identity card in Bilingual with disability certificate is issued by the District Rehabilitation Centre, Chengalpattu. So far 1265 Cards have been distributed to the Disabled person's up to March 2006 in the Walajabad block.

2.The State Government provides scholarship to disabled students undergoing education up to Post Graduate towards the purchase of study materials. So far 15 students have been benefited in the Walajabad block.

3.Free travel concession is given to orthopaedically handicapped and Hearing impaired to attend educational institutions, training centers, work spot and also to attend hospitals. The eligible annual income is Rs.12, 000/-. The visually impaired persons are given free travel concession without any limit on number of journey or annual income. The Mentally Handicapped are permitted to go along with an escort. So far 156 disabled persons have been benefited in the Walajabad block.

4.Under the maintenance allowance Scheme Rs.200/- per month is provided to the severely disabled persons by the State Government. From September 2006 the amount has been increased from Rs.200/- to Rs.500/-. Maintenance Allowance is sent to the residence of disabled persons through Money Order every month. So far 12 severely disabled persons have been benefited in the Walajabad block.

5.Various Training Programme have been organized to impart skills to the Disabled persons so as to engage in Self-Employment. The State Government is taking effective steps to assist the disabled persons to avail loan from the Nationalized Banks towards Self-employment. Under the self-Employment Programme a sum of Rs.3,000/- is provided as subsidy to each beneficiary. During 2007-08, 2 disabled persons have been benefited in the Walajabad block.

6.One disabled employed person has received motorized cycle in the Walajabad block during 2007-08.

7.In the Year 2006-07 the Government of Tamilnadu awarded the “BEST INSTITUTION AWARD” UNDER SARVA SHIKSHA ABIYAN programme to “KEELOTTIVAKKAM GRAMA SANGAM” a Non-Government Organization situated in Walajabad block, Kanchipuram district for meritorious service particularly rendered for Inclusive Education for the disabled children.

The award consists a Gold medal (10 Grams) and a citation.

8.Details of Aids and Appliances Distributed during 2007-08 in the Walajabad block

Type of Assistance	No. given
Caliper	18
Artificial Limb	15
Splint	12
Tricycle	15
Blind Stick	10
Wheel Chair	07
Crutches	15
Aids for the Blind	10
Hearing & Solar Battery Charger	05
Total	107

Source Progress Report: DRC, Chengalpet 2007 -2008

1.The National Programme for Rehabilitation of Persons with Disabilities (NRPD) was implemented from the year 2003 under which the 11 NGOs were involved in implementing the scheme. Keelottivakkam Grama Sangam (KOG) participated as Nodel Agency in Walajabad block. Under the NRPD Programme 53 Community Based Rehabilitation Workers and one Multi-purpose Rehabilitation worker were employed in the Walajabad block.

2.In Early Intervention Programme 20 Hearing Impaired children were benefitted in Walajabad block.

3.The Government of Tamil Nadu has implemented Physically Handicapped Pension (PHP) Scheme through District Collector. Under this Scheme a sum of Rs.400/- Per month is provided to the severely Disabled Persons. During 2007-08, 428 disabled persons have been benefitted in the Walajabad block.

4.According to the orders of Government of Tamil Nadu, 3% of the group houses have to be given to the disabled persons. In Walajabad block 251 group houses have been allotted to the disabled persons.

5.As per the guidelines of Government of India the DRC has constructed Barrier free constructions in Schools, public buildings, Ration shops etc. in the District. During 2007-08, 97 Ramps have been constructed in the block.

6.In the year 2007-2008, 241 disabled students are enrolled in the age group of 6-14 yrs in normal schools in the Walajabad block.

7.In Walajabad block 20 disabled persons have got 20 free patta from Revenue Department

8.19 disabled persons were benefitted artificial limbs from Mukthi, a non-governmental organization situated in Meenambakkam, Chennai.

9.There are 7 Self Help Groups for disabled functioning in Walajabad block.

10. Under the IEDC scheme, 75 disabled children are given special education in three different schools in wallajabad  
11. As part of vocational training programme implemented by KOGs, 34 disabled persons have been benefitted in the Walajabad block in 2007-2008.

12. As per the records of KOGs, 14 disabled persons have undergone surgery in Walajabad block, and 84 mobility aids have been distributed during 2007-2008.

13. An Orientation training programme was conducted to the village Health Nurses in, identification, creation of awareness, referrals and various rehabilitation services/ schemes implemented by the department (DRC) as well as other institution in the district on 29-3-2008. About 150 village Health Nurses attended the Orientation training.

14. A special Parental Training Programme particularly for the mentally retarded was conducted in the district. Nine Hundred parents attended the programme conducted at 11 different places in the district.

### Phase-2

The phase 2 study used questionnaire to collect the views of different stakeholders in the rehabilitation in wallajabad block. The information was collected through interviews and self report using the questionnaires.

The study used a descriptive method to analyze the responses from the different stakeholders in the aspects of quality of services, awareness about benefits and schemes and attitude towards rehabilitation services. The results are presented below as given by different stakeholders i.e., Disabled Persons, Parents of the disabled, Teachers, Village Health Nurses, Village Administrative officers and Special educators.

#### I. Views of Disabled (VI, HI, OI, LC)

1. Persons (4 of 5) with visual impairment (VI) reported that they identified their disabilities at birth. Four of five persons with hearing impairment (HI) said they identified their problems at birth while one of them later after birth. In orthopedically handicapped (OH) group 2 of 10 said they recognized their problem at birth while 8 others said it was later after birth. All 5 of the leprosy cured (LC) said they recognized their problems much later after birth.

2. The main problem faced by visually impaired was to move around, said all five, while LCs reported social stigma as their main problem.

3. From VIs, two each said that they approached district hospital and DRC for rehabilitation while one said that he approached NGO. Three of five approached DRC while two of them approached medical college hospital among the hearing impaired group. Four of the OHs approached district hospitals, two to medical college hospitals while three to the DRC and one last to NGO for their services. The two (LCs) said that they approached DRC, two other to medical college hospital while one of them to NGO for services.

4. Four of five persons with HI agreed that the services provided by DRC were good while one said it was satisfactory. All five of the visually impaired said that the services provided by DRCs were very useful. All the 10 of the OHs agreed that services of the DRC were very useful. All the 5 LCs said that the services of the DRC were

satisfactory.

5. Three of five (VIs) said that they came to know about DRC through NGOs while two of them said through assessment camps. Among the HIIs, three of five said that they were informed about the services through the assessment camps conducted by DRCs and two of them said through NGOs. Of OHs, eight came to know about DRC through medical camps, one through NGO and one through anganwadi worker.

6. Four of five (VIs) said that they were aware about the loan assistance except one did not. Of OHs, nine of them were aware of the loan assistance while one was not.

7. All ten of the OHs expressed that the counseling services provided by the DRC was satisfactory. All five of the LCs agreed that the DRC counseling was satisfactory.

8. All ten of the OHs said that the interaction of the DRC staff was good.

9. Four each of the ten (OHs) said that the transport facility was poor and limited respectively, while two of them said transport was frequent.

10. Four of five persons (HI) said that they were aware about the provisions.

11. Seven of ten (OHs) said that the use of appliances in their day to day activities was good while three others said it was satisfactory.

12. All five (VIs) agreed that Braille equipment and cane provided were very useful. All five of the HI agreed to the usefulness of the hearing aids and solar batteries provided by the DRC.

#### II. Views of Parents of the Disabled

13. Of 28 parents, 18 of them presumed the cause of their child's disability as consanguineous marriage, four of them did not know of any cause while two each attributed upon karma, heredity and accidents. Seventeen of the parents identified their child's disability at birth and eleven others only later during the childhood.

14. Parents (25) affirmed that they had proper care during pregnancy while three of them did not opine so.

15. Thirteen of the parents came to know about DRC through camps while twelve others through NGOs and another three said that they were informed by the school teachers

16. While eighteen of them are highly satisfied about the services, ten of them reported that the services were satisfactory

17. All parents (28) agreed that aids and appliances were frequently supplied by the DRCs. Some parents (25) agreed that the aids were useful while three others said they were not of use.

18. Six of the parents of HI said that solar battery and hearing aids were useful.

19. Parents of HI reported that their children went to special school (2), regular school (2), and integrated school (2).

#### III. Views of Regular Teachers

20. Nineteen of twenty teachers were aware of the 3% reservation into admission for disabled children.

21. Seventeen of twenty teachers said that their disabled children in school received scholarships from the government

22. Fifteen of the teachers said that disabled students were brought for admission by parents while five of them said the DRCs referred the disabled children for school admission  
23. All the teachers (20) agreed that they take extra care for the disabled children in their school

24. Eight teachers shared that DRCs inform them about the rehabilitation services while four each said that they were informed by NGOs or SSA office respectively. While two of them said that they came to know the provisions through government hospitals another two said that they were informed by all of the above sources

25. Seven of twenty teachers said that they admitted about 5-10 students in their school every year, while six of them said above 20 students were admitted each year, four others said that about 1-5 are admitted and three other teachers said that about 10-20 students are admitted in their school every year  
26. Six teachers said that the SSA was effective by supplying aids and appliances, five of the teachers said surgical corrections while four others said that student enrolment through SSA was effective. The last five said all of the above provisions are effectively provided by SSA

27. Twelve of twenty teachers said DRC Chengalpattu provided aids and appliances, scholarship, free bus pass and counseling and guidance; four others said it included other services as well along with the aforesaid and three of the teachers said that DRC provided aids and appliances, scholarship, free bus pass; and one teacher said that they provide only aids and appliances.

28. Twelve teachers shared that there was no barrier free access in their school for orthopedically handicapped, while 8 others agreed that the provision was made in their schools

#### IV. Views of Village Health Nurse

29. All fifteen village health nurses (VHN) shared that they were able to administer vaccines for all children in their project area

30. They also reported that they received very good cooperation from the parents for immunization programme

31. Ten of VHNs stated that they have identified disabled children below 5 years, three of them have identified 5-10 yrs age while two others said they identified 10-15 years of age with disabilities.

32. All of the VHNs knew about the early intervention centers functioning in the district.

#### V. Views of Village Administrative Officer

33. The ten village administrative officers (VAOs) expressed that disabled persons approached for Issue of income certificate while none of them approached for recommendation, Referral or Financial assistance in rehabilitation services.

34. Seven VAOs stated that they receive 6-7 members for physically handicapped pension, while two of them said about 3-5 and one VAO said he received about 11-12 persons.

35. All ten VAOs opined that the PH pension was used effectively

#### VI. Views of Special Educators

36. Twenty two special educators reported that the services of rehabilitation council of India includes preparing

rehabilitation courses syllabus, registration of rehabilitation professionals and recognition of institutions

37. All twenty two were aware of the objectives of PWD i.e., Protection of Rights & Full Participation, Provision of Equal Opportunities, Provision of free & appropriate Education

38. All twenty two said they were giving extra care to the disabled studying in regular schools

39. All twenty two agreed on the usefulness of the aids and appliances

#### VII. Views of Employment Officer

40. Three percent reservation for employment is strictly followed in the district.

41. The register maintains the employment records to detail.

42. Orthopedic handicapped are more in number for employment under reservation

43. Disabled are being encouraged by DRCs to take up self employment

44. Loans and entrepreneur training were provided to encourage disabled persons to take up self employment

#### DISCUSSION

Central and state governments have taken a number of initiatives to improve the enrolment, retention and achievement of children with disabilities. Numerous benefits and schemes have been launched and government is still increasing its allocation of resources for the welfare of the disabled. However there is a need to establish interlinks and collaborations among various organizations to prevent overlap of services (UNICEF, 2003). It is also critical to conduct a comprehensive study both qualitatively and quantitatively on the tangible aspects of such initiatives from stakeholders' perspectives and their satisfaction.

Teachers have to develop positive attitude towards inclusive education. Forlin (1995) concluded that special education teachers tend to have a more positive attitude towards inclusion than general education teachers. Although special and general educators have similar levels of need for resources, special educators reported greater availability of resources than the general education teachers. Chopra (2008) has remarked that it may be due to lack of training which renders negative attitude. Within an inclusive setting, Griffin (cited in Moloney and McCarthy, 2010) argued that there was "little contact or interaction" between children with disabilities and their peers or even between professionals in special education or their counterparts in mainstream settings. Apart from perception on the various provisions sought in this present study, closer dynamics of inclusive education has to be looked into with regard to nature and quality of interaction, peer bonding and influences, parent and teacher attitudes, and teacher collaboration and teaming. Both parents and children with disabilities have responded favorably to efficacy of services. Despite, a detailed examination is desirable and parents could articulate better for voicing their opinions. It only helps to ensure the quality of such welfare measures. Generating more awareness and dissemination of information with regard to the benefits and schemes for the welfare of the disabled is necessitated.

**RECOMMENDATIONS**

The following are few recommendations made-

1. Multipurpose Rehabilitation workers may be appointed for the overall care of the disabled at the block level like Multipurpose Health Workers.
2. Income ceiling may be scrapped to avail all concessions and facilities like bus pass, scholarship and aids and appliances etc. to the disabled.
3. For the appointment of District Rehabilitation Officer, the prescribed qualification is post graduation in sociology/social work/psychology. In addition to this person possessing Rehabilitation qualifications prescribed by Rehabilitation Council of India can also be considered.
4. The provisions for Ramps must be enforced in all educational institutions on compulsory basis.
5. To facilitate the mobility of orthopedically handicapped, disabled friendly public transportation facilities for their easy entry and alight should be provided by the departments concerned.
6. Maintenance Grant can be given to the all Mentally Retarded persons/Children in the District without any restrictions.

**CONCLUSION**

The present study has brought an account of various schemes and welfare activities for the disabled implemented in the Kanchipuram District. It has also collected the views of the stake holders (both service providers and users) and administrators toward the outcome measurement of the benefits extended to the disabled. The study implicated for comprehensive assessment of the end user perspective and also made important recommendations to achieve effectiveness in the welfare services of the disabled.

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